

Inadequate 

Norfolk and Suffolk NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Quality Report

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Date of inspection visit: 10 to 20, and 25 July 2017
Date of publication: 13/10/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMYYX	Fermoy Unit: Domiciliary Care Service	Churchill Ward	PE30 4ET
RMY03	Northgate Hospital	Yarmouth acute ward	NR301BU
RMYNR	Wedgwood House	Northgate ward Southgate ward	IP33 2QZ
RMYNG	Woodlands	Avocet ward Poppy ward Lark ward	IP4 5PD
RMY01	Hellesdon Hospital	Rollesby ward Glaven ward	NR6 5BE

Summary of findings

Waveney ward

Thurne ward

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



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 rated acute wards for adults of working age and the psychiatric intensive care unit overall as 'inadequate' because

- We had concerns that significant quality and safety risks still remained for patients and others. The trust board were slow to take adequate action to ensure that breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified from our 2014 and 2016 inspections were completed. For example, actions were still needed to reduce environmental risks such as ligature points and line of sights on wards.
- Staff records and checks of patients in seclusion were not always completed, which we had identified at our last inspection. The trust's provision of seclusion rooms on some wards was not adequate.
- Staff were still being trained to use prone restraint (face down) to give rapid tranquilisation injections. This is not in line with best practice guidance.
- The trust had not taken adequate steps to ensure staffing vacancies did not impact on the service and patient care. Staff had reported 406 incidents where this had impacted on the service or patient care. Staff did not receive regular supervision.
- We found examples of patients' risk assessments and care plan records not being updated and gaps in the monitoring of patients physical health care needs. The trust Mental Health Act 1983/2007 administration oversight was not effective as two patients detention under the Act had expired.

- The trust's oversight and management of patient admissions and discharges was not effective. A high number of patients were placed out of trust and area; this had increased since the last inspection. Staff moved patients regularly between wards during their treatment and this was not always for clinical reasons. A notable amount of patients faced delays for their discharge or were readmitted soon after.

However

- Most patients said they felt safe on wards and spoke positively about the care and support staff gave them. Patients and carers told us staff involved them in their care and treatment.
- Staff gave examples of how they supported patients with diverse needs. There were systems for patients to raise concerns or complaints and have staff respond to them.
- Staff reported good morale and efficient managers at local level. There were examples of effective multi-disciplinary team working. Staff gave us examples of how they were supported to progress with their career and take on new roles and responsibilities. Staff said senior staff were more approachable and responsive since our last inspection.
- Staff gave examples of learning from incidents to reduce reoccurrence and of safeguarding patients.
- Staff gave examples of improvements made to the quality of the service through introduction of the 'safe wards' model of care.

Summary of findings

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

Are services safe?

We rated acute wards for adults of working age and the psychiatric intensive care unit as 'inadequate for safe because

Inadequate



- Trust governance systems to ensure safety were not effective as the trust had not fully addressed the actions from our previous inspections. Actions were still needed for significant improvements to reduce environmental risks such as ligature points and lines of sights on wards. These issues were highlighted from our previous inspections.
- Staff records and checks of patients in seclusion were not always completed, which we had identified at our last inspection. Rollesby second seclusion room did not meet the Mental Health Act code of practice requirements. Staff at Wedgewood House, Yarmouth acute, Northgate and Churchill wards had to seclude patients at the health based place of safety suite on occasion. Women would have to pass by male bedrooms on Northgate ward to access this.
- Staff were still being trained to use prone restraint (face down) to give rapid tranquilisation injections. Risk assessments were not always updated.
- All wards had staffing vacancies. Staff had reported 406 incidents where this had impacted on the service or patient care. Thirty three staff told us of staff shortages impacting on the service.
- Staff completion of crisis plans varied and managers had varied understanding of their purpose.
- Not all wards were fully compliant with Department of Health guidance on eliminating mixed sex accommodation. Trust data from April 2016 to March 2017 showed the trust had reported 30 mixed sex accommodation breaches. On one occasion we observed a male and female patient in a garden area without direct staff observation.

However:

- Most patients said they felt safe on wards.
- The trust had made improvements in reporting incidents and medicine management.
- Staff received feedback from investigation of incidents both internal and external to the service and gave examples of learning from incidents and safeguarding vulnerable adults.
- Staff had systems to check equipment and maintain clean environments.

Summary of findings

Are services effective?

We rated acute wards for adults of working age and the psychiatric intensive care unit 'requires improvement' for effective because:

- Trust governance systems were not effective as the trust had not taken action to fully address the requirements from our last inspection as staff across wards did not have regular supervision. As of July 2017, only 19% of Lark and 53% of Glaven ward staff had received an appraisal.
- Care plans were not always updated. Staff did not monitor patient's physical health adequately.
- The trust did not monitor Mental Health Act compliance appropriately; two patient's detentions had expired which meant that staff's plans to give treatment under the Act and discharge the patients into the community on a community treatment order were affected.
- Most patients did not have positive behavioural plans or equivalent.

However:

- Ward teams had a variety of staff including nursing staff, doctors, occupational therapy staff and psychology staff. Peer support workers were on Poppy and Southgate wards. Staff reported good multi-disciplinary team working and we observed examples of this.
- Staff gave us examples of how they were supported to progress with their career and take on new roles and responsibilities.
- The trust had recently employed more physical health care nurses, to increase ward cover.

Requires improvement



Are services caring?

We rated acute wards for adults of working age and the psychiatric intensive care unit (PICU) 'good' for caring because:

- The majority of patients were complimentary about the care they received from staff on wards. Patients and carers told us staff involved them in their care and treatment.
- We observed meetings where staff involved patients and carers and talked to them about care and treatment options available.
- Hellesdon Hospital, Woodlands and Wedgewood House locations scored above the average in the 2016 'Patient-led assessments of the care environment' in relation to privacy, dignity and wellbeing.

However:

Good



Summary of findings

- Twenty one care plans out of 76 records reviewed contained little evidence of patient involvement with the care planning process. This was an issue also identified at our 2016 inspection.
- We had some feedback from patients and carers of when staff were less supportive to patients. Whilst the majority of staff interactions with patients were positive and caring, we observed on occasions at Wedgewood House when staff interacted less with patients.

Are services responsive to people's needs?

We rated acute wards for adults of working age and the psychiatric intensive care unit as 'requires improvement' for responsiveness because:

- The trust oversight and management of patient admission and discharges needed improvement. There was a notable increase in patients being placed out of trust and area, with 447 patients from April 2016 to July 2017 moved. Several patients had a high amount of ward transfers during their admission not always based on clinical need and we considered this was not helpful to their recovery.
- The trust's discharge process for patients was not efficient. From April 2016 to March 2017 there were 255 occasions when patients came back to hospital after discharge within 28 days. Forty seven acute ward patients had delayed transfers of care due to problems with appropriate community residential or supported accommodation and funding being available. Ward staff said there was a pressure on bed availability in Norwich.
- Waveney, Glaven and Churchill wards still had some shared double bedrooms with curtain partitions which affected patient's dignity and privacy.
- The trust did not carry out regular disabled access assessments.
- The trust did not have a care pathway for patients with a personality disorder.

However:

- The trust had commissioned a review of its beds in April 2017 and an action plan was developed in response.
- Wards had a range of rooms and equipment to support treatment and care such as a clinic, activity and therapy rooms.
- All five locations scored better than average for food in the 'Patient-led assessments of the care environment 2016 and the majority of patients confirmed the food was good.

Requires improvement



Summary of findings

- Staff gave examples of how they supported patients with diverse needs. There were systems for patients to raise concerns or complaints and have staff respond to them.
- Following discharge there was a system in place to contact patients to assess their welfare.
- Wards had welfare advisors from other agencies to support patients with benefits and housing for example at Churchill ward.

Are services well-led?

We rated acute wards for adults of working age and the psychiatric intensive care unit for well led as 'inadequate' because:

- We had concerns that significant quality and safety risks still remained for patients and others. The trust board were slow to take adequate action to ensure that breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified from our 2014 and 2016 inspections were completed. For example, the trust still needed to make significant improvements to reduce environmental risks such as managing ligature points and improving lines of sights on wards.
- The trust had failed to take adequate steps to ensure that staffing vacancies did not impact on the service and patient care. Trust governance systems were not effective to ensure wards met the trust's standard for supervision and appraisals.
- Significant improvements were needed to trust systems to ensure that patient's records were completed as we found examples of patients' risk assessments, care plans and seclusion documentation not fully completed. Patient's physical health was not always being monitored. The Mental Health Act 1983/2007 administration oversight was not effective as two patients detention under the MHA had expired.
- The trust was not effectively managing patient's admission and discharge. There was a notable increase in patients being placed out of trust/area and ward transfers. A notable amount of patients faced delays for their discharge or were readmitted soon after.

However

- The trust had made improvements in medicine management.
- The trust had systems to share incident investigation outcomes with staff to reduce the reoccurrence.
- Staff reported good morale and efficient managers at local level. They said senior staff were more approachable and responsive.

Inadequate



Summary of findings

- Staff gave examples of improvements made to the quality of the service through introduction of the 'safe wards' model of care and use of safety huddles.
- Psychiatric intensive care unit staff were reviewing restrictive practices. Staff were active members of the National Association of Psychiatric Intensive Care Units and Low Secure Units (NAPICU) and attended meetings to share and feedback latest practice.

Summary of findings

Information about the service

For this core service of acute wards for adults of working age and the psychiatric intensive care unit, Norfolk and Suffolk NHS Foundation Trust provides inpatient care for adults across eleven wards at five locations across Norfolk and Suffolk. There are 189 beds in total.

The trust is divided into five locality areas: Central Norfolk; West Norfolk; Great Yarmouth and Waveney; Suffolk West and Suffolk East. Acute wards.

- The Fermoy Unit is located in Kings Lynn, West Norfolk next to the Queen Elizabeth Hospital. Churchill ward is a mixed sex ward with 15 commissioned beds and additional bed which can be used for any A&E breaches.
- Hellesdon Hospital is located in Norwich, Central Norfolk.
 - Thurne is a 15 bed mixed sex admission and assessment ward.
 - Waveney is a 20 bed female acute admission ward.
- Glaven is a 20 bed male acute admission ward.
- Coastlands-Northgate is located in Great Yarmouth, Norfolk in the Great Yarmouth and Waveney locality. Yarmouth Acute Ward is a mixed sex 20 bedded ward.
- Wedgwood House is located in Bury St Edmunds, West Suffolk, next to West Suffolk Hospital.
 - Northgate is a 21 bedded mixed sex acute admission ward.
 - Southgate is a 16 bedded mixed sex acute admission ward.
- Woodlands is located in Ipswich, East Suffolk next to Ipswich Hospital.
 - Avocet and Poppy are 21 bedded mixed sex acute wards.
- Psychiatric intensive care unit wards
 - Rollesby ward is a 10 bedded mixed sex psychiatric intensive care unit in Norwich.
 - Lark ward is a 10 bedded mixed sex psychiatric intensive care unit in Ipswich.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliott, Deputy Chief Inspector, mental health CQC

Shadow chair: Paul Devlin, Chair, Lincolnshire partnership NHS Foundation Trust

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

Lead Inspector: Lyn Critchley, Inspection Manager, mental health CQC

The team that inspected this core service over three weeks consisted of two inspection managers, five CQC inspectors and two members of the medicine management team. We were also supported by an expert by experience that had personal experience of caring for someone who used the type of service we were inspecting. Six specialist advisors consisting of three nurses, an occupational therapist, a social worker and a consultant psychiatrist supported the inspection.

Three mental health act reviewers carried out a separate review of seclusion environments and processes.

Why we carried out this inspection

We undertook this inspection to find out whether Norfolk and Suffolk NHS Foundation Trust had made improvements to their acute wards for adults of working age and psychiatric intensive care units since our last comprehensive inspection of the trust in June 2016. This was an announced inspection.

When we last inspected the trust, we rated acute wards for adults of working age and psychiatric intensive care units as 'requires improvement' overall.

Summary of findings

We rated the core service as 'inadequate' for safe and 'requires improvement' for effective and well-led domains. We rated caring and responsive domains as 'good'.

Following the June 2016 inspection, we told the trust it must take the following actions to improve acute wards for adults of working age and psychiatric intensive care units:

- The trust must take action to remove identified ligature risks and ensure there are clear lines of site in the gardens.
- The trust must take action to improve Churchill ward environment and support staff by either removing or providing a practical plan to manage all the ligature risks.
- The trust must ensure the practice of using the section 136 suite for seclusion in Churchill stops and ensure staff have sufficient training and guidance to support people who may meet the requirement for seclusion.
- The trust must ensure that all wards have sufficiently trained staff to be able to respond to incidents of violence on the ward.
- The trust must consistently monitor and maintain refrigerated medication at correct temperatures in all areas.
- The trust must ensure it is compliant with national controlled drug legislation when ordering controlled drug medication from another trust.
- The trust must ensure that the prescribing, administration and monitoring of vital signs of patients

are completed as detailed in the NICE guidelines [NG10] on-violence and aggression: short-term management in mental health, health and community settings.

- The trust must ensure that appropriate arrangements are in place for accurate recording and monitoring of the administration of medicines.
- The trust must ensure changes to risk are reflected in the current risk assessment and care plan.
- The trust must ensure all care plans are accurate; person centred and reflect the views of the patient.
- The trust must ensure both seclusion care plans and long term care plans and documentation must be fully documented by all professionals involved to ensure clarity.
- The trust must ensure all incidents are reporting using the incident reporting system in place.
- The trust must ensure staff receive regular and effective supervision.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 9 person-centred care
- Regulation 12 safe care and treatment
- Regulation 17 good governance
- Regulation 18 staffing

However the trust continues to be in breach of these regulations. The trust is also in breach of regulation 13 and 15.

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.

The inspection of this core service included an announced inspection to the wards in the day and unannounced inspections to two wards Churchill and Yarmouth acute wards at night.

During the inspection visit, the inspection team:

- visited all the wards for this core service; looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 42 patients who were using the service and ten carers
- spoke with the managers or acting managers for ten wards and three senior managers

Summary of findings

- spoke with 83 other staff members; including doctors, nursing staff and social workers, occupational therapy staff, psychology staff, administration staff, cleaning staff and discharge coordinators
- attended and observed three ward staff hand-over meetings; two multi-disciplinary meetings without patients and five multi-disciplinary meetings with patients including a discharge planning meeting, consultant review and activity.
- gained feedback from staff and patient focus groups
- received information from external stakeholders
- looked at 76 treatment records of patients
- carried out a specific check of the medication management on all wards.
- carried out a review seclusion practices
- looked at records for 20 staff
- looked at a range of policies, procedures and other documents relating to the running of the service

We also:

What people who use the provider's services say

- Most patients said they felt safe on wards. Most spoke positively about the care and support staff gave them and said staff were caring.
- Most patients said there were enough staff and activities.
- Most patients said staff involved them in care planning and treatment.
- Most patients said staff checked their physical health needs.
- Most patients said the food was good.
- Most patients were aware of the complaints process.
- All locations for this core service scored above the average in the 2016 'patient-led assessments of the care environment' for condition, appearance and maintenance. Hellesdon Hospital, Woodlands and Wedgewood House locations scored above the average in relation to privacy, dignity and wellbeing. Northgate Hospital scored 83% and Fermoy Unit scored 81% below the England average.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that it effectively assesses, monitors and improves the quality and safety of the services provided to ensure actions from the CQC's inspections are completed.
- The trust must ensure sufficient numbers of suitable qualified, competent, skilled and experienced staff to meet patient's care and treatment needs.
- The trust must ensure that all staff receive appraisal and supervision.
- The trust must review their staff training to administer rapid tranquilisation.
- The trust must ensure that seclusion reviews take place as per their policy and the Mental Health Act code of practice.
- The trust must ensure that Rollesby ward's second seclusion room is fit for purpose.
- The trust must ensure the removal of ligature risks and effective management of environmental risks.
- The trust must ensure that risk assessments and care plans are updated.
- The trust must ensure that effective processes are in place for the scrutiny of Mental Health Act documentation.
- The trust must ensure that patients receive regular checks of their physical health.
- The trust must ensure that the monitoring of vital signs of patients are completed as detailed in the NICE guidelines [NG10] on violence and aggression: short-term management in mental health, health and community settings.
- The trust must ensure that all mixed sex accommodation meets Department of Health and Mental Health Act code of practice guidance and promotes safety and dignity.
- The trust must review its system for involving patients in their care plans.
- The trust must consider the use of positive behavioural support plans for patients.

Summary of findings

- The trust must review its system for documenting patient's crisis and contingency plans.
- The trust must ensure shared bedrooms are eliminated.
- The trust must review its bed management systems.

Action the provider **SHOULD** take to improve

- The trust should review its processes for controlled drug management at Churchill ward.
- The trust should review its provision of care for patients with a personality disorder.

Norfolk and Suffolk NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Churchill Ward	Fermoy Unit
Thurne Ward Glaven Ward Waveney Ward Rollesby Ward	Hellesdon Hospital
Lark Ward Avocet Ward Poppy Ward	Woodlands
Northgate Ward Southgate Ward	Wedgwood House
Yarmouth Acute Ward	Coastlands-Northgate

Mental Health Act responsibilities

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

- As of March 2017, 71% of staff had received Mental Health Act training with none of the wards meeting the trust target. Southgate ward was the lowest with 56%. Doctors said they had specialist training for their role, in addition to mandatory training.

Detailed findings

- We found two occasions at Hellesdon hospital where the trust oversight of patient detention under the Mental Health Act was not effective as patients legal detention under section two for assessment had expired.
- The trust had identified mental health administration staff to check mental health documentation papers and oversee patient's legal detention. Staff knew who their administrators were.
- Following learning from an incident, the trust had introduced a section 17 leave record form for staff to further record their assessment and review of leave.
- Two patients 'T2' forms (indicating they had capacity to give consent to treatment) on Northgate ward were inaccurate and did not include all the medication prescribed. Consent to treatment and capacity requirements on other wards were adhered to and copies of consent to treatment forms were attached to medication charts where applicable.
- Wards had systems for recording staff had informed patients of their legal rights under section 132 of the Mental Health Act. Information was available to patients about access to independent mental health advocacy services.
- On Churchill ward there were two occasions where staff had recorded that informal patients could not have leave. Seniors managers were taking action to investigate this further. Other wards had systems for ensuring informal patients' rights were protected.
- We observed staff considering their Mental Health Act responsibilities in ward reviews for example, on Avocet ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

- As of March 2017, 77% staff had received Mental Capacity Act 2005 training, below the trust standard. Only three wards had met the standard for compliance with training.
- During our visit staff said no patients were subject to Deprivation of Liberty Safeguards.
- Staff had understanding of the Mental Capacity Act 2005. We saw examples where staff reviewed patient's mental capacity to make decisions and observed this was considered at reviews.

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

Acute wards

Safe and clean environment

- We identified environmental risks on wards which still posed risks to patients or others. Ward layouts still did not allow staff to easily observe all parts of ward. For example, Churchill ward was not purpose built as a mental health ward. The trust stated they had spent a year working in partnership with patients, commissioners and staff to draw up plans for new integrated acute facilities in King's Lynn. However, this facility will not be available until 2019. Ward gardens had blind spots due to shrubbery and bushes. Glaven had a fence near a roof which could pose a risk of patient's absconding. Staff gave examples where patients had absconded. Thurne staff said their alarms did not fully work in gardens. We observed on three wards, times patients were alone in the garden. One Thurne patient had made a complaint to staff about an infection control issue in the garden, which staff had dealt with. Staff said they did not monitor or supervise the garden areas at all times. We had identified this at our last inspection. Lighting was observed to be dull on Thurne and Glaven wards which could impair staff's visibility. This meant staff may not be able to see clearly when observing patients.
- The trust's oversight of ligature risks was not effective. Assessments detailed ligature points but referenced 'local management' for low and high risk points without clear rationale as to the assessment behind this and what staff actions should be taken. The trust had recently taken ligature risks off their locality risk register for Churchill ward due to reductions made.
- All wards still had ligature points despite being highlighted at our previous inspections. A ligature point is a fixed item to which a person could tie something for the purpose of self-strangulation. High level risks such as door closers across wards and low level toilet seats were on some wards. Mid-level risks such as soap, towel and paper dispensers in bedrooms still posed risks. On Glaven ward three door handles to fire doors which did not properly shut had not been removed despite being in areas not easily observable. Poppy ward had mid-level window fixings. Churchill ward risks included low level radiator grills. Poppy staff had raised concerns about the replacement ligature hinges not being inset into the frame. Occupational therapy staff at Churchill had raised concern that the kitchen used with patients was too far away from the ward.
- However, ward staff told us various changes were made to reduce ligature risks such as some windows, sink and door hinge replacement and emergency alarm cord removal. Some items were identified for replacement. The trust had taken some actions since our last inspection to try and reduce environmental risks. Wards had developed ward 'heat map' plans with visual prompts for staff to identify higher risk areas for greater observation. Churchill ward had closed a lounge area due to its remoteness. Staff had designated ward safety points for ligature cutters. Communal bathrooms and showers were locked. Some wards had external 'anti climb' guttering. Doors could be easily opened by staff in emergency. There were mirrors to aid staff in observing the ward and closed circuit television (CCTV) in ward communal areas.
- Adjustable beds for patients with mobility difficulties were available in some rooms for example on Thurne and Avocet wards.
- The trust's provision of seclusion rooms was still not adequate. Churchill, Yarmouth acute, Northgate, Southgate, Glaven, Waveney and Thurne wards did not have seclusion rooms. Staff said patients would be nursed in seclusion in their bedroom or transferred to another ward if seclusion was required. Male patients requiring seclusion from either Northgate or Southgate ward still had to walk through the female bedroom corridor on Southgate ward. The trust was building a new seclusion room for Southgate due for completion August 2017.
- At times staff were using nearby health based place of safety seclusion rooms, which posed a risk to patients and others safety as these were not on the ward. In July 2017 Northgate ward staff had used the health based place of safety to seclude a patient. We told the trust after our last inspection, to stop using this for Churchill ward patients. Managers said it was not used. However, a staff member told us the suite was used for seclusion

Are services safe?

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

of a patient and as a de-escalation room, therefore the practice of using it had not fully stopped. From April 2016 to March 2017, Yarmouth acute staff had used seclusion three times and Churchill staff once. Latest trust data showed Churchill staff used seclusion once for patients from 01 May to 02 July 2017.

- Not all wards were fully compliant with Department of Health guidance on eliminating mixed sex accommodation. However, trust data from April 2016 to March 2017 showed the trust were reporting mixed sex accommodation breaches, and there were 30 of which 17 related to Avocet and Poppy wards. From April to June 2017, Avocet ward had reported three. Avocet ward had three men in a women's corridor and a woman in the male corridor near the ward office for higher level observations. Ward staff had ensured a member of staff was in the corridor to reduce risks and ensure patient safety. All bedrooms had ensuite shower rooms. Mixed sex wards had female only lounges. These wards had 'swing' flexible bed provision meaning that identified beds could be used for male or female admission without compromising safety.
- Wards had equipped clinic rooms with accessible resuscitation equipment and emergency medication that were checked regularly. Equipment was well maintained, clean and clean stickers were visible and in date.
- Ward areas were clean and we observed contracted cleaners on site and infection control audits.
- All locations for this core service scored above the average in the 2016 'patient-led assessments of the care environment' for condition, appearance and maintenance.
- The trust had some systems to complete environmental risk assessments such as for fire safety. Churchill ward staff completed daily ward walkabouts to check the environment.
- Staff had access to alarms and patients had access to nurse call systems in bathrooms. Poppy ward manager had added the risk of CCTV and alarms not working in the garden to their local risk register. During our visit we saw maintenance staff were on site making improvements the environment.

Safe staffing

- There were significant risks to patients and others due to a lack of permanent staffing. Trust information for July 2017 showed 60.8 nursing and 19.4 support worker whole time equivalent (wte) vacancies.
- Trust information for April 2016 to March 2017, showed one percent of nursing shifts were not filled by either bank (237) or agency (447) staff. One percent of bank staff shifts (341) and 3% of agency staff shifts (841) were not covered. We found further examples of staffing shortfalls at our visit. Trust information for April 2016 to March 2017 showed overall 8% staff sickness and 13% turnover of staff for this core service, above the trust average
- Staff told us they were logging staffing shortfalls as incidents so as to highlight risk areas for the trust. Trust data from April to June 2017 showed, 263 incidents of 'insufficient regular nursing staff'; 115 incidents of 'low staffing levels' (66 for Avocet ward); six incidents of 'no or lack of trained/supervisor staff'; two incidents of staff not having breaks (Poppy and Southgate wards); four incidents where there were no male staff available to provide care to men (Poppy and Avocet wards). Northgate staff recorded an occasion where a medical physical examination could not take place of a patient in seclusion as there was not staff available for restraint if required. Poppy ward staff had reported four incidents when there was insufficient staffing to restrain patients.
- Staff reported for Southgate ward, an incident of 'closure of ward/service due to staffing levels'. The trust clarified they had to close the health based place of safety twice in June 2017 due to staffing levels and the observation levels on the ward.
- Thirty staff told us of staff shortages impacting on the service delivered. Staff across wards said there could be problems getting bank staff cover for shifts. Examples of how staffing shortfalls impacted on the service, included staff not receiving regular supervision; staff not being able to keep patient records up to date; a Hellesdon staff member said they could be delays in escorting patients to A&E. Churchill ward had no permanently employed staff on duty at night and shared staff with the crisis team. They said they could not support patients to access community resources due to staffing.
- Five patients and two carers told us there were restrictions on activities and leave due to staffing shortages.

Are services safe?

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

- However, managers told us there had been significant improvements in recruiting permanent staff and they could request extra staffing if ward need's changed. There were still areas where they had difficulty recruiting, for example band five nurses.
- The trust had taken some actions to reduce the risks posed by staffing vacancies such as using block booking regular agency and bank nurses to ensure consistency of care. Managers had reviewed their staff skill mix and were introducing band four assistant practitioner roles. This included recruiting staff from social work and occupational therapy backgrounds.
- The trust had ensured a sufficient amount of doctors for wards. Not all doctors were permanent staff, for example Thurne ward relied solely on temporary doctors. However, trust incident data from April to June 2017 showed six occasions when doctors did not attend the ward. Four Suffolk doctors said there were challenges with the senior house officer out of hour's rota as it was issued at short notice.
- As of March 2017 trust information showed that overall staff compliance with mandatory training was 80% below the trust target of 90%. July 2017 data showed seven wards out of nine were below the overall compliance with mandatory training target. Staff across wards said there were difficulties accessing local training courses, which they had raised with the trust training department.

Assessing and managing risk to patients and staff

- The trust had taken actions to address medicines management practice concerns from our last inspection. For example, there were systems in place to monitor and maintain refrigerated medication at correct temperatures on wards. However, on Avocet ward and Poppy wards a clinic cooling system had broken but staff had reported this for repair.
- Staff complied with national controlled drug legislation when ordering controlled drug medication from another trust. However, on Churchill ward there were nine occasions from 08 June to 18 July 2017 when the controlled drug register was not countersigned by two staff. Managers had emailed staff reminding them of processes for this, such as if there was insufficient qualified nursing staff available on the ward.
- The trust had made improvements to staff monitoring of vital signs of patients relating to NICE guidelines [NG10] on-violence and aggression: short-term management in mental health, health and community settings. However, at Yarmouth acute ward, rapid tranquilisation was administered to a patient 08 July and there was not a corresponding staff note in the patient records. A trust audit 01 April 2017 to 12 May 2017 highlighted that six wards had not fully completed early warning score records for the recording of physical observations post rapid tranquillisation.
- The trust had made improvements to ensure that appropriate arrangements were in place for accurate recording and monitoring of the administration of medicines. Wards had regular pharmacist visits. However, we found some gaps in records, for example, staff notes for three Northgate patients stated they had received 'as required' medication was given but did not detail if in injection or tablet form.
- At this inspection we identified risks for this core service regarding actions from our last inspection relating to risk assessments, seclusion and restraint recording. Seclusion is the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others.
- Information from the trust from April 2016 to May 2017 showed 452 incidents of staff using seclusion with patients with (compared to 252 over a six month period in our last report). The highest was Southgate ward with 94 incidents; Churchill and Yarmouth acute ward had the lowest.
- Incidents of patients being placed in long term segregation had increased with 21 incidents (compared to four in our last report). Glaven, Churchill, Avocet Yarmouth acute ward reported none. The trust stated this increase was due to a change in reporting and increase in the safeguards available for patients.
- Staff records and checks of patients in seclusion were not always completed, which we had identified at our last inspection. For example, four records did not have a review by a doctor in one hour. Eleven records did not have reviews by two nurses every two hours. Nine records did not have an independent multi-disciplinary team review after eight or 12 hours. Thirteen records did not have a plan as to how patient's needs were to be met, which was an issue identified at our last inspection. The trust had identified seclusion 'heat maps' following audits of seclusion records. It showed from 01 May to 02 July 2017 that wards were not meeting the standard for staff recording and monitoring of patients in seclusion

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with an 'amber' rating (50-90%). Two patients in long term segregation records did not detail carer's views. One record had daily medical reviews gaps for 10 days and did not have hourly nursing records or nursing reviews. We were unable to find records of full MDT reviews or evidence of an Independent Mental Health Advocate referral. A nursing record was not updated to include a patient's seclusion episode.

- On Northgate ward, a record of staff rationale for a patients' seclusion in July 2017 was they were threatening self-harm which is contrary to the Mental Health code of practice' requirements.
- However, managers said this was due to patients' presentation and risk changing and having more challenging behaviour. The Southgate manager said staff had to use the health based place of safety seclusion room on occasion to maintain safety. The chief executive and managers told us that across the trust staff use of restrictive practices such as the use of seclusion and restraint on patients had decreased.
- Incidents of patients being restrained showed 1227 incidents from April 2016 to March 2017 (compared to 766 in a six month period in our last report). Waveney ward had the highest with 123 incidents. Of these 407 were identified as prone restraint incidents (compared to 286 for six months in our last report). Yarmouth Acute ward had the highest amount with 48 incidents. There were 438 incidents of staff using rapid tranquilisation medication injections with patients. The highest was Yarmouth acute ward with 71 incidents and Waveney ward with 64 incidents.
- However, staff told us they tried de-escalation techniques first with a patient before restraint and this was a last resort. From May to July 2017 there were 149 reported incidents of 'physical assault' on wards. Staff said patients would be put into the prone position in order to administer urgent intra-muscular injections. Restraint training staff said this was the method taught. Prone position restraint is when a patient is held in a face down position on a surface and is physically prevented from moving out of this position. The latest Department of Health guidance states that if such a restraint is unintentionally used, staff should either release their holds or reposition into a safer alternative as soon as possible. Staff said they only used prone restraint when absolutely necessary, for the shortest possible period and were working towards reducing the use of restraint as recommended in the guidelines

'Positive and proactive care' produced by the Department of Health in 2014. The trust stated that training emphasises that prone restraint is never to be face down but rather head to one side based on service users preference of comfort, with training including protection of the head and airway is in line with Department of Health guidance. Staff said they also recorded patients putting themselves to the floor during restraint as prone.

- Southgate manager said they had a high turnover of patients which meant a greater probability of patients being restrained. Other ward managers said restrictive practice had reduced due to a change in staff culture towards more emphasis on verbal de-escalation. Managers said they had identified restraint leads in the trust and had regular contact and support from them. Avocet ward manager said staff had positive feedback from this team that despite their staffing issues they were managing patients well and it had not led to an increase in use of restraint. A psychologist was offering staff training on 'non-violent communication in professional and personal relationships' on the wards at Woodlands. The trust had systems to track use of restraint. For example a 'Quality: Patient Safety, Service User and Carer Experience, and Clinical Audit' May 2017 identified an increase in prone restraint and seclusion for February 2017; this related to individual service users on Avocet ward. The trust policy stated a commitment to reducing restraint and restrictive practices.
- Trust staff reported 43 incidents of mechanical restraint since April 2016. These occasions were when the police used handcuffs either when bringing a patient into hospital or they were called to help manage an aggressive patient. For acute wards, there were 25 incidents. The highest Southgate with six (three related to patient absconsion from the ward) and Thurne with five. The trust stated they had developed a joint protocol with the police outlining roles and responsibilities during high risk situations that require police attendance.
- The trust had not ensured since our last inspection that all wards had sufficiently trained staff to be able to respond to incidents of violence on the ward. Latest trust data showed improvements since our last inspection but that none of the wards had met the trust target for compliance for restraint training of 90%.

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Poppy ward had the highest compliance with 89%. The three wards with lowest compliance were Northgate ward 64%. Yarmouth acute ward 70% and Glaven ward 75%.

- Staff told us that agency staff were checked to see if they had compatible restraint training, but were uncertain if they all were. Thurne ward manager said staff were told to join the trust staff bank team to access training.
- The majority of patients told us they felt safe on the wards. However, examples were given when they did not, for example three patients said they had difficult experiences relating to restraint, two told us they sustained injuries and we checked with managers that these incidents were reported and were being investigated. An incident report for a Northgate patient did not detail the numbers of staff restraining and holds. There was no corresponding entry in the staff notes.
- We checked how staff assessed and managed risk for patients. Staff completed risk assessments of patients on admission. However, we found six examples where these were not updated after incidents which posed a risk that staff were not aware of how to best to support patients. This was an issue identified at our last inspection. For example, a Yarmouth acute ward patient fell and sustained an injury and the falls risk assessment showed no falls in the last year. A Northgate patient's risk assessment did not reference a recent seclusion in July 2017 and another two held minimal information. A Thurne patient's care plan and risk assessment and not been updated following a reported safeguarding incident. Another patient's risk assessment was not updated to reflect their lack of capacity to make decisions for physical health care.
- Additionally staff notes for a Churchill patient stated their leave was to be restricted due to risks. A later staff entry that day indicated they had gone on leave within hospital grounds unescorted. We raised this with managers and they said they had spoken with staff about the need to keep clearer records about decision making.
- Staff's approach to completing document patient's crisis and contingency plans varied as the majority held minimal information and one line statements. Ten across wards on Thurne, Glaven, Northgate and Churchill wards were not completed. Staff across wards gave us conflicting information about their purpose and who took responsibility for completing them as some staff said it was the community or crisis team's responsibility to update them. Other staff said it should be updated throughout the patients care pathway if they were an inpatient or a community patient.
- We considered if wards had any blanket restrictions. One patient told us they had telephone access restrictions. Staff clarified that these restrictions and care plan had been made in consultation with the patient and their relative and the plan was now discontinued.
- Wards had identified restricted items for patients such as lighters that were not allowed. Staff said patients with a risk of self-harm would have a care plan for the management of items and this was part of their restrictive practices training. Ward managers had access to trust systems to identify the number of self-harm incidents and identify if a high risk for them.
- Wards had search processes for managing restricted items. However, a serious incident on Churchill ward had occurred following a patient secreting a restricted item on them and it not being identified in the search of a patient returning from leave. Following a patient self-harming Thurne ward had restricted plastic bags. Whereas on Glaven ward a patient had four plastic bags in their bedroom. Another patient had an electrical razor cable hanging in their room. Staff said the patients were assessed to be at risk of self-harm. However, both rooms were unlocked which meant other patients could gain access to the rooms and could pose risks to others.
- Staff knew safeguarding adult and children processes and gave examples across wards where they had reported concerns and sought advice from the trust safeguarding team and local police. Staff had systems for assessing and monitoring visits as required. Trust information from April 2016 to March 2017 stated there were three incidents of a young person (under 18 years of age) being admitted onto acute wards.
- Staff had systems in place for communicating patient risk information from shift to shift. For example Northgate, Southgate and Avocet staff referred to using the 'situation, background, assessment, recommendation' tool. Poppy and Avocet staff were using time centred 'safety huddles' to discuss patient's risks during the day. However, we observed Churchill ward staff handover was unstructured with staff relying on memory rather than referring to records to pass on information, which could pose a risk to staff and patients safety.

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Track record on safety

- Trust information from April 2016 to March 2017 stated there were 13 serious incidents within this core service. Five incidents involved the death of a patient.
- Trust data for May to July 2017 showed Waveney ward had the highest amount of reported incidents at 307 and Yarmouth Acute ward with the lowest at 62. Glaven ward had the highest reported incidents in a month with 136 incidents in June 2017 (mostly staffing).

Reporting incidents and learning from when things go wrong

- Staff told us they would report incidents on the trust electronic record and we saw across wards examples of reports and trust audits.
- Staff received feedback from investigation of incidents both internal and external to the service via team meetings and newsletters.
- Managers had identified 'five key learning points' for staff displayed on posters.
- Staff gave examples of learning from deaths and other incidents in the service such as needing to improve communication, assessing leave before and after patient's community leave, monitoring patient's physical health including at night. Churchill ward had a fire safety incident which was safely managed. A debrief took place and staff had actioned initial learning points. Churchill staff referred to having 'human factors' in incidents training. In response to a high level of patient self-harm incidents, Waveney staff took part in a self-harm reduction initiative. However, in response to an incident on Glaven, staff said the family room did not have CCTV which was a recommendation.
- We saw examples of letters written to patients where staff were open and transparent and explained if and when things went wrong.
- Staff said they were offered debriefs and support after serious incidents.

Psychiatric intensive care units

Safe and clean environment

- There were better lines of sight on the psychiatric intensive care units than the acute wards. Staff told us they had designated ward areas to monitor in and could observe patients in the garden. There were mirrors to aid staff in observing the ward and closed circuit television (CCTV) in ward communal areas.

- However, there were environmental risks on wards which still posed risks to patients or others. For example, Rollesby ward garden had blind spots due to shrubbery and bushes. We observed times when patients were alone in the garden, on one occasion a man and woman. This meant that patients could pose a risk to themselves or others and staff would not be available to manage this, despite staff being identified to be present in ward areas overlooking the garden.
- The trust's ligature risk assessment process was not effective. Ward assessment had some areas where the action to reduce risk was unspecified other than 'local management'. High level risks included door closers were across wards and mid-level soap, towel and paper dispensers in all rooms. On Lark ward piano hinges were in the female bathroom, the door was locked when not in use. Rollesby had low level taps and pipes in communal bathrooms which were kept locked until required which still posed a risk. Lark ward had damaged door closers with protruding wires and maintenance staff were on site to mend them.
- However, the trust had taken some actions since our last inspection to try and reduce environmental risks. Wards had 'heat map' plans with colour coded visual prompts for staff to identify higher risk areas for greater observation. Ward staff told us various changes were made to reduce ligature risks such as replacement of some windows. Staff had designated ward safety points for ligature cutters. Communal bathrooms and showers were locked. Lark ward had external 'anti climb' guttering. Wards had fixed furniture. Doors could be easily opened by staff in emergency.
- Wards were mixed sex. Department of Health guidance states this is not acceptable. There were no reported mixed sex breaches for these wards. Lark ward had two 'swing' flexible beds that could be used for male or female admission without compromising safety.
- Wards had some seclusion rooms which met required standards. However, Rollesby ward had a second designated seclusion room which did not. For example, a mirror was positioned to give staff greater vision but the vision panel was smeared and there was no CCTV or intercom. It was in a communal ward area and did not have a toilet which could affect patient's dignity.
- Lark ward had a low stimulus room used for de-escalation with patients. A bedroom area was being used as a lounge area for a patient in long term segregation.

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- Wards had an equipped clinic room with accessible resuscitation equipment and emergency medication that were checked regularly. Equipment was well maintained, clean and clean stickers were visible and in date.
- Ward areas were clean and we observed contracted cleaners on site and infection control audits.
- All locations for this core service scored above the average in the 2016 'patient-led assessments of the care environment' for condition, appearance and maintenance.
- Environmental risk assessments such as for fire safety were undertaken regularly.
- Staff had access to alarms and patients had access to nurse call systems in bathrooms. During our visit we saw maintenance staff were testing alarms on Lark ward.

Safe staffing

- There were risks for patients and others due to a lack of permanent staffing. Trust information for July 2017 showed 10.25 staff vacancies for these wards.
- Trust information for nurses shifts from April 2016 to March 2017, showed Rollesby had 21 (1%) and Lark had 7 (0%) shifts unfilled by bank staff. Rollesby had 20 and Lark had 16 shifts unfilled by agency staff (1%).
- Trust information for clinical support worker shifts for the same period, showed Rollesby had 35 and Lark 32 had unfilled bank shifts (1%). Rollesby had 33 (1%) and Lark had 63 (2%) unfilled agency staff shifts.
- Trust information for the same period showed for staff sickness overall as 4% for Rollesby and 11% for Lark ward. Rollesby had 2% turnover of staff for this core service, and Lark ward had 5% above the trust average.
- Three staff told us of staff shortages impacting on the service delivered. Staff across wards said there could be problems getting bank staff cover for shifts. Examples of how staffing shortfalls impacted on the service included affecting their ability to carry out observations of patients. Lark ward staff also covered the health based place of safety with no extra resources.
- Staff told us they were logging staffing shortfalls as incidents so as to highlight risk areas for the trust. Trust data from April to June 2017 showed 12 incidents of 'low staffing levels', one incident stated 'no or lack of trained/supervisor staff'. Staff reported an incident reported for Lark ward for 'closure of ward / service due to staffing

levels'. The trust clarified they had to close the health based place of safety due to low staffing and other wards were unable to support overnight due to high levels of observations throughout.

- The trust had ensured they had a sufficient amount of doctors for wards. One doctor on Rollesby ward was agency staff. Trust incident data from April to June 2017 showed one incident on Lark ward when a doctor did not attend the ward.
- As of July 2017 trust information showed that Lark ward's staff compliance with mandatory training was 80% below the trust target of 90%. Rollesby ward had achieved 90% compliance. Staff across wards said there were difficulties accessing local training courses, which they had raised with the trust training department.

Assessing and managing risk to patients and staff

- The trust had taken actions to address medicines management practice concerns from our last inspection (as detailed above). Wards had regular pharmacist visits.
- However, on Lark ward we found an illicit drug had been confiscated from a patient. It had been on the ward two months. It was not recorded in the controlled drugs register and therefore it would not have been subject to rigorous checks by staff. We raised this with staff who made immediate arrangements for its disposal.
- On Rollesby ward a patient received rapid tranquilisation medication on four occasions between 29 June and 06 July 2017 and we could only find two incident reports and minimal physical observation checks. A trust audit 01 April 2017 to 12 May 2017 highlighted that both wards (although Lark ward achieved 94%) had not fully completed early warning score records for the recording of physical observations post rapid tranquillisation. Lark ward staff had 93% compliance with rapid tranquilisation training.
- At this inspection we identified risks for this core service regarding actions from our last inspection relating to risk assessments and seclusion records.
- Information from the trust from April 2016 to March 2017 showed Rollesby ward had 88 and Lark ward had reported 79 incidents of seclusion. Rollesby ward had five and Lark ward had reported nine incidents of long term segregation, (overall this had increased from four incidents at our last inspection). The trust stated this increase was due to a change in reporting and increase in the safeguards available for patients.

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- Staff records and checks of patients in seclusion were not always completed, which we had identified at our last inspection. A Rollesby patient had no details of food and fluids offered in for 4.5 hrs. There were no record of physical observation of patients in records seen in two seclusion and a long term segregation episodes on Rollesby ward. However, the trust had developed seclusion 'heat maps' following audits of seclusion records to identify areas for staff improvement.
- From April 2016 to March 2017, Rollesby ward staff had reported 221 and Lark staff 155 restraint incidents. Rollesby ward staff had recorded 95 and Lark staff 61 incidents of prone restraint. Rollesby staff recorded 65 and Lark staff 48 incidents of using rapid tranquilisation medication injections with patients.
- Staff records of restraint with patients were not always completed. For example, for one Lark patient the time held in prone restraint was not detailed and did not record staff restraint holds. One nurse said the incident form was not clear where to record restraint holds. Another staff member said using seclusion avoided longer restraints of patients.
- Latest trust data showed Rollesby was the only ward that achieved the trust training compliance target for restraint training 100%. Lark was below with 85%.
- Staff told us they used de-escalation techniques first with patient and restraint was a last resort. Staff said patients would be put into the prone position in order to administer urgent injections as per their training. Staff said they were trained to use prone restraint only when absolutely necessary, for the shortest possible period. They said they recorded patients putting themselves to the floor as prone. The trust had systems to track use of restraint. For example a 'Quality: Patient Safety, Service User and Carer Experience, and Clinical Audit' May 2017 identified an increase in prone restraint and seclusion for February 2017; this related to individual service users on Lark and Rollesby wards.
- Since April 2016, the trust reported nine incidents of mechanical restraint for Lark and seven for Rollesby ward. These occasions were when the police use handcuffs either when bringing a patient into hospital or they were called to help manage a patient. The trust stated they had developed a joint protocol with the police outlining roles and responsibilities during high risk situations that require police attendance.
- The majority of patients told us they felt safe on the wards. However, three patients said they did not. One patient said they sustained injuries during restraint, and we checked with managers that these incidents were reported and were being investigated.
- We found three examples where patients' risk assessments were not updated after incidents which posed a risk that staff were not aware of how to best to support patients. This was an issue identified at our last inspection. For example, a Lark patient's risk assessment was not updated since 16 June 2017. Another patient's risk assessment was not updated following seclusion. A Rollesby patient's care plan was not updated after they presented with inappropriate sexual behaviour. There was more evidence on these wards that staff had attempted to engage the patient in crisis planning.
- Staff were aware of safeguarding adult and children processes. Ward staff gave examples across wards where they had reported concerns and sought advice from the trust safeguarding team. Staff had systems for assessing and monitoring visits as required. A doctor said they had difficulty access safeguarding training due to a lack of availability.
- Rollesby ward manager said staff restrictive practices had reduced and patients could now access caffeine. However, we saw signage on Lark ward that caffeinated energy drinks were restricted. Wards had identified restricted items for patients such as lighters that were not allowed. Staff had processes for searching patients.
- Staff had systems in place for communicating patient risk information from shift to shift.

Track record on safety

- Trust information from April 2016 to March 2017 showed there were no apparent serious incidents for the PICU's.
- Trust data for May to July 2017 showed Lark had 182 incidents and Rollesby had 141. Fifty six were for 'non-physical assaults' and 82 classified as 'physical assaults'.

Reporting incidents and learning from when things go wrong

- Staff told us they would report incidents on the trust electronic record and we saw across wards examples of ward reports and trust audits.

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- Staff received feedback from investigation of incidents both internal and external to the service via team meetings and newsletters. One staff member said they were not aware of this information.
- Managers had identified 'five key learning points' for staff displayed on posters.
- Staff gave examples of learning from deaths and other incidents in the service such as recording patients' body position at night following a serious incident.
- Staff said they were offered debriefs and support after serious incidents. A staff member said these were based on the critical incident debrief based on the Transport for London model. One staff said they would like more debriefs. Staff referred to having 'human factors' in incidents training.

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

Acute Wards

Assessment of needs and planning of care

- We reviewed 62 care and treatment records and tracked examples where patients had physical health care needs. We saw some variations in how staff recorded information for patients on the electronic patient record. For example we saw occupational therapy care plans on Glaven but not on Thurne. We had difficulties accessing information for patients as staff were recording information in different parts of the electronic record and also using paper records.
- Six staff across wards (mostly doctors) said the electronic record patient systems were not user friendly. During our visit we had difficulties logging on to the electronic patient record across three wards. A staff member reported an information governance breach relating to access to patients physical health care records and we reported to this to the trust to take action.
- Staff were not always monitoring and recording patients' physical health care checks. We found 15 in completed records. There was a risk that patients were not receiving the physical care they needed. For example, Churchill staff had not recorded physical healthcare observations on four occasions for two patients when medication was given for chest pain associated with angina and medication which reduced the risk of blood clots forming. One carer expressed concerns that staff did not have the skills to manage physical health issues.
- However, the trust had identified standard assessments for newly admitted patients for example a core assessment, a care plan, a physical health examination, blood tests electrocardiogram, body mass index, falls assessment. Staff said patients were reviewed a minimum of weekly. We observed that staff discussed patient's physical health care needs at for example at Avocet and Waveney ward review meetings and staff shift handovers Yarmouth acute ward.
- We saw business team meeting minutes held reminders to staff to complete physical health care assessments, for example Churchill ward 04 July 2017. The trust had recently employed more physical health care nurses, to increase ward cover.

- The trust sent us key performance indicators for April to June 2017 which showed 100% of 'long-term (over 12 months) inpatients' had received an annual health check. However, the majority of acute ward patients would not meet this criterion due to having less than 12 months length of stay. Glaven ward latest audit showed 90% of patients had received a physical health check.
- Staff had referred patients for specialist physical healthcare, such as audiology, dietetic and tissue viability advice when required. Staff said they carried out memory testing with older person services if required.
- Avocet ward manager said their ward was piloting clinical indicators on the electronic record patient.

Best practice in treatment and care

- Staff gave examples of following the National Institute for Health and Care Excellence guidance when prescribing medication and trust policies referenced guidance.
- Wards had access to psychology staff to offer psychological therapies recommended by The National Institute for Health and Care Excellence. For example, for the psychological formulation of patients treatment, emotional regulation and dialectical behavioural therapy skills on Waveney, cognitive behavioural therapy, anxiety management acceptance and commitment therapy, cognitive analytic therapy Northgate and Southgate. Music therapy was available at some wards such as Yarmouth acute ward.
- Staff used nationally recognised assessment tools such as the early warning score a rating scale for staff to document physical observations of patients and Lester Tool for assessments of cardiac and metabolic health.
- Staff used the malnutrition universal screening tool to assess patients nutritional and hydration risk.
- Occupational therapists explained how they used The Model of Human Occupation Screening Tool in their patients' assessments.
- Staff carried out a range of audits including for the care programme approach and 'fundamentals of care'.

Skilled staff to deliver care

- The trust had not ensured that staff were receiving regular supervision and appraisals for their work. Therefore, there was a risk that staff did not have adequate support and oversight of their work with patients.

Are services effective?

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- Ward team staff reported a variety of staff including nursing staff, doctors, and occupational therapy staff, psychology staff. Peers support workers were on Poppy and Southgate wards. Social workers were based at Hellesdon Hospital for staff to contact and in Suffolk part of integrated delivery teams.
- Staff received appropriate induction and clinical support workers said they received Care Certificate standard training.
- The trust did not provide us with any data to show staff compliance with supervision. Management records seen on wards showed that staff were not receiving ten supervision sessions per year as per the trust standard. Five staff said they did not receive regular supervision. A nurse said they only had two instances of clinical supervision since May 2016. Managers acknowledged that this was something that they needed to improve on.
- Doctors told us they received regular weekly supervision. The trust differentiated between line management and clinical supervision. Wards offered regular reflective practice meetings which staff could attend if available; some said this was weekly or monthly.
- Latest trust data for July 2017 showed five out of nine acute wards were below 90% for staff appraisal rates. The lowest was Glaven with 53%. Managers had identified that some staff were new in post and had appraisals scheduled.
- Staff gave us examples of how they were supported to progress with their career and take on new roles and responsibilities. For example staff gave being supported to go into posts above their initial band level. Complete external training for phlebotomy, dementia training or apply for assistant practitioner roles and supported for nurse training. Staff had access to regular team meetings.
- Glaven ward manager said all staff were required to complete autism spectrum training by 2018.
- Student nurses gave positive feedback about the support they received from staff to learn and develop.

Multi-disciplinary and inter-agency team work

- Wards held regular and effective multi-disciplinary meetings.
- Nursing staff had shift to shift handovers and we observed examples of this. We observed that Churchill

ward staff relied on their memory of patients rather than checking notes. This could pose a risk that key information about patients care and treatment was not shared effectively.

- Psychology staff said they had good links with Bury St Edmunds community teams to provide psychology input to patients on discharge.
- We had feedback from some staff on Thurne, Waveney, Poppy, Northgate and Southgate wards that care coordinators did not effectively work with ward staff such as attending the ward reviews and contacting patients. We observed Avocet review meeting and staff identified an issue when a patient's GP had changed a prescription and did not let ward staff know, which staff were addressing.
- Woodlands staff had an agreement with the local acute hospital that their staff would respond to a cardiac emergency.

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

- As of March 2017, 71% of staff had received Mental Health Act training with none of the wards meeting the trust target. A speciality doctor said they had specific training to become a 'section 12' approved doctor, able to be involved in Mental Health Act assessments.
- The trust had mental health administration offices to check mental health documentation papers and oversee patient's legal detention. Staff knew who their MHA administrators are.
- However, we found two occasions where the trust oversight of patient detention under the mental health act was not effective. At Hellesdon hospital we found two occasions where Thurne and on Glaven wards ward where a patient's legal detention under section two for assessment had expired.
- Following learning from an incident, the trust had introduced a section 17 leave record form for staff to sign off patients leave and staff would write a record of their assessment and review of leave in continuation notes.
- Staff had understanding of the MHA, the Code of Practice and the guiding principles.
- Consent to treatment and capacity requirements are adhered to and copies of consent to Treatment forms are attached to medication charts where applicable.

Are services effective?

Requires improvement 

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However, two patients 'T2' forms (indicating they had capacity to give consent to treatment) were inaccurate not including all medication prescribed on Northgate ward.

- Wards had systems for recording staff had informed patients of their legal rights under section 132 of the Mental Health Act. Information was available to patients about access to independent mental health advocacy services.
- Wards provided us with details on which patients were informal. Additionally for example on Waveney we saw leaflets 'your rights as an informal patient'. However, we identified two occasions on Churchill ward where staff had recorded that informal patients could not have leave. Seniors managers were taking action to investigate this further.
- We observed staff considering their mental health act responsibilities in ward reviews for example on Avocet ward.

Good practice in applying the Mental Capacity Act

- As of March 2017, 77% of staff had received Mental Capacity Act training, below the trust standard. Only three wards had met the standard for compliance with training.
- During our visit staff said no patients were subject to Deprivation of Liberty Safeguards.
- Staff had understanding of the Mental Capacity Act 2005. We saw examples in multi-disciplinary team review notes where staff review patient's mental capacity to make decisions and observed this was considered at reviews. Some wards for example Thurne used separate forms to document their assessments of patients' mental capacity such as to make choice's regarding physical health treatment.

Psychiatric intensive care units

Assessment of needs and planning of care

- We reviewed 13 patients' care and treatment records and tracked examples where patients had physical health care needs.
- Seven patient records were not completed. For example, one patient did not have a physical health assessment. In another patient's record their blood glucose level checks were not taking place as indicated in their care plan. Physical health observations of a patient on high dose medication did not take place as

per the care plan. One patient's notes referred to them having a swollen hand in June 2017 but staff had not documented information afterwards. Another patient's falls assessment was not completed. A Lark patient did not have the malnutrition universal screening tool completed by staff, assessing their nutritional and hydration risk.

- However, the trust had identified standard assessments for newly admitted patients for example a core assessment, a care plan, a physical health examination, blood tests electrocardiogram, body mass index, falls assessment. Staff said patients were reviewed a minimum of weekly. Most patients said staff checked their physical health needs.
- Staff referred patients for specialist physical healthcare. A Lark doctor said they had difficulties getting foot checks for patients with diabetes.

Best practice in treatment and care

- Staff gave examples of following the National Institute for Health and Care Excellence guidance when prescribing medication and trust policies referenced guidance.
- Wards had access to psychology staff to offer psychological therapies recommended by The National Institute for Health and Care Excellence. For example, for the psychological formulation of patients treatment, cognitive behavioural therapy, anxiety management.
- Staff used nationally recognised assessment tools such as the early warning score a rating scale for staff to document physical observations of patients.
- Occupational therapists explained how they used The Model of Human Occupation Screening Tool in their patients' assessments.
- Staff carried out a range of audits including for the national Prescribing Observatory for Mental Health Audits for Lark wards January 2017 showed targets above trust wide compliance for example for risk assessments for section 17 Mental Health Act leave May 2017.

Skilled staff to deliver care

- Staff were not receiving regular supervision or appraisals. This posed a risk that they were not receiving adequate support and development.
- The trust differentiated between line management and clinical supervision. The trust did not provide us with

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.

any data to show staff compliance. Information for Rollesby ward showed since January 2017, six staff had not received line management supervision and eight only had one supervision session.

- A senior staff member said that supervision was difficult to implement. They had tried a model for peer clinical supervision but it had not worked with only 30% uptake. They said the trust did not report or collect data since the policy changed. A local target for one hour reflective time per month was set and now was 40% compliance and staff were looking to offer night sessions to increase numbers.
- Trust data showed 19% of Lark and 73% of Rollesby ward staff had received one as of July 2017, below the trust standard. However, the appraisal rate for permanent medical staff was 100%.
- However, staff team meeting minutes referenced managers encouraging staff to take up supervision sessions. Doctors told us they received regular weekly supervision. Wards offered regular reflective practice meeting which staff could attend if available, at Lark this was weekly and Rollesby once month.
- Ward teams had a variety of staff including nursing staff, doctors, and occupational therapy staff, psychology staff. Rollesby ward had a vacant occupational therapist post which they were advertising for. Lark ward had an art therapist. Social workers were based at Hellesdon Hospital for staff to contact and in Suffolk part of integrated delivery teams.
- Staff received appropriate induction and clinical support workers said they received training for the care certificate standards.

Multi-disciplinary and inter-agency team work

- Wards held regular and effective multi-disciplinary meetings.

- Nursing staff had shift to shift handovers.
- Crisis team and discharge facilitators attended the ward for meetings to check when patients could be discharged or were ready to go on leave.
- However, some Rollesby ward staff said that care coordinators did not effectively work with them such as attending the ward reviews due to high caseloads.

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

- As of March 2017 Lark had 70% and Rollesby had 66% staff had received Mental Health Act training, below the trust standard. A doctor said they had specific training on part III of the Mental Health Act relating to patients who had been charged or convicted of criminal offences.
- The trust had mental health administration offices to check mental health documentation papers and oversee patient's legal detention. Staff knew who their MHA administrators were.

Good practice in applying the Mental Capacity Act

- As of March 2017 Lark had 90% (trust standard) and Rollesby had 77% of staff had received Mental Capacity Act 2005 training, below the trust standard.
- During our visit staff said no patients were subject to Deprivation of Liberty Safeguards.
- Staff had understanding of the Mental Capacity Act 2005. Staff said patients' mental capacity to make decisions about their care and treatment was reviewed at morning multi-disciplinary team meetings. We saw examples of this in records.

Are services caring?

Good 

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

Our findings

Acute wards

Kindness, dignity, respect and support

- The majority of patients and carers were complimentary about the care given by ward staff.
- Four patients and two carers gave negative feedback. Another carer said staff communication could be improved.
- We mostly observed staff interacting with patients in a caring manner treating them with, respect and dignity and giving them time to talk to them. However, at Northgate and Southgate wards observed times when staff were less engaged with patients.
- Hellesdon Hospital, Woodlands and Wedgewood House locations scored above the average in the 2016 'Patient-led assessments of the care environment' in relation to privacy, dignity and wellbeing. Northgate Hospital scored 83% and Fermoy Unit scored 81% below the England average.

The involvement of people in the care that they receive

- Patients and carers told us staff involved them in their care and treatment.
- We observed meetings where staff involved patients and carers and talked to them about care and treatment options available. Staff individually gave us examples of how they involved patients in making decisions.
- However, 15 of 62 care plans contained little evidence of patient involvement with the care planning process, for example patient's 'strengths' sections were often incomplete. This was an issue also identified at our 2016 inspection. Five records on Waveney did not detail if the patient was offered a copy or not. Care plans did not have advanced directives. We found examples of staff using standard text in care plans. One Northgate patient's record had another patient's name on it which we reported to staff.
- Care plans had an area to document patient's advance decisions. However, we saw none for the patients' records we reviewed.

- Across all wards we saw information available about advocacy services. At Hellesdon hospital most patients we spoke with said they were not aware of the advocacy service.
- Thurne ward 'triangle of care' carers audit April 2017 showed that 75% of the sample were not given a carers pack and there was no evidence of carers offered a care plan.
- We saw in some ward team meeting minutes, for example Glaven, that staff managers were trying to monitor this and encourage staff to improve upon this.

Psychiatric intensive care units

Kindness, dignity, respect and support

- Patients were complimentary about the care they received from staff on wards. Two gave negative feedback.
- We mostly observed staff interacting with patients in a caring manner treating them with, respect and dignity and giving them time to talk to them. Despite at times patients being abusive to them.
- Lark ward manager had recently introduced an hour each day as protected time for staff to be on the wards to engage in conversation and activities with patients.
- Hellesdon Hospital and Woodlands locations scored above the England average in the 2016 'Patient-led assessments of the care environment' in relation to privacy, dignity and wellbeing.

The involvement of people in the care that they receive

- Patients and carers told us staff involved them in their care and treatment.
- Staff gave us examples of how they involved patients in making decisions.
- However, six out of fourteen care plans contained little evidence of patient involvement with the care planning process. Three Rollesby ward records did not document if patients were given a copy of their care plan.
- Across all wards we saw information available about advocacy services. Most patients we spoke with were aware of the advocacy service.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Acute wards

Access and discharge

- We had concerns about the trust oversight and bed management for patient admission and discharges. There was a notable increase in the number of patients in out of area/trust placements for this core service, since our last inspection. From April 2016 to March 2017 there were 331, whereas there were 72 patients in a six month period at our last visit.
- The average bed occupancy for this core service was high at 94% (April 2016 to March 2017). All wards except Southgate had bed occupancy of more than 85%, above the national identified average recommended for an adult in-patient mental healthcare ward. Waveney ward had 105% bed occupancy July 2017 and Churchill had 107% occupancy May 2017.
- We identified occasions when patients had a notable amount of ward transfers during their admission and we considered this was not conducive to their recovery. For example a Glaven patient had five ward transfers in seven weeks including out of area as there were no psychiatric intensive care beds available. Since their admission seventeen out of 20 Northgate and Southgate patients had transferred wards. This included a patient having three admissions within a week in June including to an out of area bed. A Thurne patient was admitted to seven different wards since June 2016, another patient was admitted 10 times since January 2016. Most patients on Yarmouth acute ward were from Norwich and placed out of area. Trust information from April 2016 to March 2017 showed nine patients had more than two ward moves, a reduction compared to 19 in the previous year.
- However, in contrast, Southgate ward only had eight out of 16 beds occupied when we visited. Since our last inspection, the trust had commissioned a review of its beds in April 2017 and identified a range of variance across Norfolk and Suffolk in service models, in referral and admission rates and in the operation of community teams. An action plan was developed in response which included a dedicated team to review out of trust placements. Since our 2016 inspection there had not been a reduction in ward beds for this core service.
- Trust data for acute wards from April to June 2017 showed 650 patient admissions with 639 discharges. Yarmouth acute ward had the highest amount with 126 admissions and 124 discharges. Glaven had the least with 34 admissions and 37 discharges.
- The average length of stay for patients (April 2016 to March 2017) ranged from 26 to 43 days. Glaven ward had the highest with 83 days.
- The trust had difficulties discharging patients from wards, there were 47 patients with delayed transfers of care for acute wards (April 2016 to March 2017). Glaven had the highest number of patients with delayed transfers of care with 13.
- Trust discharge processes were not always effective as there were 255 occasions when patients were admitted back to hospital after discharge within 28 days (April 2016 to March 2017). The shortest was on Southgate ward when a patient was readmitted within nine hours. Thirteen patients on a community treatment order were recalled.
- Staff gave various examples of the reason for this. The majority of staff referred to problems discharging patients to appropriate community residential or supported accommodation, particularly for patients with complex needs. For example, patients with emotionally unstable personality disorder or having a dual diagnosis of mental health and substance misuse issues.
- Trust actions to mitigate the risk of inappropriate patient admissions or delayed discharges included weekly bed management meetings. A discharge screening tool was used with patients to identify their needs to help identify high risk patients. Staff said that discharge planning started on admission and patients were given an estimated date of discharge at their reviews. Churchill had a 'red' bed to be used in the event of patients waiting too long at A&E. Yarmouth acute ward had community in-reach workers supporting patients with discharge taking them out on leave to develop daily living skills. Most ward staff said crisis teams (or equivalent) were effectively gatekeeping patient admissions. Trust audited data on this. The trust stated that they closely monitored delayed transfers of care and met weekly with Norfolk County Council and Suffolk County Council to collaboratively look for solutions to all patient delays.
- Crisis team staff and discharge facilitators attended the ward for meetings to check when patients could be

Are services responsive to people's needs?

Requires improvement 

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

discharged or were ready to go on leave. However, Glaven ward did not have a discharge facilitator and instead the bed management team gave support. This was despite a significant proportion of their patients were homeless (nine out of 20 patients the day we visited). This ward had the highest length of stay and delayed discharges in the core service, 21% in June 2017.

- Following discharge there was a system in place to contact patients to assess their welfare. The ward staff telephoned the patient 48 hours after discharge, and then, either the crisis resolution and home treatment team (CRHTT) or community teams would visit within seven days of discharge from the ward.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had a range of rooms and equipment to support treatment and care such as a clinic room to examine patients, activity and therapy rooms. They had designated areas where patients could meet visitors. One carer said ward visiting times were not flexible.
- Patients could access a phone to make private calls, although many patients had access to their own mobile phone.
- Patients could access garden areas on all the wards that throughout the day and evening. Poppy additionally had a roof terrace.
- Wards had access to toiletries for patients to use if they had none when they arrived.
- All five locations scored better than average for food in the 'Patient-led assessments of the care environment 2016 and the majority of patients confirmed the food was good. Patients had facilities to make hot drinks and snacks except at Northgate ward. Thurne ward staff said two staff were identified to eat meals with patients as part of therapeutic activity.
- As part of the safe wards scheme, staff and patients had developed 'comfort' boxes' available to support patient's with recovery. For example, including sensory items. Additionally 'discharge trees' with inspirational comments were displayed with the aim of giving hope to patients for their recovery.
- Activities were available on the wards including evenings and weekends. Activities included support

daily living and adult education. At Yarmouth acute ward patients said there were limited activities at weekends. Staff signposted patient's to the recovery college where relevant.

- However, we found examples where patients' dignity and privacy was affected on wards.
- Waveney, Glaven and Churchill still had some shared double bedrooms with curtain partitions. We saw in ward meeting minutes June 2017 partitions were being considered but there was no date for implementation of this. The Trust stated they planned to eliminate shared bedrooms. They had plans for Churchill Ward re-provision by December 2018. The trust was submitting a business case for September 2017 to remove these rooms in other wards which if approved would take 12 months to complete.
- Most ward viewing panels on bedroom doors were open. On Glaven ward bedroom doors were unlocked. Patients were unable to close the panels on several of the wards. This affected patient privacy and dignity. This was also identified at our 2016 inspection. On Avocet and Poppy wards there were stickers on doors to remind patients and staff about this.
- Patients did not have keys to lock and unlock their bedroom doors on Glaven and Churchill ward.
- Bedrooms were not personalised but had safes for patients to lock valuables in their rooms. There was a locked cupboard on the wards where items could be handed to staff for safekeeping. One care said their relative's clothing was not kept safe.

Meeting the needs of all people who use the service

- Wards had carers and patient information packs and a range of information leaflets for example understanding self-harm leaflet.
- Wards had champions for equality and diversity and autism and learning disabilities.
- The trust had developed information and support for transgender patients and staff.
- Staff said they could access interpreters or signers and written information in other languages and we saw example of this.
- Staff enabled patients to access food for their specific dietary needs such as vegetarian, vegan, halal, nut allergies and gluten intolerance.

Are services responsive to people's needs?

Requires improvement



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

- Some locations for example at Hellesdon hospital had multi faith rooms and staff said they could access to appropriate spiritual support for patients.
- Staff gave us information about carers groups. At Yarmouth acute ward we met the lead for this and young carers groups 'reach to the skies' and they told us about past and future events planned to give carers information and support. This included the 'Triangle of Care' approach developed by carers and mental health staff to improve carer engagement in acute inpatient and home treatment services.
- Staff told us that patients would often be admitted for detoxification. The provision for substance misuse services differed across Norfolk and Suffolk and staff could refer patients as relevant to services.
- Wards had welfare advisors from other agencies to support patients with benefits and housing for example at Churchill ward.
- We saw some adjustments for people requiring wheelchair access and for patients with mobility issues. For example assisted bathrooms and rails in bathrooms. Arrangements at Woodlands to use older people bathroom if required.
- However, two Thurne patients raised concerns about wheelchair accessibility. We requested information from the trust and they stated they did not carry out regular disabled access assessments.
- Ward staff told us there was not a specific care pathway for patients with a personality disorder and no mandatory training for staff on how to best support patients. However, managers said this as being reviewed by the trust. The trust sent us after the inspection, their strategy and plans for care pathway implementation for 2018.

Listening to and learning from concerns and complaints

- Information from the trust showed April 2016 to March 2017, the total number of complaints for this core service was 144. Ten were upheld and 31 partially upheld. None were referred to the Ombudsman. Yarmouth acute ward had the highest with 21 and Northgate the lowest with five. In the same period the wards had received 34 compliments, the highest was Southgate ward with 13.
- Wards had suggestion boxes and complaints information on wards such as 'help us to help you'

leaflet and you said we did boards. Wards had patients meetings such as 'mutual help' meetings for to raise and discuss issues and plan for the day. We saw across wards examples of staff responding to complaints.

- Patients could give feedback in discharge surveys and family and friends tests.
- However, wards varied in how they shared information with staff about complaints and learning. For example Thurne and Glaven ward managers held minimal information about the complaints once they were dealt with. Staff team meeting minutes did not always detail feedback on the outcome of investigation of complaints and actions.
- Patients at Hellesdon told us they did not receive information on how to complain.

Psychiatric intensive care units

Access and discharge

- The average bed occupancy for Rollesby ward was high with 95% but lower for Lark ward with 78%, (April 2016 to March 2017). The average length of stay for Rollesby patients was 49 days significantly higher than 16 days for Lark patients. Trust data showed 55 patient admissions and discharges for these wards from April to June 2017.
- Latest trust data showed Lark ward had 2% of delayed discharges for patients in April, 15% in May and none in June 2017. Rollesby Ward had 9% of patients delayed in April 2017. At the time of our visit there were three patients with delayed transfers, with difficulties finding appropriate placements for two patients.
- We identified one patient that posed a high risk to others could not be directly admitted to a PICU bed and had waited four days on an acute ward with periods of seclusion. There were 15 occasions when patients were admitted back to hospital after discharge within 28 days; 11 for Lark and four Rollesby ward (April 2016 to March 2017). A staff member said they sometimes received inappropriate referrals and admissions. Lark ward staff said they occasionally admitted Norfolk patients due to a lack of beds availability. These meant patients would be further away from their home, family and friends.
- Staff referred to problems discharging patients due to challenges accessing local secure or acute ward beds. Other examples were a lack of appropriate community residential or supported accommodation. This was due

Are services responsive to people's needs?

Requires improvement 

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

to a lack of appropriate social housing for patients with complex needs. Staff said there could be delays in funding patient's community placements which was beyond their control. The trust stated that they closely monitored delayed transfers of care and met weekly with Norfolk County Council and Suffolk County Council to collaboratively look for solutions to all patient delays.

- However, most ward staff said crisis teams (or equivalent) were effectively gatekeeping patient admissions. Trust key performance indicators for admissions to these wards gate-kept by crisis teams were 100% April-June 2017.
- Crisis team staff and discharge facilitators attended the ward for meetings to check when patients could be discharged or were ready to go on leave. Managers said patients could be admitted from or discharged to other acute wards or via health based places of safety.

The facilities promote recovery, comfort, dignity and confidentiality

- Wards had a range of rooms and equipment to support treatment and care such as a clinic room to examine patients, activity and therapy rooms. They had designated areas where patients could meet visitors. Lark ward had access to an aroma therapist, reflexologist and fitness instructor.
- We found examples where patient's dignity and privacy was affected on Lark wards, as ward viewing panels on bedroom doors were open. Patients were able to close the panels.
- Patients could access a phone to make private calls and access garden areas on all the wards.
- Patient's bedroom doors were locked. Bedrooms were not personalised but had safes for patients to lock valuables in their rooms. There was a locked cupboard on the wards where items could be handed to staff for safekeeping.
- Wards had access to toiletries for patients to use if they had none when they arrived.
- The two locations scored better than average for food in the 'Patient-led assessments of the care environment 2016.
- Activities were available on the wards including evenings and weekends.
- As part of the safe wards scheme, staff and patients had developed 'discharge trees' with inspirational comments were displayed with the aim of giving hope to patients for their recovery.

- However, two patients told us they did not like the food. Patients had access to cold drinks and could request hot drinks and snacks.

Meeting the needs of all people who use the service

- Wards had carers and patient information packs and a range of information leaflets for example understanding self-harm leaflet.
- Wards had champions for equality and diversity and autism and learning disabilities.
- Staff said they could access interpreters or signers and written information in other languages and we saw example of this.
- Staff enabled patients to access food for their specific dietary needs such as vegetarian, vegan, halal, nut allergies and gluten intolerance.
- Some locations for example at Hellesdon hospital had multi faith rooms and staff said they could access to appropriate spiritual support for patients.
- Staff gave us information about carers groups.
- We saw some adjustments for people requiring wheelchair access and for patients with mobility issues. However, we requested information from the trust and they stated they did not do regular disabled access assessments.

Listening to and learning from concerns and complaints

- Information from the trust showed April 2016 to March 2017, showed 16 complaints were made for Rollesby and eight for Lark wards. In the same period Rollesby ward had received two compliments and Lark ward had received three. Three were upheld and three were partially upheld. None were referred to the Ombudsman.
- Wards managers shared information with staff about complaints and learning. Wards had suggestion boxes and complaints information on wards such as 'help us to help you' leaflet and you said we did boards. Wards had patients meetings such as 'mutual help' meetings to raise and discuss issues and plan for the day.
- Patients could give feedback in discharge surveys and family and friends tests.
- However, a Rollesby patient told us they did not receive information on how to complain.

Are services well-led?

Inadequate 

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

Acute wards

Vision and values

- The trust had displayed information across wards about their visions and values.
- Staff said the trust's vision and values were linked to their appraisal and this was annually reviewed by them and their manager.
- Managers told us how values based recruitment was taking place to ensure staff were selected to uphold these values.
- All but one staff said senior managers were visible and accessible. For example, the chief executive encouraged feedback from staff and sent a weekly Monday message to them. He had visited Northgate ward on national nursing day. The director of nursing had visited Churchill ward following contact by staff. The deputy director for mental health and learning disabilities had visited Poppy and Avocet wards.

Good governance

- Significant improvements were needed for trust governance systems as the trust had not effectively monitored and ensured that actions for this core service had been completed from the last inspections. Their systems did not identify and respond to all the risks previously identified. This meant that significant risks to patients and others still remained.
- The trust had not taken sufficient action to reduce risks in the environment due to ligature points and poor lines of sight.
- The trust had failed to take adequate steps to ensure staffing vacancies did not impact on the service and patient care. Staff did not regularly receive supervision which posed a risk that there were gaps in their learning and development.
- Trust systems to ensure that patient's records were completed were not effective as we found examples of patient's risk assessments, care plans and seclusion documentation not fully completed. Patient's physical health was not always being monitored. Patients were not always involved in the development of their care plans. The Mental Health Act 1983/2007 administration oversight was not effective as two patients detention under the MHA had expired.

- Staff were still being trained to use prone restraint and patients did not have positive behavioural support plans.
- At this inspection risks for staff supervision and the environment were not identified on the risk register.
- However, managers said they attended a range of governance meetings to share information relevant for their ward for example the acute services forum, clinical effectiveness and policy group, clinical safety group, quality assurance group and operations meetings.
- Ward managers had some key performance indicators (KPIs) and productivity metrics to measure their performance against others. However, access to information they used to measure their wards performance varied. For example we saw greater evidence of this at Poppy, Avocet and Churchill wards. We saw systems to identify and track risks and achievements for their service. For example we saw systems examples of monthly 'heat map's for staff to track and monitor their risk areas for their ward. Avocet ward manager said their team were being involved in a pilots relating to clinical indicators on the electronic patient record system.
- Managers had identified staffing on the locality risk registers. Managers told us how they liaised with central trust departments to explore incentives to get staff to work for them including paying mileage, arranging staff accommodation creating joint inpatient and community posts and secondment posts giving staff an opportunity to work elsewhere in the organisation.
- Managers had reviewed the skill mix of staff with several wards developing band four assistant practitioner roles. Churchill staff had liaised with two local acute hospitals to offer 10 places for internal and external candidates for a new NHS apprenticeship scheme with the aim of training and developing staff into nursing posts.
- The trust had employed a lead for reducing restrictive interventions that had commenced collating data, visiting sites and identifying priorities such as positive behavioural support plans (none seen in this service).
- We found examples of staff learning from incidents and reporting safeguarding concerns.
- Managers had identified ward staff champions to lead on key issues including carers, infection control and safeguarding.
- Ward team meeting minutes detailing how managers were passing on information to their team varied in quality. We saw examples of ward newsletters to keep

Are services well-led?

Inadequate 

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.

staff updated on issues for example Churchill, Glaven and Avocet. Additionally the Avocet ward manager had set up a television screen in the staff office with rotating information for staff. Senior managers said they attended staff shift handover meetings, for example, at Churchill and Woodlands.

Leadership, morale and staff engagement

- Managers said that since the last CQC visit the trust had made improvements such as listening to their concerns and responding to them.
- Staff said they were proud of their work individually and as part of a team. Most told us that they were able to raise concerns with managers if required. They were aware of whistleblowing processes. Churchill staff told us they were kept informed of plans for the new building development in 2019.
- Managers told us there were opportunities for leadership training and staff told us there were opportunities to develop them. Four ward managers for this core service including for Thurne and Glaven ward were in acting up positions. They said this was because other management posts above them had not been made permanent as yet and soon they would have an opportunity to apply for the permanent position.
- Managers had systems for dealing with staff grievances, bullying and harassment cases and we saw examples of this.
- They had systems for supporting staff that had been on sick leave for example staff had wellbeing plans and could access the well-being service and external organisation to give them support. Managers developed graduated return to work plans. Pregnant workers said they had risk assessment for their work.
- Churchill Ward had evaluated their service with staff the last three years. For June 2017 there was a slight improvement in terms of ratings. The lowest response for resources and also for qualified staff morale (although this had increased since 2015 and 2016) and staffing featured in many responses. Managers had discussed results with staff and developed action plans.
- Some ward staff told us they had away days such as Glaven ward to review and plan services for their ward.
- The majority of ward staff told us their morale was good despite the challenges of their work. However, some

Churchill and woodlands staff told us that they had morale had been affected for example due to staffing pressures. Four staff at Wedgewood house said they did not feel their service got the same recognition as others.

- The sickness rate of permanent staff ranged from two to 12% (above the national average).

Commitment to quality improvement and innovation

- The trust had an employee of the month scheme where patients and staff could nominate staff for their work.
- Yarmouth acute ward had won first prize in the multi-disciplinary team category at the Royal College of Psychiatrist's eastern division spring conference June 2017, for a poster presentation.

Psychiatric intensive care units

Vision and values

- The trust had displayed information across wards about their visions and values.
- Staff said the trust's vision and values were linked to their appraisal and this was annually reviewed by them and their manager.
- Managers told us how values based recruitment was taking place to ensure staff were selected to uphold these values.
- Staff said senior managers were visible and accessible.

Good governance

- Significant improvements were needed for trust governance systems as the trust had not effectively monitored and ensured that actions for this core service had been completed from the last inspections. Their systems did not identify and respond to all the risks previously identified. This meant that significant risks to patients and others still remained.
- Examples of risks for this core service related to the management of ligature risks and maintaining environments, and ensuring seclusion processes were effective. Staff were not regularly receiving supervision which posed a risk that gaps in their learning and development were not identified. This could pose a risk that patients may not get adequate care and support from them.
- At this inspection risks for staff supervision and the environment were not identified on the risk register.

Are services well-led?

Inadequate 

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.

- Ward manager's access to information they used to measure their wards performance varied. Rollesby and Lark acting ward managers had challenges finding information to show us.
- However, attended governance meetings to share information relevant for their ward. They had identified staffing on the locality risk registers.
- We found examples of staff learning from incidents and reporting safeguarding concerns. Ward managers had some key performance indicators (KPIs) and productivity metrics to measure their performance against others.
- The trust had some systems for monitoring ward staffing and managers had identified staffing on the locality risk registers. Ward team meeting minutes showed that managers had systems for passing on information to their team aligned with the CQC domains.
- Managers had identified ward staff champions to lead on key issues including carers, infection control and safeguarding. The trust had employed a lead for reducing restrictive interventions who had commenced collating data, visiting sites and identifying priorities.

Leadership, morale and staff engagement

- Staff said they were proud of their work individually and as part of a team. Most told us that they were able to raise concerns with managers if required. They were aware of whistleblowing processes.
- Managers had systems for dealing with staff grievances, bullying and harassment cases and we saw examples of this.

- They had systems for supporting staff that had been on sick leave. For example, staff had wellbeing plans and could access the well-being service and external organisation to give them support.
- However, both ward managers for Rollesby and Lark wards were in acting up positions. Lark staff told us there had not been a permanent ward manager in post for several months. Three staff said staff morale had been affected by staffing and high stress levels.
- The sickness rate of permanent staff ranged from four to 11% (above the national average).

Commitment to quality improvement and innovation

- Some staff were active members of the National Association of Psychiatric Intensive Care Units and Low Secure Units (NAPICU) and attended meetings to share and feedback latest practice.
- Lark ward had introduced the Broset violence checklist and had reviewed the effectiveness of this with patients in 2016. They identified that it helped them develop more person centred practice.
- Lark staff had shared their research to national journal publications in 2017 such as the journal of psychiatric intensive care brief report 'can amount of and duration of seclusion be reduced in PICU by agreeing SMART goals with patients' and the British Journal of Healthcare Management 'Can mental health clusters be replaced by patient typing.'

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 10 HSCA (RA) Regulations 2014 Dignity and respect

- The trust had not ensured that shared bedrooms were eliminated.
- The trust had not ensured that mixed sex accommodation meets Department of Health and Mental Health Act code of practice guidance and promotes safety and dignity.

This was a breach of Regulation 10.

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 had not ensured that patients received regular checks of their physical health.
- The trust must review its system for documenting patient's crisis and contingency plans.
- The trust had not ensured the removal of ligature risks and ensured effective management of environmental risks.
- The trust had not ensured that all risk assessments and care plans were updated.
- The trust had not ensured that staff reviews of all patients in seclusion took place as per their policy and the Mental Health Act code of practice.
- The trust had not ensured that staff consistently monitored the vital signs of patients as detailed in the NICE guidelines [NG10] on-violence and aggression: short-term management in mental health, health and community settings.

This was a breach of Regulation 12

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- **Staff were still being taught prone restraint. Patients did not have behavioural support plans.**

This was a breach of regulation 13.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

- **The trust had not ensured Rollesby second seclusion room was fit for purpose.**

This was a breach of regulation 15.

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 effective processes were in place for the scrutiny of Mental Health Act documentation.**
- **The trust bed management systems were not effective as a high amount of patients were placed out of trust or had ward transfers affecting consistency of care.**
- **The trust had not effectively assessed, monitored and improve the quality and safety of the services provided to ensure actions from the CQC's inspections 2014 and 2016 had been completed.**

This was a breach of regulation 17.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

- The trust did not always deploy sufficient numbers of suitable qualified, competent, skilled and experienced staff to ensure they could meet patient's care and treatment needs.
- The trust did not ensure that all staff received appraisals and supervision.

This was a breach of regulation 18.