

Gateshead Health NHS Foundation Trust

Wards for older people with mental health problems

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)
RR7EN	Queen Elizabeth Hospital	Cragside Court	NE10 9RW
RR7EN	Queen Elizabeth Hospital	Sunniside Unit	NE10 9RW

This report describes our judgement of the quality of care provided within this core service by Gateshead Health 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.

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

Summary of findings

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 wards for older people with mental health problems at this focussed inspection. Below are our overall findings from the visit:

- Sunnyside Unit had still not identified and mitigated all ligature risks. Blanket restrictions were still in place on both wards, which had not been identified by staff, this meant some restrictions were not being reviewed regularly and patients were not being individually risk assessed against the restrictions
- Service managers did not have a full understanding of how to comply with guidance on eliminating mixed sex accommodation and action plans had not been put in place to eliminate the use of dormitories, both impacting on patients' privacy and dignity
- Staff were not reporting on the use of rapid tranquilisation when it was administered orally.
- There were still gaps identified in documentation relating to care records

However:

- There was an improvement in the quality of care plans and how often they were being reviewed and updated
- Incident reporting and learning from incidents had improved across both wards
- Psychological therapies were available to patients with the input of a full-time psychologist working across both wards. Availability of ward activities had also improved and patients had access to activities seven days a week and on the evenings.
- Compliance figures in training, supervision and appraisal had improved across both wards and weekly group supervision had been introduced. Systems had been introduced to monitor, document and book training.

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 focussed inspection.

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

- Sunnyside Unit did not comply with guidance on eliminating mixed sex accommodation.
- Staff had still not identified, assessed and mitigated all ligature risks on Sunnyside Unit and actions on the environmental risk assessment did not have an identified completion date.
- There were still blanket restrictions in place on both wards that had not been identified on the trusts least restrictive practice audit and were not being regularly reviewed.
- The use of rapid tranquilisation was not being classified, monitored or reported on when it was being administered orally, this was not in line with the Mental Health Act code of practice.
- There were still gaps identified in two of the three care records we reviewed on Craggside Court.

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

- Personal alarms were available for all staff and visitors on the wards
- Mandatory training compliance was above 75% on both wards and staff were trained in basic life support, Mental Capacity Act and Mental Health Act.
- Staff were completing incident reports following the use of restraint on patients and learnt from incidents.
- Both wards were now regularly monitoring fridge temperatures used to store medication.
- Staff had a good understanding of duty of candour.

Are services effective?

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

We found the following areas of good practice:

- Staff had completed comprehensive mental health assessments in all care plans we reviewed. Care plans were personalised, holistic and recovery orientated and updated regularly.
- Patients had access to psychological therapies on both wards.
- Staff were receiving regular managerial and clinical supervision.
- Staff appraisal rates for both wards was above 85%.

Summary of findings

Are services caring?

We did not inspect or rate the caring key question at this focussed inspection.

Are services responsive to people's needs?

We did not rate the responsive key question at this focussed inspection.

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

- Patients on Sunnyside Unit were sleeping in dormitories which impacted on their privacy and dignity. Individual risk assessments specific to the use of dormitories had not been completed and the trust did not have an action plan in place to eliminate the use of dormitories.

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

- The trust had introduced systems to monitor the number of delayed discharges on the wards.
- A range of activities were now available to patients on evening and the weekend.
- Patients could access hot drinks and snacks 24/7 on both wards.

Are services well-led?

We did not rate the well-led key question at this focussed inspection.

We found the following issues the trust needs to improve:

- Service managers had not escalated the use of dormitories to appear on the trust risk register.
- The care plan audit the trust had introduced was not robust enough to ensure there were no gaps in care records.
- Service managers did not have a full understanding of how to comply with guidance on eliminating mixed sex accommodation

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

- The service had systems in place to manage and ensure that staff were receiving mandatory training and supervision and appraisal rates had improved.

Summary of findings

Information about the service

Cragside Court and Sunnyside Unit were two wards for older people with mental health problems provided by Gateshead Health NHS Foundation Trust.

- Cragside Court is a 16-bedded ward for older people with an organic mental illness such as Alzheimer's and dementia. The ward provided inpatient services for both men and women.
- Sunnyside Unit is a 16-bedded ward for older people with a functional mental illness such as depression, mood disorders and schizophrenia. The ward provided inpatient services for both men and women.

Cragside Court had re-opened the day before our visit following a ward refurbishment. The trust had made many positive changes to the environment to make it a safer and more dementia friendly ward. The ward space had been opened up to provide a brighter environment for patients. Dementia friendly colours had been introduced on doors and areas of the ward to support the patients' independence and assist the patients in navigating through the ward. All bedrooms had been transformed to include ensuite facilities which impacted positively on patients' privacy and dignity. The staff were extremely proud of the work they had done and were looking forward to working on the re-furbished ward.

Our inspection team

The team inspecting the wards for older people with mental health problems comprised one inspector, one inspection manager and one registered mental health nurse.

Why we carried out this inspection

We carried out a focussed inspection of Cragside Court and Sunnyside Unit to look at those parts of the service that did not meet legal requirements during our last inspection in December 2016. This was an unannounced inspection.

How we carried out this inspection

This was an unannounced inspection where we focused on specific key lines of enquiry in the safe, effective, responsive and well led domains.

During the inspection visit, the inspection team :

- Visited both wards at the hospital to look at the quality of the ward environment

- Spoke with the ward manager of Cragside Court and Sunnyside Unit
- Interviewed nine staff including nurses, nursing assistants and a psychologist
- Spoke with three patients who were using the service
- Reviewed six care records of patients who were using the service

Summary of findings

What people who use the provider's services say

Patient's told us there was always a member of staff available if needed and they felt involved in their care. They were satisfied with the amount of activities on the ward, all three patients we spoke to told us staff encouraged them to take part in activities.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure they comply with guidance on eliminating mixed sex accommodation.
- The trust must ensure they identify actions to eliminate the use of dormitories and carry out individual risk assessments specific to patients using dormitories.
- The trust must ensure that Sunnyside Unit have an environmental risk assessment and ligature risk assessment which identifies each potential ligature point and the action or mitigation in place.

- The trust must ensure that staff on Craggside Court and Sunnyside Unit complete incident reports, monitor and classify the use of rapid tranquilisation by oral administration.
- The trust must review blanket restrictions on Craggside Court and Sunnyside Unit to ensure that care is provided in a way that demonstrates risks have been assessed on an individual basis.

Action the provider **SHOULD** take to improve

- The trust should review the process in place to audit care records with the aim of identifying and addressing gaps in documentation.

Gateshead Health NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Cragside Court	Queen Elizabeth Hospital
Sunniside Unit	Queen Elizabeth Hospital

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 and clean environment

Safety of the ward layout

Sunniside Unit had introduced and carried out an environmental risk assessment of the ward area in October 2018. The risk assessment did not identify all potential ligature points. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Where the risk assessment had identified an action point it did not state a completion date or how this would be mitigated in the interim period for all risks. This meant that not all staff could be aware of the risks because not all of them had been identified and shared via the assessment. We had sight of an environmental dementia design audit which was completed in July 2017 and identified 41 action points. The action taken and completion date was not populated for all identified actions.

Cragside Court had undergone a refurbishment and had made improvements to the ward environment, making the ward safer and more dementia friendly. Cragside Court had carried out a risk assessment in November 2018 which identified all potential ligature points and mitigation for each.

Positioning of staff and the addition of mirrors on both wards allowed staff to observe all parts of both wards.

Both wards admitted both men and women. Cragside Court complied with guidance on eliminating mixed-sex accommodation. However, on Sunniside Unit female patients had to walk through an area occupied by another sex to reach a toilet or bathroom. This isn't compliant with the Mental Health Act Code of Practice.

The trust had completed an audit of delivering same sex accommodation, in which they had misquoted the Code of Practice and had not highlighted gaining access to toilets or bathrooms to be an issue. Following our visit, the trust provided us with a proposed floor plan to comply with the Code of Practice. However, the plan still did not address the issue.

Female and male bedroom areas were separated, and designated female and male bathrooms were available to patients on both wards. There was also a female only lounge available on both wards. The trust did not have an 'eliminating mixed sex accommodation' policy in place during our visit. We saw evidence of a draft policy; however, there was no set timescale for this being completed and published.

All staff and visitors had access to personal alarms to ensure their safety on the ward.

Safe staffing

Mandatory training

Mandatory training figures had improved on both wards. Most staff had received and were up to date with the appropriate mandatory training. The overall mandatory training compliance figures for Sunniside Unit were 89%. The lowest compliance figure was 67% for moving and handling, all other courses sat above 75%. Cragside Court's overall compliance figure was 95%. This was above the trust target of 90%. All course compliance rates were above 85% on Cragside Court.

Staff had also completed training in the Mental Health Act/ Mental Capacity Act and Deprivation of Liberty Safeguards. The compliance rate for this was 88% for Sunniside Unit and 93% for Cragside court.

Assessing and managing risk to patients and staff

Assessment of patient risk

We reviewed six care records during our visit, three from each ward. Both Sunniside Unit and Cragside Court used the functional analysis of the care environment risk assessment which is a nationally recognised risk assessment tool. We found an improvement in the reviewing of risk assessments and found that risk assessments had been completed on admission and updated regularly on all records. Identified risks were also now reflected in care plans. However, we were unable to initially locate a risk assessment from one patients file. We raised this during our visit and the nurse retrieved the risk

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assessment and confirmed it had been archived in preparation for their transition to an electronic system, in February. This means the information wasn't always readily available to inform staff of the patient's current risks.

Management of patient risk

Sunniside Unit had still had a number of blanket restrictions in place. There were several prohibited items on the ward including, glass and takeaways which had not been recognised on the restrictive practices audit. Patients were unable to access the laundry room on both wards, which did not appear on the audit. Blanket restrictions were not regularly reviewed or applied based on the individual risks of current patients on the wards.

Patients on Sunniside Unit did not have the option to have a key to their bedroom. However, this was on the restrictive practice audit and was regularly reviewed. Following the refurbishment of Cragside Court, all bedrooms on the ward were ensuite and staff were able to individually risk assess the patients and offer them keys to their bedrooms.

Use of restrictive interventions

There were 21 episodes of restraint relating to Violence, abuse and harassment on Sunniside Unit between August 2018 and October 2018. There were no episodes of restraint on Cragside due to the ward being closed for refurbishment. Staff used restraint only after de-escalation had failed and used correct techniques. There was a rise in the compliance rate of staff who were trained in Prevention and Management of Violence and Aggression, both wards had a compliance rate of over 75%. There were no episodes of prone restraint in the twelve months prior to our visit.

The trust had a restrictive interventions policy in place and were in the process of implementing their reducing restrictive interventions strategy. Staff told us the strategy would be introduced by January 2019. The strategy involved working with another trust to introduce 'Safewards' and training staff to minimise the security team having to deliver training. We also saw evidence of staff using information from their online reporting systems to learn lessons and implement change.

The nurse consultant had used a rise in restraint data to work with a specific patient and implement new techniques of managing their aggression. Following the intervention by the nurse consultant the patient was discharged within three weeks.

Both wards became 'Star Wards' accredited in the 6 months prior to our visit. Star Wards is a project that inspires positive change and provides staff with ideas to improve treatment outcomes and patients' quality of time in hospital. Both wards were accredited after they implemented all 75 improvement ideas.

Staff access to essential information

Staff used paper records, all records were stored securely in locked cupboards in the nurses' office.

All information needed to deliver care was not readily available, including one patient risk assessment. We found a 17-day gap in one patient's care notes, there was no information to suggest the patient's status or whereabouts. This was due to the patient being transferred although this was not clear from their records. We also found that one patient's do not attempt cardio pulmonary resuscitation (DNACPR) form stated that it needed updated, it was therefore not clear if the DNACPR should have been in place or not. This was raised with staff during our visit and rectified at the time.

Staff told us that they had implemented a care record audit which would identify gaps in documentation, this was carried out in supervision and documented in supervision notes. However, the service could not provide us with an overall audit compliance figure or give us data on how many audits had been carried out.

Medicines management

Staff demonstrated good practice in the storage and monitoring of medicine. Both wards regularly monitored the fridge temperatures using an automated online system, which notified the ward manager by email if the fridge temperature was at an unsafe level. Fridge temperatures on Sunniside Unit were regularly monitored. We checked the fridge temperatures on Sunniside Unit between August 2018 and October 2018 and they were consistently at a safe level. Cragside Court was not open during the reporting period.

Reporting incidents and learning from when things go wrong

We saw an improvement in staff completing incident reports. Incident reports were completed using the trusts online reporting system. Incident reports were also being completed following the use of restraint on patients. We looked at seven incident reports, all of them were

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comprehensive and included detailed information. We also saw evidence of the same incidents being documented in patients' care records, although one entry only included very basic information. All staff we spoke to during our visit told us they received de-briefs after incidents.

The use of rapid tranquilisation was reported using the trust's online incident reporting system and was also evident in patients' care records. However, both wards were only recording and classifying the use of rapid tranquilisation when it was being given by injection. This

does not meet the requirements of the Mental Health Act code of practice and the Department of Health positive and proactive care guidance which states that oral administration should be included.

Staff had a good understanding of the duty of candour. They described being open and transparent and offering patients and families a full explanation and apology when something went wrong, both verbally and in writing. Staff also told us they would keep patients and families regularly informed of any investigations. We saw evidence of duty of candour being applied in patient care records.

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

We reviewed six care records during our visit. Staff had completed a comprehensive mental health assessment of the patients' in a timely manner after admission. We also saw evidence of staff assessing the patients' physical health needs soon after admission in all six care records.

We saw an improvement in the quality of patient care plans. Staff had developed care plans that met the identified needs of the patient during assessment. All care plans were personalised, holistic and recovery orientated. Staff updated care plans when necessary. Where patients did not engage in their care staff encouraged patients to revisit their care plans and have input.

Best practice in treatment and care

Staff now provided a range of care and treatment interventions suitable for the patient group and patients had access to psychological therapies. The trust had recently employed a psychologist to work across both Sunnyside Unit and Craggside Court. The psychologist's input had had a positive impact on the ward. Weekly formulation meetings had been set up with the psychologist and other ward staff to look at patient care plans and understand how they could be improved.

Skilled staff to deliver care

Managers provided staff with regular combined clinical and managerial supervision. The ward manager, who was overseeing both wards, told us she was working on a more structured approach to separate clinical and managerial supervision. However, this was not in place during our visit. Supervision was still organised on an unplanned basis by speaking to staff weekly, to understand if they needed supervision.

The supervision compliance rate had improved on both wards. The compliance rate between July 2018 and September 2018 for Craggside was 91% and 63% for Sunnyside. The trust's supervision policy stated that 'managers will ensure that protected time is given for formal clinical supervision for a minimum of 1 hour every 3 months'. We could see from the record of attendance that four members of staff did not receive supervision due to long term sick, which left two members of staff not receiving supervision in line with the trust's policy.

All staff we spoke to during our visit told us that they had received regular 1:1 supervision, group supervision and annual appraisals. The ward manager told us that weekly group supervision takes place, however this was not documented. The appraisal compliance rates had increased across both wards, Craggside Court had a compliance rate of 87% and Sunnyside Unit sat at 86%.

Are services caring?

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

Our findings

We did not inspect or rate the caring key question at this focussed inspection.

Are services responsive to people's needs?

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

Our findings

Access and discharge

Discharge and transfers of care

The service had systems to monitor delayed discharges on the wards. The number of delayed discharges across both wards in the last 12 months was nine. The trust target indicator was 7.5% for delayed discharges, the highest percentage of delayed discharges across both wards from April 2018 – September 2018 was 4.4%, which was within trust target. The wards had also introduced a weekly delayed discharge chart which was discussed at the ward round and sent to the discharge liaison nurse weekly. Delayed discharge figures were also reported monthly to the trust's delayed discharge team.

Facilities that promote comfort, dignity and privacy

All patients on Cragside Court had their own ensuite bedrooms. Sunnyside Unit consisted of 7 single rooms without ensuite facilities and three dormitories containing three beds in each, separated by a curtain. This impacted on the patient's privacy and dignity. The trust did not have any general mitigation in place relating to the privacy and dignity of patients using dormitories and individual risk assessments had not been completed. Associated risks for each patient had not been identified and there were no plans in place to manage the risks. The service did not have an action plan in place to eliminate the use of dormitories and the use of dormitories had not been escalated to appear on the trust risk register.

During our visit there was a single room available on the ward, the ward manager told us there was no reason for the room being empty and the staff would move a patient from a dormitory into a vacant room if the patient requested to move. However, one of the patients we spoke told us she did not like sharing a room and had raised it with staff but hadn't been moved.

We could see from information provided by the trust after the inspection that the use of dormitories was on the ward level risk register and the risk level had been increased following our visit. The service had also arranged a meeting to take place in December 2018 to identify options to eliminate the dormitories.

Both wards were now providing a range of activities for patients, seven days a week and in the evenings. Activity timetables for both wards included nail and hand massage, seasonal crafts, reminiscence activities, movie nights, board games and afternoon cream tea. The staff we spoke to were enthusiastic about facilitating activities with the patients and all of the patients we spoke to were positive about the range of activities available to them. We also saw activity intervention plans in five of the six care records we reviewed.

Patients had access to hot drinks and snacks 24/7 on both wards. We saw drinks trolleys placed in dining areas on both wards during our visit and all the patients we spoke to told us snacks and hot drinks were always available.

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

Governance

The trust had introduced systems to ensure that staff were trained and appraised. This had resulted in the improvement of compliance figures across both wards. We also saw evidence of systems that were in place to log, track and book staff training.

Although supervision was still organised on an unplanned basis and Sunnyside Unit's compliance rate sat below the trusts target of 90%, we saw an improvement in management oversight and all the staff we spoke to told us they received regular supervision and this was valuable.

We saw evidence of staff reporting incidents and management using the data to inform their work and implement positive changes. Information sharing had improved and learning from incidents was shared with staff at team meeting and 1:1's, staff also received de-briefs following incidents. However, rapid tranquilisation was not being classified or reported when it was administered orally.

There were systems in place to collect data on the number of delayed discharges within the service and this information was shared appropriately with relevant teams by weekly updates from management.

The ward manager had introduced a care plan audit to identify gaps in documentation and felt confident with the auditing process. However, the system in place to monitor the quality of care records was not robust enough, we found gaps in care records during our visit which the ward manager was unaware of.

Management of risk, issues and performance

The ward manager was aware of the risk register and how risks were escalated and discussed with senior management. However, the use of dormitories did not appear on the trust risk register and the level of risk for dormitories on the ward risk register was only escalated following our visit.

Management had failed to identify a number of blanket restrictions on the wards and had not identified actions to eliminate the use of dormitories on Sunnyside Unit. Service managers did not have a full understanding of how to comply with guidance on eliminating mixed sex accommodation, this was evident from the misquotation of the guidance in the eliminating mixed sex accommodation audit and draft policy, and the proposed floor plan which did not address the issue. Completion dates for action plans regarding the environmental risk assessments had not been identified, however the progress of the actions were monitored through the risk register process.

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 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

Both Cragside Court and Sunnyside Unit had blanket restrictions without evidence of review.

This was a breach of Regulation 9 (1)(a)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

How the regulation was not being met:

Staff on Sunnyside Unit had not carried out individual risk assessments or put mitigation in place to protect the privacy and dignity of patients using dormitories.

Sunnyside Unit did not comply with guidance on eliminating mixed-sex accommodation which compromised patients' privacy and dignity.

This was a breach of Regulation 10(1)(2)(a)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Data on the use of rapid tranquilisation by oral administration was not being recorded, monitored or being documented through incident reports.

This was a breach of Regulation 17(2)(b)(c)