

# Gateshead Health NHS Foundation Trust

## Inspection report

Queen Elizabeth Hospital  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

# Summary of findings

## Combined quality and resource rating

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Gateshead Health NHS Foundation Trust is a NHS Foundation Trust based in Gateshead in the North East of England. Gateshead Health NHS Foundation Trust was authorised as a Foundation Trust in January 2005. The trust provides secondary and community care and older persons' mental health services to a population of approximately 200,000. Wider populations are served for specialist screening services, pathology and gynaecology-oncology services, including South of Tyne, Northumberland, Humberside, Cumbria and Lancashire.

The trust provides services from the Queen Elizabeth Hospital, Dunston Hill Day Hospital, Bensham Hospital, Primary Care Centres, GP surgeries, and Patients' homes. The trust also provides a range of services from Blaydon Primary Care Centre and Washington Primary Care Centre, up until 1 October 2018 a specialist unit in Houghton-le-Spring for patients who require rehabilitation.

The trust delivers some clinical pathways, through hub and spoke arrangements, with neighbouring providers.

The trust is a tertiary centre for gynaecological oncology and a provider of specialist screening services, for breast, bowel and aortic aneurysm.

Trust services were commissioned by Newcastle and Gateshead Clinical Commissioning Group (CCG).

The trust has a revenue turnover of around £250m and employs 4,400 staff.

The trust has 600 hospital beds and employs around 4200 staff across the services. Between 2017/2018 the trust saw 59,355 inpatient admissions, 445,033 outpatient attendances, 121,346 accident and emergency admissions and delivered 1642 babies. There were 1104 in-hospital deaths.

The CQC has carried out a number of inspections of the trust. It was rated as 'good' with outstanding care by the CQC in 2015/16. In 2017 Older Persons' Mental Health Services was rated inadequate for inpatients and 'requires improvement' for community-based services.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good  → ←**

## What this trust does

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# Summary of findings

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## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

From the 02 to 04 April 2019, we carried out an unannounced inspection of the Medicine, Surgery and inpatient wards for older people with mental Health problems. From the 09 to 11 April 2019 we carried out a short unannounced inspection of Community adult services and Community mental health services for older people, as part of our continual checks on the safety and quality of health care services.

We inspected all inpatient services at the Queen Elizabeth Hospital in Gateshead, the trust had acquired the community adults service in 2017 and this was the first inspection for this core service.

We inspected both inpatient and community mental health services this was to ensure that the previous report findings have resulted in changes to practice and patient safety.

A further announced inspection took place between 30 April to 2 May 2019 and 29 May 2019 where we looked at the quality of leadership at the trust and how well the trust managed the governance of its services.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: Is this organisation well-led?

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- There were systems and processes embedded to keep people safe within acute and community services. Staff received training in safety systems and had a thorough understanding of safeguarding procedures staffing levels were reviewed appropriately and regularly. Any staff shortages were escalated and responded to well. The trust had a strong track record of safety which was supported timely and accurate performance information. There were robust medicines management processes in place. When incidents occurred the trust demonstrated lessons were learnt and communicated to widely to staff.
- Patients received effective evidence based care and treatment which met their needs. The trust ensured there was consistency of practice through the review of evidence based guidance, best practice standards, legislation and technologies. Staff and volunteers were appropriately qualified for their role. New staff were afforded a comprehensive induction and were supported to consolidate their skills as required. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation.
- Patients and their families who received care at the trust were truly respected and empowered as partners in their care. Feedback from those receiving care was positive. We observed staff were highly motivated and offered care which was kind and promoted dignity. We found staff built strong relationships which were caring and respectful, and these were valued and promoted by leaders.
- We found the needs of people were met and prioritised in the way in which services were configured and delivered. Patients and their families were given informed choice and continuity of care. Patients and their families could access the right care at the right time. Waiting times, delays and cancellations were minimal and managed appropriately. People were kept informed of any disruption to their care or treatment. The trust used learning from complaints and concerns as an opportunity for improvement.
- There was a positive culture within the organisation which drove improvement and governance to support the delivery of high quality person centre care. Leaders from all levels within the organisation were visible and approachable. Service leaders actively promoted and empowered staff to drive improvement. Innovation was celebrated and quality improvement was embedded within the trust.

However:

- We found a ward environment which was not clutter free, this could mean that patients were at risk for falling. In addition we were concerned with the storage of substances hazardous to health.
- On the wards for older people with mental health problems we found patient records were not easily accessible for staff during the recent migration from paper to electronic system and some items were missing. This meant that staff were not always updating risk assessments following incidents of falls. Following the inspection the Trust provided information to confirm all missing documents had been located and added to the records. They also audited the records. Staff had followed the trusts falls protocol however, the risk assessment had not been updated or reviewed. In addition staffing levels had fluctuated requiring increased use of bank and agency staff.

# Summary of findings

- We found the Sunnyside Unit did not comply with guidance on eliminating mixed sex accommodation. This impacted on 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 to identify and manage the risks. However, the trust has since confirmed all patients will have an individual risk assessment regarding the safe use of dormitories and it has plans in place to ensure full compliance with the Mental Health Act Code of Practice, 2015 in the future.

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures whenever necessary. Staff received training in all safety systems, processes and practices. Safeguarding adults, children and young people at risk is given sufficient priority. Staff took a proactive approach to safeguarding and focus on early identification. They took steps to prevent abuse or discrimination that might cause avoidable harm. Staff responded appropriately to any signs or allegations of abuse and worked effectively with others, including people using the service, to agree and implement protection plans. There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations, including when people experience harassment or abuse in the community.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages are responded to quickly and adequately. There were relevant and effective handovers and shift changes to ensure that staff were able to manage risks to people who use services. Staff recognise and respond appropriately to changes in the risks to people who use services. Risks to safety from changes or developments to services were assessed, planned for and managed effectively.
- Staff were able to access the information they needed to assess, plan and deliver care, treatment and support to people in a timely way. Where there were different systems to store or manage care records, these were coordinated. People understood the information that was shared about them. The trust involved partner agencies and carers when sharing information.
- Staff met good practice standards described in national guidance, including in relation to non-prescribed medicines. People received their medicines as prescribed. The trust involved them in regular medicines reviews. Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff keep accurate records of medicines. Compliance with medicines policy and procedure was routinely monitored and action plans were always implemented promptly.
- The provider had a sustained track record of safety supported by accurate performance information. There was ongoing, consistent progress towards safety goals which was reflected in a zero-harm culture.
- The trust encouraged an openness and transparency about safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so. When something went wrong, there was an appropriate thorough review or investigation that involved all relevant staff, partner organisations and people who used the services. Lessons were learnt communicated widely to support improvement in other areas where relevant, as well as services that were directly affected. Opportunities to learn from external safety events and patient safety alerts were also identified. Improvements to safety were made and the resulting changes were monitored.

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# Summary of findings

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## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- People had good outcomes because they received effective care and treatment that met their needs.
- People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies. This was monitored to ensure consistency of practice. People had comprehensive assessments of their needs, which included consideration of clinical needs (including pain relief), mental health, physical health and wellbeing, and nutrition and hydration needs. Expected outcomes were identified and care and treatment was regularly reviewed and updated, and appropriate referral pathways were in place to make sure that needs were addressed. Where people are subject to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA Code of Practice. Any departure from the Code of Practice guidance was clearly justified.
- Information about people's care and treatment, and their outcomes was routinely collected and monitored. This information was used to improve care. Outcomes for people who used services were positive, consistent and met expectations. The trust participated in local and national clinical audits. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff. It was used to improve care and treatment and people's outcomes and this improvement was checked and monitored.
- All staff, including volunteers, 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 provided to meet these needs. Staff were supported to maintain and further develop their professional skills and experience in order to deliver effective care and treatment, through meaningful and timely supervision and appraisal. Where appropriate, staff were supported through the process of revalidation. The service had effective policies and processes for recruiting, training and supporting volunteers where necessary. These were implemented and volunteers felt supported and understood their roles and responsibilities
- When people received care from a range of different staff, teams or services, it was coordinated, which included assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs. When people were due to move between services their needs were assessed early, with the involvement of all necessary staff, teams and services. People's discharge, transition and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. People were discharged at an appropriate time and when all necessary care arrangements were in place.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded. When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation. The process for seeking consent was appropriately monitored. The use of restraint was understood and monitored, and less restrictive options were used

# Summary of findings

where possible. Deprivation of liberty was recognised and only occurs when it was in a person's best interests, was a proportionate response to the risk and seriousness of harm to the person, there was no less restrictive option that could be used to ensure the person gets the necessary care and treatment. The Deprivation of Liberty Safeguards, and orders by the Court of Protection authorising deprivation of a person's liberty, were used appropriately.

## Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

- People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- Feedback from people who used the service and those who are close to them was continually positive about the way staff treated them. People thought staff went the extra mile and their care and support exceeded their expectations. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships are highly valued by staff and promoted by leaders. Staff recognise and respect the totality of people's needs. They always take people's personal, cultural, social and religious needs into account, and find innovative ways to meet them. People's emotional and social needs are seen as being as important as their physical needs.
- People who used services and those close to them are active partners in their care. Staff were committed to working in partnership with people and making this a reality for each person. Staff always empowered people who used the service to have a voice and to realise their potential. People's individual preferences and needs were reflected in how care were delivered.
- People were always treated with dignity by those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did. Staff found innovative ways to enable people to manage their own health and care when they could and maintain independence as much as possible. People felt really cared for and that they mattered. Staff are exceptional in enabling people to remain independent. .

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- People's needs were met through the way services were organised and delivered.
- The importance of flexibility, informed choice and continuity of care was reflected in the services we inspected. People's needs and preferences are considered and acted on to ensure that services were delivered in a way that is convenient.
- The needs and preferences of different people were taken into account when delivering and coordinating services, this included those with protected characteristics under the Equality Act, people who were vulnerable and those who had complex needs. Care and treatment was coordinated with other services and other providers. This included liaising with families and carers.
- People could access the right care at the right time. Access to care was managed to take account of people's needs, including those with urgent needs. People were able make appointments, bookings or obtain advice or treatment. Waiting times, delays and cancellations were minimal and managed appropriately. People were kept informed of any disruption to their care or treatment.
- People knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues. People who used services, their family, friends and other carers felt confident

# Summary of findings

that if they complained, they would be taken seriously and treated compassionately. They felt that their complaint or concern would be explored thoroughly and responded to in an open and transparent way, with no repercussions. Services used the learning from complaints and concerns as an opportunity for improvement. Staff were able to give examples of how they incorporated learning into daily practice.

However:

- We found the Sunnyside Unit did not comply with guidance on eliminating mixed sex accommodation. This impacted on 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 to identify and manage the risks. However, the trust has since confirmed all patients will have an individual risk assessment regarding the safe use of dormitories and it has plans in place to ensure full compliance with the Mental Health Act Code of Practice, 2015 in the future.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- We found a compassionate, inclusive and effective leadership within the services we inspected. Leaders were visible and approachable. Service leaders were knowledgeable about issues and priorities for the quality and sustainability of their services and understood what the challenges were and acted to address them.
- The majority of leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. Candour, openness, honesty, transparency and challenges to poor practice were the norm. Service leaders actively promoted and empowered staff to drive improvement. Staff actively raised concerns and were supported. When something went wrong, people received a sincere and timely apology and were told about any actions being taken to prevent the same happening again.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. Staff were encouraged to use information and regularly took time out to review pathways and processes.

However:

- Governance systems and processes within the mental health inpatient core service were not effective during the transfer from paper to electronic records. We were not assured all records were complete and provided a contemporaneous record for staff.
- Systems and processes within the mental health inpatient core service did not ensure managers were aware that individual risk assessments and plans to manage patient risks for patients in dormitories had not been completed.
- Service Managers within the mental health inpatient core service had interpreted differently the mental health code of practice which meant the service hadn't addressed all of the requirements to eliminate mixed sex accommodation.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.



# Summary of findings

## Outstanding practice

We found examples of outstanding practice in the medicine and surgery core services based in the Queen Elizabeth Hospital.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 13 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issue requirement notices and take enforcement action against the provider. Listing them as shown below will include action relating to all problems in the trust's services, whether they are trust-wide or at service type, location or core service level.

We issued six requirement notices to the trust. Our action related to breaches of three legal requirements in two of core services.

For more information on action we have taken, see the sections on Areas for improvement.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Medicine Core Service

- Every ward manager completed a manuscript 'what the ward manager had to say' containing personal reflections for patients, carers, visitors and staff to read. This created a sense that there was a genuine connection moving from the ward manager, through the staff to users of the ward which made the ward feel professional yet personal and friendly.
- The use by allocated staff of personal communicators which staff described as a useful gadget that avoided staff wasting their time trying to locate a colleague by hanging on a phone thus releasing more time for patient care.
- The psychiatric liaison team held a Royal College of Psychiatry accreditation in recognition of its work.

### Surgery Core Service:

- The use by allocated staff of personal communicators which staff described as a useful gadget that avoided staff wasting their time trying to locate a colleague by hanging on a phone thus releasing more time for patient care. Planned surgery patients received medicines reconciliation and prescribing as part of the admissions process. This was facilitated by a pharmacist independent prescriber in the elective admissions area. The pharmacist alongside a nurse prescriber then supervised the ward after surgery. Planned surgery patients were prescribed pre-approved bundles of medicines for use after surgery which were dispensed from the ward. This system had streamlined both the admission and discharge process for patients.

# Summary of findings

- The independent prescribers were embedded into the ward environment and there was a process in place for escalating risks when needed. The ward team worked closely with other departments for example the pain team and this was facilitated by the pharmacist independent prescribers to ensure that not only was prescribing appropriate but that reviews occurred in a timely manner. This was a new service and feedback in the form of a survey had been completed by both nursing and medical staff with all feedback being positive.
- The pharmacist had also completed an audit looking at the impact of opioid prescribing from hospital to community which had been well received at conferences and the work had been published in a journal.
- Research, audits and reports had been published nationally and medical staff responded to invitations to present and lecture at international conferences.
- Surgical services had a clinical research nurse who identified clinical trials each unit could undertake, ensured the correct paperwork was in place and actively recruited patients into these trials.
- During the inspection we saw that ward 26 was 132 days pressure ulcer free and had no surgical site infections in 12 months. We saw ward 12 had been 93 days pressure ulcer free and ward 27 had no pressure ulcers between February 2018 and December 2018.
- The latest National Cancer Patient Experience Survey results showed that patients gave the trust an average rating of 9.1 out of 10 for the care they received which was higher than the national average of 8.8.
- The hospital to home rehabilitation unit, provided 16 mixed sex rehabilitation beds within the organisation and provided beds all year round. During the peak of forecast demand, a further 16 beds could be opened for admission against the criteria. The ward model was for patients who were medically optimised but required rehabilitation or further assessment to facilitate safe and timely discharge. The ward model was primarily focussed on rehabilitation, enabling step down within the hospital from acute care wards. The ward was a non-medical model led by a hybrid nurse/therapy team with a collaborative multidisciplinary approach.
- The trust trialled a 'perfect week' with a long term view of changing the surgical admissions pathway. The trial aimed to reduce bed days for non-elective patients, improve flow for emergency patients, support critical care step down and reduce re-admissions. Outcomes of the 'perfect week' highlighted that patient flow was easier, unnecessary admissions were avoided, staff morale improved, and patient plans were quicker.
- The surgical business unit had embarked upon a 15 month transformation programme with service line managers, clinical leads, matrons, ward sisters, corporate business partners and the wider clinical teams to recommend a more efficient and effective utilisation of a reduced surgical bed complement.
- A review of the complaints process within the surgical business unit identified that improvements could be made. There were issues with the length of time it took to respond to complaints and also the quality of the response, in some cases not all issues were answered fully. A six month pilot commenced on 01 September 2018 offering complainants the opportunity to meet with a member of the clinical team involved in their care to discuss their concerns. This was for complaints that involved the surgical business unit only.
- The latest National Hip Fracture Database (NHFD) annual report from the Royal College of Physicians found that Gateshead had improved its overall performance, scoring as high as 100% in a number of national benchmarks. Over the last two years, the trust's hip fracture working group combined the expertise of nursing, physiotherapy and medical staff had undertaken a wide range of initiatives to improve patient care.
- Referrals to "hot clinics" such as first fit clinic and fracture clinic from the emergency department (and to orthopaedics from the fracture clinic) were used to manage risk and address patient flow.
- The trust audited theatre utilisation and identified that specific theatres were not commencing on time. Investigation into one specialism identified that the delays were due to the reliance on another department (with a later start time)

# Summary of findings

to undertake specific tasks prior to the first patient's surgery beginning. The delay was in relation to the insertion of a breast guidewire. The trust was changing to radioactive seeds from the use of a guidewire because the radioactive seeds could be inserted into the breast tissue by a radiologist during an ultra sound scan or mammogram a week or two before surgery. Thus, reducing surgical delays and improving theatre utilisation.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

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

We told the trust that it must take action to bring services into line with four legal requirements. This action related to two services.

#### Medicine Core Service

- The trust must ensure substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients. Regulation 12 (2) (a) (b) (d) (c)
- The trust must ensure premises used by the service, and any equipment used to control fires or the risk of them, are safe to use for their intended purpose and used in a safe way. Regulation 12 (2) (a) (b) (d) (c)
- The trust must ensure medical gases, including oxygen, are stored and used in a safe way. Regulation 12 (2) (a) (b) (d) (c)

#### Wards for older people with mental health problems:

- The trust must ensure Sunnyside Unit complies with guidance on eliminating mixed-sex accommodation to protect patient's privacy and dignity and that any current risks are mitigated as far as the environment will allow. Regulation 10 (1) (2) (a)
- The trust must ensure Staff on Sunnyside Unit complete individual risk assessments for patients using dormitory accommodation and put plans in place to inform staff of how they should mitigate these risks to protect the privacy and dignity of patients. Regulation 10 (1) (2) (a)
- The trust must ensure systems and processes such as audits are established and operated effectively to enable managers to assess, monitor and improve the quality and safety of the services at all times. Regulation 17 (1) (2) (a) (b) (c)

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

#### Medicine core service:

- The trust should ensure resuscitation trollies are checked in accordance with the trust's policy and action is taken and improvement monitored when this is found not to be so.

#### Surgery core service

- The trust should ensure that complaints are dealt with promptly and in line with trust targets.
- The trust should ensure that medical, nursing and midwifery staff complete all mandatory training in line with the trust target.

# Summary of findings

- The trust should ensure that medical, nursing and midwifery staff receive an annual appraisal.

## **Wards for older people with mental health problems:**

- The trust should ensure when, making changes to wards that this is updated in all patient information.
- The trust should ensure it continues its plans to eliminate dormitory accommodation on Sunnyside Unit.
- The trust should ensure staff document a patient's preferred communication methods in patient records.
- The trust should ensure staff record in care records whether patients or carers were offered a copy of the patients care plan.
- Staff should ensure they update risk assessments after all incidents including patient falls.
- The service should continue with recruitment to improve staffing levels to reach establishment.

## **Community Mental Health Services for older people:**

- The trust should consider the further development of methods to obtain feedback from patients who use the service and those close to them.
- The trust should ensure that all staff, including the occupational therapy team have training in the Mental Health Act 1983, the Mental Health Act Code of Practice and the Mental Capacity Act 2005.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated the well-led at the trust as good because:

- Leaders have the experience, capacity, capability and integrity to ensure the strategy can be delivered and risks to performance were addressed.
- Leaders at every level were visible and approachable. Compassionate, inclusive and effective leadership was sustained through a leadership strategy and development programme and effective selection, deployment and support processes and succession planning.
- The majority of leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. All leaders understood the quality agenda and sustainability of services in the emerging NHS.
- The trust had a clear statement of vision and values which was driven by quality and sustainability. The vision had been translated into a robust and realistic strategy with well-defined objectives that were achievable and relevant.
- The vision, values and strategy were developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy was aligned to local plans in the wider health and social care economy across Gateshead, services were planned to meet the needs of the local population.
- There were quantifiable and measurable outcomes to support strategic objectives, which were cascaded throughout the organisation. The challenges to achieving the strategy, including relevant local health economy factors. Staff in all areas knew, understood and supported the vision, values and strategic goals and how their role achieving them.

# Summary of findings

- Leaders modelled and encouraged compassionate, inclusive and supportive relationships among staff so that they felt respected, valued and supported. There were processes to support staff and promote their positive wellbeing. Leaders at every level lived the vision and embodied shared values, prioritise high-quality, sustainable and compassionate care, and promoted equality and diversity. They encouraged pride and positivity within the organisation and focused attention on the needs and experiences of people who used services.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- Behaviour and performance inconsistent with the vision and values was identified and dealt with swiftly and effectively, regardless of seniority. There was a culture of collective responsibility between teams and services. There were positive relationships between staff and teams, where conflicts were resolved quickly and constructively and responsibility was shared.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.
- CQC's Mental Health Act (MHA) reviewer reports were reviewed by the board and were aware of any required actions to address issues. Statistical information on MHA operation was monitored and statistical information on patterns of admission and length of stay was considered.
- The organisation had processes in place to manage current and future performance. There was an effective and comprehensive process which identified, understood, monitor and addressed current and future risks. Performance issues were escalated to the appropriate committees and the board through clear structures and processes.
- Clinical and internal audit processes functioned well and had a positive impact on quality governance, there was clear evidence of action to resolve concerns. Financial pressures were managed so that they did not compromise the quality of care. Service developments and efficiency changes were developed and assessed with input from clinicians so that their impact on the quality of care was understood.
- Integrated reporting supported effective decision making. There was a holistic understanding of performance, which covered and integrated the views of people with quality, operational and financial information. Quality and sustainability both received sufficient coverage in relevant meetings at all levels. Staff received helpful data on a daily basis, which supported them to adjust and improve performance as necessary.
- Performance information was used to hold management and staff to account. The information used in reporting, performance management and the delivery of quality care was accurate, valid, reliable, timely and relevant, plans were in place to address any weaknesses.
- Data was consistently submitted to external organisations as required. There were robust arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Information technology systems were used effectively to monitor and improve the quality of care.
- A full range of people's views and concerns was encouraged, heard and acted on to shape services and culture. The trust proactively engaged and involved all staff (including those with protected equality characteristics) and ensured that the voices of all staff were heard and acted on to shape services and culture.

# Summary of findings

- The trust was transparent, collaborative and open with all relevant stakeholders about performance. This enabled a shared understanding of challenges to the system and the needs of the population and helped to design improvements to meet them.
- There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised quality improvement methodology.
- Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff at all levels were empowered to lead and deliver change. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work locally, nationally and internationally.

## Use of resources

Please see the separate Use of Resources report for details of the assessment and the combined rating.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Queen Elizabeth Hospital	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019
<b>Overall trust</b>	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good →← Aug 2019	Good →← Aug 2019	Outstanding →← Aug 2019	Good →← Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019
Community	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
Mental health	Requires improvement ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Requires improvement →← Aug 2019	Requires improvement ↑ Aug 2019	Requires improvement ↑ Aug 2019
<b>Overall trust</b>	Good →← Aug 2019	Good →← Aug 2019	Outstanding →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



## Ratings for Queen Elizabeth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Medical care (including older people's care)	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019
Surgery	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019
Critical care	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Maternity and Gynaecology	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Outpatients and Diagnostic Imaging	Good Feb 2016	N/A	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016
<b>Overall*</b>	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
<b>Overall*</b>	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Requires improvement ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↑ Aug 2019	Requires improvement ↑ Aug 2019
Community-based mental health services for older people	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
<b>Overall</b>	Requires improvement ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Requires improvement ↔ Aug 2019	Requires improvement ↑ Aug 2019	Requires improvement ↑ Aug 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Queen Elizabeth Hospital

Queen Elizabeth Avenue  
Sherriff Hill  
Gateshead  
Tyne and Wear  
NE9 6SX  
Tel: 01914820000  
[www.qegateshead.nhs.uk](http://www.qegateshead.nhs.uk)

## Key facts and figures

Gateshead Health NHS Foundation Trust was granted foundation trust status in January 2005. The trust has one acute inpatient hospital site the Queen Elizabeth Hospital. This hospital site is located in Gateshead in the North East.

The Queen Elizabeth Hospital provides a wide range acute of hospital services including accident and emergency, medicine, surgery, maternity, critical care, end of life care, outpatients and diagnostic imaging and a children and young people's service. The trust is a tertiary centre for gynaecological oncology and provider of specialist screening services for breast, bowel and aortic aneurism. The screening services were offered to a wider range of populations including the South of Tyne, Northumberland, Humberside, Cumbria and Lancashire.

During this inspection we inspected medical care (including older people's care) and surgery.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

## Summary of services at Queen Elizabeth Hospital

**Outstanding**  

Our rating of services improved. We rated them as outstanding because:

- Staff were open and transparent, and fully committed to reporting incidents and near misses. Learning was based on a thorough analysis and investigation when things went wrong.
- Patient's 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.
- Feedback from patients who used the service, and those who were close to them were positive about the way staff treated patients. Staff cared for patients with compassion.
- In surgery, there were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.

# Summary of findings

- There were processes in place to identify, understand, monitor and address current and future risks. The trust had clear governance processes in place to drive patient safety forward. The service proactively engaged and involved all staff.

However:

- We found the medicine service did not always provide patients with a safe environment for the safe use and storage of substances hazardous to health. Across four wards, on different days of our inspection, we found examples of unimpeded access for patients to substances hazardous to health.
- In the previous inspection we found that staff did not always check that resuscitation equipment was ready for use. At this inspection, while most medical care wards we visited had successfully checked their resuscitation equipment in accord with a new process introduced by the trust, two wards had not done so, and on one of these wards this applied to both resuscitation trolleys, which had only had a partial weekly check.
- Staff in medical care (including older person's care) did not reach the trust's target for mandatory training in key skills or appraisals. But the trust did have systems in place to ensure staff completed mandatory training and appraisals. The trust told us compliance with its targets would improve as the year progressed.

# Medical care (including older people's care)

Good   

## Key facts and figures

At Queen Elizabeth Hospital medical care was provided across various wards including an emergency assessment unit (EAU), (located within the emergency care centre), a short stay ward with ambulatory care, a stroke ward, four dedicated older people wards (the Jubilee wing), a cardiology ward, and respiratory ward, a discharge lounge, plus other medicine related specialities, such as haematology and rheumatology.

We visited the EAU, the short stay and ambulatory care ward, the stroke ward, the Jubilee wing wards, and the cardiology and respiratory wards. We spoke with 24 patients, two carers, 50 staff (including medical and nursing staff) and reviewed 25 records of patients including prescription charts.

## Summary of this service

We previously inspected medicine services at this site in 2015 and overall rated them as good with good in all domains, being safe, effective, caring, responsive, and well-led.

At this inspection we rated the service as requires improvement in the safe domain but good in all other domains leading to an overall rating of good.

- We found the medicine service did not always provide patients with a safe environment for the safe use and storage of substances hazardous to health. Across four wards, on different days of our inspection, we found examples of unimpeded access for patients to substances hazardous to health.
- In the previous inspection we found that staff did not always check that resuscitation equipment was ready for use. At this inspection, while most wards we visited had successfully checked their resuscitation equipment in accord with a new process introduced by the trust, two wards had not done so, and on one of these wards this applied to both resuscitation trolleys, which had only had a partial weekly check.
- Staff did not reach the trust's target for mandatory training in key skills or appraisals. But the trust did have systems in place to ensure staff completed mandatory training and appraisals. The trust told us compliance with its targets would improve as the year progressed.

However:

- The service did control infection risk well. The ward environment was visibly clean with good infection control in all areas visited. Subject to the above, the environment was clutter free, wheelchair accessible and with enough equipment for staff to perform their role.
- Staff had access to records which, while not locked when not in use, were stored within nurses' stations. At the last inspection we found fridges temperatures were not always checked but at this inspection we found this was not the case. At this inspection we found medicines, including intravenous fluids, were stored and managed safely. Staff knew how to report incidents. Tools such as the safety thermometer were used to keep patients safe.
- The service provided care and treatment based on national guidance. The services were effective because processes were in place to ensure that guidance used by staff complied with national guidance, such as that issued by National Institute for Health and Care Excellence.

# Medical care (including older people's care)

- Patients' food, hydration and pain management needs were met. The service used audits within the specialities we visited to improve patient outcomes. Staff received training to assess if they were competent and received annual appraisals. Staff worked effectively as a multi-disciplinary team and had good knowledge about consent and mental capacity.
- Staff cared for patients with compassion. The services were caring, with response rates in the friends and family test better than the England average. The inpatient score for recommending the service to friends and family from December 2017 to November 2018 was above 90%.
- Staff supported the emotional needs of patients and could, for example, arrange psychological support. Staff tried to understand and involve patients and their carers where it was safe to do so, such as in family meetings or with feeding.
- The trust planned and provided services in a way that met the needs of local people. The services were responsive, with a process in place at hospital to trust level to plan services. Wards had link nurses to champion the needs of patients with additional needs. Wards used various approaches to respond to challenges with access and flow.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The senior leadership team running the specialities worked well together and staff reported they were visible, approachable, and responsive and worked as a cohesive team to promote a positive culture that put patient safety first.
- The trust had clear governance processes in place to drive patient safety forward; these were implemented and monitored at business unit level.
- Staff and the public were engaged through meetings and surveys. The specialities we visited had access to dashboards to help monitor patient sensitive indicators and act when necessary. The specialities we visited all had examples of innovation, learning and continuous improvement.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- We found the medicine service did not always provide patients with a safe environment for the safe use and storage of substances hazardous to health. Across four wards, on different days of our inspection, we found examples of unimpeded access for patients to substances hazardous to health.
- In the previous inspection we found that staff did not always check that resuscitation equipment was ready for use. At this inspection, while most wards we visited had checked their resuscitation equipment in accord with a new process introduced by the trust, two wards had not done so, and on one of these wards this applied to both resuscitation trolleys, which had only had a partial weekly check.
- Mandatory training compliance did not meet the trust target. However, the trust did have systems and processes in place to ensure the compliance with the target improved as the year progressed.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Link nurses on the ward could support staff with safeguarding matters in addition to a resource for staff to use on the trust's intranet, so that safeguarding was everyone's business.

# Medical care (including older people's care)

- The service did control infection risk well. The service was visibly clean, and subject to above, the environment was clutter free, wheelchair accessible, and with enough equipment, including hoists, for staff to carry out their role. Access to ward areas were controlled using magnetic door locks and by use of reception areas staffed by nurses or ward clerks. At the last inspection we found fridges temperatures were not always checked but at this inspection we found this was not the case.
- Staff completed and updated risk assessments for each patient. During handovers of patients and at safety huddles, staff identified risk and managed it, and in care records we viewed, they documented this, using nationally recognised tools. Staff had access to records which were part electronic and part paper.
- The service managed patient safety incidents well. Systems and processes were in place for staff to report incidents, review risks or serious incidents, and share any learning flowing from such reviews. To maintain oversight of key performance measures around patient safety, the service used a range of tools including a safety thermometer, dashboards and ward metrics.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance. The service ensured national guidelines were used in its published guidelines and there was an effective system in place to share any updates with staff.
- Staff gave patients enough food and drink to meet their needs and improve their health. Nutrition and hydration needs were met for patients with systems in place to monitor food and fluid intake and give support where needed. Patients reported no issues with management of their pain or fluids.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had actioned many initiatives to improve patient outcomes including support with complex discharge for patients and their carers.
- Staff worked effectively as a multi-disciplinary team, including attending multi-disciplinary ward rounds.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patients were consented for treatment appropriately, and staff were aware of when patients needed to take additional action such as best interest decisions for patients unable to consent.

However:

- Nursing and midwifery staff had not met the trust target for completion of an annual appraisal owing to winter pressures. But the trust had ensured that each service line had a plan in place to meet the target within the next quarter.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. We found that patients received compassionate care from staff which supported their privacy and dignity.

# Medical care (including older people's care)

- Staff provided emotional support to patients to minimise their distress. Most patients we spoke with felt staff were attentive and took time to explain things.
- Staff had access to chaplaincy services for those with a faith or none. Staff could provide emotional support to patients by referring to psychology services albeit the service was not 24/7.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff understood the needs of their patients and involved carers. For instance, staff had access, on one ward, to an activity co-ordinator, to assist the patient and their family in their loved one's recovery, and many wards held family meetings. Carers were supported as much as possible to understand if they could look after the patient, using flexible visiting times and free parking.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. The trust had effective plans to ensure that its specialities were responsive to the needs of local people by working with commissioners, patient groups and redesigning pathways.
- Patients' individual needs were met, with link nurses on each ward to champion dementia, mental health or learning disability.
- People could access the service when they needed it. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out rapid improvement workshops to improve flow and by working closely with social services and commissioners.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Systems and processes to respond to complaints were effective with learning and changes to the services being made in response to feedback from patients.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The division for the site had an established, visible and approachable local leadership team.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. Medicine drew upon the trust's vision and strategy and had its own business plan.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture with a family feel about it, good team working, and various places in which to receive and share information and concerns.



# Medical care (including older people's care)

- The trust used a systematic approach to continually improve the quality of its services and to safeguard high standards of care by creating an environment in which excellence in clinical care would flourish. The governance structure was clear, and the local leadership team had plans in place to address risks to the service, with access to information, such as monthly performance reports, to maintain quality.
- Staff engagement was encouraged with staff surveys, and awards, and patients and the public could feedback through multiple access points.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There were examples of learning, improvement and innovation.

## Outstanding practice

- Every ward manager completed a manuscript 'what the ward manager had to say' containing personal reflections for patients, carers, visitors and staff to read. This created a sense that there was a genuine connection moving from the ward manager, through the staff to users of the ward which made the ward feel professional yet personal and friendly.
- The use by allocated staff of personal communicators which staff described as a useful gadget that avoided staff wasting their time trying to locate a colleague by hanging on a phone thus releasing more time for patient care.
- The psychiatric liaison team held a Royal College of Psychiatry accreditation in recognition of its work.

## Areas for improvement

The service must ensure that:

- Substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients. Reg 12 (2) (a) (b) (d) (e)
- the premises used by the service, and any equipment used to control fires or the risk of them, are safe to use for their intended purpose and used in a safe way. Reg 12 (2) (a) (b) (d) (e)
- Medical gases, including oxygen, are stored and used in a safe way. Reg 12 (2) (a) (b) (d) (e)

The service should ensure that:

- Resuscitation trollies are checked in accordance with the trust's policy and action is taken and improvement monitored when this is found not to be so.

# Surgery

Outstanding  

## Key facts and figures

The surgical core service was managed by a triumvirate of associate director, clinical head of service and chief matron. The service was comprised of trauma and orthopaedics, general surgery (including upper gastroenterology, lower gastroenterology, vascular and breast), theatres, pre-operative assessment, recovery pods, and day surgery unit. The service was managed within the surgical business unit. There were 12 operating theatres and four wards caring for these patients for both elective and non-elective pathways. The surgical business unit also hosts the urology, oncology and chemotherapy services for the trust, with oncology consultant cover provided through service level agreements with a local trust. Gateshead Health NHS Foundation Trust provides a regional breast service, which was closely aligned to their screening services.

Approximately 11,000 surgical cases were carried out in the theatres each year, with 5,000 being emergencies. All elective surgical cases were pre-operatively assessed and pre-optimised as necessary through the pre-assessment service.

Emergency admissions were supported by the surgical nurse practitioners and the trauma coordinators.

The trust had 16,528 surgical admissions from October 2017 to September 2018. Emergency admissions accounted for 4,121 (24.9%), 9,904 (59.9%) were day case, and the remaining 2,503 (15.1%) were elective.

Our inspection was unannounced (staff did not know we were coming). At our previous inspection we rated surgery services as good. At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited ward 12, ward 14, ward 26, ward 27, PODS, pre-assessment unit, surgical day unit and main operating theatres. We looked at the environment and we spoke with 16 patients.

We spoke with 33 members of staff of all grades of medical and nursing staff, non-registered nursing staff, housekeepers and administrative staff at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed eight sets of care records. Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality.
- Learning was based on a thorough analysis and investigation when things went wrong.
- There was a comprehensive 'safety management system', which took account of current best practice models.
- Safeguarding vulnerable adults, children and young patients was given sufficient priority. Staff took a proactive approach to safeguarding. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans.
- Staffing levels and skill mix were planned, always implemented and reviewed to keep patients safe. Any staff shortages were responded to quickly and adequately. There were effective handovers at shift changes to ensure staff could manage risks to patients who used the service.

# Surgery

- Risks to patients who used services were assessed, monitored and managed on a day-to-day basis. Staff recognised and responded appropriately to changes in risks to patients who used services.
- Patient's 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 included consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Information about patients' care and treatment, and their outcomes, was routinely collected and monitored. Outcomes for patients who used services were positive and met expectations.
- 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.
- Feedback from patients who used the service, and those who were close to them were positive about the way staff treated patients. Patients were treated with dignity, respect and kindness during interactions with staff and relationships with staff were positive. Patients felt supported.
- Staff respond compassionately when patients needed help and supported them to meet their basic personal needs as and when required.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- It was easy for patients to complain or raise a concern and they were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with.
- Facilities and premises were appropriate for the services being delivered.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were kept informed of any disruption to their care or treatment.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks. Performance issues were escalated to the relevant committees and the board through clear structures and processes. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.
- Candour, openness, honesty and transparency were the norm.
- The service proactively engaged and involved all staff and ensured that the voices of all staff were heard and acted on. The leadership actively promoted staff empowerment to drive improvement and a culture where the benefit of raising concerns was valued.
- Service developments and efficiency changes were developed and assessed with input from clinicians to understand their impact on the quality of care. Financial sustainability was monitored effectively.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

# Surgery

- There was a genuinely open culture in which all safety concerns raised by staff and patients who used services, were highly valued as integral to learning and improvement.
- All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. Performance showed a good track record and steady improvements on safety.
- Learning was based on a thorough analysis and investigation of when things went wrong. All staff were encouraged to participate in learning to improve safety as much as possible, including participating in local and national safety programmes.
- There was a comprehensive 'safety management system', which took account of current best practice models. The whole team was engaged in reviewing and improving safety and safeguarding systems. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to patients who used services was embedded and was recognised as being the responsibility of all staff. Patients who used the services and those close to them, were actively involved in managing their own risks.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep patients safe and safeguarded from abuse. These were reliable and minimised the potential for error, reflected national, professional guidance and legislation and were understood by all staff and implemented consistently.
- Safeguarding vulnerable adults, children and young patients was given sufficient priority. Staff took a proactive approach to safeguarding. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans.
- Staffing levels and skill mix were planned, always implemented and reviewed to keep patients safe. Any staff shortages were responded to quickly and adequately. There were effective handovers at shift changes, to ensure staff could manage risks to patients who used the service.
- Risks to patients who used services were assessed, monitored and managed on a day-to-day basis. These include signs of deteriorating health, medical emergencies or behaviour that challenges. Patients were involved in managing risks and risk assessments were person-centred, proportionate and reviewed regularly. Staff recognised and responded appropriately to changes in risks to patients who use services.
- Risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively. Plans were in place to respond to emergencies and major situations. All relevant parties understood their role and the plans were tested and reviewed.

However;

- Medical staff mandatory training compliance varied between departments from 74.13% to 100% completion. However, gynae oncology was significantly lower with a mandatory training completion rate of 59.8% against a target of 90%.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

# Surgery

- Patients' 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.
- We saw that urgent and emergency surgical trauma care was well planned and met CEPOD (Confidential Enquiry into Peri-operative Deaths) requirements.
- Patients had comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing, and nutrition and hydration needs. The expected outcomes were identified, and care and treatment were regularly reviewed and updated.
- Information about patients' care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. Outcomes for patients who used services were positive and met expectations.
- 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. Data was used to improve care and treatment and patients' outcomes.
- 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 learning needs and professional developments.
- Staff were supported to deliver effective care and treatment, including thorough meaningful and timely supervision and appraisal. Relevant staff were supported through the process of revalidation.
- When patients received care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering patients care and treatment. Staff worked collaboratively to understand and meet the range and complexity of patients' needs.
- When patients were due to move between services their needs were assessed early, with the involvement of all necessary staff, teams and services.
- Staff could access the information they need to assess, plan and deliver care to patients in a timely way; particularly when patients move between services or during transition.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005. The use of restraint was understood and monitored, and less restrictive options were used where possible.
- Deprivation of liberty was recognised and only occurred when it was in a person's best interests, was a proportionate response to the risk and seriousness of harm to the person.

However:

- The trust reported 81% of nursing and midwifery staff in surgery had received an appraisal. This was lower than the trust target for appraisals of 90%.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Feedback from patients who used the service, and those who were close to them were positive about the way staff treated patients. Patients were treated with dignity, respect and kindness during interactions with staff and relationships with staff were positive. Patients felt supported.

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- Patients were involved and encouraged to be partners in their care and in making decisions, with any level of support they need. Staff spent time talking to patients, and those close to them. Patients were communicated with and received information in a way that they could understand. Patients and staff work together to plan care and there was shared decision-making about care and treatment.
- Staff responded compassionately when patients needed help and support to meet their basic personal needs as and when required. They anticipated patients' needs and privacy, and confidentiality was respected at all times.
- Staff helped patients and those close to them to cope emotionally with their care and treatment. Patients' social needs were understood. Patients were supported to maintain and develop their relationships with those close to them. They were enabled to manage their own health and care when they could, and to maintain independence.

However:

- We saw that a list of patient names was held at the reception area of the day unit and was visible to those arriving.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- Patients' individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs and promotes equality. This included patients who were in vulnerable circumstances or who have complex needs.
- Patients could access the right care at the right time. Access to care was managed to take account of patients' needs, including those with urgent needs. Care and treatment were coordinated with other services and other providers.
- It was easy for patients to complain or raise a concern and they were treated compassionately when they do so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously. Improvements were made to the quality of care as a result of complaints and concerns.
- Facilities and premises were appropriate for the services being delivered.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were kept informed of any disruption to their care or treatment.

However:

- Complaints were not always dealt with within the trust target of 40 days. The trust took an average of 54 working days to complete.

## Is the service well-led?

**Outstanding** ☆ ↑

# Surgery

Our rating of well-led improved. We rated it as outstanding because:

- There was a clear statement of vision and values, driven by quality and safety. It was translated into a credible strategy and well-defined objectives that were regularly reviewed to ensure that they remain achievable and relevant.
- The challenges to achieving the strategy, including relevant local health economy factors, were understood and an action plan was in place. Staff in all areas know and understand the vision, values and strategic goals.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Leaders had a shared purpose and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.
- Rigorous and constructive challenge from patients who used services, the public and stakeholders was welcomed, and deemed a vital way of holding the service to account.
- The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.
- The service was transparent, collaborative and open with all relevant stakeholders about performance.
- The organisation had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality care was accurate, reliable, timely and relevant. Information on patients' experience was reported and reviewed alongside other performance data. There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Performance issues were escalated to the relevant committees and the board through clear structures and processes. Clinical and internal audit processes functioned well and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.
- Candour, openness, honesty and transparency were the norm.
- Mechanisms were in place to support staff and promote their positive wellbeing. Behaviour and performance inconsistent with the values was identified and dealt with swiftly and effectively, regardless of seniority.
- The service proactively engaged and involved all staff and ensured that the voices of all staff were heard and acted on. The leadership actively promoted staff empowerment to drive improvement and a culture where the benefit of raising concerns was valued. Staff actively raised concerns and those who did (including external whistleblowers) were supported.
- Service developments and efficiency changes were developed and assessed with input from clinicians to understand their impact on the quality of care. Financial sustainability was monitored effectively.

## Outstanding practice

We found examples of outstanding practice in this service:

- We were informed of a patient being approached following a never event they had experienced. The patient attended theatres to share their experience with staff on two occasions and told their patient experience to the trust board. The

# Surgery

trust found this a valuable learning experience and asked the patient to be involved in a simulation / recreation video to share more widely. Theatre staff volunteered to be involved (those that were involved in the never event) and footage was created, and the patient made a voice over for the simulation. Once finished, the simulation was planned to be rolled out to staff and new starters.

- We were advised that on a six weekly basis the surgical division booked a theatre list to start one hour late. The first patient in that list would be a simulation scenario (unbeknownst to staff), to aid learning from incidents. Staff feedback was positive.
- The trust successfully reported post 48-hour MRSA bloodstream infections at a zero rate per 100K bed days for 793 days to quarter four 2018 and successfully achieved a zero-tolerance approach towards MRSA bloodstream infections and patient safety, meeting the national aspiration. The trust reported three pre-48-hour community MRSA bloodstream infections and remained the lowest reporting trust in the North East.
- Planned surgery patients received medicines reconciliation and prescribing as part of the admissions process. This was facilitated by a pharmacist independent prescriber in the elective admissions area. The pharmacist alongside a nurse prescriber then supervised the ward after surgery. Planned surgery patients were prescribed pre-approved bundles of medicines for use after surgery which were dispensed from the ward. This system had streamlined both the admission and discharge process for patients.
- The independent prescribers were embedded into the ward environment and there was a process in place for escalating risks when needed. The ward team worked closely with other departments for example the pain team and this was facilitated by the pharmacist independent prescribers to ensure that not only was prescribing appropriate but that reviews occurred in a timely manner. This was a new service and feedback in the form of a survey had been completed by both nursing and medical staff with all feedback being positive.
- The pharmacist had also completed an audit looking at the impact of opioid prescribing from hospital to community which had been well received at conferences and the work had been published in a journal.
- Research, audits and reports had been published nationally and medical staff responded to invitations to present and lecture at international conferences.
- Surgical services had a clinical research nurse who identified clinical trials each unit could undertake, ensured the correct paperwork was in place and actively recruited patients into these trials.
- During the inspection we saw that ward 26 was 132 days pressure ulcer free and had no surgical site infections in 12 months. We saw ward 12 had been 93 days pressure ulcer free and ward 27 had no pressure ulcers between February 2018 and December 2018.
- The latest National Cancer Patient Experience Survey results showed that patients gave the trust an average rating of 9.1 out of 10 for the care they received which was higher than the national average of 8.8.
- The hospital to home rehabilitation unit, provided 16 mixed sex rehabilitation beds within the organisation and provided beds all year round. During the peak of forecast demand, a further 16 beds could be opened for admission against the criteria. The ward model was for patients who were medically optimised but required rehabilitation or further assessment to facilitate safe and timely discharge. The ward model was primarily focussed on rehabilitation, enabling step down within the hospital from acute care wards. The ward was a non-medical model led by a hybrid nurse/therapy team with a collaborative multidisciplinary approach.
- The trust trialled a 'perfect week' with a long term view of changing the surgical admissions pathway. The trial aimed to reduce bed days for non-elective patients, improve flow for emergency patients, support critical care step down and reduce re-admissions. Outcomes of the 'perfect week' highlighted that patient flow was easier, unnecessary admissions were avoided, staff morale improved, and patient plans were quicker.



# Surgery

- The surgical business unit had embarked upon a 15 month transformation programme with service line managers, clinical leads, matrons, ward sisters, corporate business partners and the wider clinical teams to recommend a more efficient and effective utilisation of a reduced surgical bed compliment.
- A review of the complaints process within the surgical business unit identified that improvements could be made. There were issues with the length of time it took to respond to complaints and also the quality of the response, in some cases not all issues were answered fully. A six month pilot commenced on 01 September 2018 offering complainants the opportunity to meet with a member of the clinical team involved in their care to discuss their concerns. This was for complaints that involved the surgical business unit only.
- The latest National Hip Fracture Database (NHFD) annual report from the Royal College of Physicians found that Gateshead had improved its overall performance, scoring as high as 100% in a number of national benchmarks. Over the last two years, the trust's hip fracture working group combined the expertise of nursing, physiotherapy and medical staff had undertaken a wide range of initiatives to improve patient care.
- Referrals to "hot clinics" such as first fit clinic and fracture clinic from the emergency department (and to orthopaedics from the fracture clinic) were used to manage risk and address patient flow.
- The trust audited theatre utilisation and identified that specific theatres were not commencing on time. Investigation into one specialism identified that the delays were due to the reliance on another department (with a later start time) to undertake specific tasks prior to the first patient's surgery beginning. The delay with in relation to the insertion of a breast guidewire. The trust was changing to radioactive seeds from the use of a guidewire because the radioactive seeds could be inserted into the breast tissue by a radiologist during an ultra sound scan or mammogram a week or two before surgery. Thus, reducing surgical delays and improving theatre utilisation.
- The psychiatric liaison team held a Royal College of Psychiatry accreditation in recognition of its work.

## Areas for improvement

We found areas for improvement in this service:

- The trust should ensure that complaints are dealt with promptly and in line with trust targets.
- The trust should ensure that medical, nursing and midwifery staff complete all mandatory training in line with the trust target.
- The trust should ensure that medical, nursing and midwifery staff receive an annual appraisal.

# Community health services for adults

Good 

## Key facts and figures

Community health services for adults includes those services providing care to adult patients in their homes and/or community-based clinics, including district nursing, community matrons, specialist nursing services, and integrated care services. These services deliver a range of care, including:

- long-term condition management, case management, and coordination of care for people with complex needs/multiple conditions
- wound care
- medicines management
- acute care provided at home
- short-term care involving a range of professionals providing symptom and condition management and/or intensive rehabilitation after people leave hospital or following exacerbation of symptoms, with the aim of helping to maintain independence or avoiding the need for hospital admission or residential care.
- community rehabilitation services, focusing on rehabilitation and reablement following illness or injury and involving a range of therapists, nursing and medical staff.

For the purposes of CQC's inspection, community health services for adults do not include community health services for children, end of life care provided in the community, community midwifery services, or urgent care centres.

Community health services for adults are a relatively recent addition to Gateshead Health NHS Foundation Trust, and CQC has not previously inspected these services at this trust.

The trust joined with two other partners, including the local authority, in 2015, to form Gateshead Care Partnership (GCP) to bid for the provision of community services in Gateshead. The contract to provide these services was awarded to GCP from 1 October 2016 for five years, with an option to extend for a further two years. On that date 600 staff, 18 services and 50,000 patients across 19 locations transferred in to the trust from another provider, and GCP embarked on a transformation plan for the services. GCP has since expanded to include mental health services and now comprises of five partners.

Staff delivering the services that GCP is commissioned to provide are employed directly by the trust in its Community Business Unit. The one exception to this is the clinical lead for community services, who is employed by one of the other partners and is accountable to the chief executive officer of that partner organisation as well as to the community service business unit director and the director of nursing within the trust.

Within the trust, community health services for adults are led by a community business unit director, with support from the clinical lead, two assistant clinical business managers, and a transformation team lead. During our inspection we spoke with each of these leaders, with clinical operations managers, and with leads and/or members of each of the following teams:

- Five locality integrated teams (including district nurses, community nurse practitioners, community staff nurses, healthcare assistants and phlebotomists)
  - Central Locality Integrated Nursing Team
  - East Locality Community Integrated Team

# Community health services for adults

- Inner West Locality Integrated Nursing Team
- South Locality Integrated Nursing Team
- West Locality Integrated Nursing Team
- Rapid Response Team (including urgent care, intermediate care, adult occupational therapy, physiotherapy and community rehabilitation)
- Discharge Liaison Team
- Falls and Syncope Team
- Adult Speech and Language Team
- Adult Bladder and Bowel Team
- Podiatry and Biomechanics
- Community Stroke Team
- Frailty Nurses

The locality leads presentation from March 2019 showed there were 705 contacts in community services in February 2019.

Our inspection was announced (staff knew we were coming) 24 hours before it began, to ensure that everyone we needed to talk to was available. We looked at all five key questions: Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well led?

Community health services for adults are based at Bensham Hospital, Blaydon Primary Care Centre, Felling Health Centre, and Queen Elizabeth Hospital, and we visited each of these sites during our inspection. We attended clinics and looked at the environment. We also accompanied staff to 14 patient home visits, observed the care given to 22 patients at home and in clinics, and spoke with 48 staff members, 19 patients, and six patients' relatives and carers. We reviewed 14 sets of patient records.

## Summary of this service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

# Community health services for adults

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- The service had used its transformation programme to move focus from management of individual conditions to the overall, holistic wellbeing of patients.

## Is the service safe?

**Good** 

We rated safe as good because:

- Staff were trained in safeguarding and understood how to recognise potential concerns and to use the trust's internal processes to bring them to the attention of the appropriate authorities.
- Services delivered on trust premises were provided in a clean environment which was subject to appropriate infection prevention and control (IPC) processes. Staff understood the importance of vigilance in respect of IPC in both clinics and patients' homes, and they complied readily with the trust's IPC policies.
- The service used suitable premises and equipment and maintained these appropriately.
- Staff carried out risk assessments for patients and developed risk management plans in line with national guidance; risks were managed positively.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- Staff prescribed, gave, recorded, and stored medicines well. Patients received the right medicines at the right dose at the right time.
- Staff were clear in their understanding of incidents, serious incidents, and never events, and they could describe how to report them using the trust's electronic incident-reporting system. They received feedback about any reports they made and learning from incidents was shared at team meetings.

However:

- Nursing staff failed to meet the trust's 90% completion rate for eight out of 11 mandatory training modules; three modules exceeded the trust's target. For the last financial year (April 2018 to November 2018) nursing staff did not meet the 90% target with an overall training completion rate of 81%.
- Although areas visited were visibly clean, there were mixed approaches to ensuring and checking the cleanliness of areas that were shared with other clinics and services.
- Although medicines seen were in date, there were some flu vaccinations which were found to be out of date.

# Community health services for adults

## Is the service effective?

**Good** ●

We rated effective as good because:

- Patients' care and treatment was planned and delivered in line with evidence-based guidance, standards, best practice, legislation and technologies. This was monitored to ensure consistency of practice.
- Patients' had comprehensive assessments of their needs, which include consideration of their mental health, physical health and wellbeing, and nutrition and hydration needs. Expected outcomes were identified and care and treatment was regularly reviewed and updated, and appropriate referral pathways were in place to make sure that needs were addressed.
- Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. Outcomes for people who used services were positive, consistent and met expectations.
- The service participated in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer review and approved service accreditation schemes. Accurate and up-to-date information about effectiveness was shared internally and externally and was understood by staff and was used to improve care and treatment.
- All staff were qualified and had the skills required to carry out their roles effectively and in line with best practice. Learning needs of staff were identified and training provided to meet those needs. Staff were supported to maintain and further develop their professional skills and experience.
- Staff were supported to deliver effective care and treatment, which included supervision and appraisal. Where relevant, staff were supported through the process of revalidation. The service made sure staff were competent for their roles.
- Where people received care from a range of different staff, teams or services, it was coordinated. The service ensured staff and teams were involved in assessing, planning and delivering people's care and treatment. Staff worked collaboratively to understand and meet the range and complexity of people's needs.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention to support people to improve their health and wellbeing.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. People were supported to make decisions and, where appropriate, their mental capacity was assessed and recorded.

However:

- From December 2017 to November 2018 nursing and midwifery staff failed to meet the trusts 90% appraisal target with 66%, the appraisal rate for last year was 82%.

## Is the service caring?

**Good** ●

We rated caring as good because:

# Community health services for adults

- Staff respond compassionately when staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff supported people and those close to them to manage their emotional response to their care and treatment. People's personal, cultural, social and religious needs were understood. People were supported to maintain and develop their relationships with those close to them, their social networks and the community.
- People who used services, carers and family members were encouraged to be partners in their care and in making decisions and received the support they required. We observed staff taking the time to talk to people and those close to them. People were supported to manage their own health and care to maintain independence.
- Staff recognised the importance of people's privacy and dignity. We observed staff had developed trusting relationships with patients and their families.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service understood importance of flexibility, informed choice and continuity of care. People's needs and preferences were considered and acted on to ensure that services were delivered in a way that is convenient.
- People could access the right care at the right time. Access to care was managed to be taking into account of people's individual needs. People were supported to make appointments and obtain advice or treatment. Waiting times, delays and cancellations were minimal and managed well. People were informed of any disruption to their care.
- Patients and their families knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

# Community health services for adults

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## Areas for improvement

The trust should:

- Ensure mandatory training is completed and achieves the trust target across community health services for adults.
- Implement a clear system for monitoring and recording cleanliness checks, especially in clinic areas that are shared with other services.
- Ensure medicines stored are in date and checked regularly.
- Consider ways to improve the appraisal rates.

# Community-based mental health services for older people

Good ● ↑

## Key facts and figures

Gateshead Health NHS Foundation Trust provides community mental health services for older people living in West, East and Central Gateshead. The community mental health service is split into three teams (East, West and Central). All teams are based at Bensham General Hospital. The core team is made up of consultant psychiatrists, community mental health nurses, support workers. A team of occupational therapists employed by the trust work alongside the core team. A psychology team employed by a neighbouring mental health trust work into the service.

We previously inspected this service in December 2016, when it was rated as requires improvement. During this inspection, we found the trust to be in breach of the following regulations within the Health and Social Care Act (RA) Regulations 2014:

- Regulation 9; Person centred care
- Regulation 12; Safe care and treatment
- Regulation 17; Good governance

Our inspection was announced (staff knew we were coming) the day prior to the inspection taking place to ensure that everyone we needed to talk to was available. The inspection took place on 9 and 10 April 2019. We inspected the service using all the key lines of enquiry in the five key questions as part of a full inspection of this core service.

Before the inspection we reviewed information that we held about these services and we requested information from the trust. During the inspection visit we:

- visited the community mental health team based at Bensham Hospital
- interviewed the three team leaders for the East, West and Central community mental health team
- interviewed ten staff from the East, West and Central community mental health teams, including consultant psychiatrists, community mental health nurses, support workers, occupational therapists and psychologists
- looked at the quality of the environment in the hospital where patients would be seen by staff
- spoke with three patients who were using the service
- spoke with four carers of patients who were using the service
- accompanied staff from the community mental health team on five visits to patients
- reviewed 10 care records for patients who were using the service
- attended and observed a multidisciplinary meeting and a formulation meeting
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:



# Community-based mental health services for older people

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Most staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access. Staff assessed and treated patients who required urgent care promptly and those who did not require urgent care did not wait too long to start treatment. The criteria for referral to the service did not exclude people who would have benefited from care.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

However:

- The occupational therapy team had not received training in the Mental Health Act 1983 or the Mental Capacity Act 2005.
- There were limited opportunities for patients who used the service and those close to them to provide feedback on the service.

## Is the service safe?

**Good** ● ↑

Our rating of safe improved. We rated it as good because:

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.
- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.

# Community-based mental health services for older people

- 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 kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.
- The teams had a good track record on safety. 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.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them when needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Nursing staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves. Nursing staff understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- The occupational therapy team had not received training in the Mental Health Act 1983 or the Mental Capacity Act 2005. This meant these staff could not assess and record capacity for patients who might have impaired mental capacity.

# Community-based mental health services for older people

- There were limited opportunities for patients who used the service and those close to them to provide feedback on the service.

## Is the service caring?

Good  

Our rating of caring improved. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers appropriately.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and treated patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start treatment. Staff followed up patients who missed appointments.
- The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

# Community-based mental health services for older people

- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

- The trust should consider the further development of methods to obtain feedback from patients who use the service and those close to them.
- The trust should ensure that all staff, including the occupational therapy team have training in the Mental Health Act 1983, the Mental Health Act Code of Practice and the Mental Capacity Act 2005.

# Wards for older people with mental health problems

Requires improvement  

## Key facts and figures

Gateshead Health NHS Foundation Trust provides wards for older people with mental health problems for men and women aged 65 years and over who require admission to hospital either informally or detained under the Mental Health Act. Both wards are located on the Queen Elizabeth Hospital site in Gateshead.

### Cragside

16 bed mixed assessment and treatment ward for adults over the age of 65 experiencing complex organic mental health problems such as Alzheimer's and dementia.

### Sunniside Unit

16 bed mixed for assessment and treatment ward for adults over the age of 65 with functional illness such as depression, mood disorders and schizophrenia.

Gateshead Health NHS Foundation Trust wards for older people have been inspected on a number of occasions. This includes December 2017 as part of the comprehensive inspection programme, when it was rated as inadequate as did not meet some legal requirements.

An unannounced follow up inspection was completed in November 2018 which focused on specific key lines of enquiry in the safe, effective, responsive, and well led domains. The trust had made many positive changes to the environment and also improved in other areas however we found the trust to be in breach of the following regulations within the Health and Social Care Act (RA) Regulations 2014:

- Regulation 9; Person centered care
- Regulation 10; Dignity and respect
- Regulation 17; Good governance

This inspection took place on 2 and 3 April 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the service using all the key lines of enquiry in the five key questions as part of a full inspection of this core service.

Before the inspection we reviewed information that we held about these services and we requested information from the trust. During the inspection visit we:

- Interviewed the service lead and two ward managers
- visited both wards, looked at the quality of the environments and observed how staff were caring for patients
- spoke with 6 patients who were using the service and observed patients on Cragside using the short observational framework for inspectors observations tool.
- spoke with 8 carers of patients who were using the service
- spoke with 18 other staff members including doctors, registered nurses, healthcare assistants, occupational therapists, a physiotherapist, a psychologist, a student nurse, a pharmacist, an activities coordinator, a ward clerk and a chaplain.
- reviewed 8 care records for patients who were using the service.

# Wards for older people with mental health problems

- reviewed medication management including 21 patients' medication administration records and records of the administration of rapid tranquilisation.
- attended and observed one multidisciplinary meeting, one daily review meeting, one patient forum meeting and a patient activity group.
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- Systems and processes in place were not effective to ensure care records were complete, up to date and contemporaneous.
- Sunnyside Unit did not comply with guidance on eliminating mixed sex accommodation. An action plan was in place to eliminate the use of dormitories however, this did not address all issues regarding patients' privacy and dignity.
- At the time of inspection, staff were not completing individual risk assessments for patients in dormitory accommodation on Sunnyside Unit and there were no plans as to how the risks were managed.

However:

- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multidisciplinary team and with those outside the ward who would have a role in providing aftercare.
- The staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients and in line with national guidance about best practice. A good range of activities for patients were also available.
- Staff were caring, compassionate and professional in their interactions with patients, and understood the individual needs. They actively involved patients and families and carers in care decisions.
- The service managed beds well so that a bed was always available locally to a person who would benefit from admission and patients were discharged promptly once their condition warranted this.

## Is the service safe?

**Requires improvement** ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- Patient records were not easily accessible for staff during the migration of paper to electronic system and some items were missing.
- Staff were not always updating risk assessments following incidents of falls. Staff had followed the trusts falls protocol however, the risk assessment had not been updated or reviewed.
- Staffing levels had fluctuated requiring increased use of bank and agency staff

However:

# Wards for older people with mental health problems

- All wards were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The blanket restrictions audit had been updated since our inspection in November 2018 and ensured all blanket restrictions in place were regularly reviewed.
- Staff followed best practice in anticipating, de-escalating and managing challenging behaviour with older adults. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's physical health.
- The wards had a good track record on safety. 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.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans, which they reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included a full activities programme. They also ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

## Is the service caring?

Good   

# Wards for older people with mental health problems

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.
- Staff informed and involved families and carers appropriately. Carers valued their relationship with staff.
- Patients described staff as professional, approachable, polite, discreet and understanding. They said they felt safe and settled in their environment.

However:

- It was not always clear in patient records whether staff had offered a copy of the patients care plan to them.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Sunnyside Unit did not comply with guidance on eliminating mixed sex accommodation. This impacted on 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 to identify and manage the risks. However, the trust has since confirmed all patients will have an individual risk assessment regarding the safe use of dormitories and it has plans in place to ensure full compliance with the Mental Health Act Code of Practice, 2015 in the future.
- Staff did not ensure a patient's preferred communication methods were documented in patient records.

However:

- Staff managed beds well. This meant that a bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed.
- The service met the needs of all patients who used the service – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and the wider service.

## Is the service well-led?

**Requires improvement** ● ↑

Our rating of well-led improved. We rated it as requires improvement because:

- Systems and processes in place to enable good governance of the wards were not effective during the migration of paper records to the electronic system to ensure records were all present, complete and provided a contemporaneous record for staff.



# Wards for older people with mental health problems

- Systems and processes did not ensure managers were aware that individual risk assessments and plans to manage patient risks for patients in dormitories had not been completed.
- Service Managers within the mental health inpatient core service had interpreted differently the mental health code of practice which meant the service hadn't addressed all of the requirements to eliminate mixed sex accommodation.

However:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported an open culture on the wards and felt able to raise concerns without fear of retribution.
- Staff engaged actively in local and national quality improvement activities which led to changes and improvements in care.

## Areas for improvement

We found areas for improvement in this service. See areas for improvement section above.

### Action the trust must take to improve:

- The trust must ensure Sunnyside Unit complies with guidance on eliminating mixed-sex accommodation to protect patient's privacy and dignity and that any current risks are mitigated as far as the environment will allow. Regulation 10 (1) (2) (a)
- The trust must ensure Staff on Sunnyside Unit complete individual risk assessments for patients using dormitory accommodation and put plans in place to inform staff of how they should mitigate these risks to protect the privacy and dignity of patients. Regulation 10 (1) (2) (a)
- The trust must ensure systems and processes such as audits are established and operated effectively to enable managers to assess, monitor and improve the quality and safety of the services at all times. Regulation 17 (1) (2) (a) (b) (c)

### Action the trust SHOULD take to improve

- The trust should ensure when making changes to wards that this is updated in all patient information.
- The trust should ensure it continues its plans to eliminate dormitory accommodation on Sunnyside Unit.
- The trust should ensure staff document a patient's preferred communication methods in patient records.
- The trust should ensure staff record in care records whether patients or carers were offered a copy of the patients care plan.
- Staff should ensure they update risk assessments after all incidents including patient falls.
- The service should continue with recruitment to improve staffing levels to reach establishment.
- The service should ensure they continue with their plans to eliminate dormitory style accommodation.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### 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

#### 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

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspections, chaired this inspection and Victoria Head, Inspection Manager, led it. An executive reviewer, Stephen Hitchins, Chair of Whittington Health NHS Trust, supported our inspection of well-led for the trust overall.

The team included 15 [further] inspectors, 1 executive reviewer and 13 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.