

Review of compliance

Northumberland, Tyne and Wear NHS Foundation
Trust
South Tyneside District Hospital

Region:	North East
Location address:	Harton Lane South Shields Tyne and Wear NE34 0PL
Type of service:	Hospital services for people with mental health needs, learning disabilities and problems with substance misuse Rehabilitation services
Date of Publication:	August 2012
Overview of the service:	The Bede Units are situated on South Tyneside District Hospital site. They provide acute assessment and treatment services for people with mental health needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

South Tyneside District Hospital was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 July 2012, carried out a visit on 17 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with the majority of the patients on the male and female units. Most were very positive about the care and treatment they received across the Bede Units. Some of their comments included, "I think this is one of the best places to be if you're mentally ill", "I've been to a couple of different places, but it's totally different here. There's a relaxed environment here. The staff are approachable – there's no barriers between staff and patients", "This place has saved my life", "It's not that bad – it could be worse!" and "Being here gives you a chance to look over your life and work out where you want to be."

What we found about the standards we reviewed and how well South Tyneside District Hospital was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting the standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting the standard. People experienced care, treatment and support that met their needs and protected their rights

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. Systems were in place to identify and manage any potential abuse within the service.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting the standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting the standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting the standard. There was an effective complaints system available.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with the majority of patients across Bede 1 and Bede 2 Units. All but one patient told us that all the staff treated them with respect and upheld their dignity. This patient said, "Some staff promote my dignity."

Patients told us they received appropriate information about their rights and other relevant information.

Patients told us staff involved them in their care.

Patients comments included, "I was told everything", "They tell me my rights", "I've had all that rights stuff explained to me", "They don't hide nowt (nothing) from you. If you ask what's going on they will tell you", "They keep me informed about everything. They tell me my rights. They never force me to do anything", "I would like a better system and more information on my rights and obligations" and "Even when you start a new medication, they don't force me to take it. They give me the literature and let me read up all about it and let me decide. Some of these drugs have some bad side effects you know. So it's important to know what you're taking."

Patients told us they felt that generally there was enough to do and occupy their time in

a positive way. Patients comments included, "There's plenty of things going on. There's a gym and activities like Bingo and crosswords and other things like that", "Sometimes there's a lack of stimulation. We go out into the court yard for a cigarette and there's an open kitchen, you can make snacks and drinks there. They encourage you to do this. They have cooking classes", "I like to go out through the day. I can do what I like", "The activities are good, they get everyone together – there's definitely enough going on" and "I just miss my dog. They give me the opportunity to see my dog, but I choose not to. It's too upsetting for her and me."

Patients told us the staff involved them in all aspects of their care and treatment. Patients comments included, "The staff speak to me with dignity. They talk to me about my problems. They're always nice. They always knock on the door before they come in", "Care is agreed with you and the doctor" and "You're involved in your care and treatment at all times."

Other evidence

We saw and staff told us they were aware of the importance of treating patients with dignity and respect. For example they said, "We always knock on people's doors before we enter", "Viewing windows on doors are shut at all times unless they need to be open in relation to observations", "Patients have choices in relation to when they go to bed, being involved in activities and smoking, which is outside in the courtyard area" and "We speak to patients in a respectful way."

We saw and staff told us patients got a welcome pack on arrival which explained their rights as a patient. At that time they were asked who they would like to know that they were at the unit. Staff told us the welcome pack highlighted who the patient's consultant and named nurse were. The discussions of this initial meeting were available to the patient.

Staff told us and patients confirmed they were asked on an evening for any requests they had, these were discussed at the following morning meeting. An additional meeting was held seventy two hours following admission to monitor progress. We saw and patients and staff told us there was protected time between 4pm and 6pm every day where patients were able to talk to staff.

Domestic staff told us they had been on the ward for some time and had always seen staff treat patients with dignity and respect. They said, "Staff always have time for people and they speak to people in a friendly and respectful manner. I always knock on people's doors before I enter and I tell people what I am going to be doing in their rooms first."

Managers and senior staff told us they promoted privacy and dignity through the 'essence of care' focus in meetings and supervisions. They told us the 'see it say it' campaign promoted by NTW trust highlighted the importance of treating patients with dignity and respect.

Managers and staff told us patients were assessed on arrival at the units and patients and their carers were encouraged to be involved. At this time patient's diverse needs were recorded, For example, religious, nutritional and language needs. This information was recorded in the patient's plan of care.

There were formal one to one weekly and community meetings. In addition patients told us the managers had an open door policy. We saw and patients and staff told us that the complaints procedure was promoted to patients through booklets and weekly community meetings.

Our judgement

The provider was meeting the standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients told us the care was good. Patients comments included, "Staff are friendly, the care is very good", "If you spend too much time in your room, staff come in and talk to you and check to make sure you're o.k. Everyone gets checked", "They deal very well with people who self harm. I've hurt myself before and they talked things through with me", "Care is pretty much good", "The care is excellent, the one to one support you get here", "They always get something if you've forgotten anything. The other day I'd left something at home and they took me in a taxi to go and pick it up", "The staff all know my needs" and "I always go out a lot better than when I came in."

Patients told us staff reacted quickly and appropriately in an emergency. Patients comments included, "Sometimes the alarm goes off. The staff deal with emergencies quickly", "Staff are fast to respond when the alarm goes off" and "They react quickly if anyone's behaviour changes. They calm the patient down."

Other evidence

We saw and staff and patients told us they could get involved in anxiety management sessions, music groups, film groups and bingo. In addition patients could join the gym and there was an exercise therapy group run by physiotherapists.

Staff told us about the 'Recovery Star' programme where a meeting took place seventy two hours after admission with a patient. This programme identified ten areas of their lives where they may need a change in order to not need the support of an inpatient

ward. These areas were worked on with other professionals.

The units had access to a range of multi disciplinary supporting professionals for example psychologists and occupational therapists. These staff visited and linked into the morning meetings. Access was also available to personality disorder specialist staff who visited to review specific patients. This linked to the patient's care and welfare and helped them to regain independence.

All patients were registered with a GP and had access to general nursing care services. One patient was suffering from toothache and emergency arrangements were in place for immediate pain relief and an appointment had been made for emergency dental care.

Managers and staff told us a Consultant Psychiatrist was allocated time every Thursday afternoon to meet with relatives. Alternative dates and times were available to meet with relatives if needed. Three days per week, a voluntary organisation (Mental Health Concern) visited for carers and Thursday carers had a 'coffee morning'. This showed patients and their carers were supported.

Staff told us said there was a problem with drugs which could be passed by visitors or people who came to the windows. Measures were in place to prevent this and there were related policies in place. Staff told us there was a no tolerance policy on the units relating to drugs and alcohol. Staff told us they liaised with police which worked well.

Staff told us there had been a minimal number of occasions when patients had self-harmed. Staff told us there were systems in place for referral to the manager and medical staff. The team, which would include the patient, would discuss the issues and actions to reduce the risk of harm.

We saw and staff confirmed that patient care records were held on a Trust computer system (RIO). These included risk assessments, care plan and progress notes. Patient records were viewed and were considered accurate and satisfactory. Care plans were relevant to patient needs and confirmed patient input. Staff had a good knowledge and understanding of this system and the individual needs of patients.

Domestic staff told us they thought people were well cared for. They said, "One of the patients said to me this morning if they have a problem they can go to staff and even if they are busy they will get back to him."

Our judgement

The provider was meeting the standard. People experienced care, treatment and support that met their needs and protected their rights

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Patients told us they felt physically safe. One patient told us they didn't feel emotionally safe.

Patients told us they had never seen anything that concerned them. Patients comments included, "I've seen people be restrained. Staff never over restrain people. I've been restrained myself – they've never over strained me or hurt me. They held me down with dignity", "I feel quite safe here. I don't feel vulnerable", "Staff are kind. They never shout or argue. I've heard patients shout at them, but they never shout back", "If people are restrained, they always try and get everyone who might be around out of the way to make sure it's private and doesn't stress the patient", "I feel safe here. When I'm out, I sometimes have panic attacks and always like to get back as quickly as I can" and "I've never seen staff be horrible to anyone."

Other evidence

Staff told us they were aware of what safeguarding was. They told us they felt safe working in the units. They told us staff response was good if they used their personal safety alarms. Staff told us they had reported safeguarding incidents in the past and felt they were handled correctly. Staff told us concerns raised with the managers were dealt with and actioned, for example following a safeguarding issue staff were retrained and a policy was altered.

Staff were aware that the safeguarding policies were on the intranet within the NTW trust and there were hardcopies in the office. They said they had twenty four hour

contact details for the safeguarding teams for children and adults. One staff member said, "I would not hesitate to report any safeguarding issues to the manager and I have 120% confidence in her."

Staff had completed refresher training on safeguarding and there was also an e-learning training package.

A nurse told us, "It is my job to protect vulnerable people."

Staff told us they had received specific training on diffusing conflict without breaching dignity and separating patients.

Staff told us and records confirmed that a capacity assessment was part of the patients admission assessment. Staff and patients told us they had access to Advocacy and the Patient Advice and Liaison Service (PALS) for patients who were not detained, and an Independent Mental Health Advocate (IMHA) for patients who were detained; this would further protect the patient.

Domestic staff told us if they saw something they did not think was appropriate; for example staff not treating patients correctly and respectfully, they would report it. They said they had worked there for many years and had never seen staff being inappropriate with patients or treating them badly.

Managers told us there were good links with the safeguarding teams and they had constant contact with them. Information from the safeguarding meetings was cascaded back to staff.

Our judgement

The provider was meeting this standard. Systems were in place to identify and manage any potential abuse within the service.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

The majority of patients told us there were enough staff but four patients told us there weren't enough.

Patients comments included, "There's enough staff. They bend over backwards to help you", "I think there's enough staff here. It's only a small ward", "I see the same staff a lot, but there's students and other people through the day as well", "There's enough staff. They are always there. They always have time to talk with you" and "There seems to be an overwhelming presence of staff."

Patients additional comments included, "Sometimes they are pushed for staff. Patient's may have to wait a little, for instance if they want to go to the shop. Staff say in 5 minutes – and they always come back in this time", "There's possibly enough staff through the day. At night they could do with more", "There could be more staff during the day. It's just it seems to be a struggle for staff. Sometimes people want to see the people a little bit more."

Patients told us they were happy with the competence and attitude of staff. Patients comments included, "I've built up a lot of trust with the staff", "The nursing staff are brilliant", "People get properly supervised", "The staff are good. One of the staff does anxiety classes, he's very good. The classes have helped me a lot", "I haven't come across one bad member of staff, even on the bank", "The staff are all good. They go out of their way for people", "If it wasn't for the relationship I've got with staff, I don't know what would happen to me" and "The staff are very good and very helpful."

Patients told us they were satisfied with the consistency of the staff. Patients comments included, "I think you see the same staff – you see the odd new one", "They use bank staff occasionally, but always use the same bank staff so I know them". However one patient told us, "They seem to be losing staff like snow off a dyke."

Other evidence

Staff we spoke with told us they, " loved their jobs". Staff told us they were not happy with staffing levels at the last CQC visit but things had changed since then and were much better as staffing numbers had increased by one on both the day and night shifts.

Managers and staff told us the numbers of staff could be increased according to need. In addition a 'pool' of staff was being developed to work between wards when needed in response to increases in need which were unpredictable, for example, an increase in patient observations.

Staff told us they were happy with staffing levels. They said that bank staff were used but these were regular bank staff members who had worked on the unit regularly before. Staff told us they would support unfamiliar staff and would show them through the NTW online RIO system and look at care plans.

Staff told us they had regular planned individual supervision sessions. Group supervisions were held where staff said they could discuss specific issues with colleagues, as well as weekly staff meetings. Staff told us they felt supported in their role.

We saw and managers told us there was an escalation protocol in relation to staffing. We saw that on a number of occasions reduced staffing numbers were supported by the use of bank and agency staff. Operation and unit managers were aware of the staff shortage and there was evidence of active recruitment of qualified nurses and healthcare assistants to meet this shortfall.

Our judgement

The provider was meeting the standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Patients told us they had completed questionnaires/surveys on the care they had received. Patients comments included, "I do a weekly service survey which I like to fill in with what I want and what I want to change" and "I've filled in surveys in the past."

Other evidence

Staff told us they got the opportunity to feedback their views through staff meetings, supervisions, staff questionnaires (from trust) and group supervisions. They told us they would raise issues with their supervisor and felt comfortable to do so. They told us they always felt listened to and any concerns raised were dealt with.

Staff and patients told us patient views were sought through patient points of view cards that were left out around the ward. Patient views were sought through weekly 'community meetings' and through regular chats with staff.

Patients, staff and managers told us there was a weekly evening carer's drop in centre where the topic was decided by people's carers in relation to what they wanted to discuss. This was a new initiative. Family meetings were facilitated as and when necessary.

Staff told us when they had raised concerns they were dealt with; for example patients absconding over the courtyard wall; an anti-climb surface was added as a deterrent. The unit had experienced a number of incidents where patients had been able to abscond from the ward via the main entrance door. Therefore an additional door had

been installed producing an 'air-lock' entry facility which was controlled by staff only. Work had been completed recently and no further incidents had occurred.

Our judgement

The provider was meeting the standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Patients told us they knew how to complain and who to complain to.

One patient said they had made a complaint but did not think their complaint was fully addressed.

Patient comments included, "I've never had to make a complaint. If I did I would just go and speak to my keyworker or the manager", "I was given information about abuse and how to make a complaint – but I've never needed either" and "I've never had to complain, but I would just knock on the office door if I wanted to make a complaint."

Other evidence

Managers and staff told us patients were told about the complaints procedure and leaflets were in admission packs and around the ward. They told us complaints were on the agenda at the community meetings every week and that they as staff, were constantly telling patients to let staff know about things that they were not happy with. This was confirmed by patients.

Managers and staff told us if patients complained to them and they could not resolve the issue, they would point them in the direction of the complaints procedure and contact addresses. One staff member said they had assisted someone to make a complaint by writing the letter for the patient. Another staff member told us they had complained about something from a work perspective and it had been handled appropriately by the manager.

Domestic staff told us they did not know about a complaints procedure, but that if a patient complained to them, they would tell a ward staff member.

Managers and staff told us patients expressed their complaints in community meetings and if they could not be resolved in the first instance, they would refer them on to the next person in the complaints procedure. A manager had recently taken a complaint forward for a patient which related to food and this was currently being dealt with by the complaints department in NTW Trust.

Our judgement

The provider was meeting the standard. There was an effective complaints system available.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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