

Trust Board of Directors

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| Report Title: | CQC Response to Inspection Letter 2022 |
| Executive/NED Lead: | Giles Thorpe, Chief Nurse |
| Report author(s): | Anne Rutland, Deputy Chief Nurse Quality |
| Previously considered by: | N/A |

Approval
 Discussion
 Information
 Assurance

Executive summary

An unannounced inspection of Medical Care (Older People's Services) was undertaken on the 3rd November 2022. The following wards were inspected:

- Birch
- D'Arcy
- Peldon
- Tiptree
- Layer Marney
- Nayland

Following the inspection and informal verbal feedback on the day, the Trust was written to formally on 8th November 2022, and a written response was submitted to the CQC thereafter, providing an update and assurance on the key items identified during the inspection.

The inspectors provided positive feedback regarding our staff and services which have been shared with the staff involved in the inspection:

- Staff were welcoming us and took the time to speak with the Inspectors on what was a very busy day.
- Staff were welcoming, hardworking and supportive of each other.
- Staff at all levels working together with the aim of putting the patients first and providing a safe and effective service.
- Patient records included all appropriate information, were easy to navigate and risks were clearly identified with mitigations in place.
- Staff proudly shared a range of local initiatives to support some of the wards to help with flow, discharge, and mobilisation in preparation for discharge.

Several issues were raised which have been responded to accordingly. These are further detailed within the report and include overall staffing levels, supporting patients to eat and drink, concerns regarding Infection Prevention and Control, a concern related to information security and a concern raised in regards to Deprivation of Liberty for one patient.

The draft report from the CQC has been received and is currently being reviewed as part of the factual accuracy process.

Action Required of the Board/Committee

For the Board to be assured of the response taken by the Trust following the CQC inspection of Medical Care (Older People's Services) in November 2022 in relation to any immediate issues of note.

| Link to Strategic Objectives (SO) | | Please tick |
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| SO1 | Keep people in control of their health | <input checked="" type="checkbox"/> |
| SO2 | Lead the integration of care | <input checked="" type="checkbox"/> |
| SO3 | Develop our centres of excellence | <input checked="" type="checkbox"/> |
| SO4 | Support and develop our staff | <input checked="" type="checkbox"/> |
| SO5 | Drive technology enabled care | <input checked="" type="checkbox"/> |

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| Risk Implications for the Trust <i>(including any clinical and financial consequences)</i> | There is a reputational risk to the Trust should the overall rating of the Trust deteriorate due to a negative inspection by the Care Quality Commission. |
| Trust Risk Appetite | The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of “no harm” at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients. |
| Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i> | All the fundamental standards as part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 form part of a CQC inspection process, and a failure to evidence compliance with said standards may lead increased regulatory scrutiny and associated legal challenge, should evidence of patient harm be identified. |
| Financial Implications | There is a potential for financial implication as a result of the failure to deliver safe services through raised as a result of CQC inspections. The Trust sets the ambition to enhance consistent high quality care delivery, thereby minimising the risk of this occurring. |
| Equality and Diversity | In accordance with the Equality Act 2010 and the Francis Report (2013), and as outlined in the Trust’s Quality Strategy, the Trust to will ensure that patient safety and patient experience is consistently managed with fairness and transparency ensuring that all staff regardless of their protected characteristics are supported and listened to when raising a concern relating to the quality of care and patient safety and that all staff are included in the development of Patient Safety programmes of improvement. |

Inspection of Colchester Hospital – Medical Care (Older People’s Services), 3rd November 2022.

Positive Feedback:

- The CQC asked that staff are thanked for welcoming them and taking the time to speak with them on what was a very busy day
- The CQC relayed positives observed and found staff to be welcoming, hardworking and supportive of each other.
- The CQC found staff at all levels working together with the aim of putting the patients first and providing a safe and effective service.
- Patient records included all appropriate information, were easy to navigate and risks were clearly identified with mitigations in place.
- Staff proudly shared a range of local initiatives to support some of the wards to help with flow, discharge, and mobilisation in preparation for discharge.

Senior Leaders were delighted to share these positive comments back to staff regarding the care and compassion they show to our patients, carers and visitors every day.

Issues raised and response:

All wards’ actual staffing levels and skill mix meant staff were often overstretched. All staff we spoke with expressed concern about the impact on patient care and personal wellbeing. Some staff we spoke with were tearful, reported feeling exhausted and concerned that they were unable to care for patients well enough to keep them safe.

- It is recognised that staffing has continued to be a challenge across the Trust as with most NHS provider organisations; however, in order to mitigate the risk ESNEFT uses the ‘Safecare’ staffing tool to ensure all areas are staffed safely in accordance with the patient acuity and dependency on the ward. Senior staff on each ward enter their staffing levels and a census of the patients on each ward, including red flags and professional judgements for action where a patient has been identified as needing further care, and noting any particular challenges at the time. The update is completed three times daily to ensure an accurate picture at all times.
- A Quality Matron is identified on each day to oversee the safe staffing of the organisation, with support at more challenging times from a nominated Deputy Chief Nurse or Associate Director of Nursing. Staffing meetings are undertaken twice daily to ensure safe staffing, with oversight and management out of hours by the Site Matron. During these meetings staff will be moved accordingly in order to balance the risk across the Trust, and ensure that the wards with higher acuity and dependency are supported. In addition, the Trust works closely with NHS Professionals to increase the pool of nurses available to respond to any staffing challenges (rapid response shifts).
- The Trust is now developing flexible rotas that will be managed through the site team in order to further increase the pool of staff available to support escalation areas, thereby allowing staffing to remain within their base wards and increase staffing overall. The Trust is also substantively recruiting a ward team for one of the escalation areas that will further reduce the burden on staff working in escalation areas in the Trust.
- ESNEFT has developed a strong network through our Well-being Hub in order to help staff who require additional support above and beyond that provided by ward and clinical leaders. Staff are able to self-refer or can be referred by their line manager for support through Occupational Health and a number of other support services, including

mental health support and our in-house psychology team. Staff sickness is monitored daily, with support offered to staff where needed in order for them to return to work safely and at the right time.

We saw two patients did not have support to eat their breakfast, and one family told us that they observed other patients' food being taken away without them eating it. These vulnerable patients may have been unable to feed themselves. Staff told us that low nurse to patient ratios mean they were unable to always prioritise feeding support.

- All facilities staff have been asked to confirm with ward staff before taking food away following mealtimes. The Trust has re-focused on the 'red tray' initiative, where our most vulnerable patients are easily identified as requiring help with food or drink, to ensure that these patients are assisted to eat and drink. This system also acts as a visual reminder to all facilities staff that patients using a red tray must not have their meals taken away until confirmed by a member of the clinical team. The Nutrition Steering Group have added this issue to their agenda to support monitoring and progress moving forward, which will include reviews by therapy teams in addition to senior nursing staff.

We saw nursing staff on Peldon ward, a ward with high acuity, were overstretched and lacked leadership. The busy ward was not fully staffed, appeared messy with dirty dressings left on and around bedsides and staff unable to answer calls bells in a timely way.

- As previously mentioned staffing is reviewed twice daily, with oversight by the Site Team out of hours and is based on census information based on patient acuity and dependency confirmed by the ward team. As the Ward Sister on Peldon has been on long term sick leave the Matrons have been stepping in to provide support; however, it is recognised that due to the length of time of sickness, consistent support is required and this is being given by the Matron for Older People's Services who will oversee the ward on a daily basis and offer leadership support to the Band 6 nursing team. The Matron has ensured that audits are completed and that a day to day check on standards and staff welfare is in place. The standards of care will also be reviewed by the senior nursing and therapy teams as part of the Clinical Friday programme, led by the Chief Nurse.

One doctor was seen with a watch and not bare below the elbows, when asked the doctor told us he was not prepared to adhere to the infection prevention control guidance.

- This is an unacceptable response and not in keeping with the Trust's Values. The Trust continues to focus on Infection Control standards through our robust audit programme and challenge all non-compliance directly with staff and through managers and supervisors. Communication regarding the requirement to adhere to our Infection Control standards will be shared through the Chief Medical Officer's communication network to all doctors.

We saw that electronic screens in each of the nurses' stations displayed confidential patient information. This meant that staff were not complying with legislation to protect patient privacy.

- Immediate action was taken to ensure the whiteboard screens have the patient details removed from all screens across the organisation. This will be continually monitored via Ward Sisters, Matrons and visits to the clinical areas by senior staff. IT support has also been requested to identify any further work that can be done to mitigate this risk, whilst also ensuring easy access should there be a requirement to know patient location in an emergency situation.

Patient files were kept in unlocked trollies, this meant patient records could be accessed by individuals without permission.

- All areas have been asked to ensure that lockable trollies are purchased to ensure the safe storage of patient files, whilst ensuring easy access for emergency scenarios.

We saw that the COSHH (Control of Substances Hazardous to Health) cupboard door was left open and unattended. This meant that vulnerable patients on the ward could access dangerous products. All staff have been reminded of the requirement to ensure the safe storage of COSHH items.

- The Trust has a programme of Health & Safety Audits to provide assurance of the safe storage of these items and the Health & Safety Team have been made aware of the findings and will support the clinical teams through the audit programme and spot checks. This concern has been shared directly with facilities staff to ensure that when staff are on the ward undertaking their duties the cupboard is locked.

One nurse in charge told us that a vulnerable, wandering patient had a Deprivation of Liberty Safeguards (DoLS) in place, however upon checking with the nurse in charge the next day it was clear the patient did not have a DoLS. The nurse in charge assured us the patient was not being detained and that a DoLS was in process.

- This specific issue raised has been addressed with the staff involved with additional bespoke training provided by the Safeguarding and Complex Health team. For information, all staff undertake Deprivation of Liberty training as part of their Safeguarding training updates. The process of Mental Capacity Act (MCA) assessment and Deprivation of Liberty Safeguard (DoLS) application is overseen by the Safeguarding & Complex Health Teams across the organisation who also support with further bespoke training for ward staff and other staff groups across the organisation as required. The Trust is now preparing for the implementation of Liberty Prevention Safeguards (LPS) and as part of this we are undertaking an audit programme to benchmark understanding across the organisation of the MCA and its application in best interest decision-making and DoLS applications. This is audited and reported through the Trust's Accountability Framework, which will be adapted as the LPS goes live.

Next Steps

The draft report was received into the Trust on 23rd December 2022. A process of factual accuracy is now underway with any response being submitted to the Care Quality Commission by 25th January 2023. This process is being led by the Trust's Compliance Team. Following review, the final report and rating for the service will be published in line with the Care Quality Commission's publishing timescales and associated press release.