

## Norfolk and Suffolk NHS Foundation Trust

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

### Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated ●

Are services safe?

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

# Our findings

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

### Inspected but not rated



We carried out this unannounced, focused inspection of Southgate Ward because we received information giving us concerns about the safety and quality of the services.

Norfolk and Suffolk NHS Foundation Trust provides services for adults and children with mental health needs across Norfolk and Suffolk. Services to people with a learning disability are provided in Suffolk. Southgate Ward is a mixed sex acute admissions ward, with 16 beds, for acutely unwell adult patients. This ward is based at Wedgwood House in Bury St Edmunds, Suffolk. The ward is included in the Trust's portfolio of acute wards for adults of working age and psychiatric intensive care units.

We did not inspect the other acute wards within the trust because we were responding to concerns raised specifically about Southgate ward. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

We did not rate this service at this inspection. The previous rating of requires improvement remains.

We found:

- Staffing was challenging for this service. On the day of the inspection, we were shown rotas that indicated there were a number of occasions where the staffing levels on the ward fell below the safer staffing levels set by the Trust. Following the inspection, the Trust told us that, on these occasions, managers moved staff from other wards or deployed the unit duty senior nurse onto the ward. All the staff we spoke with told us it was a challenge to provide quality care, spend one to one time with patients and keep patient care plans updated.
- The service did not always have enough staff on each shift to carry out any physical interventions safely. Staff had not completed and were not up to date with mandatory 'Prevention and Management of Aggression (PMA) – Physical Intervention training'. At the time of the inspection, the ward manager provided evidence that only 11% of staff were up to date with physical intervention training and 63% of staff were up to date with personal safety training. Following the inspection, the Trust told us that due to an error in their recording system, the actual compliance rate for PMA training was 34%
- Managers did not always support staff through regular, constructive clinical supervision of their work. At the time of the inspection, the supervision compliance figure for Southgate was 47%. At this time there was increased acuity on the wards and staff would have particularly needed support to prevent burnout and a culture where poor practice could develop. The Trust told us they provided others systems of support for staff such as multi-disciplinary team discussions, reflective practice sessions and awaydays.
- Staff did not always follow trust policies and procedures when they needed to search patients, or their bedrooms, to keep them safe from harm.

However:

# Our findings

- Managers deployed staff to ensure that general and enhanced observations were prioritised to keep patients safe. Managers checked that staff were carrying out observations as per the therapeutic observation policy and patient care plans.
- Patients we spoke with told us that, despite being very busy, staff were polite, kind and caring.
- The local leaders we spoke with demonstrated the Trusts' core values.

## How we carried out the inspection

During the inspection we:

- Spoke with the ward manager for Southgate Ward and the modern matron.
- spoke with five staff
- spoke with three patients
- looked at six care and treatment records
- reviewed staffing rotas
- reviewed observation records
- and reviewed a range of policies and procedures, data and documentation relating to the running of the service.

You can find further information about how we carry out our inspections on our website: [www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection](http://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection).

## What people who use the service say

We spoke with three patients. Patients we spoke with told us that staff were polite and kind and caring, but they were often very busy. All the patients we spoke with told us that there was a lack of activities to do on the ward.

One patient told us that they always felt safe on the ward. One patient told us that sometimes they felt unsafe when other patients were exhibiting distressed behaviours.

One patient we spoke with told us that they were given extra support to enable them to attend a medical examination

## Is the service safe?

Inspected but not rated



### Safe staffing

Staffing was challenging for the service. There was increased acuity on the ward, and staff were caring for patients who were acutely unwell and presenting with distressed behaviours or needing enhanced observations and care. Furthermore, staffing was being impacted by last minute sickness and use of the Section 136 suite. On the day of inspection, we were shown rotas that indicated there were a number of occasions where the staffing levels on the ward fell below the safer staffing levels set by the trust. Following the inspection, the Trust told us that, on these occasions, managers moved staff from other wards or deployed the unit duty senior nurse onto the ward.

# Our findings

An additional member of staff was allocated to the ward to provide support to the section 136 Suite (S.136 suite). A S.136 suite is additional accommodation which provides a “place of safety” whilst potential mental health needs are assessed under the Mental Health Act. The Trust reported 12 occasions in the three months preceding the inspection where staff supported patients in the S.136 suite for periods of between 13 hours and three days as no acute beds were available which placed additional pressures on staff. There were two occasions where there was not an additional member of staff available to staff the S.136 suite. Following the inspection, the Trust told us that the S.136 suite was not in use on those days.

We saw that staff had reported concerns about inadequate staffing levels on eight separate occasions in the previous three months. All staff spoken with raised concerns that there were insufficient staff on the wards to support acutely unwell patients despite actions taken to ensure staffing was safe. The Trust acknowledged an increase in unplanned absence and acuity on the ward and told us that additional funding had been secured for 7.7 WTE staff to support the unit to undertake additional enhanced observations.

Managers calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. Managers re-deployed staff from other wards when Southgate ward was short-staffed. However, on two occasions in the three months preceding the inspection, staff reported there were no staff available on other wards to assist on those shifts. The Trust told us that on both those occasions, the duty senior nurse was deployed onto the ward to either support the team or act as nurse in charge.

Patients did not have regular one to one sessions with their named nurse. We spoke with five members of staff. All the staff we spoke with told us it was a challenge to provide quality care, including being unable to update care plans in a timely manner. We viewed six patient care plans. Three out of the six care plans had not been updated within the previous week as per expectation. The care plans we viewed were of good quality with evidence of the patient voice but if not updated regularly, they may not capture the most up to date information regarding the patient when or if their needs change.

Staff and patients told us that patients had their escorted leave or activities cancelled when the service was short staffed. All the patients we spoke with told us there were not enough activities on the ward. Activity staff were present on the unit, however, these staff were often needed to assist with patient observations which impacted on the amount of time they had to offer activities.

The service did not always have enough staff on each shift to carry out any physical intervention safely. At the time of inspection, the ward manager provided evidence that only 11% of staff were up to date with physical intervention training and 63% of staff were up to date with personal safety training. Following the inspection, the Trust told us that, due to an error in their recording system, the actual compliance rate for PMA was 34%. Managers aimed to have available a ‘team’ of a minimum of five staff across the wards during each shift to be able to respond to incidents where physical intervention was required. Managers told us that staff, including the duty senior nurse, senior managers and staff from the co-located crisis team and First Response Service could also assist with physical intervention if required.

We checked the rotas, and the number of available PMA trained staff per shift on the wards, for the two weeks preceding the inspection. The Ward Manager agreed that, out of 28 shifts, there were three shifts where there were not enough staff across the wards to make up a PMA team. The Ward Manager did not have readily available information regarding how many senior managers/other staff who were PMA trained were in the building at the time. If there are not enough

# Our findings

staff to form a PMA team, or if there are incidents on more than one ward at a time, there is a risk that patients or staff could sustain harm or injury due to staff not being able to intervene during an incident. Staff told us there was a perception of feeling unsafe when not all staff present on the ward were able to assist with physical interventions, particularly as senior managers and other staff may not be immediately available or up to date with their training.

We spoke with five members of staff and they told us that planned interventions were sometimes delayed due to lack of PMA trained staff, for example administration of a depot injection or when a patient needed to be searched.

The trust has a recovery plan with a target for all staff to be up to date with their PMA training by the end of October 2021.

## **Mandatory training**

Staff had not completed and were not up to date with mandatory 'Prevention and Management of Aggression (PMA)–Physical Intervention training'. The COVID-19 pandemic had seriously disrupted the ability of the Trust to provide the face to face element of this training and a high number of staff throughout the Trust had not completed the new starter or refresher training and, as a consequence, were unable to carry out physical interventions.

## **Assessing and managing risk to patients and staff**

### **Management of patient risk**

Staff did not always follow trust policies and procedures when they needed to search patients, or their bedrooms, to keep them safe from harm. During a ward team meeting on 15 July 2021, staff discussed the fact that room checks were not being completed daily as expected. Managers told us that they had introduced a 'safety nurse' role on the ward to be responsible for room and patient searches to ensure patients do not bring restricted items, such as cigarette lighters or plastic bags, onto the ward. All of the staff we spoke with told us that the safety nurse role was not being effectively implemented due to staffing pressures. With this role not fully embedded there is a risk that staff will not consistently manage the risks of restricted items and this could result in significant harm to patients.

Staff knew about any risks to each patient and carried out observations to prevent or reduce risks. We checked ten observations records for patients on intermittent (enhanced) observations, including for a day when the ward was short-staffed. Patients on intermittent observations should be checked a prescribed number of times per hour in accordance with their risk assessment and care plan. Nine out of the ten records we viewed were completed with good detail and without any gaps.

We viewed the general hourly observation records for 1 - 31 August 2021. For 28 out of the 31 days, all records were completed with no gaps. There were three days where there were gaps in the recording of the specific time of the observation within the hour which corresponded with staff handover time. The ward manager told us that she was aware of this issue and was addressing this with staff as well as ensuring that all staff record a legible name and signature on each sheet.

We checked five 'therapeutic observations triangulation reports' for patients on the ward, completed by the lead nurse, which included a check of CCTV against observation records. These reports showed that all observations were completed correctly except for one patient who was isolating following admission to await a COVID-19 test. This was addressed by the lead nurse with the member of staff in question.

# Our findings

## Is the service effective?

### Inspected but not rated



Managers did not always support staff through regular, constructive appraisals of their work. At the time of inspection, the compliance rate for appraisals was 42%.

Managers did not always support staff through regular, constructive clinical supervision of their work. At the time of the inspection, the supervision compliance figure for Southgate ward was 47%. At this time there was increased acuity on the wards and staff would have particularly needed support to prevent burnout and a culture where poor practice could develop. The Trust told us they provided other systems of support for staff such as multi-disciplinary team discussions, reflective practice sessions and awaydays.

# Our findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve:**

- The trust must deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons who receive such appropriate support, supervision, appraisal and training as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18 (1) 18 (2a) (HSCA (RA) Regulations 2014 Staffing).
- The trust must ensure patient safety by effectively managing patient access to restricted items. (Regulation 12 (2b) HSCA (RA) Regulations 2014 Safe care and treatment).

# Our inspection team

The team that inspected the service comprised a CQC lead inspector and a support inspector. The inspection team was overseen by Stuart Dunn, Head of Hospital Inspection.



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 18 HSCA (RA) Regulations 2014 Staffing

#### 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