

**Outstanding****Northumberland, Tyne and Wear NHS Foundation  
Trust**

# Long stay/rehabilitation mental health wards for working age adults

## Quality Report

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## Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RX4Z3	Hopewood Park	Bridgewell Ward	SR2 0NB
RX4E2	St George's Park	Kinnersley Ward	NE61 2NU

This report describes our judgement of the quality of care provided within this core service by Northumberland Tyne and Wear NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement 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

Where applicable, we have reported on each core service provided by Northumberland Tyne and Wear NHS Foundation Trust and these are brought together to inform our overall judgement of Northumberland Tyne and Wear NHS Foundation Trust.

# 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 the service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Outstanding



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

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# Summary of findings

## Overall summary

We did not rate long stay/rehabilitation wards for working age adults at this focused inspection. All ratings shown in this report are from our previous inspection in June 2016.

We found the following issue that the trust needs to improve:

- Patients identified as being at risk of choking or swallowing on Bridgewell ward did not have this documented in their risk assessment, although these were reflected in care plans.

However, we also found the following areas of good practice:

- Patients' risks were being assessed, monitored, and managed on a daily basis. Staff recognised changes in risk and responded appropriately.

- Staffing levels were adequate to keep people safe and effective handovers were taking place to ensure staff were able to manage risks.
- Staff were raising concerns and reporting incidents. These were investigated appropriately and lessons were communicated widely to support improvement.
- Patients were receiving a comprehensive assessment of their needs. Care and treatment was delivered through care plans, which reflected their needs.
- Staff had the skills required to deliver care and treatment. Learning needs were being identified and training was delivered to meet these needs.
- Staff were working together to assess, plan and deliver care and treatment.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

We did not rate the safe key question at this focused inspection.

We found following issue that the trust needs to improve:

- Although issues around choking and swallowing were identified in care plans these issues were not present in risk assessments on Bridgwell Ward.

However, we also found the following areas of good practice:

- Patients had up to date risk assessments and risk management plans were in place.
- Staffing levels were adequate on both wards.
- The trust were learning from incidents and ensuring that this information was shared with staff to ensure improvements were made.

Good



### Are services effective?

We did not rate the effective key question at this focused inspection.

We found the following areas of good practice:

- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Learning needs were identified through supervision and from incidents.
- Staff were working together to assess, plan and deliver care and treatment.
- Staff had access to risk assessments and care plans to assist in the delivery of care and treatment.

Good



### Are services caring?

At the last inspection in June 2016, we rated caring as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

Good



### Are services responsive to people's needs?

At the last inspection in June 2016, we rated responsive as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

Outstanding



### Are services well-led?

At the last inspection in June 2016, we rated well-led as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

Outstanding



# Summary of findings

## Information about the service

Northumberland Tyne and Wear NHS Foundation Trust provide inpatient and community mental health services for people across Gateshead, Newcastle, North Tyneside, South Tyneside, Sunderland, and Northumberland. The trust covers 2200 square miles and services a population of approximately 1.4 million.

St George's Park

Kinnersley ward comprised a group of bungalows and houses located in its own cul-de-sac. This was on the main hospital site at St George's Park Morpeth. It consisted of over 20 buildings providing one, two, and

three bedroom houses or bungalows and a core six-bedded property. The ward provided a rehabilitation environment for men and women with complex long-term mental health problems.

Hopewood Park

Bridgewell ward was based on the newly developed site at Hopewood Park, Sunderland. It was an 18-bedded ward that took patients aged 18 years and over with complex mental health needs requiring psychiatric continuing healthcare and long-term rehabilitation. A number of the patients required support with personal care and had mobility issues.

## Our inspection team

The team that inspected the service was led by Sharon Baines and comprised an inspection manager, two inspectors, and one assistant inspector.

## Why we carried out this inspection

We inspected this core service due to concerns in relation to a serious incident, which had led to the death of a patient. The incident involved a patient choking whilst on the psychiatric intensive care unit. The patient had recently been transferred from a long stay/rehabilitation ward.

We inspected the wards to ensure that patients who were at risk of choking or had swallowing difficulties had been appropriately risk assessed and had care plans in place, which all staff were following.

## How we carried out this inspection

This was an unannounced inspection where we focused on specific key lines of enquiry in the safe and effective domains. We looked at risk assessments, assessments, and care plans. We also looked at the skills of staff and how effectively the teams were working together to manage patients.

During the inspection visit, the inspection team:

- visited two wards at two different sites
- spoke with the managers for each of the wards
- spoke with six other staff members; including nurses and health care assistants
- observed two handover meetings
- reviewed six care records.

# Summary of findings

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The trust should ensure that all risk assessments reflect any choking or swallowing needs, which have been identified.



Northumberland, Tyne and Wear NHS Foundation  
Trust

# Long stay/rehabilitation mental health wards for working age adults

## Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bridgewell Ward	Hopewood Park
Kinnersley Ward	St George's Park

# Are services safe?

By safe, we mean that people are protected from abuse\* and avoidable harm

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe staffing

Kinnersley ward had one nurse vacancy, which was currently being filled. A nurse pool for the site was used for any absences. All new staff had an induction onto the ward and were supported and supervised by senior staff.

Bridgewell ward used bank and agency staff to cover absences. All new staff had an induction to the ward and were supported and supervised by senior staff.

### Assessing and managing risk to patients and staff

Most referrals for the rehabilitation wards came from the trust acute wards. Weekly rehabilitation clinics were taking place. Ward managers were working with the acute wards to look at critical indicators and assess a patient's suitability for rehabilitation. Staff completed Functional Analysis of Care Environments risk profiles on the wards. We reviewed six care records and found that all patients had an up to date risk assessment. However, the patients identified as being at risk of choking or swallowing on Bridgewell ward did not have this documented in their risk assessment. Assessments had been carried out and care plans were in place for staff to follow.

Weekly board review meetings were taking place where critical indicators were being reviewed. Risk management

plans were reviewed at these weekly meetings.

Contingency plans were being used where specific risks for patients had been identified. An example included where a patient was deemed at risk of absconding.

All staff had access to the trust electronic system to review risk assessments and care plans. Staff discussed changes to plans during handover meetings and this information was updated on the 'at a glance board'. Changes were also discussed at weekly board meetings and all information was then documented on the electronic system.

Handover meetings were the primary mechanism for sharing information on risks and care plans changes. We observed the lunchtime handover meeting at Kinnersley ward and found this to be structured and detailed. The handover file was updated three times a day to include any new concerns.

### Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and we found that processes were in place for managers to review these. Incidents were being discussed at board reviews. An example was given of where a patient had suffered a Hypoglycaemia episode, which had resulted in death. In response to this incident, all staff had been given awareness and training on the issues. A rolling programme of dysphagia training was being delivered to all staff.

# Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

## Our findings

### Assessment of needs and planning of care

We reviewed six records and found that patients were having a comprehensive assessment of their needs. Care and treatment was planned in line with identified needs. We reviewed all patients who had been identified as having some issues around food and fluid intake. Where choking and swallowing issues had been identified, these patients had been referred to speech and language therapy for an assessment. The four patients we reviewed on Bridgewell ward had comprehensive care plans in place. This included which foods should be given and what observation levels should be followed. We reviewed two patients on Kinnersley ward who had been identified as having some swallowing issues. The patients had been referred to speech and language therapy and had been fully assessed. Appropriate measures had been put in place to meet their needs.

### Skilled staff to deliver care

Staff were having annual appraisals and regular monthly supervision. Supervision involved clinical and

management. Staff had access to bespoke training from specialist services. A clinical nurse specialist worked with Kinnersley ward to provide additional training and themed work around specific issues. Where issues had been identified then staff were supported to attend training and development.

### Multi-disciplinary and inter-agency team work

A speech and language therapy team were assigned to each locality. Any patient requiring input was referred to the team who would then undertake an assessment. The therapy team would then work with the named nurse for the patient to update the care plan with any recommendations from the assessment. There was evidence in the progress notes that multidisciplinary meetings were taking place to discuss individual patients. Information was being shared between wards when patients were transferred. We observed handover meetings to be structured and comprehensive and patients' risks were being discussed.

# Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

## Our findings

At the last inspection in June 2016, we rated caring as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

# Are services responsive to people's needs?

Outstanding



By responsive, we mean that services are organised so that they meet people's needs.

## Our findings

At the last inspection in June 2016, we rated responsive as good. Since that inspection, we received no information that would cause us to re-inspect this key question.

# Are services well-led?

Outstanding



By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

## Our findings

At the last inspection in June 2016, we rated well-led as good. Since that inspection, we received no information that would cause us to re-inspect this key question.