

Requires improvement


Norfolk and Suffolk NHS Foundation Trust

Community-based mental health services for adults of working age

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMY01	Trust Headquarters Hellesdon Hospital	West Norfolk Adult Community Mental Health Service	PE30 5PD
RMY01	Trust Headquarters Hellesdon Hospital	Central West Adult Community Mental Health Service	NR6 5BE
RMY01	Trust Headquarters Hellesdon Hospital	Central East Adult Community Mental Health Service	NR6 5BE
RMY01	Trust Headquarters Hellesdon Hospital	Central Norfolk (South) Adult Community Mental Health Service	NR18 0WF

Summary of findings

RMY01	Trust Headquarters Hellesdon Hospital	Great Yarmouth Adult Community Mental Health Service	NR30 1BU
RMY01	Trust Headquarters Hellesdon Hospital	Waveney Adult Community Mental Health Service	NR32 1PL
RMY01	Trust Headquarters Hellesdon Hospital	Bury North IDT	CB8 7JG
RMY01	Trust Headquarters Hellesdon Hospital	Bury South IDT	IP33 3NR
RMY01	Trust Headquarters Hellesdon Hospital	Central IDT	IP14 1RF
RMY01	Trust Headquarters Hellesdon Hospital	Ipswich IDT	IP1 2DG
RMY01	Trust Headquarters Hellesdon Hospital	Coastal IDT	IP3 8LY

This report describes our judgement of the quality of care provided within this core service by Norfolk and Suffolk NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Norfolk and Suffolk NHS Foundation Trust and these are brought together to inform our overall judgement of Norfolk and Suffolk NHS Foundation Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We gave an overall rating for community based mental health teams for adults of working age as requires improvement because:

- Staff lacked confidence in the trust's electronic recording system and described it as difficult to use. We saw that most staff struggled to access or input patient information easily.
- Teams operated differently across the trust. These differences made the referral pathway potentially difficult to understand for patients, staff and healthcare professionals.
- There were nursing vacancies in every team. Two teams had vacancies for consultant psychiatrists. This interfered with the quality and continuity of care offered to patients. There were differences in how teams were made up across Norfolk and Suffolk. This meant that there were inconsistencies in service provision offered to patients. There was not a standardised caseload allocation tool throughout the core service.
- Clinic rooms in Bury North, Great Yarmouth East Coast Recovery team and West Norfolk ACMHS were in need of improvement. We found that the trust had not taken action to address recorded temperatures over 25 degrees in the majority of clinic rooms. Evidence of annual checks and re-calibration of medical equipment was not available at Bury North and Bury South.
- We found that documentation relating to care programme approach (CPA) review was lacking in some patient records. This meant that we could not be certain that all patients had received a full formal CPA Review as required.
- Staff had not identified areas for improvement and addressed concerns following internal medicine

management audits that were carried out. Staff had not completed some medication records in full. We found that the Mental Health Act CTO forms were not always kept with the medication record.

- Some staff across the teams told us they felt they could not raise their concerns without fear of victimisation. The majority of staff spoken with felt that the pace of change within the trust was difficult to manage.

However:

- Assessment and focussed intervention or access and assessment staff completed initial risk assessments and triaged patients to the relevant teams efficiently. Physical healthcare needs were considered. Staff described how they risk assessed and tried to engage with people when they did not attend appointments. The teams worked to a lone working practice protocol.
- There was a small waiting list for treatment in most areas.
- Staff had annual appraisals. Regular clinical and managerial supervision was taking place. Staff were mostly up to date with mandatory training and knew how to make a safeguarding referral.
- Learning from incidents was disseminated across teams and the wider trust through a variety of routes that included electronic and face to face learning.
- Staff were respectful and caring when they spoke with patients. Patients said they were involved in their care planning and treatment. Senior staff were aware of the 'Duty of Candour' requirement. Staff helped patients to make complaints and signposted service users to advocacy services when needed.
- Staff said morale had improved since the trust had re-organised services and improved leadership and accountability.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated community based mental health teams for adults as requires improvement for safe because:

- There were nursing vacancies in every team, and vacancies for consultant psychiatrists in two teams. This interfered with the quality and continuity of care offered to patients. In one team three agency nurses were employed long term.
- Clinic rooms in three sites were small or needed improvement in relation to their use. For example the clinic room in Bury North was unsuitable for seeing patients and an interview room was used to administer depot injections. Great Yarmouth East Recovery Team was too small and the need for improvement had been identified on the building risk assessment. The clinic at West Norfolk ACMHS needed refurbishing or relocating to another room. We were told the trust had plans in place to address these issues.
- We found that the trust had not taken action to address recorded temperatures over 25 degrees in clinic rooms. This meant that the efficacy of medications could be affected. Staff sought advice from the trust pharmacist in order to manage this risk.
- Evidence of annual checks and re-calibration of medical equipment was not available at Bury North and Bury South sites. Sanitisation stickers were not seen on equipment at sites across the trust. There was lack of consistency in the provision of emergency and first aid equipment across these services. There was no basic physical healthcare observation equipment at Central South CMHT.
- Some prescription records were not completed fully at Bury South or Ipswich IDT, including reasons for not giving depot injections. Of 38 prescription records checked in Bury South, we found 15 were incomplete in the recording of medicines administration. Senior managers confirmed they would investigate this immediately. Staff at Bury North team had not updated stock records for anticholinergic medication. This was brought to the attention of the manager at the time.
- Staff in the Central East and West Norfolk teams at the Peddar Centre had not ensured that the fire exit was locked. This meant that access to restricted areas of the building was possible. At the same premises, within the restricted access area of the building, a cleaning cupboard was found to be unlocked. We raised these issues with the clinical team lead at the time who rectified them immediately.

Requires improvement



Summary of findings

- Whilst different caseload allocation tools were working effectively within teams, there was not a standardised caseload allocation tool throughout the core service.

However:

- Each site was clean and well maintained. Infection control information was on display in toilet and clinic areas. There was hand cleaning gel in reception areas.
- Staff had access to personal alarms to summon help within the team buildings.
- Flexible assertive community treatment (FACT) meetings took place each morning in most teams. Patient risks were reviewed and red, amber or green rated according to risk.
- There were low or no waiting lists in most areas. Staff at Waveney ACMHS identified that there had recently been nearly 100 people waiting to access their service. In the past two months this had fallen to 15. Staff reported this had been achieved through proactive case management.
- Staff were trained in, and aware of, safeguarding requirements.
- The transportation and disposal of medication was in line with trust policies.
- The trust had an effective incident reporting system in place. Staff learnt from serious incidents through trust wide and local reporting. All staff knew how to report an incident.
- Staff learned from incidents and complaints via a cascade system that included discussion of trust wide reports at local team level.
- Staff received mandatory training and attendance was monitored.
- The teams worked to a lone working practice protocol to promote the safety of patients and staff. Compliance with this was monitored by managers.

Are services effective?

We rated community based mental health teams for adults as requires improvement for effective because:

- We found that documentation relating to care programme approach (CPA) review was lacking in some records. There was no evidence that a face to face, fully attended formal CPA review had taken place in some cases. This meant that we could not be certain that all patients had received a full formal CPA Review as required. We alerted senior staff to this.
- Consideration of mental capacity was not always fully recorded.

Requires improvement



Summary of findings

- Where patients were under a community treatment order, we found that the CTO11 and CTO12 were not always with the medication record.
- Staff had not identified areas for improvement and addressed concerns following internal medicine management audits that were carried out.
- Teams operated differently across the trust. In some Norfolk teams both assessment focussed interventions (AFI) and flexible assertive community teams (FACT) operated and in some teams there was only FACT. In Suffolk, 'access and assessment' teams operated from a base in Ipswich and covered the county. These differences made the referral pathway potentially difficult to understand for patients, staff and healthcare professionals.
- There were differences in how teams were made up across Norfolk and Suffolk. For example, in Great Yarmouth there was no occupational therapist post. This meant that there were inconsistencies in service provision offered to patients.
- Staff lacked confidence in the trust's electronic recording system. They described it as cumbersome and difficult to use. We saw that most staff struggled to access or input patient information easily. This could delay care interventions and omit important information about the patient. Some staff had accessed further training in the use of the electronic recording system and had found it helpful.
- Staff were concerned that information might not be available to weekend workers reliant on the trust's electronic records system for patient information. This was because on some occasions the system had 'crashed' leaving the clinician to create paper records that had to be scanned over to the weekend cover team. There was no fail-safe mechanism to ensure the information was received by the weekend cover team.

However:

- Staff engaged in flexible assertive community team daily meetings in order to manage waiting lists and review service user needs. This ensured a swift and responsive 'step up' or 'step down' in levels of care and treatment to patients
- Assessments were completed in a timely manner. Care records showed personalised care that was recovery oriented. Staff included risk and crisis plans developed with the service user in most of the care records. Physical healthcare needs were considered during assessment and treatment. Staff used the

Summary of findings

‘Rethink’ physical health tool for this. In Norfolk, the trust employed a nurse whose job was to support staff who had patients with physical health concerns. Teams had strong links to local GPs.

- Staff ran central anti-psychotic medication monitoring and depot clinics in order to help manage the large geographical patient catchment area.
- Staff were aware of and followed National Institute for Health and Care Excellence guidance. Outcome measures such as health of the nation outcome scales, Beck anxiety index and patient health questionnaires were used to check the effectiveness of care and treatment. Staff participated in some local clinical audits.
- The trust employed skilled staff from different professional backgrounds to create multi-disciplinary teams in both Norfolk and Suffolk. There was effective working with other agencies and services, including social care.
- New staff received an induction into the trust and into their team. Staff received regular supervision and an annual appraisal. Staff had access to mandatory and role specific training. The trust encouraged ‘train the trainer’ schemes that supported staff to share professional mental health expertise in a range of subjects.
- The Mental Health Act records for patients who were subject to a community treatment order were up to date and most contained all the relevant information with the exception of some medication records.
- Staff had received training in both the Mental Health and Mental Capacity Acts.

Are services caring?

We rated community based mental health teams for adults as good for caring as because:

- Staff were respectful and caring when they spoke with patients.
- Staff maintained confidentiality and kept records securely.
- Staff were positive and passionate when discussing patient care and treatment.
- The majority of patients and their carers spoke very positively about the service received from individual staff. Patients said that staff supported them in their recovery journey.
- Carers appreciated the carers assessments offered and the care and treatment patients received. All said the environments in which care and treatment was delivered was clean and well furnished with access to a range of information in a variety of formats.

Good



Summary of findings

However:

- Three patients told us that they did not feel involved in their care and two patients complained of a lack of continuity in their care co-ordinator.

Are services responsive to people's needs?

We rated community based mental health teams for adults as good for responsive because:

- The service provided rooms that were private and well-furnished for appointments and group sessions Gateway House at Wymondham was undergoing refurbishment to provide consulting and meeting rooms for patients.
- Patients said they felt involved in their care planning and treatment. Patients' opinions were documented in their care plans. Carers said they were involved in their relatives care when appropriate and with the consent of the patient.
- Staff helped patients to access potential employment through various initiatives such as the 'care farm' scheme.
- Patients spoke highly of the recovery college, some expressed a desire to become peer tutors and peer support workers.
- The trust provided information both in poster and leaflet format on a range of subjects, including mental health, advocacy and treatments.
- Teams were achieving the five day standard for seeing urgent referrals and the eight weeks for routine referrals. We found that actual times were from four hours to two days for urgent and two to four weeks for routine referrals.
- There were flexible appointments to meet the needs of people. Staff could work later or earlier in line with the lone working protocol. For example, staff did their best to meet the needs of patients by meeting them at home or in community bases and settings to deliver care.
- Staff had a clear protocol to follow when patients disengaged with the service. This included making telephone calls, texting them and requesting welfare checks from the police.
- Staff took active steps to promote engagement with patients that included taking them to meetings and appointments.
- Cultural and disability needs were assessed at the point of referral. There was access to interpreters when needed.
- Records demonstrated that individual teams responded to and learned from complaints. Local resolution was tried wherever possible. Staff knew how to escalate complaints when local resolution failed.

Good



Summary of findings

- Teams with a section 75 agreement were able to offer rehabilitation schemes quickly to patients with personal budgets.

However:

- Two patients told us they had to wait for longer than four weeks to have a routine appointment with their consultant psychiatrist.

Are services well-led?

We rated community based mental health teams for adults as good for well-led because:

- The trust employed a community matron to provide the locality teams with clinical support.
- Clinical team leads had an 'open door' management style.
- Staff held roles as local champions within their teams to promote infection control, dignity, wellbeing, green light, safeguarding and other important aspects of care.
- Staff were aware of the trust's vision and values and could describe them. The trust employed peer support workers, recruitment was 'values based' and a recovery college was established.
- Staff said they felt supported by their clinical team leads and service managers.
- Staff had received appraisals. Clinical and managerial supervision took place. Staff said they could raise issues with their manager if required and action would be taken. Managers monitored staff performance and addressed any issues.
- Staff had one day protected time per month to help with caseload management, share learning and for personal reflective practice.
- Sickness rate data provided by the trust as at 31 March 2016 showed the community teams as having a 4% sickness rate, slightly lower than the trust as a whole at 5%. Poor performance was addressed using the relevant human resource policy and managers said they had received advice and support from human resource partners.
- Clinical team leads had enough authority to fulfil their role and had administrative support.
- Teams could raise items for the risk register when necessary; there were local risk registers in place.
- Staff discussed the 'top ten' trust policies every month in team meetings and during protected time to ensure their understanding of important policies.
- Some teams had been visited by the chief executive.

Good



Summary of findings

- The chief executive sent a trust wide email to all employees every week.
- Staff felt that individual morale had improved greatly over the last 12-18 months since the trust had re-organised services and improved leadership and accountability.

However:

- Risks associated with this service had not been given sufficient importance or put on the trust risk register
- Some Suffolk based staff felt the executive team was remote.
- Some staff felt that the pace of change within the trust was difficult to manage.
- Five staff across the teams told us they felt they could not raise their concerns without fear of victimisation.

Summary of findings

Information about the service

Community-based mental health services for adults of working age provided medium to long term support to people living in Norfolk and Suffolk who were experiencing moderate to severe mental health problems.

The services were known as Community Mental Health Services (CMHS) in Norfolk and as Integrated Delivery Teams (IDTs) in Suffolk. In Norfolk, the CMHS teams were made up of professionals solely working in the adult community mental health pathway. In Suffolk, the IDTs were made up of professionals from a range of pathways including, but not solely, adult community mental health care.

In Suffolk a Section 75 partnership agreement with the Local Authority was in place.

All the teams received their referrals via the assessment and focused intervention teams (Norfolk) or access and assessment team (Suffolk) and from acute teams if the patient had been seen by inpatient or crisis services.

Once assessed, patients were involved in care planning and regular reviews, offered information and support with employment, activities of daily living and advice on health and wellbeing. Crisis and relapse planning, pharmacological interventions, medicines management and psychological therapies were included as part of ongoing care and treatment.

Adult mental health community services for adults in Norfolk were based in King's Lynn, Norwich, Wymondham, Lowestoft and Great Yarmouth and known as:

- West Norfolk (King's Lynn) adult community mental health service
- Central Norfolk (East) adult community mental health service
- Central Norfolk (South) adult community mental health service
- Great Yarmouth adult community mental health service
- Waveney adult community mental health service
- Central Norfolk (West) adult community mental health service.

The Integrated Delivery Teams for Suffolk were based in Newmarket, Bury St Edmunds, Stowmarket and Ipswich and known as;

- Bury North IDT
- Bury South IDT
- Central IDT
- Ipswich IDT
- Coastal IDT.

All of these teams were inspected during this comprehensive inspection.

The trust had last been inspected in October 2014 and was placed in special measures by the Secretary of State in February 2015 following an overall rating of 'Inadequate'.

This core service was inspected during the last comprehensive inspection of the trust.

Our inspection team

Our inspection team was led by:

Chair: Paul Lelliott, Deputy Chief Inspector (Lead for mental health), CQC

Team Leader: Julie Meikle, Head of Hospital Inspection (mental health), CQC

Inspection Manager: Lyn Critchley, Inspection Manager (mental health), CQC

The team that inspected the community-based adult mental health teams consisted of one CQC inspection manager, an expert by experience and three CQC

Summary of findings

inspectors. The team was supported by five specialist professional advisors: two nurses, occupational therapist, medicines management expert and social worker, all of whom had recent mental health service experience.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- Visited 11 community teams for adult mental health at 10 locations.
- Reviewed the quality of the environment at each location, including the clinical facilities.
- Observed how staff interacted with patients.
- Spoke with 62 people who were using the service and 13 carers.

- Interviewed the clinical team leaders of each of the teams.
- Spoke with 96 other staff members; including psychiatrists, nurses, psychologists, occupational therapists, support workers and peer support workers.
- Interviewed the individual deputy service managers with responsibility for these services.
- Attended and observed three clinical meetings; a multi-disciplinary meeting, a CPA 117 meeting and a team meeting.
- Observed 16 episodes of care, including attending a range of groups in community settings and nine home visits.
- Reviewed 76 care and treatment records of patients.
- Carried out a specific check of medicines management in all of the teams and examined 137 medication records.
- Checked a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

- We spoke with 62 patients and with 13 carers. We met some patients face to face and contacted others by telephone. Most patients told us that they were very happy with the care and treatment they received, and that some individual staff had gone over and above what was expected.
- The vast majority of patients we spoke with felt that staff were respectful towards them, genuinely cared about them and treated them with kindness and dignity. Most patients said staff supported them in

Summary of findings

their recovery journey. They were kept informed and involved in the planning of their care could discuss treatment options and make changes to some treatments that suited them better.

- Carer's assessments were appreciated by patients and their families. All said the environments in which care and treatment was delivered were clean and well furnished with access to a range of information in a variety of formats.

- However, two patients told us that they did not feel involved in their care and three complained of a lack of continuity in their care co-ordinator.
- Two patients told us they had to wait for longer than four weeks for a routine appointment with their consultant psychiatrist.

Good practice

- There was a range of therapeutic and social groups taking place in the community available to support patients with their recovery. For example, coffee mornings, the care farm, the trust's recovery college and trust referral to self-help groups.
- Bury South team had devised an enhanced caseload allocation weighting tool. This included information that promoted the effective use of staff resources.
- Peer support workers were employed in some teams by the trust and acted as a positive resource to support individual patients with their recovery journey.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure that all care programme approach reviews take place and are fully recorded.
- The trust must ensure that internal audits on medicine management identify areas for improvement and address any concerns identified.
- The trust must ensure that further training in the use of the trust's electronic record system is available to those staff who require it.

Action the provider **SHOULD** take to improve

- The trust should ensure that consideration of mental capacity is fully recorded.
- The trust should review the different working arrangements within each team, in order to ensure the consistency of care provided to patients.

Norfolk and Suffolk NHS Foundation Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
West Norfolk Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Central (West) Norfolk Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Central (East) Norfolk Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Central Norfolk (South) Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Great Yarmouth Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Waveney Adult Community Mental Health Service	Trust Headquarters Hellesdon Hospital
Bury North IDT	Trust Headquarters Hellesdon Hospital
Bury South IDT	Trust Headquarters Hellesdon Hospital
Central IDT	Trust Headquarters Hellesdon Hospital
Ipswich IDT	Trust Headquarters

Detailed findings

Hellesdon Hospital

Coastal IDT

Trust Headquarters
Hellesdon Hospital

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act (MHA) 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Over 90% of staff had received training in the MHA and demonstrated a good understanding.
- There were few patients in any of the teams who were subject to community treatment orders (CTO). Staff had completed CTO paperwork correctly with up to date information about the treatment order and reading of rights to patients. Some MHA information (CTO 11 and CTO 12) was not kept with the medication administration records.
- The use of the Act was monitored by the trust's monitoring committee. Regular audits were carried out and results shared. Action had been taken to address any identified concerns.
- Staff could contact the trust's MHA administration office for advice about the MHA.
- Approved mental health professionals (AMHPs) were positioned within teams who were available to advise colleagues on the MHA.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Clinical staff had received training in the use of the Mental Capacity Act 2005 during induction and preceptorship. In addition, training had been provided in teams by approved mental health professionals.
- Staff showed a good understanding of mental capacity.
- Staff said they would seek advice from senior colleagues if they had concerns about a patient's mental capacity or regarding the use of the MCA.
- Information about advocacy was on display in waiting areas. Patients told us they knew how to access advocacy if needed.

However:

- Capacity consideration was not always evident in the care records we reviewed.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- Clinic rooms in three sites were small or needed improvement in relation to their use. For example the clinic room in Bury North was unsuitable for seeing patients and an interview room was used to administer depot injections. Great Yarmouth East Recovery Team was too small and the need for improvement had been identified on the building risk assessment. The clinic at West Norfolk ACMHS needed refurbishing or relocating to another room. We were told the trust had plans in place to address these issues.
- We found that the trust had not taken action to address recorded temperatures over 25 degrees in clinic rooms. This meant that the efficacy of medications could be affected. Staff sought advice from the trust pharmacist in order to manage this risk.
- Annual checks and re-calibration of equipment records were not available at Bury North and Bury South sites. Sanitisation stickers were not seen on equipment at sites across the trust. Emergency and first aid equipment provision varied across the sites. There was no basic observation equipment at Central South CMHT.
- Clinical areas were visibly clean and well maintained. Handwashing information was on display in both staff and patient toilets. Hand cleaning gel was available in the waiting areas.
- Infection control champions were identified in teams.
- Plastic bins for the disposal of syringes and needles were not over-filled. The bins were dated and signed as required.
- Personal protective equipment, such as gloves and aprons, were available. Clinical waste was disposed in clearly labelled plastic bags.
- Staff had access to personal safety alarms so they could summon help if needed within clinics. These had been tested regularly.

- Staff had lockable medication transportation cases that they kept in the boot of their car when attending home visits.

Safe staffing

- There were nursing vacancies in every team, and in two teams vacancies for consultant psychiatrists. This could interfere with the quality and continuity of care offered to patients. In one team three agency nurses were employed long term.
- The average caseload across the service per team was 30 patients. Caseloads were effectively monitored and discussed in supervision. Adjustments were made to caseloads that accounted for patient complexity. Whilst each caseload allocation tool was working effectively, this was not standardised throughout the teams.
- Staff received mandatory training and in most teams this was up to date. The community team leads received regular staff training reports. The reports identified staff that needed to attend training. The training department alerted staff who needed to attend training by sending them a personal email. Where training was not 100% staff had booked on courses and were waiting for training to take place. This was supported by those training records seen.
- Staff sickness rate in the community teams were 4.1%. This was supported by those records reviewed. This was below the national average of 5%.
- Patients were allocated a care co-ordinator promptly. Patients who were yet to be allocated a care co-ordinator in Norfolk were supported by the assessment and focussed intervention (AFI) teams and duty workers, aided by the FACT team meetings and a FACT worker. In Suffolk, the centrally based access and assessment team contacted the FACT worker/team to support patients waiting to access treatment.

Assessing and managing risk to patients and staff

- Some prescription records were not completed fully at Bury South or Ipswich IDT, including reasons for not giving depot injections. Of 38 prescription records

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

checked in Bury South, we found 15 were incomplete in the recording of medicines administration. Senior managers confirmed they would investigate this immediately.

- Staff at Bury North team had not updated stock records for anticholinergic medication. This was brought to the attention of the manager at the time.
- Nurse prescribers were in post in some teams and could quickly adjust medications where appropriate.
- Staff had not identified areas for improvement and addressed concerns following internal medicine management audits that were carried out.
- Unused medicines were disposed of correctly and staff knew the policy on transporting medicines.
- The numbers of patients waiting to access care and treatment were low according to trust data. This showed they ranged from 10 in Suffolk West to 27 in North Norfolk. The outlier in this regard was Central Norwich with 50. Improvements were noted in waiting time lists at the time of the inspection. Senior staff reported this was due to caseloads being pro-actively managed
- Staff of the assessment and focussed intervention teams and access and assessment team undertook an initial comprehensive risk assessment for each person referred to the service. Patients were then triaged according to risk, and risk assessments became an ongoing part of individual treatment.
- Daily flexible assertive community team meetings ensured that patients needing urgent input were seen quickly and managed effectively.
- Staff included crisis and contingency plans when planning care with patients. These held information with telephone numbers to call and how to access services when outside of the team's normal working hours.
- Staff were trained in safeguarding and knew how to make a safeguarding referral. Safeguarding champions were available to support staff and access to social workers for advice was easy due to their co-location within team buildings. There were good links with the trust's safeguarding lead and the local authority safeguarding team.

- There was a lone working policy in place and staff followed this. The 'duty' person each day ensured all staff were safe if they had been on a visit and were not scheduled to return to base before going off duty. Staff were able to describe how they would risk assess a situation and escalate it if required. If they had any concerns about a home visit, they would take a colleague with them. New patients to the service attended the team base initially until fully risk assessed.

Track record on safety

- During the period 26 May 2015 to 18 May 2016, data provided by the trust indicated there had been 50 incidents reported involving people using community services, of which 28 were closed and 22 ongoing. There had been 37 unexpected deaths within this core service. These were being reviewed by the trust. We had received investigation reports from some of these incidents. Additionally the trust had commissioned an investigation from a management consultancy into their handling of incidents. They shared this with us prior to the inspection. Whilst this covered deaths prior to the scope of this inspection there were some recommendations that the trust had already put into place.

Reporting incidents and learning from when things go wrong

- Staff knew what type of incident should be reported and how to report it. They were aware of the duty of candour placed on them to inform people who use the services of any incident affecting them.
- Feedback from incidents and learning was discussed at team meetings and during the protected time days. We saw minutes of meetings where learning had been shared.
- Recommendations from investigations were shared with front line staff.
- Staff were offered a debrief after serious incidents. For example, there had been a recent serious incident in one team and we found that staff had been supported by members of the psychology team and senior management following this.
- Staff learned from incidents and complaints via a cascade system that included discussion of trust wide reports at local team level.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- We reviewed 76 patient care and treatment records. The records showed assessments were completed in a timely manner. Most records contained up to date information. Some records lacked risk assessments and some held more detail than others.
- Staff lacked confidence in the trust's electronic recording system. They described it as cumbersome and difficult to use. We saw that most staff struggled to access or input patient information easily. This could delay care interventions and omit important information about the patient. Some staff had accessed further training in the use of the electronic recording system and had found it helpful.
- Staff were concerned that information might not be available to weekend workers reliant on the trust's electronic records system for patient information. This was because on some occasions the system had 'crashed' leaving the clinician to create paper records that had to be scanned over to the weekend cover team. There was no fail-safe mechanism to ensure the information was received by the weekend cover team.

Best practice in treatment and care

- Staff took part in clinical audit. Staff had not identified areas for improvement and addressed concerns following internal medicine management audits that were carried out.
- The trust employed a nurse whose job it was to provide support to teams around physical healthcare needs.
- The trust employed phlebotomists who worked in medication management clinics. This meant that some patients did not have to travel to two places to be monitored for therapeutic medication levels as the phlebotomist was on site.
- Staff monitored the physical health care needs of service users on long term psychotropic medication and other medicines. Staff provided leaflets with information about medication to service users and carers that included side effects to look out for.
- All teams had psychology input and people could access psychological therapies such as cognitive

behavioural therapy. Psychologists and nurses ran a number of groups for patients, for example, overcoming anxiety, assertiveness, overcoming depression, living with emotions and adult attention deficit hyperactive disorder groups.

- Outcome measures were in place in all teams to measure the effectiveness of care and treatment in line with National Institute of Health and Care Excellence guidance. These included health of the nation outcome scales, beck anxiety index and patient health questionnaires.
- Staff support for patients included links with 'Equal lives' for help with employment and 'Together' for help with housing issues.

Skilled staff to deliver care

- There were differences in how teams were made up across Norfolk and Suffolk. For example, in Great Yarmouth there was no occupational therapist post. This meant that there were inconsistencies in service provision offered to patients.
- Staff were experienced and qualified to provide the required care and treatment. Specific training was available to staff who needed it, for example in phlebotomy. Cognitive behavioural therapy and other role specific training that met patient need was available.
- Mandatory training included training on the care programme approach, infection control, fire safety, safeguarding, moving and handling, safe working, medicines management, basic life support, supervision, Mental Health Act and Mental Capacity Act training. According to trust data, 70% of staff were compliant against a base line of 74%.
- Support workers had completed or were undertaking the care certificate.
- Staff received regular supervision, both managerial and clinical. Clinical supervision groups were available to staff in all teams. All staff we spoke with said they had received an appraisal within the last year.
- There were monthly team meetings where staff could discuss any clinical concerns and protected time to proactively reflect on individual practice.

Are services effective?

Requires improvement 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- The trust employed a community matron and a designated physical health care nurse. They were available to offer trust wide support to staff in community teams.
- Nurses completed an annual medicine competency assessment.

Multi-disciplinary and inter-agency team work

- Teams varied in their make-up. Most were made up of psychiatrists, psychologists, nurses, occupational therapists, peer support workers and health care support workers. Most teams had social workers co-located within the team base. In Suffolk, section 75 agreements were in place which meant that teams had integrated social workers.
- Staff attended weekly multi-disciplinary team meetings. We saw the minutes of the past four meetings and attended one of these meetings. Peer support and clinical advice were discussed as a standing item.
- Flexible assertive community treatment meetings were held every morning. Within this meeting staff from different disciplines contributed their skills and expertise and worked together to assess and manage patients not yet allocated to a designated care co-ordinator.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- Records showed us that over 90% of staff had received current training in the Mental Health Act. Refresher training was being provided.
- Staff showed a good understanding of the Act and particularly in relation to people on community treatment orders (CTO). Records showed up to date

information about the treatment order and reading of rights to individuals; however, CTO11s and CTO12 forms were not always attached to the patients' medication charts.

- The use of the Act was monitored by the trust's Mental Health Act monitoring committee and regular audits were carried out and results shared with front line staff.
- Staff said when required they could contact the approved mental health professional (AMHP) service to co-ordinate assessments under the Act.
- Information about independent mental health advocacy was available in clinics. Patients told us they knew how to access this if needed.

Good practice in applying the Mental Capacity Act

- Records seen showed us that over 90% of staff had received current training in the Mental Capacity Act. Refresher training was being provided. Training had been provided in teams as well as the trust wide mandatory training available to staff.
- Most staff showed a good understanding of mental capacity. Staff presumed patients had capacity unless concerns were identified. However, capacity consideration was not always evident in the care records we reviewed.
- Staff understood the importance of gaining the informed consent of patients. This was confirmed by those records seen. The trust's consent policy gave detailed guidance to staff on when and how to seek and document consent.
- Staff said they would seek advice from senior staff if they were concerned about a patient's mental capacity.
- The use of the Mental Capacity Act was being monitored by the trust and this information was made available to front line managers.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Staff were respectful to people who used the services and their carers. We saw staff were responsive to need and used skilled interventions to encourage people to consider their care during home visits, interactions in clinics, groups and during a care programme approach (CPA) 117 meeting.
- Staff talked to patients without using unnecessary jargon, they explained clearly and fully answered questions patients raised in a caring manner.
- Staff understood and were responsive to the needs of their patients. Staff described themselves as passionate about patient centred care.
- Most patients told us staff were caring and respectful towards them. Most patients were very positive about the care and treatment they received.
- Staff were clear about their responsibilities regarding patient confidentiality. They were aware of the boundaries around information sharing between professionals and others about patients. Records indicated where consent had been given to share information with family and others

The involvement of people in the care that they receive

- Staff completed records that showed service users were involved in their care planning. Care planning was recovery focussed and considered alternative treatment options.

- Carers told us they felt involved in their relative's care and were grateful to staff for the work they had done.
- Staff were seen to help patients make their own decisions about their care. Patients were offered support and advice on who to contact in the event of a crisis.
- Staff actively promoted the use of assessments for carers and the trust facilitated groups for carers.
- Patients were able to give regular feedback about their care through questionnaires and surveys. For example, at the start of 2015 as part of the Care Quality Commission community mental health patient survey, a questionnaire was sent to 850 patients who received community mental health services from this trust. Responses were received from 256 people. The trust scored the average of other similar sized trusts on each indicator asked. This showed that patients who responded were satisfied overall with the care and treatment they had received.
- The trust had placed suggestion boxes in reception areas where patients and carers could post suggestions for improvements to the service and other feedback.
- Patients and carers were involved in the recruitment of staff. For example, the trust's values based recruitment strategy stated that patients and carers should be involved on interview panels.
- However, three patients told us that they did not feel involved in their care and two others complained of a lack of continuity in their care co-ordinator.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- All referrals from primary care were triaged and assessed through the assessment and focussed intervention (AFI) teams in Norfolk and the central access and assessment (AA) team in Suffolk.
- Teams were achieving the five day standard for seeing urgent referrals and the eight weeks for routine referrals. We found that actual times were from 4 hours to 2 days for urgent and 2-4 weeks for routine referrals. Urgent referrals would be discussed in the morning flexible assertive community treatment (FACT) meeting and would be seen that day by a duty or FACT worker. In-patient step down patients came directly into treatment with the community teams.
- The AFI and AA teams comprehensively assessed the referral, meaning the patient only had to undergo one initial assessment.
- The duty or FACT workers were available to cover routine appointments when they looked likely to be cancelled at short notice due to staff sickness or short term absence.
- Patients told us they could ring the emergency numbers provided outside of normal working hours.
- Staff described how they risk assessed and tried to engage with patients who did not attend appointments. For example, phone calls, texts and arranging welfare checks with local police.
- Staff were flexible about the timing of appointments to meet the needs of patients. Staff used the lone working policy to ensure that visits to patients outside normal working hours could take place safely.
- Staff encouraged patients to move forward to primary care support and discharge. This was reflected in the low numbers of patients on most waiting lists. The highest waiting list was 50 patients in Central Norwich.
- Teams worked closely with voluntary sector groups and other agencies to provide social inclusion programmes in the community. These included craft groups, coffee mornings and, of particular note, the 'care farm' initiative.

The facilities promote recovery, comfort, dignity and confidentiality

- Staff accessed a wide range of information to give to patients when required. This could be printed off in different languages from the intranet. There were posters and leaflets in the waiting areas at the team bases. These helped patients make decisions about their care and treatment.
- Each team had adequate car parking for patients, apart from Great Yarmouth that had a small car park. Patients had to park in a fee paying car park along the road. This team were trying to access new premises having outgrown the original base.
- Water dispensers were available so that people waiting could have a cold drink.
- Staff worked flexibly to accommodate individual need and preference. Staff would visit patients at home, meet them in communal areas or arranged to see patients at the team base.
- There were a variety of rooms available for private and confidential meetings at each location. At Wymondham the premises were being refurbished to create meeting rooms on site. In the meantime, patients were being seen in their own homes or appropriate community settings.
- Staff completed password protected electronic records about patient care that ensured information was stored securely. When paper records had to be created, these were stored in a locked cabinet.
- Therapeutic groups, for example, coffee mornings and art and craft groups took place in suitable community settings

Meeting the needs of all people who use the service

- Patients with mobility problems were able to access all of the community bases. Consultation rooms were located on the ground floor of all bases except for Wymondham. Work was taking place to address this.
- Staff worked with patients to meet their needs associated with cultural diversity and other needs. Visiting arrangements were agreed with patients wherever possible. Staff could access interpreters and sign language specialists when needed.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Listening to and learning from concerns and complaints

- Trust provided data showed that between February 2015 and March 2016 there had been 333 complaints in this core service. Of these, 53 (16%) had been upheld and 115 (35%) partially upheld. This reflects a higher rate of upheld and partially upheld complaints when compared to other trusts. Three complaints had been referred to the parliamentary and health service ombudsman and one had been upheld by the ombudsman's office.
- Team meeting minutes showed that learning from complaints took place.
- Staff supported patients to make a complaint when necessary. Patient information leaflets and posters were on display in the waiting rooms informing patients how to make a complaint.
- Patients and carers were aware of the complaints procedure.
- Letters and cards containing compliments about the support and care provided by individual staff members displayed throughout the service.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Staff were aware of the trust's vision and values and could describe them. They were on display in all services visited.
- The trust recruited new staff using a 'values based' protocol that considered the attitude of potential staff as well as formal skills and qualifications.
- The trust employed patients in recovery as peer support workers. These posts aligned with the trust vision and values. Staff encouraged patients into employment, the recovery college and on to discharge to primary care.

Good governance

- There were governance arrangements in place to monitor performance and clinical care and treatment.
- Performance measures were in place and targets set for key elements of the service.
- Teams could raise items for the risk register when necessary; local risk registers were in place.
- Clinical team leaders undertook annual appraisals with their staff. Staff in Suffolk had monthly group clinical supervision led by a senior member of the team. Some staff felt the group supervision was diluted due to the range of professional backgrounds within the integrated delivery teams. Staff in Norfolk received individual clinical supervision. Staff across both counties had individual monthly managerial supervision.
- Minutes of monthly staff meetings showed discussion of learning from incidents and complaints relative to the team at local level.
- Clinical team leads reviewed staff mandatory training needs and supported staff to attend training in specialist areas.

Leadership, morale and staff engagement

- Staff knew who the senior managers and executive directors were. However, some staff described the senior executive team as remote and distant, particularly those staff working in Suffolk.

- The chief executive sent a weekly email to all staff to promote staff engagement with the senior team. We heard that most staff liked and appreciated this.
- Return to work interviews were held. Staff had access to occupational health support when needed. Managers said they had received advice and support from human resources.
- We were informed there were no current bullying or harassment cases. Most staff said they could raise issues with their manager if required and were confident that action would be taken. However, five staff across the teams told us they felt they could not raise their concerns without fear of victimisation. Staff were aware of the trust's whistleblowing policy and process.
- 60% of 75 staff said they were likely or extremely likely to recommend the trust as a place to work in the latest published results from the staff friends and family test (April 2015 – April 2016).
- Front line staff told us morale had improved over the last 12-18 months. The trust had re-organised services and improved leadership and accountability. Staff said the chief executive had listened to staff and had taken appropriate action when issues had been raised.
- Staff spoke of in house leadership and management training being available.
- Team members supported each other and worked effectively together. The trust offered a staff helpline to support staff needing advice or help with managing stress.
- Nursing forums had recently been established where nurses could access peer support.
- Some staff felt that the pace of change within the trust was difficult to manage. A number of staff reported that using the new trust's electronic recording system had raised their stress levels and workload.

Commitment to quality improvement and innovation

- Staff learned from complaints and incidents and made adjustments and changes wherever possible to improve the delivery of care and treatment. Patients provided feedback to the trust through a variety of forums and groups on how to improve services.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- There was a range of therapeutic interventions available on an individual and group basis.
- The 'care farm' initiative and recovery college were examples of improvement and innovation.
- One psychologist in Bury South IDT had a day per week funded to promote a 'research friendly' environment within the trust. The same psychologist ran 15 minute 'mindfulness' groups for staff each morning in an effort to reduce staff stress.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

- **Care and treatment was not always provided in a person centred way. The trust did not ensure that all care programme approach reviews took place.**

This was a breach of regulation 9

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- **The trust did not ensure that internal audits on medicine management identified areas for improvement and addressed any concerns identified.**

This was a breach of regulation 12

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- **The trust had not ensured that clinical information systems were robust. There was not a clear and accurate contemporaneous record of patient care.**

This was a breach of regulation 17