

## Stockton Health and Wellbeing Board

16<sup>th</sup> June 2015

### Report of outcomes following TEWV inspection by CQC

#### Purpose and Introduction

The purpose of this report is to provide Stockton Health and Wellbeing Board with an update on the outcome of the Care Quality Commission (CQC) Trustwide inspection of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

Further to the 2008 Health and Social Care Act (Regulated Activities) Regulations 2009, all NHS provider Trusts were required to apply for registration with the CQC with effect from April 1<sup>st</sup> 2010. Registration applications had to provide assurance of compliance with the CQC Essential Standards of Quality and Safety in all the regulated activities across all the locations and service types to be registered. Location sites were inspected, usually unannounced, to check compliance against these standards by a small group of inspectors.

During 2013/2014, CQC announced a change in the way they were to inspect specialist mental health care. The changes proposed were outlined in the document 'A fresh start for the regulation and inspection of mental health services'. This new approach to inspections was designed to provide a clearer picture of the quality of the services provided. The main elements of the new approach are larger, more specialist and expert inspection teams led by Chief Inspectors, greater involvement in inspections by members of the public with personal experience of services, better use of information to identify risks and plan inspections.

Key to the changes were the new rating scale of Outstanding, Good, Requires Improvement or Inadequate and the five key areas against which services are rated which comprise of:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

On September 3<sup>rd</sup> 2014 the CQC wrote to the Trust that they were undertaking an announced inspection of TEWV commencing on the 26<sup>th</sup> January 2015. This would be Wave 4 of the pilot of the new style CQC Inspection. TEWV was informed CQC would start to gather information about services provided from a number of sources to build up a picture of the organisation and the quality of the services it delivers.

In December 2014 CQC informed TEWV that due to the size of the Trust the inspection would commence a week earlier than originally planned on the 19<sup>th</sup> January 2015 in North Yorkshire, then to continue as per the original plan from the 26<sup>th</sup> January 2015.

In total 123 wards/teams inspected across the organisation were inspected. The inspection of each ward/team took a full day and included talking to service users, staff and looked at a range of records including clinical and management records. Focus groups for staff and stakeholders were also held during the inspection and comment boxes were also left in all in

patient wards and areas where patients spent time, before and during the inspection. These were collected at the end of the inspection.

The CQC team included 11 CQC inspectors and a variety of specialists: consultant psychiatrists, consultant nurses, experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting, junior doctors, MHA reviewers, mental health social workers, nurses, occupational therapists, student nurses, pharmacy inspectors, psychologists, recovery co-ordinator, senior managers and specialist registrars.

In the Stockton area CQC inspected the following services:-

- North Tees Liaison Psychiatry (based at North Tees Hospital) Adult and Mental Health Services for Older People
- Affective Disorders Service, Stockton, Community Mental Health Services for Working age Adults.
- Bransdale Ward (based at Roseberry Park), Adult Mental Health Inpatient
- Bilsdale Ward (based at Roseberry Park), Adult Mental Health Inpatient
- Lustrum Vale, 163 Durham Road Stockton, Adult Rehabilitation Service
- Stockton Children and Adolescent Mental Health Tier 3 and Learning Disability Service
- Westerdale North and South (based at Roseberry Park) Mental Health Services for Older People Inpatient Service
- Aysgarth, 163 Durham Road, Learning Disability Respite Care Service
- The Dales, 163 Durham Road, Learning Disability Assessment and Treatment Service.
- 367 Thornaby Road

The report was finally published on 12<sup>th</sup> May 2015 on the CQC website following the Quality Summit where CQC invited key stakeholders to attend. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team’s findings as set out in the inspection report. This plan should be developed by partners from within the health economy and the local authority.

## Findings

The Trust received an overall rating of good. CQC’s rating for each of their key questions was:

Key area	Rating
Are services caring?	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services responsive?	Good
Are services well-led?	Outstanding

The Trust received a rating of “requires improvement” for the key question “*Are services safe*” and this was partially due to an issue CQC raised around privacy and dignity in respect of same sex accommodation in a rehabilitation ward.

A summary of the ratings for all core services inspected are shown in Appendix 1.

Full reports can be accessed by the link below:-

<http://www.cqc.org.uk/provider/RX3>

The report highlights several areas of good practice, including:

- The learning disability and autism service had a steering group and champions for positive behaviour support. The role and purpose of the group and champions was to embed teaching and learning across the locations to ensure positive behaviour support was an effective tool to manage complex behaviours which challenged.
- The implementation of a programme, within the substance misuse services, to provide emergency medical treatment for those identified as high risk of opiate overdose. Staff had been told that the programme had prevented a number of deaths in the community.
- In the wards for older people service, and specifically on Springwood and Rowan Lea, staff were using specialist computer programmes to enable them to interact with people with memory problems in a positive way.
- Excellent examples of some crisis teams encouraging patients to develop advance directives to help them determine their future crisis care needs.
- The pharmacy team had worked with some of the wards to develop and implement robust step down procedures to support patients in managing their own medicines in preparation for when they moved on from the ward.

Areas of good practice noted within the core service reports for Stockton Teams include:-

- Stockton Affective Disorder Team had a systematic process to monitor patients prescribed Lithium. CQC found if any concerns had been highlighted regarding patient blood levels, these were escalated and discussed weekly with the consultant psychiatrist and team. The patient's GP was informed where necessary. We saw minutes of these meetings with associated actions, which ensured patients were continually monitored and kept safe. New patients were provided with a Lithium booklet, alert card and blood result booklet.
- North Tees Psychiatric Liaison team produced outcome measures specific to the service provided. These identified the reduction in patients' lengths of stay at the acute hospital and associated costings due to the service intervention.
- North Tees Liaison psychiatric team held a patient and carer event to consult with them about what they initially wanted the service to look like.
- Lustrum Vale had implemented the Productive ward 'Releasing time to care' initiative which is a nationally recognised programme aimed at increasing the time staff have to spend with patients by enabling staff to use their time more effectively.
- The comments cards for the feedback on Lustrum Vale which CQC had left on each ward during their visit to the service received positive comments from patients on the ward regarding staff attitudes towards them.

However Inspectors said overall that the trust must improve in some areas, including:

- CQC considered there were breaches of same sex accommodation guidance on Earlston Ward, a 15 bed rehabilitation ward at Darlington
- The trust must take action to review the covert administration of medication (disguised by mixing with food or drink) without reference to the pharmacist or through a best interest meeting on Ceddesfeld and Hamsterley Wards at Auckland

Park. It must also ensure that on Hamsterley Ward staff sign medication administration records for patients as medication is administered.

- The trust must ensure that in the acute wards, intervention plans are in place which clearly outline measures to manage any risks to patient safety.
- The trust must ensure that all staff on Ward 15, Friarage Hospital are given clear guidance on the management of ligature risks and current risks posed by patients and make the appropriate adjustment to observation levels.
- The trust must ensure that each patient in the learning disability wards has a comprehensive discharge plan which is holistic and person-centred.

The Trust have commenced or completed all the improvement actions required to meet the CQC Fundamental Standards where the inspectors found non-compliance with regulations.

- The Trust have provided additional support to our LD social care unit in Teesside to redesign their management systems to meet the social care standards.
- Programme of challenging and reducing restrictive practice and blanket restrictions to continue

The Trust is developing an overall improvement plan to address the areas CQC thought we **should** improve.

**1. To meet the 2014 Regulation 10 requirements, for Dignity and Respect:**

- The en-suite female bedrooms have been relocated, that were **adjacent** to the male corridor in Earlston House, Darlington to create a new female zone upstairs
- A new clinic room has been created just off the main hall in Earlston House, away from both female and male bedroom areas.
- The Trust Privacy and Dignity policy has been reviewed, clarifying the zoning advice and re-issued it, with staff briefings, through the matron group.
- All in-patient areas have been reassessed against the Regulation 10 requirements and given guidance to each ward re implementation of the zoning protocol.
- All these actions have been completed

**2. To meet the 2014 Regulation 12 requirements, for Safe Care and Treatment:**

- The 2 cases on Hamsterley & Ceddesfeld wards, Auckland Park, have been reviewed and where covert medication had been administered and put in place the required safeguarding process.
- The covert medication procedure has been reviewed and improved.
- The nurse who was observed to make an administration error was suspended until competency was achieved further to a retraining programme. A personal statement and learning plan was actioned.
- All the actions were completed and evidence submitted before the end of the inspection period.
- Learning lessons information will be distributed across all MHSOP and monitoring of administration will continue -with observation, audit and sampling

**3. To meet the 2014 Regulation 9 requirements, for Person Centred Care :**

- The clinical risk management system has been reviewed and processes on Ward 15, Friarage Hospital and put in place plans for both environmental and process improvements.
- A staff re-training plan for suicide prevention and clinical risk management has commenced as a Board priority for 2014/16.
- The discharge planning processes for those in-patients in LD Assessment and Treatment units have been reviewed, through a Kaizen event with partners and we will implement a more commissioning specification approach to the formulation of discharge plans.
- All actions have commenced.

**4. To meet the 2014 Regulation 12 requirements, for Safe Care and Treatment**

- A parabolic mirror in the seclusion room in Ward 15, Friarage has been installed to ensure there are no blind spots where patients cannot be observed.
- The estates escalation processes for in-patient staff, in hosted environments, has been reviewed to ensure the TEWV Director of EFM can resolve delays in environmental maintenance and improvement actions. We have briefed the matron and ward managers of those wards about the escalation process.
- The TEWV Director of EFM has a quality monitoring process in place with partner NHS trusts where services are provided from.
- All actions have been completed.

## **Conclusion**

Whilst we are very pleased with the outcome of the inspection and the very positive comments made by the CQC inspectors, we have nevertheless lodged a formal appeal about the Safety Domain rating. We consider it was disproportionate taking into account the few number of issues raised relative to the size of TEWV.

In the reports that total some 390 pages, time and again, very positive comments were made about the caring and compassionate attitudes of our staff.

Finally, the CQC commented that all stakeholders were very positive about TEWV. We are very grateful for the support of the Council and CCG.

**Martin Barkley, Chief Executive**

**8<sup>th</sup> June 2015.**



Appendix 1

Location	Safe	Effective	Caring	Responsive	Well Led	Overall
<b>Trust overall</b>	Requires improvement	Good	Good	Good	<b>Outstanding*</b>	Good
<b>Forensic Wards</b>	Good	Good	<b>Outstanding*</b>	Good	Good	Good
<b>Child and Adolescent Wards</b>	Good	Good	Good	Good	Good	Good
<b>Acute AMH wards /PICU</b>	Requires Improvement	Good	Good	Good	Good	Good
<b>LD and Autism Wards</b>	<b>Outstanding*</b>	Good	Good	Requires Improvement	Good	Good
<b>MHSOP Wards</b>	Requires improvement	Good	Good	Good	Good	Good
<b>AMH Rehab wards</b>	Requires Improvement	Good	Good	Good	Good	Good
<b>Child and Adolescent Community Teams</b>	Good	Good	Good	Good	Good	Good
<b>AMH Community teams</b>	Good	Good	Good	Good	Good	Good
<b>MHSOP Community teams</b>	Good	Good	Good	Good	Good	Good
<b>Crisis teams and Health Based Places of Safety</b>	Good	<b>Outstanding*</b>	Good	Good	Good	Good
<b>Durham &amp; Darlington Crisis House- Social Care</b>	Good	Good	<b>Outstanding*</b>	Good	Good	Good
<b>LD Community teams</b>	<b>Not rated due to insufficient service user feedback collected</b>					
<b>367 Thornaby Road – LD Social Care</b>	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
<b>Substance Misuse</b>	<b>Not included in ratings</b>					