

# Quality accounts

2020/21



<b>Introduction and statement on quality from our Chief Executive .....</b>	<b>3</b>
<b>Corroborative statement from Newcastle Gateshead, North Tyneside, and South Tyneside Clinical Commissioning Groups .....</b>	<b>4</b>
<b>Review of our priorities in 2019/20 .....</b>	<b>8</b>
<b>About us.....</b>	<b>13</b>
<b>Our Values.....</b>	<b>16</b>
<b>Our Commitment to quality and improvement.....</b>	<b>16</b>
<b>Governance.....</b>	<b>21</b>
<b>Quality Governance and Assurance Framework .....</b>	<b>21</b>
<b>Overview of governance structures.....</b>	<b>22</b>
<b>Internal Audit .....</b>	<b>23</b>
<b>Information Governance and the Data Security and Protection Toolkit.....</b>	<b>23</b>
<b>Responding to safety alerts.....</b>	<b>24</b>
<b>CQC compliance .....</b>	<b>25</b>
<b>Clinical audit .....</b>	<b>27</b>
<b>Complaints management .....</b>	<b>29</b>
<b>Service user incidents .....</b>	<b>31</b>
<b>Infection prevention and control .....</b>	<b>34</b>
<b>Effectiveness .....</b>	<b>36</b>
<b>Service user satisfaction and experience.....</b>	<b>40</b>
<b>Staffing and staff wellbeing .....</b>	<b>43</b>
<b>Our quality priorities for 2021/22 .....</b>	<b>44</b>

# Introduction and statement on quality from our Chief Executive

I am delighted to introduce our quality accounts for 2020/21.



This year has been challenging, as we have faced into the impact of the pandemic on our services. As with any health and social care provider, our colleagues have had to work under immense pressures to deliver high-quality care to our service users. Despite the challenges, we have continued to deliver good quality outcomes across all our services.

This report details our ongoing commitment to delivering high-quality services. We have maintained a 'Good' rating across all our CQC-regulated services. Towards the end of 2020/21, the CQC carried out infection prevention and control inspections of all our Older People's Services, with favourable reports received.

The performance reports, audits, and satisfaction survey results across our services remain positive and are extremely encouraging. This is a testament to the hard work and dedication of our colleagues during this exceptionally challenging year.

Looking forward, we will work closely with all our services to continue to drive operational and clinical excellence in all that we do. Our commitment to the delivery of high-quality services has been laid out in our new organisational strategy, where quality outcomes form one of our four strategic pillars.

We will also be working closely with our colleagues across the North East Integrated Care System to ensure that our services are integrated into the wider system for the benefit of all.

We look forward to continuing our strong partnership with Newcastle & Gateshead CCG, and the wider health and social care system, in the delivery of high-quality community mental health services.

**Adam Crampsie**

**Chief Executive, Mental Health Concern and Insight IAPT**



# Corroborative statement from Newcastle Gateshead, North Tyneside, and South Tyneside Clinical Commissioning Groups



Newcastle Gateshead, North Tyneside and South Tyneside Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Annual Quality Account for Mental Health Concern (MHC) for 2020/21 and would like to offer the following commentary:

As commissioners, Newcastle Gateshead, North Tyneside and South Tyneside CCGs are committed to commissioning high quality services from MHC and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

The CCGs acknowledge that 2020/21 has been an extremely challenging time for all NHS providers and the entire NHS. The CCGs would like to extend their sincere thanks to MHC and all their staff for the commitment shown in responding to the pandemic and for adapting and transforming services to deliver new ways of working, whilst ensuring that high quality care continued to be delivered to service users.

The report provides a good description of the quality improvement work undertaken by MHC and an open account of where improvements in priorities have been made. In 2020/21 MHC set five quality priorities and the CCGs recognise the good progress made.

The CCGs congratulate MHC on the progress made in developing an oral health assessment within dementia care services. This included developing an audit tool in line with best practice standards, undertaking a baseline assessment and developing an action plan to address the improvements needed. It is positive to see that the admission process has been updated to ensure residents receive an oral health assessment within the first 72 hours of admission. The CCGs support the commitment to progress this work further in 2021/22.

The CCGs note that it has not been possible to further progress nutritional screening in Older People's Services due to the ongoing work with the oral health priority. It is however acknowledged that care plans are in place and there is regular assessment of individuals' nutritional needs.

The CCGs note the progress made in the quality priority to develop tissue viability systems and policies to improve clinical outcomes. This included revising the tissue viability assessment process and implementing a wound photography policy which sets out the required standards to be delivered by staff caring for service users who are at risk of tissue breakdown. The CCGs recognise the continued work in preventing pressure damage and are pleased to note the low incidence of pressure damage, with no Category 3 or above pressure damage reported.

The CCGs acknowledge that the aim to increase the proportion of people having at least two outcome measures during the course of their support episode has been challenging during the pandemic. It is noted that community services adapted and introduced new ways of working to support people and outcome measures continued, where possible. The CCGs note that the current recording system was unable to accurately capture the work taking place and to address this a new social prescribing system has been procured, which will be deployed during 2021/22.

The CCGs recognise the continued excellent work in developing trauma informed practice through enhanced clinical supervision and training. It is noted that the enhanced clinical supervision system was fully deployed in Adult Services in July 2020 and the CCGs look forward to learning the outcome of the evaluation, which is planned for July 2021. The CCGs are pleased to see MHC's intention to build further on this work in 2021/22 with plans in place to extend this approach to all service areas who support people with complex trauma.

The CCGs recognise the continued focus on reducing healthcare associated infections and note that regular quarterly infection control audits have been undertaken, with appropriate measures being implemented where improvements are identified. The CCGs acknowledge the COVID-19 infection outbreaks at Pine Tree Lodge and Briarwood Mill View, which occurred early in the pandemic. Learning from these outbreaks has been implemented to prevent reoccurrence and it is positive to see that infection rates have remained low since quarter two, with no further outbreaks reported.

It is reassuring to see the positive outcome from the Care Quality Commission infection prevention and control inspections to Older People's Services.

MHC continues to demonstrate that robust procedures are in place to manage and learn from clinical and non-clinical incidents. Where peaks in incidents are identified within a service an explanation as to why and how this is being addressed has been provided. The high number of incidents categorised as '*other*' needs further review to ensure key trends and themes are not being missed. It is positive to note that a new incident reporting system is being introduced in 2021/22, which will hopefully allow for improved categorisation and analysis of incidents. The CCGs support the quality priority set for 2021/22 for learning from events and the development of a safety culture, in line with the new NHS Patient Safety Strategy and Incident Response Framework.

The CCGs welcome MHC's commitment to improvement through a structured clinical audit programme and it is noted that despite the challenges of the pandemic audit activity continued. The emphasis MHC gives to clinical audit demonstrates that they are focussed on delivering evidence based best practice and continuous service improvement.

The CCGs congratulate MHC for their approach to practice in using recovery-focused outcomes in all services. The CCGs were impressed by the narrative examples of the recovery-focused outcomes included in the quality account from rehabilitation and dementia services, where the star score had improved. It is acknowledged that the pandemic placed challenges on accessing community services, work and educational establishments and the CCG commend MHC for the proportion of people they helped to achieve a recovery focused outcome.

The CCG supports MHC's commitment to receiving meaningful patient and carer experience feedback to improve service provision. It is acknowledged that the pandemic severely impacted on the plans for carer and service user surveys however it is positive to see that feedback from service users continued through regular resident groups and meetings. The CCGs were impressed by the approaches used for keeping residents in touch with their loved ones and the fantastic support the community services provided to people who were living alone or unable to leave the house. The wellbeing boxes introduced by the Chain Reaction Service to boost people's mood and provide positive activities was an excellent initiative.

The CCGs acknowledge that the pandemic has had a significant effect on staff. It is noted that the wellbeing survey undertaken in 2020 highlighted that 30% of staff across the organisation reported their mental health and wellbeing had got worst. The CCGs commend MHC for the initiatives offered to support staff and improve their wellbeing, including mindfulness sessions, counselling and additional guidance on managing stress. The CCGs fully support the priority set for 2021/22 to further support staff and improve their wellbeing and the implementation of the new Wellbeing Strategy.

The CCGs welcome the six qualities priorities for 2020/21 highlighted in the Quality Account and consider these are appropriate areas to target for continued improvement. The CCGs can confirm that to the best of their ability the information provided within the Annual Quality Account is an accurate and fair reflection of MHC's performance for 2020/21. It is clearly presented in the format required and the information it contains accurately represents Mental Health Concern's quality profile.

The CCGs look forward to continuing to work in partnership with Mental Health Concern to assure the quality of services commissioned in 2021/22.



**Julia Young**  
Executive Director of Nursing,  
Patient Safety & Quality



**Dr Dominic Slowie**  
Medical Director

July 2021

For and on behalf of:

NHS Newcastle Gateshead Clinical Commissioning Group  
NHS North Tyneside Clinical Commissioning Group  
NHS South Tyneside Clinical Commissioning Group



## Review of our priorities in 2019/20

As part of our 2019/20 quality accounts, our board agreed four quality priorities to be addressed via the quality account during 2019/20.

In this section, we outline the progress that we have made during 2019/20 in delivering these priorities.



Service	Objective	How we did
Older People's Services	Focus on developing our assessment of and care for oral hygiene in our dementia care services.	Our oral health assessment process was enhanced and a new tool based on NICE guidelines was implemented. We developed the oral health policy and updated our admission process documentation tool, to ensure that all our residents receive an oral health assessment within a 72hr period of admission date. This work supported our priority concerning nutritional screening. See next section for further information.
Older People's Services	Further develop our nutritional screening and care, to ensure plans of care are fully personalised and tailored to individual need.	Our work on oral health has impacted our priority to develop our nutritional screening. Our plans now ensure that good oral health and regular assessment of how an individual eats informs individual nutritional needs.
Older People's Services	Further develop on our tissue viability systems and policies by implementing a more detailed assessment and more use of wound photography.	We revised our assessment process for tissue viability, implementing our new wound photography policy which sets out required standards to be delivered by staff caring for service users who are at risk of tissue breakdown to promote optimum healing and improve clinical outcomes.
Community Services	Increase the proportion of people that we support to have at least two outcome measures during the course of their support episode.	Many of our community services adapted in new ways to support people during the pandemic, but outcome measures continued where we were able.  It became apparent over the year that our current recording system was not able to accurately



		reflect the work taking place. This led to the procurement of a new social prescribing system in 2021. The deployment of this is part of our work for 2021/22
Adult Services	Continue to develop our trauma-informed practice, through enhanced clinical supervision and training and a full development for all staff throughout 2020/21.	Enhanced clinical supervision fully deployed. See next section for further information.

## Oral health in Older People's Services

Oral health is a fundamental part of our care delivery; it is particularly important for our service users with co-morbidities which can increase their risk of oral diseases. Effective oral hygiene helps to maintain service user wellbeing and dignity, and contributes to their quality of life.

NICE guidance exists to undertake oral health assessments, but audit work by CQC has established that there is variable uptake of recognised tools in order to undertake the assessment.

To help us establish our current practices in oral health care across Older People's Services, we developed an audit tool in line with best practice standards:

Service User Name		Date of audit	
Unit		Auditor name	

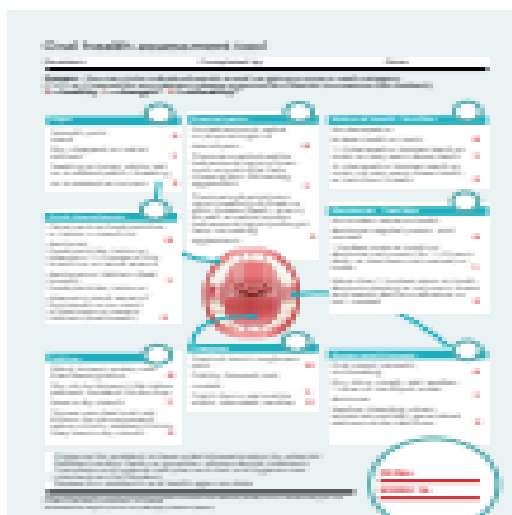
	STANDARD	Y/N	COMMENTS
Oral assessment and care planning			
1.1	Service user has a completed oral health assessment		
1.2	Service user has an individual care plan reflecting their oral health assessment		
1.3	The Plan focusses on prevention of oral disease		
1.4	The plan identifies the level of help service user need's, setting out the required support in delivery of daily oral care and hygiene		
1.5	The plan outlines Increased risk factors e.g. compromised swallow		
1.6	The plan outlines how the service user usually manages their daily mouth care (for example, toothbrushing and type of toothbrush, removing and caring for dentures including partial dentures).		
1.7	The plan identifies name and address of dentist or any dental service the service user has had contact with,		

The results highlighted a varied approach to assessment documentation used in practice, and information addressing oral health needs in nursing support plans was sometimes overlooked.

The completion of the 'Base line assessment tool for oral health for adults in care homes' (NICE public health guideline NG48) also helped to evaluate whether our practice was in line with the recommendations set out in the oral health for adults in care homes clinical guideline.

Following review, we developed an action plan to address developments required. The following has been achieved to date:

- Our admission documentation process was updated to include 'oral health assessment to be undertaken within the first 72 hours of admission'. Audit tools were also adapted to reflect this new requirement.
- All services were educated about the use of a validated oral health assessment tool, and it was agreed by managers that going forward we would use the recommended oral health assessment tool NICE guideline (NG648) published 5 July 2016. This tool would highlight any areas where residents need specific care and support, and using it for reassessments would help indicate any changes that may need action.



*Oral health assessment tool (NG648)*

We also developed an oral health policy. In 2021/22, our development work in this important area will continue.

## Psychologically-informed supervision when working with people with trauma

An enhanced supervision system was deployed in July 2020. Prior the deployment, 23 evaluations of staff members' existing support packages was gathered, to give a benchmark to compare against this year.

The main differences between the old and new supervision system are that, in the new system:

- All qualified staff now receive restorative and formative supervision from a person external to the service they work in.
- Each supervision session has an advance agenda which the supervisor, supervisee, and line manager can contribute to.
- Trust should build in the supervisory relationship, such that supervisees are more likely to disclose negative feelings and clinical errors, according to the evidence base.
- Reflective tasks are agreed in supervision sessions, to be completed between sessions, bridging into the next.

Table 1 gives a thematic analysis of the way staff support needs were met by the existing system in July 2020, before the new system was deployed. Table 2 shows how satisfied staff were with the existing system.

In July 2021, we will compare staff evaluations before the new system was implemented, with their current evaluations a year after implementation.

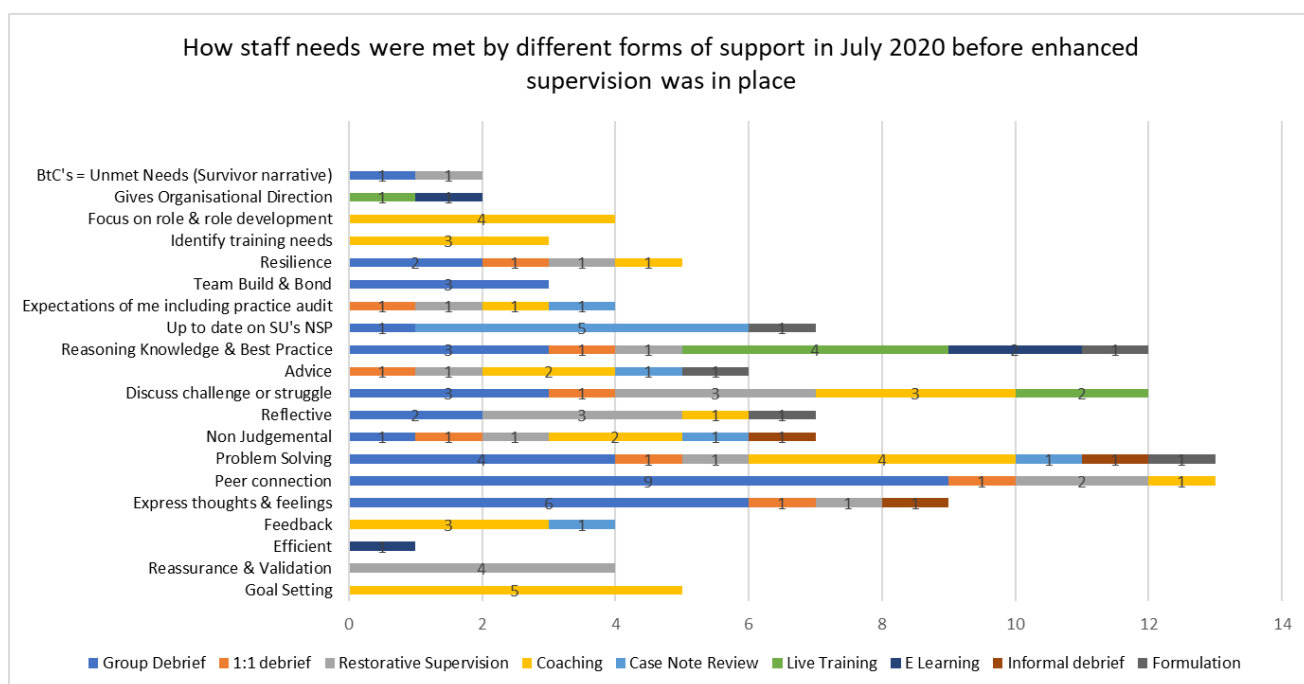


Table 1

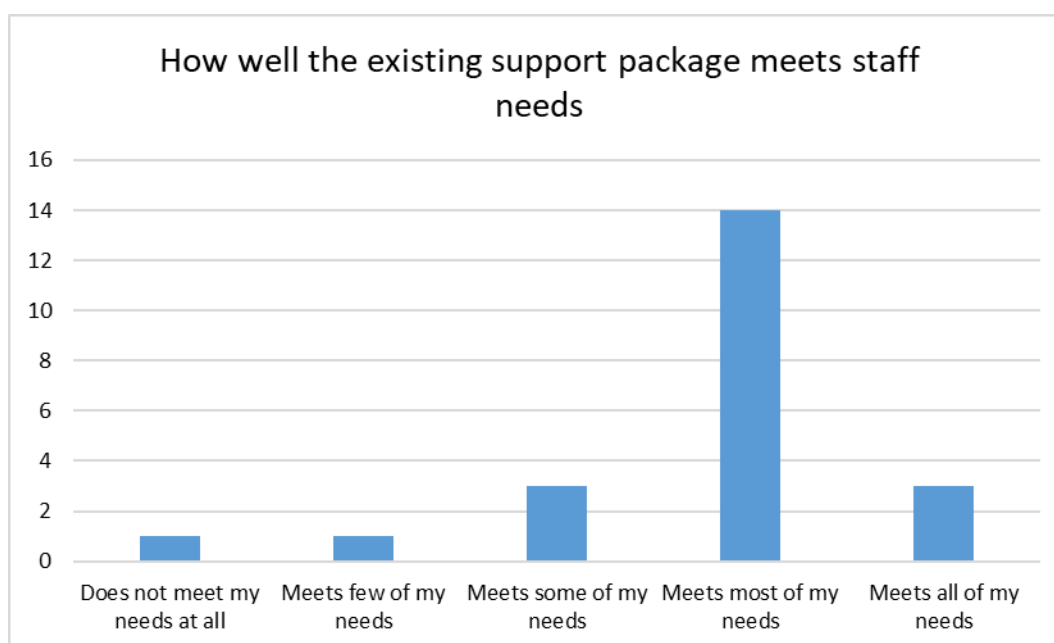
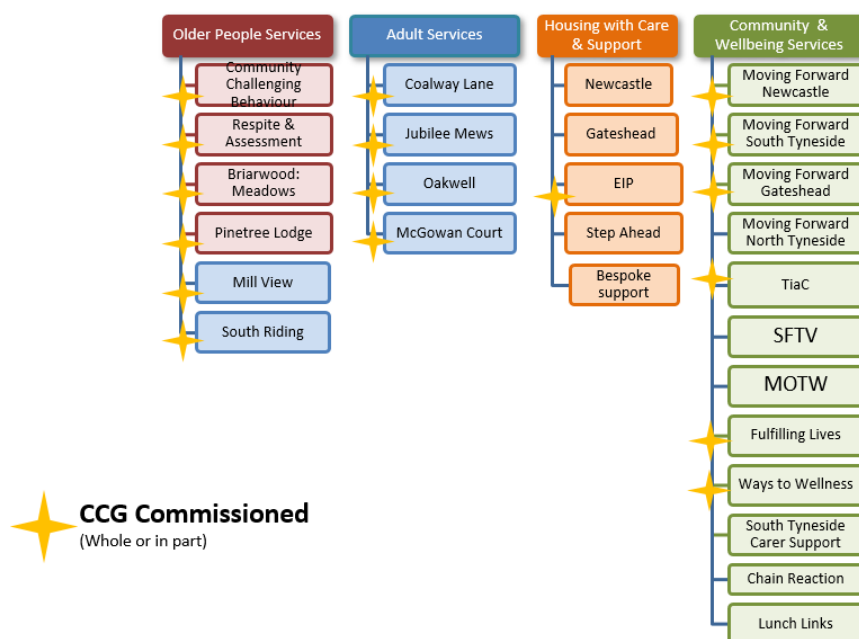


Table 2

## About us

### MHC Service Specialities



We are based in the North East of England, where we provide a wide range of specialist mental health services. We are predominantly commissioned by the NHS and local authorities and we support many people with a wide range of mental health-related needs, including:

- People taking their final steps away from specialist mental health services and striving to get into work, education, or training.
- People recovering from severe mental ill-health, who require support over long periods of time.
- People with severe dementia and complex, challenging needs.

We believe that our innovative approach to developing services, coupled with close partnerships between us and the people who use our services, enables us to provide high quality care and support that help people move on in their lives.

Our services are clinician-led, providing a range of person-centred support with a focus on recovery.

We deliver care and support across four broad areas:

- Older People's Services
- Adult Services
- Community and Wellbeing Services
- Housing and Support Services

## Older People's Services

We believe passionately in providing good care to people with dementia and their families. We also believe that it is entirely possible for anybody living with dementia to live a good quality and meaningful life. With the right help, this is a reasonable expectation for anybody living with dementia.

We have provided specialist dementia services for over 30 years and have learnt that enabling people with dementia to live well can be demanding, but very rewarding. This is why all of our dementia services and staff work to a strong set of values that have a clear person-centred focus.

We care for people who, because of their dementia, behave in ways that can be challenging or hard to understand. Our main focus is on getting to know the person as well as we can, so that we can meet their needs in ways that improve wellbeing. This is because we know that a person with dementia is just that – a person.

In Gateshead, we provide four types of dementia services:

- 24-hour specialist nursing care
- Respite
- Short-term assessment (as an alternative to hospital admission)
- Community challenging behaviour support

## Adult Services

In our Adult Services, we support people recovering from mental ill-health, who are often taking their first steps away from hospital. Our services are mostly commissioned by the NHS, which means that we can provide high levels of 24-hour specialist support and can help those people that many other organisations can't.

We work with people to understand and manage their mental health condition, as well



as to develop and practise the skills which are important to live a good and satisfying life with meaning and purpose.

Our 24-hour, nurse-led rehabilitation and recovery services help people with complex mental health problems to move from secure and hospital-based settings into the community. We also provide short-term relapse prevention packages as an alternative to hospital admission.

Our rehabilitation and recovery services focus on promoting:

- Positive move-on within 1-3 years.
- Relapse prevention.
- Employment and increased employability.
- Access to education.
- Living skills.
- Condition management.

## **Housing with Care and Support Services**

We help people to secure good-quality housing and provide a wide range of help, from really quite intensive bespoke packages, right through to low-level, day-to-day support and advice.

Our focus is helping people to have independence and to take control over their own lives.

Our Supported Housing service helps people with complex mental health problems to move out of hospital or 24-hour care, and take up a supported tenancy in the community. It is a highly-specialised service with tiers of support and supervision, which gives the opportunity for independent living and social inclusion to people who have often spent many years in institutional environments.

It consists of four specific services:

- Newcastle Supported Housing
- Gateshead Supported Housing
- Early Intervention in Psychosis (EIP) Supported Housing
- Step Ahead Housing



## Community and Wellbeing Services

Our Community and Wellbeing Services help over 1,000 people each year to get back into work, education, or to increase meaningful activity.

We also help people to rebuild their social support networks and develop friendships. We stick by them to navigate through the sometimes-complex health and social care system, using our knowledge of what's out there to link people in.

## Moving Forward

Our Moving Forward services in Newcastle, Gateshead, and South Tyneside can be accessed by anyone who has experienced mental health issues.

The service focuses on linking people up with activities, groups and community resources, with the aim for them to:

- Rediscover self confidence.
- Learn new skills or rediscover old interests.
- Build a stronger social network and have more people to do things with.
- Get back into education or training.
- Find paid or voluntary work.

## Mental Health Carer Support

In South Tyneside, we provide support to people who have caring responsibilities for people with mental health problems.

We work in partnership with other professionals to provide emotional and practical help, as well as helping people to find the support they need in their caring roles.

## Ways to Wellness

Ways to Wellness is a social prescribing service for people with long-term health conditions in the west of Newcastle. The service aims to improve its users' quality of life and reduce their use of mainstream health services, by enabling them to lead healthier lives and better manage their conditions.

This is achieved by the provision of Link Workers, who help patients to identify and work to overcome the current barriers to managing their long-term health conditions.



## Fulfilling Lives

The Fulfilling Lives programme is a Lottery-funded partnership between Mental Health Concern, Changing Lives, and Aquila Way. Together, we help adults who are likely to experience issues relating to three or more of the following:

- Mental ill-health.
- Homelessness.
- Drug and alcohol issues.
- Offending.

## Chain Reaction

Chain Reaction is commissioned by Newcastle City Council and is designed to support older people (55+) to live independently in the community.

By promoting the use of community-based resources and facilities, Chain Reaction encourages people to lead happier, healthier lives. It supports and sustains friendships to combat social isolation and to increase good emotional health and wellbeing.

## Moving On Tyne & Wear

Moving On Tyne & Wear (MOTW) is joint funded by the National Lottery Community Fund and the European Social Fund, as part of their Building Better Opportunities programme, which invests in local projects that tackle the root causes of poverty and promote social inclusion.

Mental Health Concern is the lead organisation for the programme, supported by 17 well-respected local organisations as delivery partners. MOTW supports people in Tyne and Wear who are aged 18+ and out of work due to complex health issues and other barriers, such as long-term unemployment, debt, low skills, or housing issues.

MOTW's team of Navigators gives one-to-one, tailored support to the participants, supporting them to take advantage of existing voluntary or employment possibilities, and work with local employers to create new opportunities.

## Together in a Crisis

We work in close collaboration with the Newcastle, South Tyneside and North Tyneside NHS crisis services, providing practical and emotional support through the specific issues or problems that are causing distress. We offer:

- A listening ear.



- Short-term support, tailored to the issues the individual is facing.
- Support to make informed decisions.
- Links to other support and services.

Initial support is over the telephone and can be followed up face-to-face, depending on the individual's needs.

### **Employment Advisers in Improving Access to Psychological Therapies (IAPT)**

North Tyneside CCG commission us to provide Employment Advisers (EA) to support North Tyneside Talking Therapies. Working alongside the North Tyneside team the EAs provide tailored employment support to people with depression and anxiety.

## Our values

At Mental Health Concern, we are committed to improving the mental health and wellbeing of the people we serve.

The whole team works to a strong set of organisational values, and we uphold these in all the work we do. We value:

- Compassion and hopefulness
- Being open and friendly
- Inclusivity and fairness
- Experience and expertise
- Hard work, creativity and innovation
- Going the extra mile with people to achieve the right outcomes

We are also guided by the things that people have told us are important to them. We have found that the following aspirations are reasonable expectations for any of us to have in life, regardless of whether we are experiencing mental ill-health or not.

Those aspirations are to:

- Develop a sense of meaning and purpose in life.
- Improve personal relationships and social networks.
- Promote hope and self-esteem.
- Develop independence, choice and control.
- Feel in touch with local communities, and be active citizens.
- Increase the stability and consistency in life.

## Our commitment to quality and improvement

Our continued commitment to providing high-quality services is underpinned by:

- Improvement of the service user experience and excellent outcomes for service users.
- Doing the right things in the right way, innovating, and ensuring our teams base their practice on the best available evidence.
- A service user-centred, and service user-led approach to care, treating service users courteously, listening to them, keeping them informed, and involving them in decisions about their care.

- The creation of an environment of openness, honesty, and candour in which problems are prevented, detected quickly, and addressed appropriately.
- The delivery of services developed in response to feedback from service users, carers, the public, and other key stakeholders such as service commissioners.
- Promotion of a culture of safe, compassionate care with a reduction of the risk from errors and adverse events, as well as a commitment to learn from mistakes and share that learning both across the organisation and externally.
- An environment which is safe for both service users and staff, supporting their needs and wellbeing.
- Assurance that the organisation is well-managed, well-led, and compliant with regulatory requirements.
- Strong leadership, accountability, and engagement of our staff throughout the organisation, both clinical and non-clinical.
- The collation of data, which is robust, well-analysed, and used effectively.
- Clearly-defined, well-understood processes for reviewing the assurance of, and escalating and resolving, quality issues and performance.

# Governance

## Quality Governance and Assurance Framework

Our Quality Governance and Assurance Framework provides an overarching outline of the systems and process for quality management and improvement, and the continued development of quality governance.



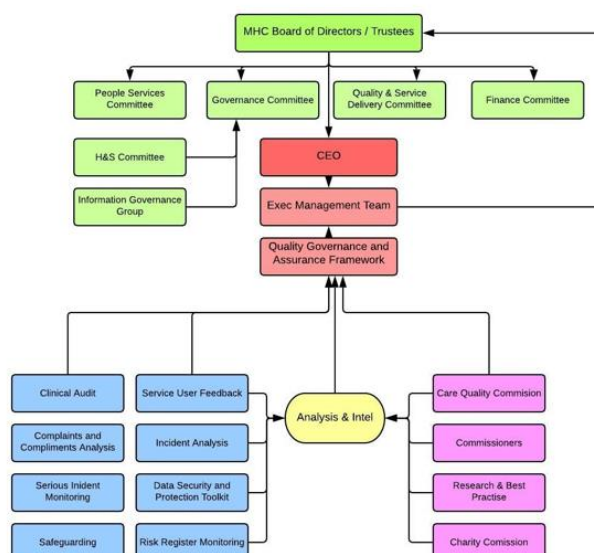
The framework gives clear direction and a shared vision for how we deliver high-quality, safe services. It also outlines how quality governance is organised as part of a whole-system approach to improving standards, and protecting service users from unacceptable standards of care.

To ensure a coherent and integrated approach, the framework draws together the following key strategies and policies:

- Strategic Plan
- Corporate and Organisational Governance Policy
- Service User Involvement Strategy
- Risk Policy

## Overview of governance structures

### Governance Structure



Mental Health Concern is governed by an independent board of trustees and supported by four committees, each committee with defined responsibilities to deliver aspects of the board's remit. Each committee has established formal terms of reference, which support a systemic approach to mapping assurance against key strategic and operational risks.

The four board committees are:

- Governance Committee
- Quality and Service Delivery Committee
- Human Resource Committee
- Finance Committee

### Governance Committee

The Governance Committee oversees the board's responsibilities for ensuring compliance, prudence, and a duty of care in the operations of Mental Health Concern, including all aspects of information governance. Membership of the Governance



Committee is the chair from each of the other three committees, plus the Vice Chair of the Board.

## **Quality and Service Delivery Committee**

The quality of service provision and clinical performance, including the quality of outcomes for service users, are considered by this committee. Members include those with clinical and commissioning experience, supported by the Chief Operating Officer.

## **People Committee**

Provides oversight of education, training, and human resource functions which impact on quality and safety. It is also responsible for the recruitment and retention of high-quality employees.

## **Finance Committee**

Supports the board of trustees with scrutiny of financial and business performance data, including the long-term sustainability of the organisation.

## **Internal Audit**

The organisation recruited Audit One during 2020 to develop an internal audit plan to provide risk-based and objective assurance. This has greatly helped us in our responsibility for maintaining sound systems of internal control.

## **Information Governance and the Data Security and Protection Toolkit**

Mental Health Concern has an Information Governance Committee to ensure appropriate controls are in place to safeguard people's personal and sensitive information. Compliance with the mandatory Data Security and Protection Toolkit allows us to demonstrate that we have implemented the 10 data security standard recommendations from the National Data Guardian, as well as comply with the General Data Protection Regulation (GDPR).

Our toolkit submission for 2020/21 was made on 28 June 2021. We met all required standards.

## Responding to safety alerts

Patient safety alerts are issued by NHS England/Improvement (NHSE/I) to warn the healthcare system of risks and provide guidance on preventing incidents that may lead to harm or death. The Governance and Quality Team co-ordinate and monitor the safety alert process. A total of 24 alerts were assessed as relevant for our services during 202/21. These were disseminated to the appropriate clinical teams to ensure services were already compliant, or to identify actions to be taken to ensure we become so.

## CQC compliance

The Care Quality Commission did not routinely inspect services during the COVID-19 pandemic, though they undertook engagement and support calls covering four assessment areas:

- Safe-care and treatment.
- Staffing arrangements.
- Protection from abuse.
- Assurance processes, monitoring, and risk management.

During these support calls, all registered services were assessed and found to be managing the impact of the COVID-19 pandemic. Our ratings remain as they were in the previous year:

Service	Date of inspection	Overall rating	Safe	Effective	Caring	Responsive	Well-led
Jubilee Mews	July 2018	Good	Good	Good	Good	Good	Good
Coalway Lane	November 2018	Good	Good	Good	Good	Good	Good
Alderwood*	March 2021	Good	Good	Good	Good	Good	Good
Pinetree Lodge*	March 2021	Good	Requires Improvement**	Good	Good	Good	Good
Briarwood*	February 2021	Good	Good	Good	Good	Good	Good

\*Received a COVID-19 Assurance Inspection \*\*This rating dates from March 2017

## CQC Infection prevention and control inspections

Towards the end of 2020/21, the CQC made infection prevention and control (IPC) inspection to all our Older People's Services. These inspections examined eight areas:

- Visitors
- Shielding
- Admission
- Use of personal protective equipment (PPE)
- Testing

- Premises
- Staffing
- Policies

## CQC IPC inspections

Service	Visitors	Shielding	Admission	Use of PPE	Testing	Premises	Staffing Policies
<b>Jubilee Mews</b>	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected
<b>Coalway Lane</b>	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected	Not inspected
<b>Alderwood</b>	Assured	Assured	Assured	Assured	Assured	Assured	Assured
<b>Pinetree Lodge</b>	Assured	Assured	Assured	Assured	Assured	Assured	Assured
<b>Briarwood</b>	Assured	Assured	Assured	Assured	Assured	Assured	Assured

## Clinical audit

Our Quality Review and Audit Programme has been in place since 2019 with a regular programme of audits.

The 2020/21 year was very challenging with the COVID-19 pandemic and staff changes. However, audit activity continued and provided assurance to senior managers and trustees on the level of compliance with standards and has aided ongoing continuous service improvement.

Two main types of corporate audits took place over the year: case record audits, reviewing compliance against local and national clinical standards and record-keeping; and quality and service reviews, which measured whether services were safe, effective, responsive, caring and well led. Audited standards included:

- Health, safety, and risk.
- Staff training and development.
- Governance and leadership.
- Clinical practice.
- Safeguarding.
- Information governance.

At the start of each financial year, the auditors produce an annual audit timetable. Additional topics are encouraged throughout the year, which may be linked to high risk, issues identified as a priority area, or concerns related to quality of care.

Restrictions on visiting services during the pandemic affected the ability to effectively audit some of our balance of care standards. Resources also were prioritised in order to provide practical support to front line services. However, audits did take place across all 24-hour services. The audits included:

- Assessment and risk assessment.
- Needs and nursing support plan.
- Medicines management.
- Mental capacity and restrictive interventions.

Following the outbreak of COVID-19 within one of our Older People's units, audit resource was used to support an enquiry into the outbreak.

## Service-led and peer audits

Auditing is a vital part of clinical practice and operational management, and all staff are encouraged and supported to participate and conduct local audits. The following summarises the service-led audits conducted during 2020/21:

- Case note review.
- Medication storage/disposal.
- Medication charts peer-to-peer, from one shift to the other.
- CQC standards self-assessment.
- Health and safety.
- Staff training.
- Infection control.
- Environment.

Support and advice for planning and conducting local audits will be provided by the governance and quality team and the practice development leads.

## Key achievements in 2020/21

- Standards within the audit tools were reviewed collaboratively with services, to reflect electronic record-keeping and remote auditing.
- Audit samples were increased to aid more accurate monitoring and results measure team performance rather than individuals.
- Liaison with services and the IT development team took place and is continuing to aid development of the electronic care record system.
- A full review of our community services audit requirements took place and revision to audit standards.

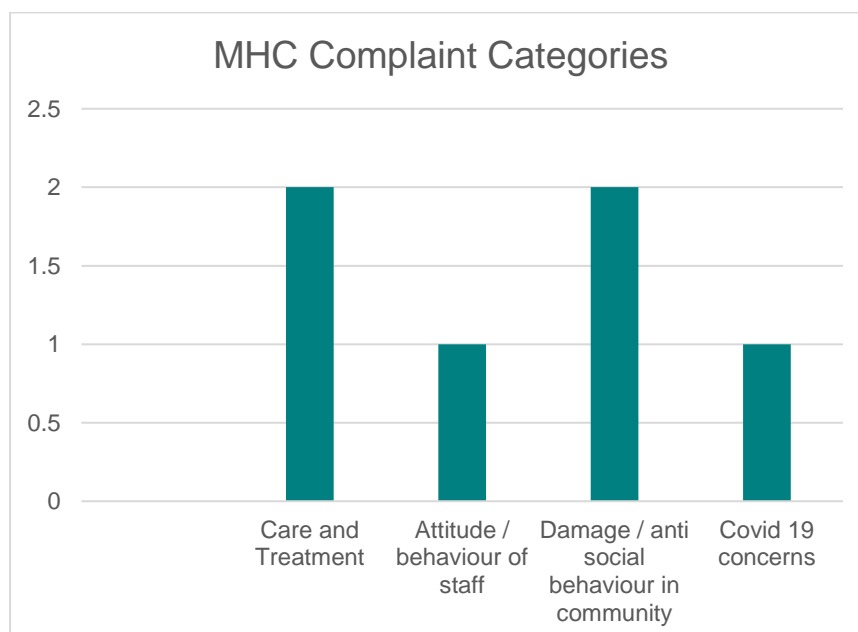
## Complaints management

We recognise how important it is to listen to feedback and provide an effective and accessible complaints process with candour, openness, and transparency. Staff and managers are encouraged to resolve complaints at service or local departmental level. Where this is not possible, a concern or complaint can be escalated to the Governance and Quality Department. Our process for complaints-handling is underpinned by the six Parliamentary Health Service Ombudsman (PHSO) Principles of Good Complaint Handling:

1. Getting it right.
2. Being customer focused.
3. Being open and accountable.
4. Acting fairly and proportionately.
5. Putting things right.
6. Seeking continuous improvement.

## Complaints received 2020/21

Six complaints from Mental Health Concern services were received during 2020/21. This is a lot lower than the previous year of 13 complaints and includes complaints resolved informally at service level.





All complaints were responded to within policy timescales. There were no obvious trends, but some themes were seen across the year. Complaints often included several items, which meant the reason for the complaint did not sit within one single category. Within Mental Health Concern services, concern from members of the public was raised in relation to Adult Services and involved anti-social behaviour and damage to property.

## Outcome of complaints and our learning

We are committed to learning lessons from concerns and complaints, ensuring that appropriate action is taken to improve the quality of the services we provide.

Although our complaints were few, we still had learning and within Adult and Housing with Care and Support Services increased liaison with the local community took place and meetings with residents to highlight the effect that some behaviours were having on neighbours and people in the local area.

A Complaints Handling Toolkit was developed, to aid staff in receiving and responding to complaints from users of all services. The content is intended to reflect the complaints journey and provides good practice examples.

## Parliamentary Health Service Ombudsman (PHSO)

Mental Health Concern aims to resolve all complaints to the complainants' satisfaction by conducting thorough investigations and providing a comprehensive response, as well as offering complainants the opportunity to discuss further concerns. However, there are times when we are not able to achieve a resolution which satisfies the complainant. Under the NHS complaints system, complainants dissatisfied with responses received from us have the right to ask the PHSO for an independent review of their case.

The right to go to the PHSO is explained to all complainants via our complaints leaflets and within formal complaint response letters. When we come to the end of a complaints investigation, and if we feel that there is nothing further we can do locally to resolve a complaint to the complainant's satisfaction, we will encourage complainants to take their case to the PHSO.

During 2020/21, no complaints were referred to the PHSO.

## Service user incidents

An important measure of an organisation's safety is its willingness to report incidents that affect service user safety, to learn from them and deliver improved care. A high reporting rate reflects a positive reporting culture.

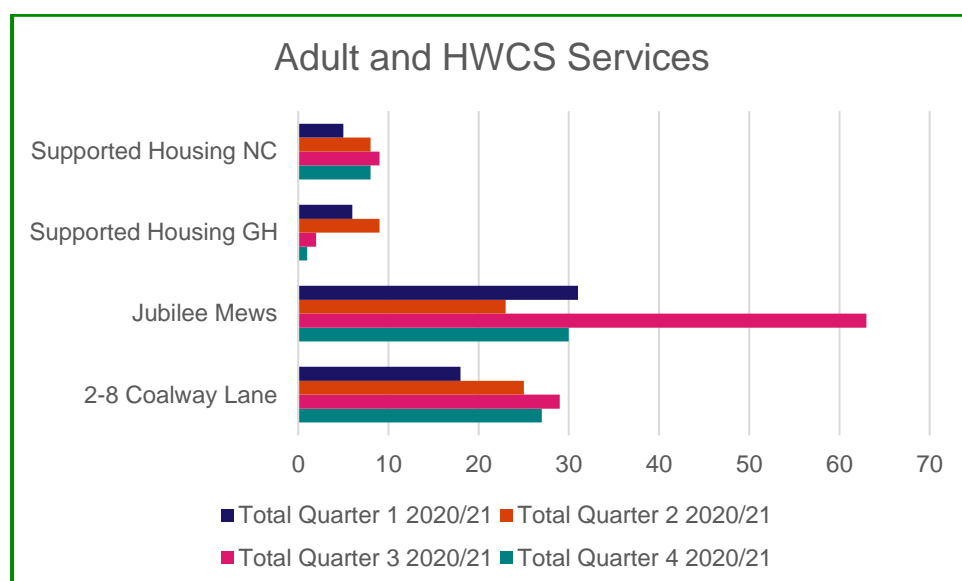
Across all our services, we encourage a culture of openness and honesty when things go wrong. Our incident reporting and management policy includes our statutory duty of candour. Processes are in place to ensure service users (or, where appropriate, the service user's carer or family) are informed when something has gone wrong. The process includes apologising to the service user and providing support. Arrangements are also in place for ensuring outcomes of investigations into what happened are shared with the service user if requested.

A robust and rigorous approach to serious incidents is in place across the organisation, to identify any causal factors and enable sharing of any learning. Four serious incidents were reported during 2020/21, two within Adult Services and two within Older People's Services. All incidents were reporting to the clinical commissioning group (CCG), as required by the NHS Serious Incident Reporting Framework 2015.

We have a process in place to closely monitor the recommendations in the action plans arising from serious incident investigations, to ensure that the identified improvements are achieved in a full and timely way. The CCG was satisfied with our thorough investigations and actions taken as a result.



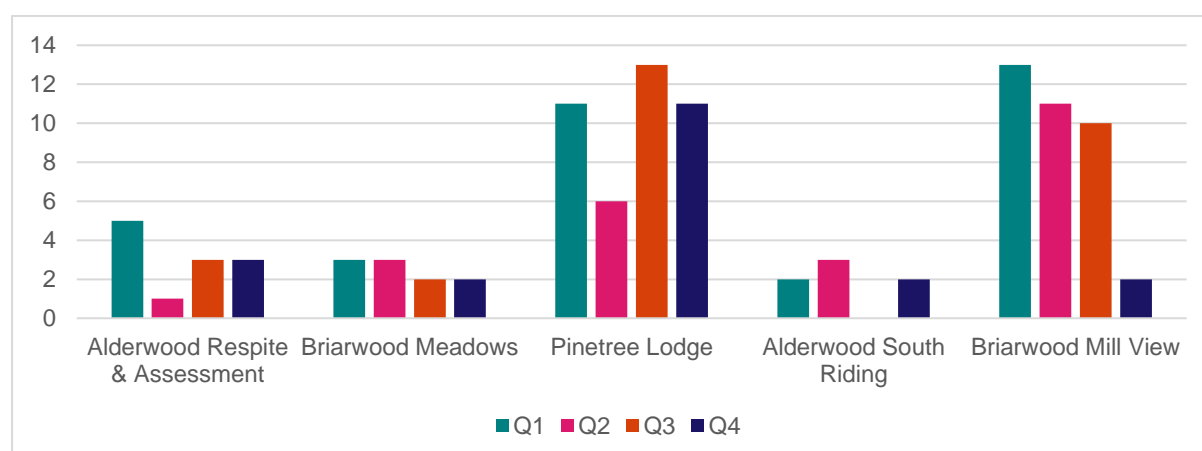
Peaks of incidents at Pinetree Lodge in quarter 2 related to multiple incidents involving the same residents displaying aggressive or challenging behaviour.



The peak at incidents at Jubilee Mews in quarter 3 concerned breaches of COVID-19 restrictions, when service users did not comply with the requirement not to mix with other households or failing to self-isolate.

## Falls prevention in dementia care

All falls within Older People's Services are reviewed for any immediate actions and analysed for learning. Two incidents sadly resulted in severe harm of a fracture, but all other incidents reported no or low harm. Multiple falls occurred for particular residents, and care plans were in place to minimise risk and balancing to promote independence.



Our five most frequently reported incident throughout the year are listed below.

Category of Incident	Reported quarter 1	Reported quarter 2	Reported quarter 3	Reported quarter 4
Other	18	9	36	21
Slip, trip or fall	40	30	32	26
Control of infection	0	10	24	0
Safeguarding	10	14	20	10
Mental health-related incident	13	24	19	12

‘Other’ is chosen when an event does not sit comfortably in any other category, such as incidents related to members of the public. Despite reviewing the categories and providing guidance to staff to reduce this category, it remains one of the most frequently reported. We will be introducing a new incident reporting system in 2021/22 and will continue to refine our reporting processes.

### Learning and improvements from incidents

- Service user-specific reviews of medications.
- Detection of physical health issues.
- Service user-specific reviews of care plans.

# Infection prevention and control

## COVID-19 pandemic

2020/21 saw unprecedented times with the declaration of the COVID-19 pandemic. At the beginning of the pandemic in March. April 2020, Pinetree Lodge experienced a COVID-19 outbreak. The First case was a staff member who isolated due to displaying symptoms and later confirmed a positive result on the 31/03/20. A total of 14 residents isolated due to experiencing symptoms, four residents were confirmed positive by a test, one resident was confirmed negative by test. All residents were isolated as per government guidance. A total of 12 Staff were confirmed positive by test.

All residents who tested positive recovered apart from four people who sadly died.

On 29 August 2020, an index case of a COVID-19 outbreak was identified for a resident at Briarwood Mill View. All residents and staff were subsequently tested, and between 29 August and 9 September 2020, 11 residents (including the index case) and 16 staff tested positive for the virus. Mental Health Concern conducted an enquiry to openly question and discuss the circumstances of the outbreak, to learn from what had happened and to continually develop practice within and out with Older People's Services.

Learning from the outbreak included the challenges of managing frequently-changing guidance and communicating this to staff.

Aside from our two outbreaks of COVID-19 in March and August, our infection rate has remained low in most of our 24-hour services.

### COVID-19 infection rates in 24-hour services

	Q1		Q2		Q3		Q4	
Service	Staff	Service user	Staff	Service user	Staff	Service user	Staff	Service user
Coalway Lane	0	0	0	0	1	0	0	0
Jubilee Mews	0	0	0	0	1	1	1	0
Alderwood	1	0	0	0	0	0	0	0
Briarwood	0	0	16	11	0	0	0	0
Pinetree Lodge	12	5	0	0	0	0	0	0

## Control of infection and environmental audits

Control of infection audits are a standard, service-led, quarterly audit conducted by Control of Infection Link Nurses. A total of 18 audits were undertaken across our 24-hour services throughout the year.

Findings from the audits showed areas for improvement with specific areas scoring below 75%. Three out of the 18 audits showed scores below 75% in Adult Services.

In Q1, issues identified with environmental cleaning and hand washing was addressed by a deep clean, carried out by external staff and by increased staff education. In Q2 and Q3, issues relating to the cleanliness of residents' bedrooms were addressed by staff input to support individual service users.

Themes identified from audits included:

- Ongoing support to clean bedrooms in adult services, continues, reflecting the complex needs of the residents within these services.
- Repairs and renovations across Older People's Services.

Infection prevention and control has remained a key priority for all our services in relation to COVID 19. To support services in August 2020, Newcastle Gateshead CCG introduced the 'Care Home Infection Prevention and Control COVID self- assessment tool'. This tool enabled services to highlight what safe practices were already in place and helped teams to identify areas where further actions and changes to policy were required.

One of the key themes from this was the wearing of uniform within Older People's Services. All staff working in dementia services now wear a uniform and a new policy for this has been implemented.

All Older People's Services have also had staff room areas refurbished, with wash facilities updated.

# Effectiveness

## Recovery-focused outcomes

Recovery-focused outcomes (RFOs) form the core of our approach to practice in all services. RFOs relate to adults with serious and common mental health issues.

This approach uses six domains, to define recovery:

- Meaning and purpose.
- Relationships and interdependence.
- Hope and self-esteem.
- Independence, choice, and control.
- Citizenship.
- Stability and consistency.

The domains emerged from a piece of qualitative research, in which service users agreed to be interviewed about their lives and their hopes with questions like, 'What does a "good life" mean to you?' and 'Who are the important people in your life?'

Their answers were recorded and analysed until themes emerged. The domains derive from these themes and contain a rich set of questions to help us assess, for example, how meaningful and purposeful a person's life is.

When someone achieves greater meaning and purpose in their lives, we capture this as an outcome with a score on the recovery star and narrative, using it as evidence of our effectiveness.

We also capture narrative outcomes in this way for our dementia care service users. Here are some examples from this year from both rehabilitation and dementia services where star scores had improved.

## Sample recovery-focused outcomes

Below are anonymised examples of positive recovery focused outcomes.

### Hope and self-esteem

A service user attended most of their detox programme. Our Adult Services provided support to help educate and limit his use of alcohol as he was not totally alcohol dependent. The impact on his drinking was clear and had a wider effect on his sense of self-worth and hope for his overall recovery. He decided to re-decorate his room with



his keyworker. Changes in medication support his shift in mood, with fewer angry outbursts.

### **Meaning and purpose**

A service user agreed a goal in late August to clear an area at the service garden to grow plants. The service user worked hard to improve the area, which benefitted the garden party at this service, held later in the year. He chose and bought seedlings to grow, which inspired his interest in gardening; something to build on when he moves on.

### **Independence, choice, and control**

A service user had regularly self-harmed and was celebrating achieving their goal of being self-harm free for a year.

Another service user allowed staff to see their injection sites, which posed a risk to their wellbeing. The sites were on the service user's arms, and staff were able to get a photo that they were willing to share with the GP (the service user does not tolerate a GP appointment). The service user was prescribed antibiotics, only one dose of which was taken. However, the fact that staff were allowed to see the wounds, resulting in a GP intervention was a milestone for the supportive relationship developing with the service user.

### **Meaning and purpose**

A service user visited a café and asked if they could volunteer there. With experience in photography and administrative skills, they were given responsibility for the café's web page. The service user now promotes the café and, having already increased the café's sales, has received praise from employers.

Jubilee Mews recently bought some cameras and one of the service users engages with staff around photography activities. This service user hopes to join an external photography group once COVID restrictions are lifted.

### **Relationships and interdependence**

A service user has started to visit with his parents again, following the COVID-19 lockdown. The parents had been shielding and he was only having telephone contact with them. The service user has coped remarkably well during the lockdown and daily telephone calls to family have helped.



## Citizenship

A service user has been very proactive, taking part in the 'COVID cleaning' in their house.

## Meaning and purpose

With staff support, a service user has enrolled at Newcastle Recovery College, after initial reluctance to contact them. They have now independently attended, to participate in the joyful mindfulness and wellbeing course.

Another service user continues to gain work experience with a local builder.

## Independence, choice, and control

A service user now feels confident enough to self-administer their medication on a two-day basis for a four-week period, and will look to increase after this time

## Recovery-focused key outcomes

Recovery-focused outcome domain	% service users supported to achieve outcome
Employment/employability	4%
Education/educational	14%
Interests, creativity & expression	100%
Moving on to more independent accommodation	25%
Develop or improve independent living skills	90%

We have been pleased with the proportion of people that we have helped to achieve recovery-focused outcomes in our Adult Services, despite the challenges that the pandemic has brought, particularly in the ability to access community services, work, and educational establishments.

## Dementia care and Body Mass Index

We are pleased to report that most people who live in our dementia services have a healthy BMI. Older and frail people can benefit from having a slightly higher BMI than

the general population, and we worked closely with our dietetic and other physical health colleagues to extend the range of what we consider to be a healthy BMI to 29.

Service	Overweight	OK	Underweight	n
Pinetree Lodge	4	9	1	14
Briarwood Meadows	2	2	0	4
Alderwood Assessment	2	7	1	10
<b>Totals</b>	8	18	2	28

## Dementia and tissue viability

Tissue viability incidents across the year have been very low, with no category 3 or above pressure damage occurring.

The table below shows how many people have been assessed as being low, high, or very high risk of sustaining pressure damage against the number of actual tissue viability incidents reported.

Service						
	risk (-10)	No. IR	high risk (10-15)	No. IR	very high risk (15+)	No. IR
<b>Pinetree Lodge</b>	0	0	4	0	10	0
<b>Briarwood Meadows</b>	0	0	0	0	4	0
<b>Alderwood Assessment</b>	1	0	5	0	4	0
<b>Totals</b>	1	0	9	0	18	0

## Service user satisfaction and experience

The COVID-19 pandemic severely impacted on our plans for carer and service user surveys. Throughout the year, feedback from service users within our Adult and Housing with Care and Support Services continued through resident groups and meetings. Supporting service users to maintain contact with family members through digital methods was supported, and challenges with complying with social distancing measures was a common theme.

Following the COVID outbreak at Briarwood in August 2020, six relatives agreed to provide feedback on the service and communication during the restrictions on visiting. All relatives reported a positive experience of window and garden visits and felt that COVID precautions were appropriate and as outlined within our Older People's Services visitors' code.

## Keeping residents in touch with their families

Throughout the pandemic all family members of resident in our 24 hours services were written to with updates on information about the service and current national guidance.



Our Older People's Services wanted family and loved ones to know that the services were still thinking about them during the restrictions on visiting, so they sent a letter to all carers, along with a keyring, in cards handmade by one of our support workers.

## Adapting our services to support people

Our Community and Wellbeing Services had to adapt to a different way of working during the pandemic, re-thinking how the valuable role of link workers can continue to support people and to remain connected in their communities as much as possible.

Our Chain Reaction service supports older people in Newcastle, and during the lockdown they particularly helped those who were living alone or were unable to leave the house.

Many of the people supported didn't have family living locally, or in some cases, had no family at all. Many people also did not have access to online resources or social media, so they were finding it increasingly difficult to stay connected to others. As a result, our staff and volunteers noticed that people were beginning to struggle with low mood.

Our Chain Reaction team came up with the brilliant idea to provide wellbeing boxes to boost people's moods and provide some positive activities to do at home. The boxes included craft materials, tasty snacks, flower and vegetable seeds and potting materials, playing cards, and many other items which help to keep spirits high.

Two members of one of our creative writing groups wrote short stories to be included in the boxes, and people were absolutely delighted to receive their boxes. Recipients got in touch to share stories of their flowers blooming and tomatoes growing.

To fund the creation of the boxes, the team used donations from our Extra Mile Fund, along with a £200 cheque from Newcastle Building Society. ASDA Cramlington also kindly donated items to go into the boxes.



Feedback from one of our service users was:

*“Thank you seems so inadequate for the lovely gifts ‘Santa Mary\*’ gave me on Saturday. Also, appreciation for doing that for me.*

*Truly every article brought forth a comment ‘Oh isn’t that great!’ or ‘How thoughtful’ and the care gone into everything. You all must have spent hours on the shopping and then the time taken to prepare! Thank you! I was overwhelmed by it all and so heart warmed. It was so good to know I am still in the loop of such caring people.*

*As always, with love to you all.”*

Our Moving Forward services set up online group activities for people to support social inclusion. A number of teams set up weekly telephone calls to people who lived alone and were shielding. Feedback from one person was:

*“It stops me from staring at the four walls. And that’s the biggest thing. There is nothing better than the spoken word, I am so grateful for the people you have put me in contact with”.*

## Staffing and staff wellbeing

A future working and wellbeing staff survey was conducted in 2020. The survey explored:

- Experience of working during the pandemic.
- Changes for some with remote or home working.
- Support from manager and central services.
- The effects of COVID-19 on mental health and wellbeing.

Most staff felt they were being supported and valued. Although a number of staff felt their mental health and wellbeing had remained the same or had even improved during the pandemic, 30% of staff across the whole organisation felt it had got worse.

Mindfulness sessions, counselling, and additional guidance on managing stress during the COVID-19 pandemic was added to our wellbeing resources for staff.

## Mandatory training

During 2020/21, we updated our statutory and mandatory training matrix and reviewed our training priorities. Our new Learning Hub was launched, which provides an environment for not only our online training resources, but a platform and central repository for all learning.

Over the past year, we have worked closely with our staff and ensured that access to online training was available. When restrictions allowed, and for training which required face-to-face training, these resumed with strict COVID precautions in place.

## Freedom to Speak Up

As part of our commitment to upholding the highest standards of conduct and ethics, we appointed an external, independent confidential reporting helpline for staff in March 2021. This service supports our existing internal processes for staff to raise concerns. Over the next year, we will continue to raise the profile of the organisation's Freedom to Speak Up Guardian and the speak-up helpline.

## Our quality priorities for 2021/22

Looking forward to our priorities for quality improvement 2021/22, we will disseminate our new values through all our services and into everything that we do. Our values are:

- Innovation
- Compassion
- Accountability
- Respect
- Excellence



Priority 1	Learning from events and development of a safety culture
Priority 2	Learning from experience
Priority 3	Supporting our staff
Priority 4	Improve our Older People's environments
Priority 5	Improving our data to improve our services
Priority 6	Continued development of our work on psychologically-informed environments and trauma-informed practice

### Priority 1: Learning from events and development of a safety culture

We will work to embed the NHS Patient Safety Strategy and Incident Response Framework. We will continue to learn from incidents and procure a new incident reporting system. We will develop a 'learning from incidents and complaints' newsletter to help share our learning and support continued improvement.

### Priority 2: Learning from experience

As part of our Service User Engagement strategy, we want to amplify the voice of people with lived experience in our services, so that we are increasingly guided by the people who use our services. As part of this, we will develop Peer Support Worker



role(s) in our Adult and Community Services, and will have begun to employ people with lived experience in our specialist 24-hour services.

### Priority 3: Supporting our staff

Our survey last year revealed that the wellbeing of our staff had lowered, which was largely attributed to the challenges of working in pandemic restrictions. In response, we have further developed our approach to staff wellbeing and have published a new Wellbeing Strategy, which we will implement throughout 21/22.

Through this Wellbeing Strategy, we will enable a culture in which our colleagues thrive at work and can be heard saying:

- “I feel engaged with the organisation and I know that they care about me”
- “I feel happy and productive at work”
- “I know I can talk about my health and wellbeing with my manager”
- “My health and wellbeing concerns are taken seriously – I know that they matter, and I will be supported”

We will monitor this throughout the year and will repeat our staff survey to measure our success.

### Priority 4: Improve our Older People’s environments

During 2021/22 we will work with our commissioners, family carers, staff, and other stakeholders to develop an environmental improvement strategy for our Older People’s Services. In partnership with our commissioners, we will bring significant capital investment to improve our care environments, ensuring they are fit for purpose and better enable us to provide innovative, person-centred care for people with the most complex needs.

### Priority 5: Improve our data to improve our services

As we continually develop our practice and improve how we deliver our services, data will become increasingly important. Although we already collect a lot of information and outcomes as we work with our beneficiaries, we need to use this information better, so that we can be guided by the best quality evidence when making decisions.

We will therefore centralise our data into a single data warehouse. This will enable us to develop dashboards and reports at all levels of the organisation, linking to meaningful key performance indicators and drawing in information from across our

organisation. This will enable us to build a data-informed culture, which will drive a performance culture and will ultimately improve outcomes for the people that we support.

## **Priority 6: Continued development of our work on psychologically-informed environments and trauma-informed practice**

Building on our success in implementing a psychologically-informed environments model across Adult Services, together with enhanced supervision practice, we will expand this good practice into all service areas that support people with complex trauma. We will also develop a training and trauma awareness package for all staff in the organisation, including non-clinical teams.