

Northumberland, Tyne and Wear NHS Foundation Trust

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

Quality Report

Northumberland Tyne & Wear NHS Foundation Trust
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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	Beckfield Ward	SR2 0NB
RX4E2	St George's Park	Alnmouth Ward	NE61 2NU

This report describes our judgement of the quality of care provided within this core service by Northumberland Tyne & 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 & Wear NHS Foundation Trust and these are brought together to inform our overall judgement of Northumberland Tyne & Wear NHS Foundation Trust.

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 acute wards for adults of working age and psychiatric intensive care units at this focused inspection.

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

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

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 these 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 the 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 Beckfield 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

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.

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.

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.

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.

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

Alnmouth is an acute psychiatric inpatient unit based at St George's Park, Morpeth. It provides services for up to nineteen female patients. The service is for women over the age of 18 years who require treatment in hospital.

Hopewood Park

Beckfield is a Psychiatric Intensive Care Unit based at Hopewood Park, Sunderland. A Psychiatric Intensive Care Unit is a type of psychiatric inpatient ward. These wards are always locked; the nursing staff control the entry, and exit. The service is for men and women over the age of 18 years detained under the Mental Health Act (1983) who are experiencing a relapse or crisis and require a period of intensive secure care until they can return to an open inpatient unit.

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 a psychiatric intensive care unit and an acute ward

- spoke with the managers for each of the wards
- spoke with four other staff members; including nurses and health care assistants.
- observed meal times on both the wards
- reviewed the handover records
- 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

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

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Beckfield Ward	Hopewood Park
Alnmouth 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

We found both wards had adequate staffing numbers on the day we visited. Beckfield ward were regularly using bank and agency staff who knew the ward. Alnmouth ward had two nurses on long-term sick and two nurse vacancies one of which was filled by a regular bank member of staff. The ward had two preceptorship nurses who had been in post since April 2017. Both wards were increasing staffing levels based on clinical activity and patient presentation when needed. Handovers and inductions were being carried out with bank and agency staff. Where possible regular staff took the lead for completing key tasks with bank staff supporting.

Assessing and managing risk to patients and staff

We reviewed six care records and found that each patient had an up to date risk assessment in place. However, for the patients identified as having swallowing and choking risks on Beckfield ward these risks were not contained within the risk assessment. The trust used the Functional Analysis of Care Environments risk assessment tool. Inpatient risk management plans were being completed and updated at least monthly. A violence risk score was completed at each handover meeting on Beckfield ward. Information on changes to patients' risk was shared during handover meetings. A handover file was being used on each ward. We observed the handover file and saw that it contained information on each patient and covered critical indicators, risks, relevant care plans, legal status, observation levels, violence checklist and diet and fluids review.

For patients transferring between wards the risk assessment was shared by the transferring ward. Daily reviews were taking place attended by the multidisciplinary team members. Changes to risk assessments and care plans were discussed and agreed at these meetings. Risks were also being discussed in clinical supervision and 72-hour formulation meetings.

Reporting incidents and learning from when things go wrong

A review of a serious incident on Beckfield had taken place followed by a robust investigation. The incident would be reviewed at the trust serious investigation review panel once concluded. We found that staff had been briefed and kept up to date with the investigation and improvements had taken place in response to the incident.

Lessons learnt were being cascaded to all staff through email and then discussed at team meetings. A trust wide alert system was in place and this had been shared with other wards. An example was given of another incident where a member of staff was assaulted during a tribunal. Because of the investigation, staff had been given further training on assessing patients prior to tribunals and had been issued with a key card containing instructions on how to use the alarm system.

Another incident had been investigated where a diabetic patient had died on an inpatient ward. Staff had been briefed and had been given further training on diabetes.

Are services effective?

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

Patients were being assessed and care plans had been developed to reflect needs. We found three patients on Alnmouth ward who had care plans in place around food intake. We found that staff were following these care plans and that anyone at risk of choking was on eyesight observations during mealtimes. We found one patient with a care plan recommending a soft mashable diet; however, the patient was deemed to have capacity to refuse this meal. We saw that the patient was encouraged to eat soft food and supported at meal times. Alnmouth ward were using a task board to inform staff of specific food and fluid care plans. During handover meetings, there was an allocation of daily tasks and patients were allocated to a specific member of staff for that shift. A shift coordinator was responsible for ensuring all relevant information was recorded and handed over to each new shift. On each night shift, the qualified nurse completed a summary of the day's events for each action/patient.

Skilled staff to deliver care

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

management. Staff had access to bespoke training from specialist services. Staff had recently had dysphagia training in response to a serious incident within the trust. Staff had access to a range of specialist training such as prevention and management of violence and aggression. Links had been established with specialist wards to give advice and training on specific issues.

Multi-disciplinary and inter-agency team work

Speech and language therapy was a shared service across each individual site. The team included two therapists and one support worker. If a patient required an assessment then the ward staff would send a referral through the speech and language therapy inbox. The therapist would arrange to see the patient and work with the ward staff to devise a food and fluids care plan. An entry would be put in the electronic notes and we saw evidence that this was happening. 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.

Staff were kept up to date with changes in risks and care plans through email. We found that staff had access to their emails on a regular basis and felt informed about changes.

Are services caring?

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?

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?

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.