

## Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

# Acute wards for adults of working age and psychiatric intensive care units

### Inspection report

St Nicholas Hospital  
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### Ratings

#### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

Are services well-led?

Inspected but not rated ●

# Our findings

## Acute wards for adults of working age and psychiatric intensive care units

### Inspected but not rated



The Hadrian Clinic is based at the Campus for Ageing and Vitality in Newcastle upon Tyne. The unit has three wards which are Fellside, Lamesley and Lowry. These wards are acute admission wards for adults who are over 18 years old with a mental illness who require assessment and treatment in hospital. Fellside is a 16 bedded ward for men, Lowry is a 16 bedded ward for women and Lamesley is a 16 bedded ward for women.

We carried out this unannounced focused inspection because we received information giving us concerns about the safety and quality of the service. This was in relation to 2 serious incidents and a whistleblowing enquiry which highlighted concerns about staffing and impact on patients. While we did not look at the circumstances of the specific incidents, we did look at associated risks.

This was a focussed inspection looking at key lines of enquiry in the safe, effective and well led domains. We did not inspect the caring and responsive domains.

On the last day of the inspection, we gave the trust feedback about our concerns. Senior managers were already aware of the issues on the unit. The wards were due to relocate to the Bamburgh clinic at St Nicholas Hospital in Spring 2024. In the interim the Deputy Chief Nurse and Director of Safety, Security and Resilience undertook a review of the hospital site and sent us the trust action plan after the inspection. This outlined the interim measures which were being put in place.

We did not rate this service at this inspection. The previous rating of good remains.

We found:

- The environment was not fit for purpose, ward areas were small with limited communal and outside space. The unit was located on an old hospital site where there were several derelict buildings.
- The service was using bank and agency staff to cover increased staffing levels. Staff were not receiving training in key skills, to help manage patients' needs and safety well.
- The wards did not have a consistent multi-disciplinary team to support the care and treatment of patients on the ward.
- Some staff did not feel respected, supported and valued.

However:

- Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Leaders understood the issues on the unit and were putting interim measures in place to support staff and patients until the wards could be relocated.
- Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

# Our findings

## How we carried out the inspection

During the inspection visit, the inspection team:

- visited Fellside and Lowry wards
- looked at the quality of the ward environment and observed how staff were caring for people
- interviewed the 3 ward managers and locality manager
- interviewed 9 members of staff including nurses, support workers, advanced nurse practitioner and the consultant psychiatrist
- spoke with 3 patients
- observed a morning meeting
- reviewed 7 care and treatment records
- reviewed information from the last Mental Health Act monitoring visit

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## What people who use the service say

We spoke with 3 patients during the inspection who told us that staff were good and listened to them. They said they got involved in activities and were able to access the community. We reviewed information from the recent Mental Health Act monitoring visit where patients said access to toilets was an issue. Patients commented that if a patient was making loud noises in the lounge/dining room there was nowhere else for other patients to go.

The computer on Fellside ward was out of use and there was no remote control for the television. Patients on Fellside ward told us of the issues not having a remote control caused with patient distress and on occasions aggression.

## Is the service safe?

Inspected but not rated



## Safe and clean care environments

**The wards were not completely safe, clean well equipped, well furnished, well maintained and fit for purpose.**

## Safety of the ward layout

The environment was not fit for purpose as the wards were small with limited communal space. This meant that patients did not have areas that could be used for de-escalation. Patient bedrooms on all 3 wards did not have en-suite bathroom facilities and there were only 2 communal toilets on each of the wards. The décor was dated, and wards were noisy. There was limited outside space as Fellside and Lamesley wards were on the second floor. The outside space of Lowry ward on the ground floor was dirty with cigarette butts and paper cups laying around.

# Our findings

The wards are part of the Hadrian Clinic which is based on the Campus of Ageing and Vitality. The trust also has 2 older persons wards on this site. These are standalone units based on an old hospital site which is closed apart for some community health services. Staff told us that they did not always feel safe in the hospital grounds, especially during winter months when it was dark.

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Staff mitigated any potential risks.

Staff could observe patients in all parts of the wards.

The ward complied with guidance and there was no mixed sex accommodation.

Staff had easy access to alarms and patients had easy access to nurse call systems.

## **Maintenance, cleanliness and infection control**

Ward areas were reasonably clean and cleaning staff were on the wards throughout the inspection. Maintenance work, including painting and decorating, was being carried out on the wards during the inspection.

Staff made sure cleaning records were up-to-date and the premises were mostly clean except for the courtyard areas.

Staff followed infection control policy, including handwashing.

## **Safe staffing**

**The service had enough nursing and medical staff on each shift. The wards used bank and agency staff to ensure there were enough staff to keep people safe from avoidable harm. Staff did not always receive basic training to help understand the needs of patients and keep them safe.**

## **Nursing staff**

The service had enough nursing and support staff to keep patients safe. Staff recruitment was ongoing and vacancy rates had fallen. Regular bank and agency were being used to support the wards when acuity was high.

The service was using bank and agency staff and in the 3 months from September 2022- November 2022 Fellside had 271 shifts filled by bank staff and 490 shifts filled by agency, Lamesley had 190 shifts filled by bank staff and 541 shifts filled by agency and Lowry had 207 shifts filled by bank staff and 543 shifts filled by agency

Managers requested staff familiar with the service and encouraged regular staff to work on the wards. Fellside had a core group of male agency workers who took most shifts.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. A checklist had been introduced to ensure that staff not familiar with the wards knew what was expected.

No staff had left the service in the 3 months prior to the inspection and sickness absence rates were 4% for Fellside and Lamesley and 6% Lowry.

# Our findings

The ward managers could adjust staffing levels according to the needs of the patients. Staffing could be increased with increase in acuity and observation levels.

Patients had regular one to one session with their named nurse.

Patients sometimes had their escorted leave or activities cancelled due to staffing.

Staff shared key information to keep patients safe when handing over their care to others. We saw handovers were taking place but that the documentation was not always to a good standard. Staff said handovers provided a verbal feedback and risk information was displayed on staff boards and with observation sheets. Staff on Lowry ward used a daily risk brief which the night staff completed every night to share with staff the next day. This included important information on each patient. We did not see this process on the other wards.

## Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There had been some changes on Fellside with the permanent consultant psychiatrist moving into a new role and new doctors now working on the wards.

## Mandatory training

Staff had not completed and kept up to date with their mandatory training. There were 8 courses which fell below the trust compliance figure. These were;

- Safeguarding Adults Level 3 - 56%
- Safeguarding Adults Level 2 – 70%
- Prevention and management of violence and aggression - 58%
- Resuscitation Training - Adult Immediate Life Support – 60%
- Safeguarding Children Level 3 – 64%
- Safeguarding Children Level 2 – 63%
- Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards Combined – 30%
- Dysphagia Awareness – 57%

Autism training had not been embedded across the wards and Autism Core Capabilities training compliance was 27% on Lamesley ward, 6% on Lowry ward and 0% on Fellside ward. No staff had completed learning disability training on any of the 3 wards.

Due to the increase in admissions of patients with learning disabilities and/or autism this training was being rolled out across the trust. In November 2022 this had been extended to include all staff across the organisation. Staff from the Hadrian Clinic had been booked onto courses in February and March 2023.

Managers monitored mandatory training and alerted staff when they needed to update their training.

# Our findings

## Assessing and managing risk to patients and staff

**Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. The ward staff participated in the provider's restrictive interventions reduction programme.**

### Assessment of patient risk

Staff completed risk assessments for each patient on admission/arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff used a recognised risk assessment tool.

### Management of patient risk

Staff knew about risks to each patient and acted to prevent or reduce risks. In response to recent incidents the service had devised a safety brief which was given to all existing staff, new starters and for any staff who were unfamiliar with the ward. The safety brief highlighted roles, responsibilities and general ward safety. Agency staff could describe patients risks and said that they were provided with basic risk information for patients. However, staff on Lowry said that they did not have access to risk management plans and were not always provided with the full risk management plan detail. There had been occasions when this had led to potential safety issues.

Staff could observe patients in all areas.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff were not always receiving training on how to recognise and report abuse, appropriate for their role. Compliance for safeguarding level 2 training was 70%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe and family visiting areas were off the wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

### Staff access to essential information

# Our findings

## **Permanent staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records.**

Patient notes were comprehensive, and staff could access them easily. However, agency staff did not have access to the electronic system and relied on verbal feedback and paper-based information.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

## **Track record on safety**

**The service had a good track record on safety.**

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

**The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

Staff knew what incidents to report and how to report them. The main incidents across the wards related to aggression and violence. For the period September 2022 to November 2022 Fellside ward had 60 incidents of violence and aggression out of 167 incidents, Lamesley ward had 86 out of 436 and Lowry ward had 146 out of 383. Incidents of self-harm were high on Lowry ward at 122 and Lamesley ward at 235.

Staff reported serious incidents clearly and in line with trust policy. There had been 2 serious incidents on the wards in the last 12 months. One incident was being investigated by NHS England as part of a level 3 independent investigation.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Managers usually debriefed and supported staff after any serious incidents. However, some health care assistants felt that they would have benefitted from more support and said that they were not always fully involved.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Reviews had identified some issues with staff not completing engagement and observations in line with policy and training was being delivered across the trust about the importance of completing engagement and observations in line with the trust policy.

Staff met to discuss the feedback and look at improvements to patient care.

## Is the service effective?

**Inspected but not rated**



# Our findings

## Assessment of needs and planning of care

**Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery oriented.**

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs.

Staff regularly reviewed and updated care plans when patients' needs changed.

Care plans were personalised, holistic and recovery orientated.

## Skilled staff to deliver care

**The ward teams did not include the full range of specialists required to meet the needs of patients on the wards. Managers had not made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff.**

The service did not have the full range of dedicated specialists to meet the needs of the patients on the ward. Specialists were available to the teams, but the wards did not have consistent team members with cover arrangements in place at the time of the inspection.

Managers had not responded to the increase in admissions of patient with a learning disability or autistic people and staff did not always have the right skills, qualifications and experience to meet the needs of the patients in their care. Although the trust had recognised that this was a gap, most staff had not received specialised learning disability and autism training at the time of the inspection.

Managers gave each new member of staff a full induction to the service before they started work.

Managers recruited, trained and supported volunteers to work with patients in the service and each ward had a peer support worker.

## Multi-disciplinary and inter-agency teamwork

**Staff from different disciplines did not always work together as a team to benefit patients. Vacancies in the team meant that there could be gaps in patients care and treatment. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.**

The wards did not have consistent multi-disciplinary teams. Several people had left and although posts had been recruited into these had not yet started. Two consultant clinical psychologists were due to start and in the interim formulation and the delivery of therapeutic interventions was limited.



# Our findings

The wards had an allocated full time occupational therapist and access to a speech and language therapist.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation.

Ward teams had effective working relationships with external teams and organisations.

## Is the service well-led?

**Inspected but not rated**



### Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed. We received mixed reviews from staff with staff on Lowry ward feeling less supported than other staff we spoke to.

Ward managers were relatively new into management posts. Support for development in these roles had been slow and managers had been supported by peers. Management training was now available to support their development.

### Culture

Most staff felt respected, supported and valued. Staff said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Some staff did not always feel part of the team and did not always feel supported by managers.

### Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The trust was aware of the issues on the unit and had plans to relocate the wards. The move was planned for Spring 2024 and managers were putting interim measures in place.

# Our findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust **MUST** take to improve:**

- The trust must ensure that the premises are fit for purpose. (Reg 15 Premises and Equipment)
- The trust must ensure that the wards have suitably qualified and experienced staff to support all admissions including training in specialist autism and learning disabilities. (Reg 18 Staffing)
- The trust must ensure that all staff are aware of patients risks and risk management plans on all wards. (Reg 12 Safe Care and Treatment)

### **Action the trust **Should** take to improve:**

- The trust should ensure that patients have access to a full multi-disciplinary team.

# Our inspection team

The team that inspected the service comprised of 2 CQC inspectors.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

Assessment or medical treatment for persons detained under the Mental Health Act 1983

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment