

Trust Board – 26th March 2024

Care Quality Commission Update

1.0 Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards and an overview of current inspection activities. The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

2.0 Analysis of the issue

2.1 CQC Inspection Activity

The CQC will continue to prioritise inspections based on services where there is evidence of risk or harm to patients and smaller targeted services. Alongside the inspections carried out on risk-based activity, they will also undertake ongoing monitoring of services offering support to providers to ensure that patients receive safe care. Key inspection activity within LPT relates to:

1. Participation in CQC inspection commenced 9th January 2023 in Adult Acute and PICU Mental Health inpatient settings, Directorate for Mental Health and Community Nursing, Community Health Services. The trust continues to be actively engaged and responsive during this inspection period including participating in the factual accuracy process prior to publication of the findings from this inspection. The draft inspection report is anticipated imminently.
2. Continued work on sustaining improvement action plans.
3. Participation in CQC Mental Health Act inspections.
4. Participation in external quality service reviews and commissioner inspections.

The new single assessment framework methodology commenced on the 5th February, 2024 in Leicester, Leicestershire and Rutland. This means that all future inspections carried out will be under the new framework.

Scrutiny and Governance

Outputs from the current live CQC inspection will be reported through Level One Committees including Trust Board.

Action Plan Summary

There remains one ongoing action from the 2021 inspection relating to estates and facilities work in relation to dormitories, this continues to progress.

2.2 Mental Health Act Inspections

During January and February 2024, the Trust did not have any CQC Mental Health Act visits. The Mental Health Act Committee are sighted on all Mental Health Act inspections for oversight of actions. Themes, commonalities and learning from any MHA inspection are shared at the Foundations for Great Patient Care meeting and Service Ward Sister / Charge Nurse meetings to focus the learning and disseminate and share good practice from the inspection findings.

3.0 External Visits

During January and February 2024, the Trust has participated in the following external visits:

- 22nd January 2024 the Fire Service visited Stewart House.

4.0 Internal Visits

4.1 Quality Visits

During January and February 2024, the following Quality Visits have been carried out by the Quality Compliance and Regulation team:

- City Central Community Mental Health team depot clinic
- Belvoir ward
- Heather ward
- Kirby ward
- Welford ward

Feedback was provided to the directorates following the visits and each ward acts on the information provided. The Quality Compliance and Regulation team analyse and collate themes from the visits which are shared in reports to the Quality Forum, Foundations 4 High Standards and Foundations for Great Patient Care meetings. Themes are also shared with clinical directorates on a quarterly basis via the clinical quality governance leads.

4.2 15 Steps

During January and February 2024, 15 Steps visits have been carried out to:

- Uppingham Road Health Centre Health Visiting team
- Artemis House
- Westcotes House
- Westcotes Lodge
- South Leicestershire Community Mental Health team
- West Leicestershire Community Mental Health team

All planned visits now include a volunteer service user, and a member of trust clerical or administration staff present. Feedback is given to the Directorates for oversight. Additional volunteer patient and administration assessors have recently been recruited and have been supported through training.

4.3 Board Walks

The following non-executive team Board Walks have taken place during January and February 2024:

- FYPC/LDA Paediatric Phlebotomy Service

- FYPC/LDA LD Crisis response and Intensive Support team
- CHS MSK Physiotherapy Loughborough Hospital
- DMH Ashby ward
- DMH Thornton ward

The non-executives provide feedback which is shared with the directorate.

5.0 Valuing High Standards Accreditation (VHSA) – Self Assessment

Services have now participated in the VHSA self-assessment. The evidence provided by FYPC / LDA and DMH has been reviewed and they have achieved foundation status. CHS are in the process of reviewing their engagement with the process.

VHSA engagement cafes are now held on a monthly basis to give staff the opportunity to understand the process and share information and learning from other teams.

Further teams are preparing to go through the full accreditation over the forthcoming months.

6.0 Potential Risks

Impact of winter pressures on maintaining improvements currently being managed through the Emergency Preparedness and Readiness process.

7.0 Decision required - For information.

Governance table

| | | |
|--|--|-----|
| For Board and Board Committees: Paper sponsored by: | Public Trust Board 26 th March 2024 | |
| | Anne Scott, Executive Director of Nursing, AHP's and Quality | |
| Paper authored by: | Jane Gourley, Head of Quality and Compliance | |
| Date submitted: | 18 th March 2024 | |
| State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): | N/A | |
| If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: | | |
| State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning | Monthly reports to Board | |
| STEP up to GREAT strategic alignment*: | High Standards | Yes |
| | Transformation | Yes |
| | Environments | Yes |
| | Patient Involvement | Yes |
| | Well Governed | Yes |
| | Reaching Out | Yes |
| | Equality, Leadership, Culture | Yes |
| | Access to Services | Yes |
| | Trust wide Quality Improvement | Yes |
| Organisational Risk Register considerations: | List risk number and title of risk | N/A |
| Is the decision required consistent with LPT's risk appetite: | Yes | |
| False and misleading information (FOMI) considerations: | None | |
| Positive confirmation that the content does not risk the safety of patients or the public | Confirmed | |
| Equality considerations: | Yes | |

Version 1.