

APPENDIX 3



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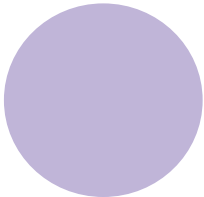
PATRICK SCOTT
Managing Director Durham Tees Valley & Forensics

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CQC Inspection update



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CQC Inspections Update

CAMHS Re-inspection (5-7th July 2022)

- Report published 15/09/22
- Focused reinspection on previous areas of concern – waiting times, oversight of waiting lists, high case-loads safe staffing, Section 29 regulatory action taken
- Safe Domain re-rated to Requires Improvement (from inadequate)

SIS re-inspection (4-7th July 2022)

- Comprehensive reinspection looking at all domains
- Previous areas of concern regarding culture, safe staffing, restrictive practices, safeguarding patients from abuse, incident reporting. Section 29 regulatory action taken
- Report submitted for factual accuracy checks 11.10.22
- Core service re-rated. Significant improvements noted in well-led however concerns remain in 'safe' domain

ALD inspection (ended 23rd June 2022)

- Report published 05/10/22
- Rating Inadequate (from Good)

Adult Learning Disability Services

- The inspection took place across both Lanchester Road and Bankfields Court ALD inpatient wards over three weeks between the evening of the **29 May to 24 June 2022** in response to information of concern and extended this to a full comprehensive inspection because of the concerns the CQC identified.
- We are commissioned to provide 21 beds for A&T. At the time of the inspection, there were 14 patients across both sites – 4 at Lanchester Road and 10 at Bankfields Court.
- The wards were previously inspected in September 2019 as part of the core service inspection. The core service was previously rated as **good** overall with **requires improvement** in safe and **good** in the other four domains.

CQC Inspection Report – key messages

The CQC found our overall rating for wards for people with a learning disability or autism in Durham Tees Valley to be inadequate. Inspectors reported that:

- X Our wards in Durham were inadequately staffed due to high levels of sickness and vacancies-staff were not familiar with or to our patients
- X Some staff at Bankfields Court were not properly trained in restraining patients, resulting in injuries.
- X Leaders did not always have the skills and knowledge required, noting also that there was not a full MDT in place in the wards at Durham.
- X Patients did not have the opportunity to lead inclusive and empowered lives due to overly restrictive practice on both sites
- X Most patients had stayed in hospital for longer than they needed due to a lack of suitable placements in the community.
- ✓ Staff were kind and compassionate, committed and enthusiastic at BFC
- ✓ Most patients had a comprehensive assessment of their physical and mental health needs on admission or soon after
- ✓ Some patients' care and support plans did meet their needs
- ✓ Patients had their own bedrooms, access to en-suites, lounge/activity areas and outdoor space, which were clean and well maintained
- ✓ Some patients accessed social and leisure activities on a regular basis and were being supported with learning everyday living skills.

Areas of Good Practice

Areas of good practice included:

- Some people made choices and took part in activities which were part of their planned care and support. Staff supported them to achieve their goals.
- Some people's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- Most people and those important to them, including advocates, were actively involved in planning their care. At Bankfields court a full multidisciplinary team worked together to provide the planned care.
- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which mostly met people's sensory and physical needs.

Actions we must do to improve

1. The service must ensure that there are sufficient suitably qualified, competent, skilled and experienced staff deployed. Staff must have received appropriate training, supervision and support to enable them to have the skills and knowledge to meet the needs of people with learning disabilities and/or autistic people. **(Regulation 18 (1) (2)(a) Staffing)**
2. The service must ensure that people's care and treatment is designed and delivered in a way that meets their individual needs. The trust must ensure that plans are in place to reduce the routine use of intramuscular medication to control people's behaviour. **(Regulation 9 (2) (b) Person Centred Care)**
3. The trust must ensure that effective governance systems and processes are in place to keep people safe and meet their individual needs. Managers must ensure that there is learning from incidents. **(Reg 17 (2) (b) Good Governance)**
4. The service must ensure that restrictions imposed on people's freedoms are only in place when these are necessary and proportionate. Staff must record and ensure safeguards are in place for all episodes of seclusion and segregation. **(Reg 12 (2) (b) Safe Care and Treatment)**

Mersey Care Review



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- A review of the inpatient Learning Disability services at TEWV was undertaken in response to concerns raised during a targeted CQC inspection. The Chief Executive of TEWV subsequently commissioned Mersey Care NHS Foundation Trust to work collaboratively with the ALD leadership team to share best practice, ideas for improvement and to provide further support as required.
- At the time the Mersey Care review was undertaken the inpatient services were closed to admissions. A decision had been taken by Tewv executive team on 21/01/2022 not to admit any further patients into the service, until such time as there was a stable staffing position and assurance was in place that all fundamental standards were being consistently achieved. To date, no further inpatient admissions have been received into the service.

‘Observations and structured conversations undertaken during the course of the review suggested a culture predominantly positive and person-centred. Staff appeared caring, and treated patients with dignity and respect.’

Culture – key findings

- The report highlighted that positive and person centred care was observed and that staff teams were caring and treated service users with dignity and respect.
- It was recognised that a comprehensive plan had been developed, which included increased staff engagement, wellbeing support and support from Freedom to Speak Up Guardian.
- The increased MDT was acknowledged, however there was further opportunity to increase visible clinical leadership.

Strengthening our approach to care quality and safety:

- Continuation of the external oversight and assurance work.
- Increased use of peer reviews and support.
- Increased support from organisational development.
- Proactive use of CCTV to provide assurance, as well as support a “just culture” approach as suggested by Mersey Care.

Patient Care – key findings



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- The report recognised that a number of individuals had been admitted, because there was no viable alternative and not because they met criteria for the service. There are a number of factors that have given rise to the current bed situation including: changes in demand and levels of acuity; community placements and infrastructure not meeting the needs of some of our people with the most complex needs; high levels of vulnerability; poor flow and limited bed capacity; estates challenges to meet the changing needs and transforming care trajectories.
- Based on the wide variance in length of stay ranging from 2 weeks to several years Mersey Care concluded that the clinical model was not working effectively within the context of the wider system.
- The report identified appropriate internal and external escalation of identified system concerns.
- It was highlighted that the default to single occupancy, which while helping maintain safety can restrict opportunities for growth and creates additional staffing pressures.
- Care planning sophisticated but difficult to implement consistently.
- Although there was clear evidence of structured activity and community engagement, it was acknowledged we could do more.

Key improvements we have made:

- The Trust immediately implemented increased clinical oversight of each individual's care.
- All patients care and treatment have been reviewed by external clinicians through a range of processes including ICTR's, Safe and Well-being reviews by commissioners, individual case reviews (peer review by Mersey Care).
- Work with the Hopes Project (Mersey Care) to review and support care delivery for a number of individuals, as well deliver a program of training to help us deliver and develop a care model based on principles of practice, leadership and least restrictive practice.
- Restrictive interventions are reducing with the exception of one individual.
- Through the above processes we are assured about each patients safety and well-being, although it is acknowledged that at the time of the inspection care plans around discharge were lacking in clear forward-looking planning.
- All patients have been subject to escalation to identify estimated dates of discharge or onward plans for community packages – some of these will be active from January, others will take much longer.
- Support has been put in place for carers, who have been actively involved in this improvement plan from the beginning and we see as key partners in care delivery.
- Additional investment into staff posts has been identified and MDT strengthened to provide greater continuity of care.
- Dedicated recruitment events are taking place
- Improved oversight and assurance processes to ensure clinical leaders are maintaining standards.

CQC reinspection CAMHS 05 – 07 July 2022



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- Significant improvements noted however regulatory breaches focus on staffing, waiting times for treatment and compliance with statutory and mandatory training
- Sustained progress with regard to waiting list management and Keeping In Touch processes

CAMHS Re-Inspection

3 Must Do actions:

The trust must ensure that there are enough staff in each team to meet the demands of the service.

- Implement a robust recruitment and retention programme
- Capacity and demand work to continue
- Transformation – informed by the iThrive model

The trust must ensure that all staff are appropriately trained in the mandatory skills required to fulfil their roles.

- Improve training compliance and performance
- Increase training capacity using a range of delivery methods

The trust must continue to review waiting times and ensure that children and young people receive treatment in a timely manner.

- Caseload deep dives to reduce caseloads and waiting times
- Whole system transformation
- QI work to maximise efficiencies e.g. therapeutic group work

Secure Inpatient Services Re-Inspection



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Key issues:

Safe Staffing, safeguarding individual patient concerns and incident reporting, restrictive practices.

Positive: Culture noted to be improved

Still awaiting final publication of report however verbally informed on 4th August that no further enforcement action was being taken and highlighting areas where further action is still needed (Safe staffing and oversight assurance and management of incident reporting)

Secure Inpatient Services reinspection



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Updates/Improvements:

- Safeguarding training compliance remains positive – Level 3 94% and Level 2 92%
- Safeguarding practitioner based within service
- Weekly process of dip sampling 10 datix / Paris records commenced 1st August 2022 following reinspection to increase oversight and assurance
- Improvements demonstrated in appropriate action being taken and record keeping.
- Positive feedback from Middlesbrough Local Authority Safeguarding re quality of referrals and staff involvement
- Increase in Safeguarding Supervision being taken up
- Restrictive Interventions: Total number of restraint incidents reduced but increase in use of rapid tranquilisation, tear proof clothing and use of seclusion
- Prone restraint incidents are now being reviewed with CCTV. Alert set up on datix to initiate review

Action 12a: The trust must ensure that all patients are safeguarded from abuse; all patients are treated with kindness, respect and dignity and that safeguarding referrals are sent to the local authority when appropriate to do so. (Regulation 13)

Risk: Consistent application of best practice regarding safeguarding linked to embedding by all staff
Mitigation: Training and development of staff; monitoring of practice through audit and incident review
Oversight: Care Group Board and Executive Quality Assurance and Improvement Group



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