Quality accounts

2018/19

Contents

Introduction and statement on quality from the Chief Executive

I am delighted to introduce our quality accounts for 2018/19.

This report illustrates our continued commitment to providing high-quality services within a challenging commissioning environment.

Throughout 2018/19 we have continued to develop our expertise in helping people from a trauma informed perspective and have built further on our expertise in supporting family carers with end of life when this occurs for their loved ones.

I have been delighted that we have maintained 'Good' ratings for our CQC regulated services, and that we have achieved an 'Outstanding' rating for our Oakwell service. The performance reports, audits, and satisfaction survey results are again, extremely encouraging.

Along with our own service delivery, we have maintained our role as a committed partner in our local health and care system's transformation plans, and we will continue to do so in 2019/20 and beyond.

Brendan Hill
Chief Executive | Concern Group

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 for 2018/19 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 Mental Health Concern 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 can confirm to the best of their knowledge that the information provided within the Annual Quality Account is an accurate and fair reflection of Mental Health Concern's performance for 2018/19. It is clearly presented in the format required and the information it contains accurately represents Mental Health Concern's quality profile. Overall, the CCGs felt that the report was presented in a meaningful way for both stakeholders and service users.

The CCGs continue to hold regular quality review group meetings with Mental Health Concern, which provide positive engagement for the monitoring, review and discussion of issues relating to the quality of patient care.

The CCGs would like to congratulate MHC for achieving an 'outstanding' rating from the Care Quality Commission (CQC) for Oakwell and for maintaining a rating of 'good' for the remaining six CQC regulated locations.

The CCGs acknowledge Mental Health Concern's commitment to quality improvement including the publishing of their Quality Governance and Assurance Framework last year, which gives clear direction for ensuring that quality governance is a priority at all levels within the organisation. The CCGs note that Mental Health Concern has implemented the

10 data security standard recommendations from the National Data Guardian and is compliant with the General Data Protection Regulation.

The CCGs note that a new service audit was piloted in two services during 2018/19, which provided a deep-dive measuring if services are safe, effective, caring, responsive and well led. It is noted that the pilot provided valuable data and the audit will form part of the routine audit programme for 2019/20. It is acknowledged that seven balance of care audit tools are in place and each service is routinely audited on a quarterly basis.

The CCGs commend Mental Health Concern for the high compliance rates achieved in the control of infection audits. It is acknowledged that only two services scored below 75% and improvement plans were implemented; these scores have now improved with both services scoring above 75%. The interactive practical handwashing training to staff and service users using the Glow and Show Kit is an excellent initiative and it is pleasing to note that this has had a positive impact in steadily increasing the hand washing compliance rates within services.

Mental Health Concern 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. During 2018/19 a Good Practice Notice was introduced to communicate and implement changes following incidents and complaints. This is an excellent way of disseminating lessons learned across the organisation.

The highest reported incidents are in relation to falls and it is noted that Mental Health Concern has collected and analysed the falls data to establish themes and has reviewed the quality of the falls risk assessments undertaken by nurses. The CCGs acknowledge the excellent work which has

been undertaken in relation to falls prevention, and in particular the work undertaken by the Older Person's Practice Development Group. The CCGs fully support the ongoing work to explore how falls data is captured and analysed at a local level and how Oomph! exercises will be incorporated as part of the intervention plan for falls prevention.

During 2018/19, a total of seven serious incidents were reported by Mental Health Concern. The CCGs are assured that robust processes are in place to investigate serious incidents and monitor any recommendations or actions to ensure that these are implemented in a timely way.

It is pleasing to note that the majority of people who live within dementia services have a healthy body mass index and that no service user has sustained more than superficial pressure damage.

The CCGs commend Mental Health Concern for their approach to practice in using recovery-focused key outcomes in all services. The CCGs note the positive narrative outcomes from rehabilitation and dementia services where star scores have improved as well as the number of service users who were supported to achieve a recovery-focused and physical health outcome.
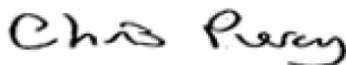
The Adult Services Service User Satisfaction Survey continues to produce good results, with between 77% and 92% of users in agreement or strong agreement about their positive experience of the service. It is noted that the survey's findings identified that further work is required on raising awareness of how to complain and Mental Health Concern will take this forward in 2019/20. The CCGs also acknowledge the majority of respondents in the Older People's Services Family Carer Survey would be 'extremely likely' or 'likely' to recommend dementia care services to their friends and family.
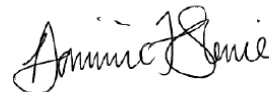
The CCGs would like to congratulate Mental Health Concern on the excellent progress made in enhancing end of life care in Older People's Services. This included staff training, structured bereavement and support de-brief following the death of a service user, end of life care guidance, assessment of pain using evidence based tools and engaging with carers. It is pleasing to note that by quarter four, the majority of staff reported feeling more confident in discussing questions around dying and are more confident in managing symptoms during the last days of life. It is noted that Mental Health Concern will continue to deliver annual training for all staff involved in providing end of life care.

It is assuring to note the achievement of the 2018/19 Commissioning for Quality and Innovation Schemes (CQUIN). The CCG welcomes the specific priorities for 2019/20 which are highlighted within the report and consider that these are appropriate areas to target for continued improvement.

The CCG looks forward to continuing to work in partnership with Mental Health Concern to assure the quality of services commissioned in 2019/20.

Chris Piercy
Executive Director of Nursing,
Patient Safety & Quality

Dr Dominic Slowie
Medical Director

For and on behalf of:
NHS Newcastle Gateshead Clinical Commissioning Group
NHS North Tyneside Clinical Commissioning Group
NHS South Tyneside Clinical Commissioning Group

About us

We are based in the North East of England, where we provide a wide range of specialist mental health services, which are predominantly commissioned by the NHS and local authorities. 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 Person's Services
- Adult Services
- Community and Wellbeing Services
- Housing and Support Services

Older Peoples' 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 specialist, 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 one to three years
- Relapse prevention
- Employment and increased employability
- Access to education
- Living skills
- Condition management

Housing with Care and Support

In our Housing 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 main focus is on 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 people who have often spent many years in institutional environments the opportunity for independent living and social inclusion.

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 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 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.

MHC 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 and South 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.

Our values

At Mental Health Concern, as part of Concern Group, 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

Quality Governance and Assurance Framework

Last year we published our Quality Governance and Assurance Framework, which outlines our systems and processes for quality management and improvement, and the continued development of quality governance.

The framework gives clear direction and a shared vision for how we ensure that quality governance is a priority at all levels of the organisation. 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.

Overview of governance structures

Concern Group is governed by an independent board of trustees, which is supported by four committees 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 provides oversight of health and safety and the system for assuring governance of quality, safety, and risk. It is responsible for reviewing the systems of governance, control, risk management, and assurance.

Quality and Service Delivery Committee

The Quality and Service Delivery Committee is responsible for assuring the organisation drives and delivers the key principles of clinical quality, safety, risk, clinical effectiveness, and good service user experience.

Human Resource Committee

The Human Resource 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

The Finance Committee supports the Board of Trustees with scrutiny of financial and business performance data, including the long-term sustainability of the organisation.

Information Governance Toolkit

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 complying with the General Data Protection Regulation (GDPR).

Our toolkit submissions for 2018/19 were made on 27 March 2019. We exceeded all mandatory requirements.

Safety alerts

The Governance and Quality Team co-ordinate and monitor the safety alert process. When alerts are received via the central alerting system, they are disseminated to appropriate clinical teams which ensure that

we are already compliant, or actions are taken to ensure we become so.

Service user involvement

We know that direct experience of using services gives our service users a unique insight into what works, which can be used to improve our services. Last year we published our Service User Involvement Strategy, which outlines our approach to ensuring meaningful service user involvement and working to ensure that we promote our values and shared aspirations in a way that is relevant for the people we serve.

Governance

CQC inspection reports

Service	Date of Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
Jubilee Mews	July 2018	**Good**	Good	Good	Good	Good	Good
Oakwell	April 2018	**Outstanding**	Good	Outstanding	Good	Outstanding	Outstanding
McGowan Court	March 2018	**Good**	Good	Good	Good	Good	Good
Coalway Lane	November 2018	**Good**	Good	Good	Good	Good	Good
Alderwood	January 2019	**Good**	Good	Good	Good	Good	Good
Pinetree Lodge	March 2017	**Good**	Good	Good	Good	Good	Good
Briarwood	January 2017	**Good**	Good	Good	Good	Good	Good

Oakwell

In 2018, Mental Health Concern's Adult Service, Oakwell was inspected by the Care Quality Commission and was rated "Outstanding", which we are extremely proud of. Oakwell works with people who experience complex mental health issues who are often taking their first steps away from hospital and towards more independent living.

Below are some extracts from the report:

"We found the provider had instilled a positive culture within the service which meant people were given every opportunity and were supported through challenging situations. The provider aimed to go the extra mile and never give up, we saw copious amounts of evidence confirming this was the case. Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles. We found that staff tirelessly worked to engage people in recovery programmes and would continue to support people even when they wanted to lead chaotic lifestyles."

"Staff were totally committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service."

Pinetree Lodge

"Staff had developed good relationships with people and communicated in a kind and friendly manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area."

"People's care plans reflected the activities that were available to them and took into account their preferences. For example, one care plan we looked at stated "[Name] has always been a busy man doing lots of paperwork, he likes to feel wanted and useful." The care plan went on to list activities the person liked, including writing, tidying and helping out with the laundry."

Alderwood

"Staff were making a difference to people's wellbeing by working well as a team, in harmony with one another and by sharing the same values and principles. We saw copious amounts of evidence confirming this was the case."

"Staff treated people with respect and valued them as individuals. For example, one person had moved to the service who had previously cared for other individuals on the unit. Staff found that at times the person's interactions were not positive with other people. As a team, staff analysed the person's patterns of behaviour and found creative ways to engage them in meaningful activities that would distract them key times in the day when their behaviour had been distressing others. This strategy has led to far more respectful engagement with all the people who used the service."

Clinical audit

As with previous years, our local audit programme is in place to monitor quality and improve services.

Audit results are reviewed by the Quality and Service Delivery Committee.

Service audits

A new service audit was piloted in Mental Health Concern during 2018/19. One service from Adult Services and one from Older People's Services were audited against standards relating to:

- Health, safety and risk
- Staff training and Development
- Governance and Leadership
- Financial Handling and controls
- Clinical practice
- Medicines Management
- Safeguarding
- Information Governance
- Service User Experience

The service audits proved very valuable in providing a deeper dive into measuring if services are safe, effective, caring, responsive and well led. They will now become a routine part of the audit programme for 2019/20.

Balance of Care audit results

Seven 'Balance of Care' audit tools are in place, which mirror our service specialities:

- Dementia care respite
- Dementia care assessment
- Dementia care
- Community Challenging Behaviour Service
- Rehabilitation and recovery
- Supported housing
- Moving Forward

Balance of care audits took place in each of our services on a quarterly basis. Actions arising from the audits were followed up at three months.

Older People's Services

	Number of audits
Alderwood: Respite and Assessment	4
Alderwood: South Riding	4
Briarwood: Meadows	4
Briarwood: Mill View	4
Pinetree Lodge	4

Adult Services

	Number of audits
Coalway Lane	5
Oakwell	4
Jubilee Mews	4
McGowan Court	3

Control of infection audits

As a result of 25 audits undertaken, we were able to generate action plans which were closely monitored by our governance department. Overall, we had high compliance rates with only two services having action plans which addressed areas for improvement scoring below 75% (sluice, environment, bedrooms, hand hygiene, waste management, and outbreaks). These areas are now scoring above 75% and we have no action plans at present within services.

Hand washing is less glamorous than hi-tech interventions, but it is known to be the single most important thing we can do to reduce the spread of disease. With this in mind, our Infection Control Practice Group worked into services introducing practical training sessions, teaching the importance of hand washing and the dangers of cross-contamination in a fun and interactive way using our Glow and Show Kit with staff and service users. This has had a positive impact, with hand cleaning compliance rates steadily increasing within our services.

Medication audits

All residential services had a medication audit during 2017 and 2018. The audit covered ordering, storage, and administration of medicines, as well as training and medication incidents.

Service user safety

Clinical incident reporting

2018/19 incidents by service
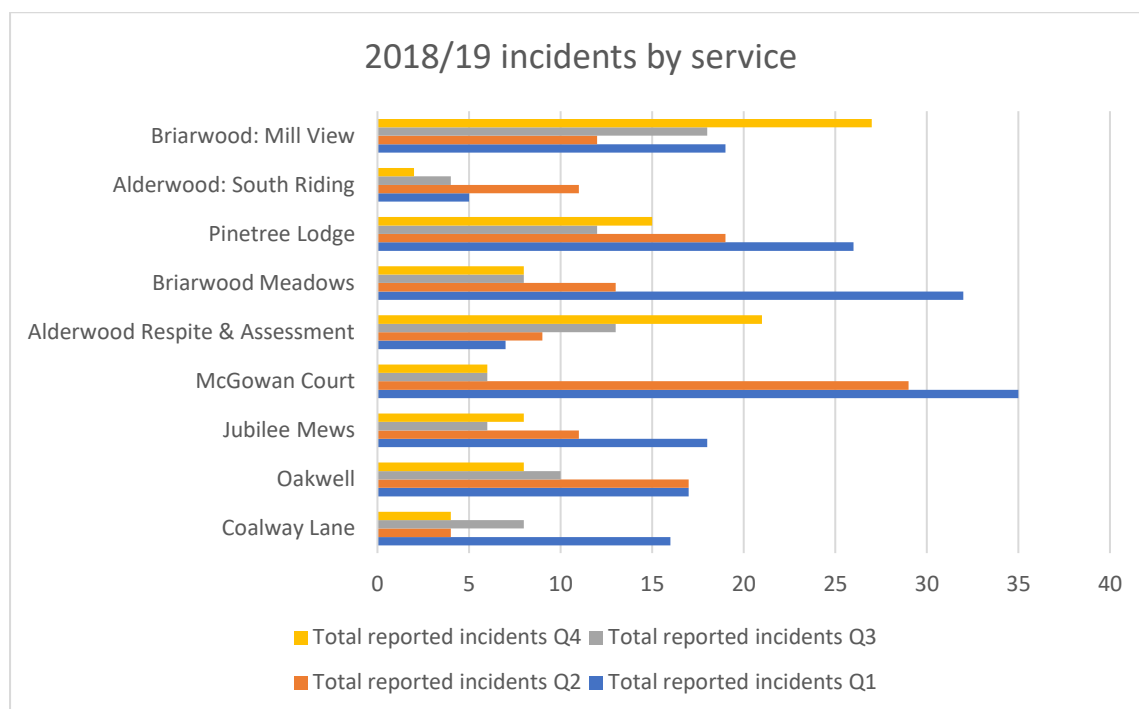
Peaks of incidents at McGowan Court during quarters 1 and 2 related to particular residents displaying challenging behaviours and misusing substances. The work we implemented the previous year with regards to our misuse of substances policy framework supported the decrease in these incidents in the following two quarters.

A peak in incidents at Briarwood Mill View during quarter 1 concerned physical aggression towards staff by a particular service user. A detailed package of interventions and robust care planning supported the decrease of these events.

No particular trend was observed for the peak in incidents at Alderwood Respite and Assessment in quarter 4.

A robust and rigorous approach to serious incidents is in place across the organisation which identifies any causal factors and enables sharing of any learning. Seven serious incidents were reported during 2018/19, four within Adult services and three within Older Peoples services. All incidents were reporting to the clinical commissioning group as required by the NHS Serious Incident Reporting Framework 2015. We have a process in place to closely monitor the recommendations from 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.

Our strong approach to openness and honesty was evident throughout the year, not only with our serious incidents but with all service user safety incidents, thus ensuring our compliance with the Duty of Candour.

Learning from incidents

We are a learning organisation and we aim to ensure that we use all available opportunities to identify and embed improvements as a means of providing the safest possible care and support for our service users. Lessons learnt are disseminated across services with the aim of improving the quality of care. During 2018/19 we introduced a Good Practice Notice process as a way of communicating and implementing change following incidents and complaints.

Improvement work through learning from incidents and complaints included family carer work to support relationships between service users and their families and challenging capacitous service users' choices to engage in activity likely to cause themselves harm.

Incidents by category

The five most frequently reported incidents throughout the year are listed below.

Type of incident	Number of incidents
Slip, trip, or fall	99
Mental health-related incident	56
Other	52
Misuse of substances	45
Physical attack	42

'Other' is chosen when an event does not sit comfortably in any other category, such as incidents related to members of the public. We have been reviewing our incident types and categories over the year and will be amending our process in the forthcoming year.

Infection prevention and control

During 2018/19 Mental health Concern had two confirmed outbreaks:

- **Briarwood Mill View** had an outbreak of diarrhoea and vomiting in October, which affected two residents and one member of staff.
- **Briarwood Meadows** had an outbreak of influenza, which affected three residents and three members of staff.

All services took part in International Infection Prevention Week in October, with key topics including hand hygiene, the use of personal protective equipment, and antibiotic use. These themes were promoted in practice using a range of activities, such as infection prevention quizzes, poster displays, and information boards.

Falls prevention

Following a review of incident reports relating to falls and investigations for fractures, MHC collected and analysed falls data to establish any common themes across services and looked at the quality of falls risk assessments being undertaken by our nurses in practice.

The Older Person's Practice Development Group (OPPDG) completed a good practice self-assessment tool for managing falls and fractures in care homes. This enabled the comparison of working practices in all three services with good practice, determined by research and experts in falls prevention and management. The same information was then sent to managers to complete and make suggestions.

The OPPDG members were able to freely discuss key challenges within this area of practice and were asked for suggestions on what they thought might help to support them.

Suggestions:

- Guidance on the use of sensor alarms
- Guidance on what to do when a service user falls
- Guidance on interventions/care plans for service users with high falls risk scores

The following written guidance was produced and then reviewed by the OPPDG members:

- Guidelines for falls risk assessment for older people, intervention and referral guide
- Guidance on the use of sensor alarm bed/chair mats
- Good practice guidance: medicine and falls in Older People's Services
- In the event of a fall/post-fall management

The OPPDG is in the process of reviewing general falls prevention measures with their service users. These measures include:

- Their chair is suitable
- Safe walking is discussed
- Their walking aid (if used) is within reach and in good condition)
- Their bed is the right height
- Their footwear is correct, i.e. supportive heel and secure fastening
- Daily footcare and inspection to check foot health

Ongoing work will include exploring how falls data is captured and analysed at local level, and how Oomph! exercises are incorporated as part of an intervention plan for falls prevention.

Dementia care and Body Mass Index

Unit	Number of people overweight	Number of people OK	Number of people underweight	n
Pinetree Lodge	3	14	3	20
Briarwood Meadows	1	8	0	9
Alderwood Assessment	0	6	0	6
Totals	**4**	**28**	**3**	**35**

The five underweight people at Pinetree Lodge and Briarwood were those who were frail and in end-of-life care; move-on would have been inappropriate.

Overall we are pleased that, again, the clear majority of people who live in our dementia services have a healthy BMI. We know that older and frail people can benefit from having a slightly higher BMI than the general population, which is why 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.

Dementia care and tissue viability

Unit	Number of people at risk of/with a pressure ulcer					
	Risk (-10)	Incidents reported	High risk (10-15)	Incidents reported	Very high risk (15+)	Incidents reported
Pinetree Lodge	4	0	8	0	8	0
Briarwood Meadows	0	0	3	0	6	0
Alderwood Assessment	3	0	1	0	3	0
Totals	**7**	**0**	**12**	**0**	**17**	**0**

This table shows how many people have been assessed as being at low, high, or very high risk of sustaining pressure damage, against the number of actual tissue viability incidents reported. We are delighted that no service user has sustained more than superficial pressure damage over this period.

Compliments and complaints

Mental Health Concern began more systematically recording compliments in 2018 and throughout the year capturing compliments has steadily improved, with staff and managers appreciating the benefits of logging compliments.

Five complaints were received in 2018/19; this includes complaints resolved informally at service level. This number is lower than the previous year, when nine complaints were recorded.

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 RFOs

Hope and self-esteem (values, goals, and plans)

Discussions have taken place between C, the keyworker, staff and C's mother about C moving on to more independent accommodation. Keyworker notes great improvement in C's independent living skills and how well C has developed and grown in confidence and abilities since coming to the service. An application has been made for C to move to Housing with Care and Support.

Meaning and purpose (education)

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

Independence, choice, and control (health independence)

B now sees himself as a 'non-smoker' and he has bought himself a vape machine which he has used for the past seven months with no cigarettes.

Meaning and purpose (employment)

D visited a café and asked if s/he could volunteer there. With past experience in photography and administrative skills, D was given responsibility for the café's web page. D now promotes the café, and having already increased the café's sales, has received praise from employers.

Relationships and interdependence (rekindling old relationships)

Keyworker has worked consistently with C to initiate family carer contact and build supportive relationships. For a while, C displayed anxiety surrounding this process and frequently declined support to get in touch with them. C now has frequent contact with the sister via telephone, and visited her and other members of the family for the first time since admission.

Citizenship (use of community resources)

E has been spending time off the unit with a friend of hers from another MHC service. They have been out for lunch and been shopping together. These two service users have a strong relationship and enjoy the time away, and the independence and choice that comes with this.

Meaning and purpose (interests, creativity, and expression)

Initially reluctant to contact the recovery college, with staff support D has enrolled at Newcastle Recovery College. D has independently attended now, to participate in the joyful mindfulness and wellbeing course.

Independence, choice, and control (financial independence)

In the past C could be impulsive with money. C's goal was to shop independently for food without support or assistance. For three months, staff supported C to go shopping; gradually tapering off support. C now shops without staff support and initially produced receipts on return to demonstrate food purchases. C has effectively managed this and now no longer shows staff shopping receipts.

Recovery-focused key outcomes

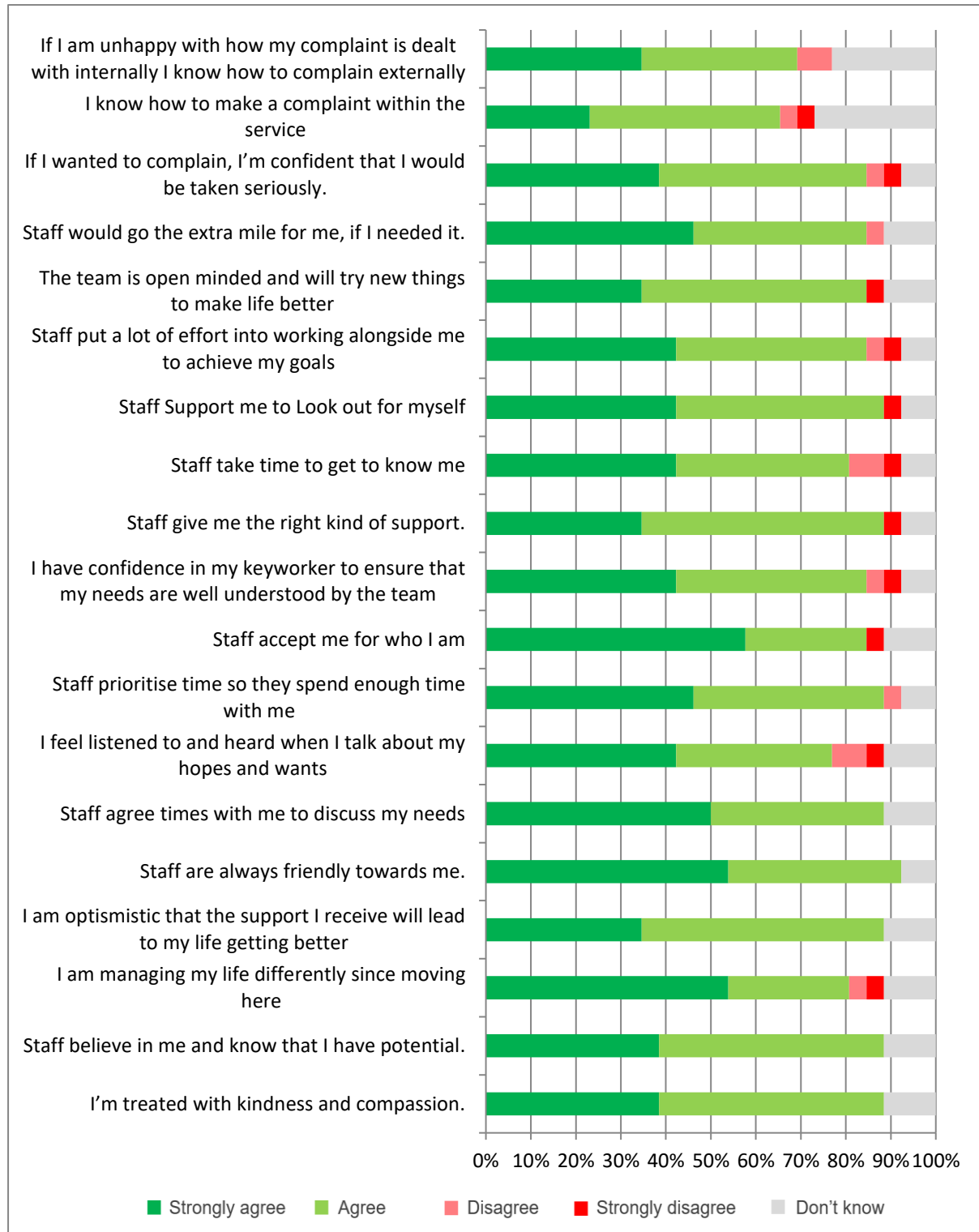| Recovery-focused outcome	Number of service users supported to achieve outcome
Employment/employability	13
Education/educational	13
Interests, creativity, and expression	36
Moving on to more independent accommodation	12
Develop or improve independent living skills	39

Physical health outcomes

There is compelling evidence that people with a mental illness die earlier than the general population. It is well-established that people with mental health problems are at an increased risk of adverse physical health outcomes. Therefore, we focus on increasing exercise, reducing smoking, and helping people make use of their primary health care services.

Physical health outcome	Number of service users supported to achieve outcome
People engaged in smoking cessation activities and have reduced/ceased smoking	11 of 26 who smoked
People provided with health education and smoking cessation information	24 of 26 who smoked
People supported to increase regular physical exercise	24
People supported to make positive changes to their BMI if required	16
People supported to maintain an appropriate BMI	20

Service user satisfaction and experience

Adult Service's service user survey

Chart categories (top to bottom):
- If I am unhappy with how my complaint is dealt with internally I know how to complain externally
- I know how to make a complaint within the service
- If I wanted to complain, I'm confident that I would be taken seriously.
- Staff would go the extra mile for me, if I needed it.
- The team is open minded and will try new things to make life better
- Staff put a lot of effort into working alongside me to achieve my goals
- Staff Support me to Look out for myself
- Staff take time to get to know me
- Staff give me the right kind of support.
- I have confidence in my keyworker to ensure that my needs are well understood by the team
- Staff accept me for who I am
- Staff prioritise time so they spend enough time with me
- I feel listened to and heard when I talk about my hopes and wants
- Staff agree times with me to discuss my needs
- Staff are always friendly towards me.
- I am optismistic that the support I receive will lead to my life getting better
- I am managing my life differently since moving here
- Staff believe in me and know that I have potential.
- I'm treated with kindness and compassion.

Legend: Strongly agree | Agree | Disagree | Strongly disagree | Don't know

Analysis

The Adult Services Service User survey is a tool which we continue to develop. Each year we refine the questions, adapting them to the changing needs of service users and how staff seek to identify, support and help meet those needs. This process of refinement has to be balanced against our need to track progress year on year. If we change too many of the items we cannot compare them against previous years. Our aim is to celebrate our achievements but also calibrate the survey to avoid ceiling or floor effects; where we are easily achieving or completely failing to achieve certain goals.

For example, if a survey question stated "I get enough to eat every day" and every year 100% said they strongly agreed, it would not tell us much year on year. We would need to refine the question until some people were saying 'no' or 'I don't know'. A refinement might be "I eat at least 1 portion of fruit or veg per day".

Comparing with 2017/18 results

Of the 19 questions in the survey this year, nine of those questions were the same or sufficiently similar to allow us to compare responses with last year. These questions were:

- If I wanted to complain, I'm confident that I would be taken seriously
- Staff would go the extra mile for me if I needed it
- Staff give me the right kind of support
- I feel listened to and heard when I talk about my hope and wants
- Staff are always friendly towards me
- I am optimistic that the support I receive will lead to my life getting better
- Staff prioritise time so they spend enough time with me
- Staff believe in me and know I have potential
- I am treated with kindness and compassion

In all nine items comparing last year with this year, at least 80% of the responses were from people who 'agreed' or 'strongly agreed'. Overall there were slightly more 'don't know', 'strongly disagree' or 'disagree' responses.

Of the responses to all 16 questions last year, there was one 'strongly disagree' and three 'don't knows'. Of the responses to this year's 19 questions there were 14 which attracted a 'disagree' or 'strongly disagree' response. All 19 questions attracted at least one 'don't know' response.
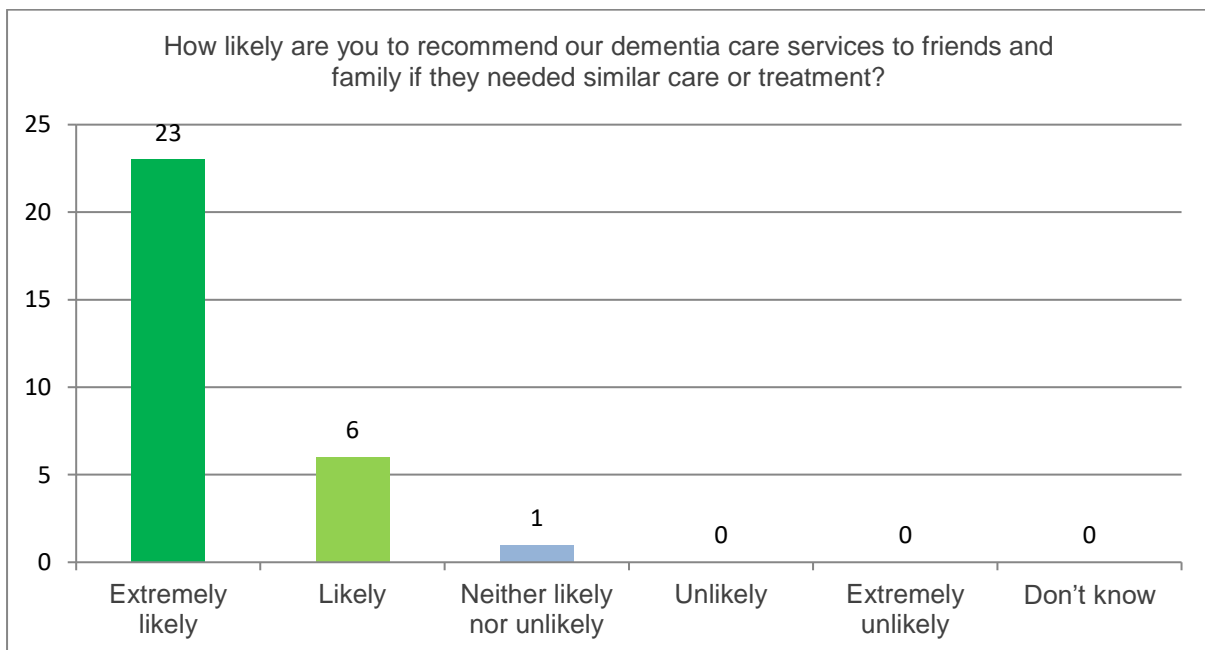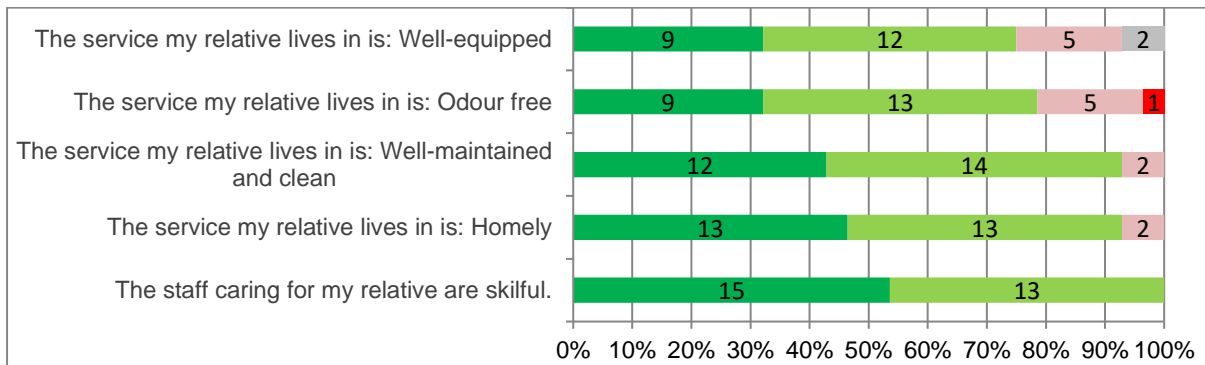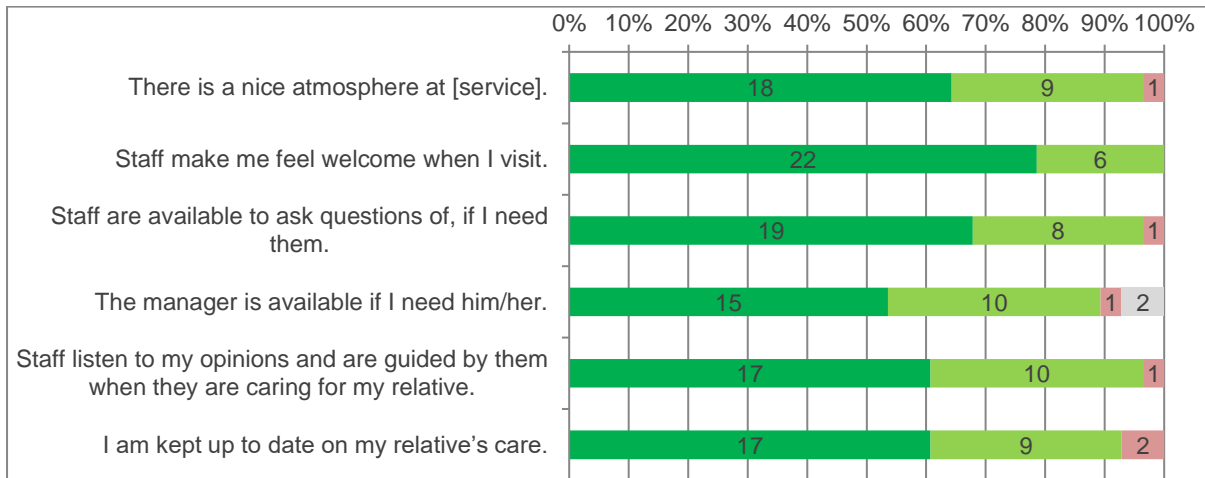
This year's responses

Regarding complaints, last year we asked one question and this year we asked three. The idea that complaints would be taken seriously continues to achieve agreement up at around 80%, however the responses to "If I am unhappy with how my complaint is dealt with internally I know how to complain externally" and "I know how to make a complaint within the service", hovered between 65% and 70% and we have some work to do here on raising awareness of how to complain.

Apart from the 'complaints' questions which between 65%-75% of respondents agreed with, all other responses to questions were between 77% and 92% in agreement or strong agreement, which continues to be extremely positive.

Older People's Services family carer survey

How likely are you to recommend our dementia care services to friends and family if they needed similar care or treatment?

Our 2017/18 priorities for improvement and development (and how we did)

Enhancing end of life care in Older People's Services

End of life care self-evaluation tool
This tool offered staff members at all levels the opportunity to reflect on the last passing of a service user within their service. Questions covered, communicating with service user/family carer when entering last days of life, support offered to service user/family carer, involvement of family/carer in decision making, what was done particularly well, what could have been done better

End of life confidence questionnaire
This tool was for keyworkers only and had specific questions relating to registered nurse roles. Questions covered anticipatory medications, symptom management and care planning (advanced care planning and implementation of the final end of life care plan in last days of life), recognition of service user actively dying, nutritional support and hydration, discussion with relatives about their loved one dying.

These are the staff numbers based at each of the locations who took part in the questionnaires in Q1 and Q4

|	Staff Numbers			
	Qualified Staff		Support Workers	
	Q1	Q4	Q1	Q4
Pinetree Lodge	9	9	32	28
Briarwood	11	13	28	25
Alderwood	12	14	24	25
Total	32	36	84	78

Response rates

	Care in the last days of life – Confidence questionnaire (completed by qualified staff only)		Staff evaluation of care in the last days of life (completed by qualified staff and support workers)		Overall	
	Q1	Q4	Q1	Q4	Q1	Q4
Number of questionnaires expected to be completed	32	36	116	114	148	150
Number of questionnaires actually completed	25	24	53	51	78	75
Return rate (%)	78%	67%	46%	45%	53%	50%

Key areas for development for Q1 included:

- Communication
- Management of symptoms during last days of life

Please see the below graphs which show a comparison between Q1 and Q4 results.

Chart 1 - How confident employees feel in discussing questions around dying that service users/family carers may have?
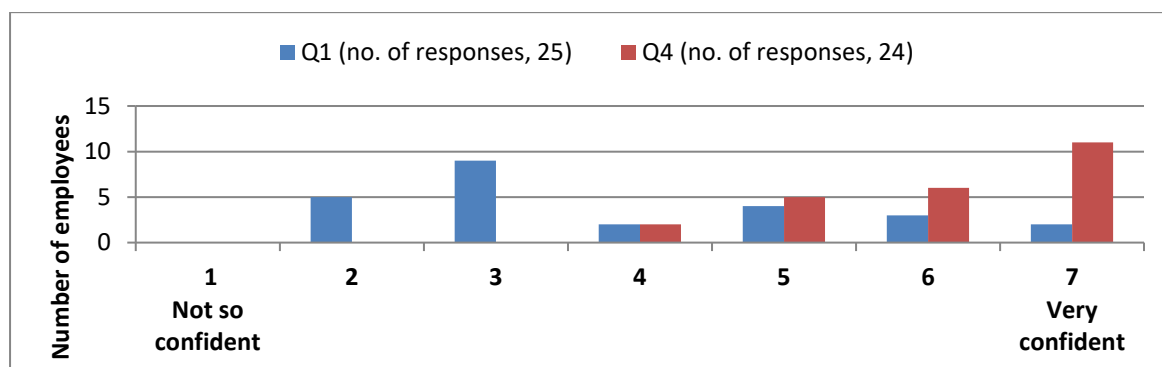

The results from Q1 suggested that staff were not so confident when discussing questions around dying with service users and their family carers, therefore, this was then captured as an area for practice development. You can see from the results shown in Q4 that the majority of staff now feel more confident within this area of practice. We believe this is due to the work we focused on which is listed below;

- Training
- Structured Bereavement and support Debrief following death of a Service user

- Practice guidance on End of Life Care
- Planning future care – Wishes and Preferences Booklet

Chart 2 - How confident employees are in managing symptoms during last days of life (i.e. pain, agitation, dyspnoea, secretions and nausea)
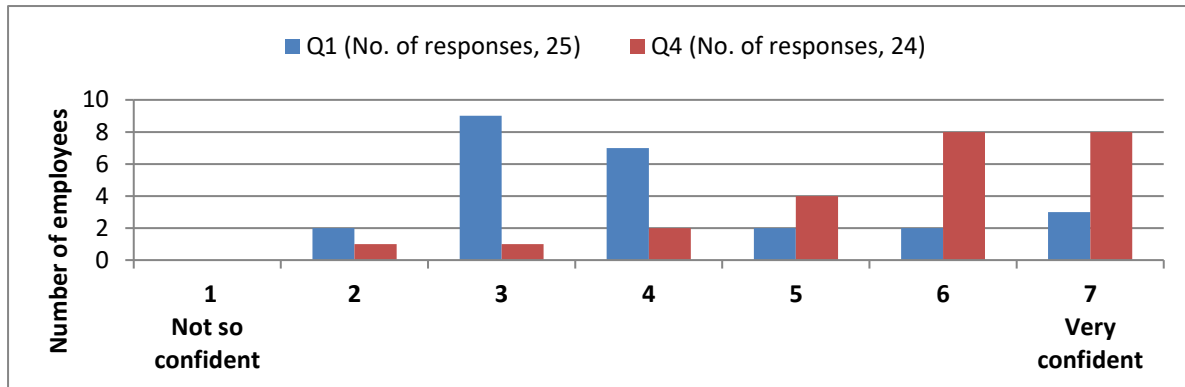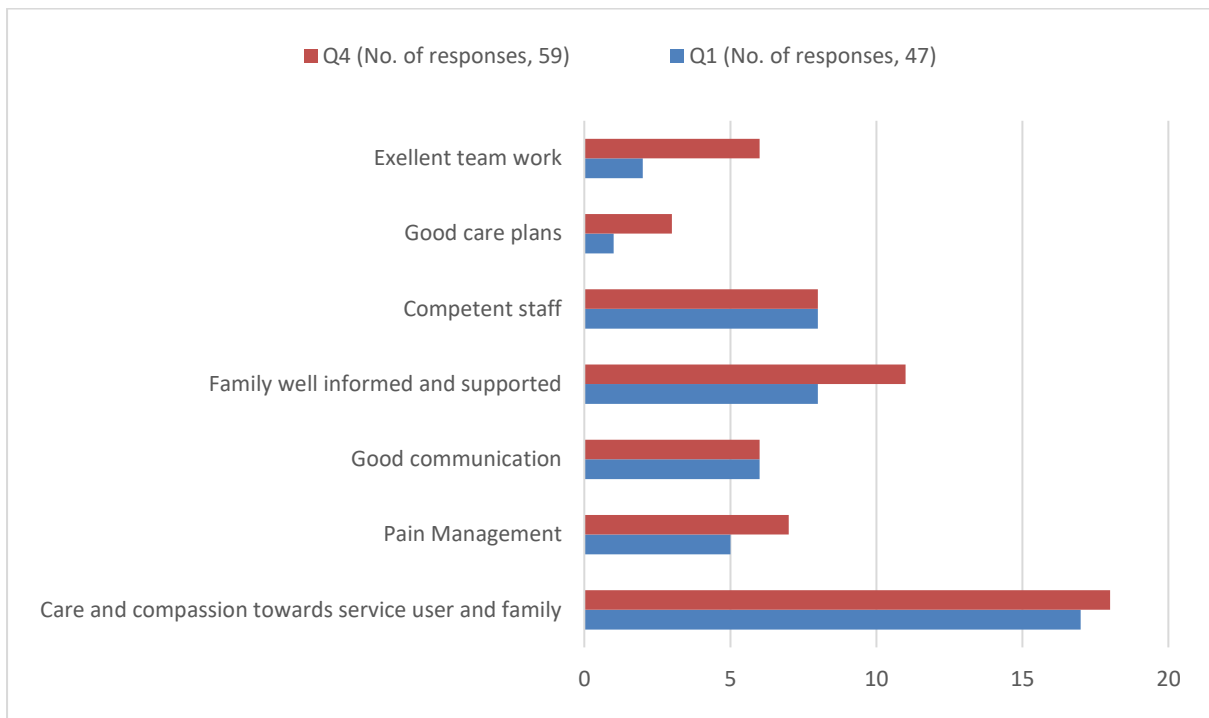

In Q1, you can see from chart 2 that the majority of employees suggested they neither felt under confident nor over confident in this area. This indicated there was training and development work required within this area of practice. To do this, the following was put into place:

- Training which addressed what symptoms to expect in the final days of life and how these symptoms are managed
- How we educate family carers on expected symptoms
- Assessment of pain, using evidence based pain assessment tools

From putting this into practice, you can see the improvement in the results from Q4 – with the majority of staff now feeling more confident within this area of practice.

An open-ended question was also included, to obtain some qualitative analysis. The response rate was slightly better in Q4 than Q1 by 10%, which would suggest staff could provide more details about what they thought they had done particularly well. Themes from both quarters are documented in chart below.

What was done particularly well?

Legend: Q4 (No. of responses, 59) — Q1 (No. of responses, 47)

Category	Q4	Q1
Exellent team work	6	2
Good care plans	3	1
Competent staff	8	8
Family well informed and supported	11	8
Good communication	6	6
Pain Management	7	5
Care and compassion towards service user and family	18	17

Our newly-introduced post-death debrief process has been reviewed at the last Older People's Practice Development Group for feedback from staff members at nurse and support worker level. The group felt these specific, structured debriefs were helping staff to review practices, share learning, and provide a safe space to express feelings.

We have also reviewed the use of the wishes and preferences document. Within our dementia services we are mainly reliant on the family carers for information; most families have engaged with key workers, with important and valuable information being obtained. Our GPs and consultant psychiatrist have also been involved within this process. Family carers have been updated about the importance on planning ahead and what support can be offered to them, through our schduled family carers meetings held within our services.

Within our supportive rehabilitation services, some of our residents have talked openly about planning future care and what they would want in place; this has been recorded and captured within this booklet. Other residents require more support and discussion around this sensitive subject.

Overall, we feel we have achieved our goals within this area of practice. We will conitinue to dleiver this training on an annual basis for all staff memebers involved in providing end of life care; we will review this package in line with national and local guidance.

Psychologically Informed Environments

Quarter 4: Adult Services CQUIN

Our Q4 CQUIN requirement was to use the learning from Psychologically Informed Environment (PIE) evaluation to inform the supervision strategy going forward. Produce a clear supervision strategy document for Adult Services.

The frequency of facilitated sessions has remained largely consistent, with an externally-facilitated session every eight weeks in each of the six services. Facilitation is now achieved with a mixture of in-house trained staff facilitators and the Adult Services Practice Development Lead.

This report focuses on the content and process of delivery rather than outcomes, which are due for publication early in the summer by Fulfilling Lives, with whom we are in close partnership.

Since we started delivering PIE sessions in 2015, and in keeping with the Open Dialogue approach of PIE, the content itself has been open to discussion and change. Fulfilling Lives' PIE lead practitioner, Ray Middleton, has adapted and refined content, providing greater structure in sessions, supported by video and audio recordings followed by a more formal reflective process.

This year has seen the delivery of five key skill topics for staff to reflect on. Each PIE session focused on one of these content areas:

1. **Accept and engage people as they are: be validating, use active listening**
   This included written and video material on Marsha Lineham's understanding of validation skills (1997); listening and observing, accurate reflection, articulating un-verbalised feelings and thoughts, validating behaviour in terms of its causes, validating behaviour in terms of context (normalisation) and radical genuineness.

2. **Believe people can get better: building motivation and hope**
   This session referenced the validation skills of session1, focusing on Motivational Interviewing (Miller & Rollnick 2002) and the Solution Focused Approach (Berg and Shazer 1993). Material covered included; assessing readiness to change; describing ambivalence to change, analysing the 'pros and cons' of change and no change, problem free talk (interests, values and strengths), the miracle question and scaling.

3. **Collaborative problem-solving**
   Plan solutions to problems together, then reflect on the outcome - to build problem-solving skills. This session acknowledges a common issue for service users, that some problems can feel overwhelming and that problem-solving skills are needed (Livesley 2003). A problem, solving cycle is offered, which is designed for the Service user and staff member to work on collaboratively and with the aim of the service user learning these skills. Close attention is paid to the issue of dependency and the difference between 'doing with' and 'doing for', acknowledging that while it may seem easier to solve a problem 'for' the service user, this can be a de-skilling and dependency-forming process whereas doing 'with' is more a learning process.

4. **Develop Trust in Relationships**
   Be reliable, consistent, repair breaks in the relationship. This session takes a 'trauma informed approach, acknowledging that past trauma impacts on the capacity for service users

to build trusting relationships. Typically, service users disclose too much or too little in a relationship and either extreme threatens the relationship, leaving service users isolated. Staff are in a position to model trust building; offering realistic amounts of help, being reliable, apologising where we make mistakes and being honest about the reasons we may have been unable to fulfil promises. Key to these characteristics within a relationship is that they are consistently applied.

5. **Establish and maintain our role and boundaries**
Using a 'trauma informed' approach to building realistic expectations about what you can and cannot do within your role; modelling personal boundaries. This session creates discussions around: setting and communicating limits – explaining why we cannot do things outside of our role and why we seek to do things within our role. Being flexible, making rare exceptions, rather than rigid with our boundaries using a dimension like this, aiming for the sweet spot of 'flexible and consistent':

Applying boundaries in a way which is:

Rigid ✘	Flexible √	Consistent √	Inconsistent ✘

Suggested boundaries for discussion are 'keeping to agreed times', 'staff personal experience disclosures', 'safety boundaries' and 'responsibility boundaries' – negotiating whose responsibility it is to address particular issues.

The process of delivery also models the content and is governed by two principles: open dialogue and reflective practice

a) **Open Dialogue principles:** The role of the facilitator, alongside normal facilitation skills, is to uphold these principles. (1) Accepting that we only ever partly know what is going on in any context. (2) Valuing and encouraging the expressions of different points of view, opening up a dialogue between them with genuine curiosity, looking for ways in which two apparently opposing ideas or views can co-exist (3) Taking responsibility for and acting within our roles and boundaries during the dialogue.

b) **Reflective Practice principles:**
(1) Describe something you have done in your practice with a client or a colleague, include the thoughts and feelings you had at the time then, reflect and enter into a dialogue about it with others.
(2) Introduce some theory about good practice that seems relevant to this situation - the five key skill topics.
(3) Evaluate it in the light of some theory about good practice, simply start by discussing "what was good about this practice?"
(4) Discuss "what could have been better about this practice?" in the light of good practice theory.
(5) Say what you would do differently if you held in mind what you have learnt through this reflective discussion, how your skills might develop.

Discussion

While the formal evaluation is being produced by Fulfilling Lives, we have informally evaluated the effectiveness of PIE in terms of its content and process. Staff believe the content to be extremely useful and relevant, well focused on people with complex needs; they welcome a trauma informed approach. In terms of process, facilitators and staff have noticed that the practical constraints for each PIE group mean that not all staff can attend and the opportunity for deeper personal reflection for those who attend is limited by the open group context.

Conclusion

The PIE initiative has highlighted that the role of 1:1 supervision has the potential to complement what is, in effect, a form of group supervision in the form of PIE. We hope that by developing an equally and matched form of individual supervision, the two together will create a robust resource through which new and more demanding practice initiatives can be encountered, reflected upon, evaluated, adapted, and adopted. This lays the foundation for a supervision strategy, detailed in the 2019/20 CQUIN.

Our quality priorities for 2019/20

Adult & Community Services (or 'across services' improvement)

Within Adult Services we continue to work with people who have experienced trauma in their lives and have a diagnosis of psychosis and/or personality difficulties. Nationally, there is a growing recognition of psychosis as a response to trauma; the development of 'trauma-informed' services is notable. In the past, trauma has been the exclusive territory of therapists, however the Scottish Recovery Network's 'Transforming Psychological Trauma' Knowledge and Skills Framework sets out reasonable expectations for the range of staff in our employment.

Adult Services acknowledge the importance of investing in staff, in order that they build capacity to become a trauma-informed service. This will allow us to support service users more consistently with empathy and compassion, particularly in the face of behaviours that challenge.

Building on our success since 2015, of implementing a PIE model across Adult Services, we are now attending to the quality of individual 1:1 supervision, such that it complements PIE.

Our commitment to improvement in our services, creates the normal tensions and problems to solve as staff and systems adjust to new, evidence based practice. The ways we support staff, using MHC Employee Support Framework Policy HR21, helps us to manage these changes in practice and as more fundamental changes are introduced, we find we need a more robust approach to individual 1:1 supervision practice.

The service user profile in Adult, Housing with Care and Support, and Community and Wellbeing Services continues to move towards younger, more empowered, less medicated people, often with homelessness, illicit drug use and/or forensic features; people with complex needs. Here the pathology that people with complex needs have, is rooted within the relationships they form. Our approach to good mental health practice requires staff to build close supportive relationships with service users. This requirement places additional demands on both clinical and 1:1 supervisory relationships.

The service user profile in Older Persons Services is also changing; people in these services tend to be physically fitter and stronger than they used to be. 'Behaviours that Challenge' from someone who is physically fit and strong are more challenging and more demanding.

This improvement then has two drivers; the additional demand originating from changes in our service user profiles and innovations in evidence based practice which we would like to introduce.

Concern Group's Insight Healthcare services have more defined, robust, and structured forms of supervision, derived from person-centred therapy practice, which fit within existing policy and suit our purpose. We seek to align supervisory practice in MHC services with Insight Services, meet the demands of our new service users and provide capacity for innovative evidence based practice developments, specifically the 'Transforming Psychological Trauma' Knowledge and Skills Framework.

Strategy

Quarter 1- Design a person-centred supervision training package based on the model used within Concern Group's Insight Services. Agree a training delivery model which maintains the fidelity of the model and creates scope for adaptation across clinical (Adult, Housing with Care and Support, Older Person's Services) and non-clinical specialities (Community and Wellbeing Services)

Q2- Deliver the training package with a mixture of theoretical, experiential and practice-based learning opportunities, assessments-for -learning and reflective practice. Training will be a number of key 'taught' days followed by practice based learning and then feedback in the following 'taught' day.

Q3- Each speciality trains all staff with supervisory responsibilities and holds awareness raising sessions with support staff to prepare them for changes in supervision.

Q4- All staff across all specialities implement the new model where supervision was due to occur in any case. Staff evaluate anonymously comparing the old system with the new system of supervision. Evaluations are collated in readiness for the possible continuation of this CQUIN into 2020/21

Older People's Services

We believe it is essential that our staff teams consciously and regularly review service users' everyday experiences and think about what it might be like to live restricted lives.

For CQUIN 19-20, we want to promote an 'action on the ground' approach, as we believe it is the value base and motivation within direct care that dictates the kind of support that our service users receive, on a day-to-day or shift-to-shift basis.

Research tells us that many health and social care staff don't understand what makes a practice restrictive. It is imperative for us all to understand what restrictive practice is, in order to enable us to reduce it. We will focus on this and collect data from the use of staff questionnaires. The purpose of this will be to establish a baseline of staff training, understanding, and practice in relation to the use of restrictive practices in our services. We are hopeful that the information obtained will highlight areas that may require improvement and will also help influence and shape how improvements can be achieved.

Within our services we will introduce 'reducing restrictive practice reflective workshops' on a weekly basis, to support staff in understanding the meaning of restrictive practice and its impact.

Within the reflective workshops, we will do a full review of all restrictions, measuring them against the risk they are meant to address, using the framework 'Restrictive Practice: what you should consider', taken from the Positive and Proactive Workforce document (DOH 2014).

All services will take part in a 'least restrictive practice awareness week' the aim of this week will be for the teams to:

- Create and sustain the awareness of what constitutes restrictive practices
- Engaging staff in discussions within their teams
- Explore alternative approaches and interventions available
- Boost confidence for the teams
- Create a safe space for staff to read materials provided and discuss current practice
- Allow staff to put forward new ideas/suggestions to reduce restrictions
- Review of action plans generated from reflective workshops

We will do a repeat of questionnaires completed in Q1 and analyse both sets of data. We will review each services action plans to evaluate our progress to date, with new objectives being set based on the achievements made.