

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

4 September 2014

Developments in the Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of Report

1. To brief the Scrutiny of Health Committee on the outcome of the Care Quality Commission's (CQC) Inspection of the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWVFT) and on work which the Trust is carrying out to address issues highlighted by the Inspection.
2. To summarise the TEWVFT's plans for taking over mental health and learning disability services in the York and Selby area.

Introduction

2. The TEWVFT provides mental health and learning disability services across Harrogate, Hambleton, Richmondshire, Ryedale and Scarborough.
3. On 11 May 2015, the CQC published its inspection report for the trust:

Overall rating for services at this provider		Good 
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Outstanding	

4. It should be noted that the trust has requested a review of one or more of their ratings and they are currently under review by the CQC. The ratings could change once the review is complete.
5. The Summary of Findings section from the CQC Inspection report is attached as APPENDIX 1.
6. The Director of Operations, North Yorkshire, TEWVFT (Adele Coulthard) will be attending the meeting to summarise how the Trust has responded to the

Inspection, including how the Trust is investing in new services and in its estate across North Yorkshire.

7. The Vale of York Clinical Commissioning Group (CCG) has recently awarded the contract to deliver mental health and learning disability services in the York and Selby area to the TEWVFT. The contract will transfer from the Leeds and York Partnership NHS Foundation Trust on 1 October 2015. The Director will also summarise the TEWVFT's mobilisation plan for extending its services in to the York and Selby areas.

Recommendation

8. That Members offer advice to the TEWVFT on its plans for addressing issues raised in the CQC Inspection and on its mobilisation plan for taking over mental health and learning disability services in the York and Selby area.

Bryon Hunter
Scrutiny Team Leader
County Hall, Northallerton

21 August 2015

Background Documents: None

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Report

West Park Hospital, Edward Pease Way, Darlington,
County Durham, DL2 2TS
Tel: 01325 552000
Website: www.tevv.nhs.uk

Date of inspection visit: January 2015
Date of publication: 11/05/2015

Core services inspected	CQC registered location	CQC location ID
Acute wards for adults of working age and PICU	Cross Lane Hospital	RX3LK
	Friarage Hospital Mental Health Unit	RX3XX
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	Lanchester Road Hospital	RX3CL
	The Briary Unit	RX3YE
	Sandwell Park	RX3NH
Longstay/Rehabilitation for adults of working age	Primrose Lodge	RX3AD
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	163 Durham Road	RX3WE
	Earlston House	RX3AE
	Park House	RX3PV
	Abdale House	RX3XK
Forensic inpatient/secure wards	Roseberry Park	RX3FL
Child and Adolescent Mental Health Inpatient wards	West Lane Hospital	RX3LF
	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
Wards for people with a Learning Disability or Autism	Bankfields Court	RX3NT
	Lanchester Road Hospital	RX3CL
	163 Durham Road	RX3WE
Wards for older people		
	Cross Lane Hospital	RX3LK

Summary of findings

	Roseberry Park	RX3FL
	West Park Hospital	RX3MM
	Springwood	RX3KW
	Sandwell Park	RX3NH
	Auckland Park Hospital	RX3AT
	Friarage Hospital Mental Health Unit	RX3XX
	Lanchester Road Hospital Alexander House	RX3CL RX3XL
Community services for adults of working age	Trust Headquarters	RX301
Crisis and HBPoS	Trust Headquarters	RX301
Community services for children and young people	Trust Headquarters	RX301
Community based services for older people	Trust Headquarters	RX301
Community LD and Autism	Trust Headquarters	RX301
Substance Misuse Services	Trust Headquarters	RX301
Adult Social Care	367 Thornaby Road Durham and Darlington Crisis and Recovery House	RX3LD RX3X5

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this provider

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the services and what we found	7
Our inspection team	12
Why we carried out this inspection	12
How we carried out this inspection	12
Information about the provider	12
What people who use the provider's services say	13
Good practice	15
Areas for improvement	16

Detailed findings from this inspection

Findings by our five questions	0
Action we have told the provider to take	45

Summary of findings

Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

We found that the provider was performing at a level which led to a rating of Good.

Mostly patients were protected from avoidable harm or abuse, but we found some patient safety issues that need to be addressed:

- There were breaches of same sex accommodation guidance on Earlston Ward, a 15 bed rehabilitation ward.
- There were some environmental and ligature risks identified on Ward 15, Cedar ward, Abdale House and Primrose Lodge. On the acute wards not all risks had an associated intervention plan.
- On Ceddesfeld and Hamsterley wards, medicines were being administered covertly, but the information about this was not recorded in line with the trust policy.

The trust strongly encouraged openness and transparency. The trust carried out a thorough investigation following serious untoward incidents. We did note that relatives and carers were not as engaged in the process as they should be. Other healthcare professionals and staff were engaged in the process of the review. Lessons were learned and improvements to safety were made and then monitored.

There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. There was executive team leadership in safeguarding. The trust actively worked with other organisations and were engaged in local safeguarding boards and procedures.

Staffing levels were planned, reviewed and implemented to keep people safe. The trust published their staffing levels on their website.

Staff recognised and responded appropriately to changes in risks to people who use services. The trust had developed a physical restraint reduction plan and were using positive behaviour support to manage behaviours that challenge.

The trust had developed a strategy to minimise restrictive practices. We did however see some restrictive practices taking place in the trust although they were working towards improving this problem. We saw this in the acute wards and on Fulmar and Kirkdale rehabilitation wards.

Patients had good outcomes because their care and treatment was effective at meeting their needs. Patients had comprehensive assessments of their needs carried out at the point of admission. Care and treatment was planned and delivered in line with current evidence based practice. Information about patient care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. However in the learning disabilities wards patients did not have a comprehensive person-centred, holistic discharge plan in place to support commissioners and other authorities to find accommodation that will meet individual needs and preferences on discharge.

Patients that were detained had their rights protected. With the exception of the recording of seclusion on Ward 15, staff complied with the Code of Practice.

With the exception of 367 Thornaby Road, staff were in receipt of clinical and management supervision and appraisals. Learning needs were identified and training set up to meet those needs.

Issues about capacity and consent were mostly understood. However staff on Earlston House, the CAMHS community teams and the older peoples' wards did not fully understand how the Mental Capacity Act and Deprivation of Liberty Safeguards applied to their work.

Patients were respected and were partners in their care and treatment. We observed and saw records that demonstrated active patient engagement in all aspects of their care. Patients also contributed to the running of the wards and changes to services. The trust participated in the 'triangle of care'. Carers' were seen as an integral partner, alongside the patient and staff in the care and

Summary of findings

treatment delivered to the patient. Patients' privacy and dignity was maintained with the exception of Ward 15 and Cedar ward which were both located in acute general hospitals.

With the exception of 367 Thornaby Road, there was information available about advocacy services and Independent Mental Health Advocacy for detained patients.

Patients' needs were met through the organisation and delivery of services. Services were planned in collaboration and consultation with health and social care partners or commissioners. We heard that the trust was willing to engage in future strategy planning and delivery of services. However we noted that patients in the learning disability wards had been in the service between 2-14 years. The service struggled to discharge patients because external authorities did not identify suitable places for patients to move to. There were delays in funding from external authorities which meant patients remained in hospital longer than necessary.

There was a proactive approach to understanding the needs of different groups of people and to deliver care in

a way that met those needs and promotes equality. There were interpreting services that could be accessed easily if needed. Reasonable adjustments were made and action taken to remove barriers when patients found it difficult to access services. Lessons from complaints were discussed at 'daily report out' meetings, team meetings or clinical supervision. Feedback was shared with patients via the 'you said, we did' boards.

The leadership, governance and culture were used to drive and improve the delivery of high quality patient-centred care. Leaders had an inspiring shared purpose, were determined to deliver and motivated staff to succeed. There was ownership of the vision, values and quality improvement system throughout the organisation. There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt engaged in the delivery and continuous improvement of services. The trust quality improvement system was embedded at every level across the organisation. The trust participated in external peer review and accreditation.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of the services.

Are services safe?

We rated safe as requires improvement because:

- There was a breach of same sex accommodation guidance on Earlston ward which is a 15 bed rehabilitation ward.
- During our inspection, a male patient who had been admitted as an emergency was admitted into a single bedroom on the female wing of Oak ward which is a ward for older people.
- There were some environmental and ligature concerns identified on Ward 15, Cedar ward, Abdale House and Primrose Lodge.
- On the acute wards not all risks identified for patients had an associated intervention plan.
- Medicines were managed safely across trust sites. On wards for older people we found that some medicines were administered covertly (disguised by mixing with food or drink) but authorisation for this was not recorded in patient notes in line with trust policy. This was on Ceddesfeld and Hamsterley wards.
- When something went wrong, there was a thorough review or investigation that involved all relevant staff. However it was clear that relatives and carers were not always engaged in this process, despite the trust trying to address this issue in the last year.
- Restrictive practices had been identified within the trust at a number of inspections and MHA monitoring visits prior to this inspection. The trust had developed a strategy to minimise restrictive practices. We did however see some restrictive practices taking place on some wards in the trust although they were working towards compliance with this issue.
- However we also found that :
- Lessons were learned and communicated widely to support improvement in other areas as well as services that are directly affected.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The board understood the duty of candour and their roles and responsibilities. Awareness training for all staff had been undertaken.
- Safeguarding vulnerable adults, children and young people was a given priority. The trust took a proactive approach to safeguarding.

Requires improvement



Summary of findings

- Safety and risk were routinely monitored. The trust had an integrated assurance framework and risk register.
- Patients risk assessments were person-centred, proportionate and reviewed regularly.
- The trust had developed a physical restraint reduction plan and were using positive behaviour support to manage behaviours that challenge.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

Are services effective?

We rated effective as good because:

- Care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- Patients had comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Information about patient care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care.
- There was participation in relevant local and national audits, including clinical audits and other monitoring activities such as reviews of services, benchmarking, peer review and service accreditation.
- Where patients were subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice. There was an exception in the recording of seclusion on Westwood ward and Ward 15.
- Staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was put in place to meet these learning needs.
- With the exception of 367 Thornaby Road, staff were in receipt of clinical and management supervision
- Staff work collaboratively and across teams to understand and meet the range and complexity of patient needs.
- With the exception of the wards for people with a learning disability or autism, patients were discharged at an appropriate time and when all necessary care arrangements were in place.

Most staff understood the issues relating to capacity and consent. The exceptions were Earlston House, CAMHS community teams and the older peoples' wards.

Good



Summary of findings

Are services caring?

We rated caring as good because:

- Feedback from patients who use the service, relatives and carers was positive about the way staff treat people. People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive.
- Patients' privacy and dignity was maintained with the exception of Ward 15 and Cedar ward.
- Patients told us and we observed that they were involved in all aspects of their care and treatment. Patients actively contributed to the running of wards and changes to the services.
- The trust are members of the 'Triangle of Care' project. Wards used triangle of care self-assessments alongside carer surveys to improve the partnership arrangements with carers. There were a number of carers groups and carer support groups throughout the trust.

Across the services, with the exception of 367 Thornaby Road, there was information visible and available about local advocacy services or Independent Mental Health Advocacy for detained patients.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Feedback from commissioners of services, clinical commissioning groups, local authorities and NHS England told us that the trust was very willing to engage in future strategy regarding planning and delivery of services.
- Commissioners told us that there was an opportunity for patients and commissioners to feedback on service planning and delivery of services each year for learning disability services.
- In the specialist community teams for children and adolescent, a gap had been identified in the provision of crisis services for children and young people. In response, the trust had developed a crisis service that was open seven days a week 8am to 10pm.
- The hours some of the children and adolescent mental health services open made them more accessible to young people out of school hours.
- We saw that services were planned in consultation with other health and social care partners to deliver services effectively.
- Staff had access to interpreting services. Services we visited had disability access and disabled facilities such as toilets and

Good



Summary of findings

bathrooms. Where there was no wheelchair access in community based services, alternative appointments were made either at the person's home or a venue close to where they lived.

- Information about raising concerns and complaints was available to all patients in the wards, health based places of safety and community mental health services with one exception. At 367 Thornaby Road, there was no visible information on how to make a complaint for the people living there or their carers. There were no records of complaints being made at the service.
- Lessons from complaints were discussed at 'report out' meetings, team meetings or clinical supervision. Feedback on lessons learned were shared with patients via the 'you said...we did' boards located in all the ward environments.
- However in the learning disability services some patients had been in hospital between 9 and 14 years. We looked at the discharge plans and saw the minutes of recent 'Care and Treatment' reviews stating they were ready for discharge. There was no written discharge plans in place and commissioners still had not identified any placements in the community for patients.

Are services well-led?

We rated well-led as outstanding because:

- The trust had a clear vision, mission and quality strategy, supported by clear values. All staff in the trust understood these and had translated the visions and values into their own work.
- There was clear ownership of the vision and values throughout the organisation.
- There was a clear governance structure that ran through the organisation and was understood by all.
- Staff knew that there was a whistle blowing policy in the organisation and felt confident that if they needed to raise concerns, they could do so without fear of victimisation.
- Staff within the organisation were able to tell us who the senior leaders were and said they were visible and approachable.
- Staff feel engaged in the planning, delivery and continuous improvement of services. They told us that they were motivated and proud to work within the organisation.
- The trust had developed a quality improvement system which all staff routinely use. The trust use the quality improvement tools and methods to drive up quality, eradicate waste and improve services. We found that it was embedded at every level across the organisation.

Outstanding



Summary of findings

- The trust also participated in external peer review and accreditation and the majority of services that participated were accredited as excellent.
- The trust had achieved the 'Gold Standard' in Investors in People award.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: David Bradley, Chief Executive, South West London and St Georges NHS Mental Health Trust

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leader: Patti Boden, Care Quality Commission

The team included 11 CQC inspectors and a variety of specialists: consultant psychiatrists, consultant nurses, experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting, junior doctors, MHA reviewers, mental health social workers, nurses, occupational therapists, student nurses, pharmacy inspectors, psychologists, recovery co-ordinator, senior managers and specialist registrars.

Why we carried out this inspection

We inspected this trust as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew. We held listening events at each main hospital location for detained patients. We met with groups of carers prior to the inspection at a number of hospital locations. We held a focus group prior to the inspection, facilitated by a voluntary organisation, Darlington Mind on 16 January 2015. We carried out announced visits to all core services on 20, 21, 27, 28 and

29 January 2015. We carried out an unannounced visit to the forensic service at Roseberry Park at night on the 29 January and visited Brambling ward (MH) and Robin, Kingfisher and Heron ward (LD).

During the visit we held focus groups with a range of staff who worked within the service. This included nurses, doctors, psychologists, allied health professionals, and administrative staff. We met with 507 trust employees. We met with representatives from other organisations including commissioners of health services and local authority personnel. We met with 209 patients who use services who shared their views and experiences of the core services we visited. We observed how patients were being cared for and talked with carers and/or family members and reviewed 281 care or treatment records of patients who use services. We looked at a range of records including clinical and management records.

Information about the provider

Tees, Esk and Wear Valleys NHS Foundation Trust provides a range of mental health, learning disability and substance misuse services for the people of all ages living in County Durham; Darlington; the four Teesside

boroughs of Hartlepool, Stockton, Middleborough and Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire and Harrogate districts of North Yorkshire and the Wetherby area of West Yorkshire.

Summary of findings

The trust also provides learning disability services to the population in Craven and regional specialist eating disorder services to the North East and beyond.

Tees, Esk and Wear Valleys NHS Foundation Trust was authorised foundation trust status on 1 July 2008.

The trust serves a population of 1.6 million people and have more than 6000 staff working in over 150 locations. Their annual income is £290 million. The trust's services are commissioned by eight clinical commissioning groups and NHS England and they work with seven local authorities.

Tees, Esk and Wear Valleys NHS Foundation Trust was first registered with CQC on 1 April 2010. It has 21 locations that are registered with CQC.

There have been 28 inspections at registered locations of Tees, Esk and Wear Valleys NHS Foundation. These inspections have occurred at 10 locations.

Roseberry Park was last inspected on the 26 March 2014 and was not meeting the essential standards relating to care and welfare of people who use services (regulation 9) and safeguarding people who use services from abuse (regulation 11). These compliance actions were inspected as a part of this comprehensive inspection. The action plans were not all due for completion at the time of the inspection so we only reviewed those actions that the trust informed us were completed.

163 Durham Road was inspected on 10 May 2014. It was found not to be meeting the essential standards relating to care and welfare of people who use services (regulation 9) and safeguarding people who use services from abuse (regulation 11). These compliance actions were inspected as a part of this comprehensive inspection.

Roseberry Park has been inspected on four occasions, while Auckland Park Hospital, Lanchester Road Hospital and Bankfields Court have all been inspected on 3 occasions.

The trust provide the following core services:

Mental health wards:

- Acute wards for adults of working age and psychiatric intensive care units.
- Long stay/rehabilitation mental health wards for working age adults.
- Forensic inpatient/secure wards.
- Child and adolescent mental health wards.
- Wards for older people with mental health problems.
- Wards for people with learning disabilities or autism.

Community-based mental health and crisis response services:

- Community-based mental health services for adults of working age.
- Community-based mental health services for older people
- Mental health crisis services and health-based places of safety.
- Specialist community mental health services for children and young people.
- Community mental health services for people with learning disabilities or autism.

We also inspected the following services that the trust provide:

- Substance misuse services
- Adult social care services

In addition the trust also provides eating disorder services, IAPT (Improving access to psychological therapies) and provide mental health services to six prisons.

What people who use the provider's services say

We spoke with 209 patients during the inspection. Nearly all of the patients we spoke with were very happy with the quality of the care and treatment they were receiving, with the approach of the staff and they felt involved in the decisions about their care. We include their comments in the core service reports

Community Mental Health Patient Experience survey

The CQC Community Mental Health survey is sent to people who received community mental health services from the trust.

Summary of findings

Similar surveys of community mental health services were carried out in 2010, 2011, 2012 and 2013.

However, the 2014 survey was substantially redeveloped and updated in order to reflect changes in policy, best practice and patterns of service. This means that the results from the 2014 survey are **not comparable** with the results from the 2010-2013 surveys.

Community Focus Groups

Before the inspection, we held a focus group in Darlington. The focus group was hosted by Mind. We did this so that people who use, or have used, the services provided by the trust, could share their experiences of care. It was a small group with only five attendees.

The group provided responses to the five questions we always ask about services.

Participants on the whole were positive. They talked about caring staff and attending meetings with doctors. One person said that their CPN was very supportive and increased frequency of meetings when they felt the person needed it to keep safe. People felt the service was well led but could be more responsive. Two of the attendees said they knew how to make a complaint and two did not know. The other attendee felt that it would be a waste of time complaining.

Patient Opinion

Patient opinion offers people who use services a forum for honest and meaningful conversations between patients and providers.

The information on the Patient Opinion website offered that the following is good about the trust:

- **Caring staff who reassure and respect patients** Newberry, Holly Unit, Auckland Park Hospital, Oak Lodge.
- **Patients and families included in decisions** about care provision.

However there were also some negative comments:

- **West Park Crisis Team:** Poor/ rude telephone manner on Crisis help line and difficulties making initial contact in general, with calls not returned,
- **Lack of care provision** due to low staff capacity (West Park Hospital).

- **Rude and insensitive staff** (West Park Crisis Team, Cedar and Maple Wards)
- **Little contact with key nurse** (Newberry)
- **Staff require training** with regards to safeguarding and understanding mental health issues (West Park Hospital)

During our inspection, with the exception of staff not receiving mandatory training in the Mental Health Act, we did not find evidence to support the negative comments posted on the patient opinion website.

Comment cards

Before and during the inspection, we left comment cards in all in patient wards and areas where patients might spend time. This was so that they could write their comments down about their experiences of care within the trust services. People posted their comments in sealed boxes which we opened and looked at as part of the inspection.

- 346 comment cards received
- 151 (43%) were positive
- 82 (26%) were negative
- 62 (17%) were mixed
- 41 (11%) were blank or illegible.

Out of the 97 boxes issued to the trust 40 (11%) were received back with no comments in.

Top ranking wards with the most comment cards were:

1. Tunstall Ward (Lanchester Road) 36 (10%)
2. Parkside 22 (6%)
3. Unknown (no location) 20 (5%)
4. Cedar Ward 20 (5%)
5. CAMHS Rosewood 15 (4%)
6. Overdale Ward 11 (3%)
7. Unit 2, Bankfields 11 (3%)

Positive Comments:

- 62 (41%) were all in relation to Staff – very good, welcoming, professional, excellent, caring, hardworking and 1st class.
- 32 (21%) were in relation to the excellent treatments/ service provided by the trust - appointments are on time, treatment was what was required.
- 31 (20%) were in relation to the Environment – It was safe, clean, and hygienic.

Negative Comments:

Summary of findings

- 35 (38%) were in relation to staff – dismissing patients, not interacting with patients, staff attitudes. The biggest concern was staffing levels
- 16 (17%) were in relation to the environment/facilities – places are old and lack modern facilities, old, unhygienic, mice, shower rooms have broken seals.
- 14 (15%) were in relation to medication/treatment - refusal of medication, no monitoring of medication, side effects of medication, no proper diagnosis after 9 months, no care plan or follow up plan

Good practice

- Each location had a report out meeting every morning. We observed several of these meetings. These were attended by all staff disciplines. Each patient was discussed using a visual display board. The team considered current care and risk factors and tasks were set for staff for the day. We attended a 'report out' meeting on each hospital site and found these to be an effective system for ensuring care was patient focussed, therapeutic, informed by risk and formulated with discharge as a focus.
- The learning disability and autism service had a steering group and champions for positive behaviour support. The role and purpose of the group and champions was to embed teaching and learning across the locations to ensure positive behaviour support was an effective tool to manage complex behaviours which challenged.
- The trust had implemented a Naloxone programme, within the substance misuse services, specifically for those identified as high risk of opiate overdose. Naloxone is an opioid antagonist used to counter the effects of opioid overdose; this can be injected directly into the muscle. Staff have been trained to deliver Naloxone kits and instructions on use to those identified to reduce deaths by overdose. Although there are no formal mechanisms to collect outcomes for the use of these kits, staff had informally been advised they had prevented a number of deaths in the community.
- Staff on both Holly and Baysdale (CAMHS LD wards) liaised with the community services to provide the most appropriate services needed at the time for the patients and families. Staff worked flexibly to enable this to happen.
- In the wards for older people service specifically on Springwood and Rowan Lea they were using specialist computer programmes to enable staff to interact with people with memory problems in a positive way.
- The street triage team captured people's feedback instantly through using tablet devices.
- There were excellent examples of some crisis teams encouraging advance directives to help people determine their future crisis care needs.
- A clear assessment and comprehensive physical health check was undertaken, usually by a paramedic, on arrival to the health based place of safety.
- Initiatives such as the retreat which all staff could request to participate in.
- The pharmacy team had worked with some of the wards to develop and implement robust step down procedures to support patients in managing their own medicines in preparation for when they moved on from the ward.
- We found some good examples of how the rehabilitation teams had developed good working relationships with partner organisations both internal and external of the trust. This included the use of volunteers through a voluntary agency to support patients and good links with community mental health teams, housing organisations and the trust wide recovery college.
- The CAMHS teams in Durham and Darlington had recognised there was a gap in provision of crisis intervention for young people and children. In response using patients' feedback to shape the service the teams had developed a crisis service, open seven days a week 8 am to 10 pm, and piloted overnight. The service had good working relationships with the local police and had resulted in a reduction of admissions to hospital by over 50%. We were told this model was to be adopted in other areas.
- The hours some of the CAMHS services open made the services more accessible to young people out of

Summary of findings

school hours. For example, Stockton opened till 8 pm twice a week and would open at weekends to alleviate waiting lists. South Durham reported opening 8 am to 8 pm and home visits from 7 am when requested.

- Middlesbrough CMHT showed us information on the recovery support groups which had been developed by the psychologists and run by a qualified nurse with a support worker. The CMHT set up the first recovery group in Middlesbrough and all recovery groups were linked to the trust's recovery college, 'cognitive stimulation therapy pathway'. This was available for

dementia patients and developed by a student nurse on a placement. All student nurses' were now required to produce a service improvement project as part of their placement.

- Patient involvement in clinical governance meetings, events planning, training and research activities in the forensic services was substantial. The recovery and outcome team had a significant impact in driving involvement.
- The administration of the Mental Health Act was considered to be of a very high standard.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

The provider must review the covert administration of medication without reference to the pharmacist or through a best interest meeting on Ceddesfeld and Hamsterley.

The provider must ensure that administration records for medication for patients on Hamsterley Ward are signed as the medication was administered.

The provider must ensure that in the acute wards, current risks have an associated intervention plan which clearly outlines measures to manage the risk with the input of the patient.

The provider must ensure that all staff on Ward 15 are given clear guidance on the management of ligature risks and current risks posed by patients and make the appropriate adjustment to observation levels.

The provider must ensure an effective quality monitoring system is in place for joint working with partner NHS trusts where services are provided from.

The provider must ensure that Earlston House is compliant with the Department of Health guidance regarding Same Sex Accommodation (SSA) to ensure patients privacy and dignity is protected.

The provider must ensure that each patient in the learning disability wards has a comprehensive discharge plan which is holistic and person-centred.

Action the provider SHOULD take to improve

The process of frequent documented checks of medicine prescription and administration records by nursing staff should be embedded into routine practice on all wards to reduce the incidence of medicines omissions

The provider should take steps to ensure where patients, in the wards for people with a learning disability or autism, have complex needs and require additional support they have routine access to psychology, speech and language therapists (SALT) and occupational therapy

The provider should make sure that staff always complete the correct documentation and the documentation should contain a clear step by step account of any episodes of seclusion in every instance and ensure the records adhere to the Mental Health Act Code of Practice.

The provider should continue to monitor the use of restraint and reduce prone restraint on Newberry and Westwood.

The provider should make sure that ward managers have an accurate record of staff supervision to demonstrate that trust policy is being followed.

The provider should ensure that same sex accommodation guidance is followed on Elm.

The provider should ensure that privacy and dignity is maximised in the bed bays of ward 15 and Cedar at the Briary Unit.

The crisis teams should consistently evidence patient involvement in their intervention plan and ensure people receive a copy of their intervention plan.

Summary of findings

The provider should ensure conditions of CTOs provide clarity about the lack of compulsion for treatment for mental disorder whilst people are in the community.

The provider should ensure that the restrictive practices on Kirkdale ward and Fulmar ward are reviewed to make sure they are based upon patients individual risk assessments. These include; searching patients following a period of unescorted leave, the locking of bedroom windows and access to the internet and mobile phones on these ward.

The provider should ensure that staff at Earlston House fully understand the principles of the Department of Health Same Sex Accommodation (SSA) guidance and issues in relation to the Mental Capacity Act on the ward.

The provider should ensure that where evidence indicates that a patient does not have capacity, that a capacity assessment is completed in accordance with the Mental Capacity Act.

The provider should ensure that the clinic room is relocated on Earlston House to ensure the privacy and dignity of patients on the ward.

At Abdale House, the provider should ensure that special instructions regarding the administration of medicines are recorded on all patients' medicine administration records.

The provider should ensure patients who lack capacity at Abdale House are referred to the advocacy service and information regarding the IMHA service is available to them.

The provider should make sure all the team managers monitor the uptake of supervision in the CAMHS services, to ensure it meets the new supervision guidance fully.

The provider should ensure the environment is safe for people to visit for treatment and care. In particular at the Old Vicarage with regards to the doors which should be kept locked at all times and the hot water geyser next to the patient area.

The provider should ensure that all teams and staff members have clinical and management supervision. At Derwentside supervision had not been occurring for functional community psychiatric nurses.