

Requires improvement

Norfolk and Suffolk NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMY02	Julian Hospital	Beach Ward Reed Ward Rose Ward Sandringham Ward	NR2 3TD
RMY13	Carlton Court	Fernwood Ward Foxglove Ward	NR33 8AG
RMYNR	Wedgwood House	Abbeygate	RMX5
RMYNG	Woodlands	The Willows Unit	IP4 5PD

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



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 wards for older people with mental health problems as requires improvement overall because:

- Trust governance systems were not fully effective in identifying and responding to risks. Examples of risks for this service related to mixed sex accommodation, medicines management, records access, staffing, training and support.
- Most ward layouts did not always protect patient's privacy, dignity and safety to meet the Department of Health guidance and Mental Health Act 1983 code of practice in relation to the arrangements for eliminating mixed sex. We found examples where this could pose a risk to patients, for example, on Abbeygate ward we saw a woman walk into male area without staff intervening.
- Ligature assessments did not always detail risks on the wards and in gardens, for example at Beach, Rose, Reed and Sandringham wards.
- Some equipment checks including emergency response bags were not consistent.
- Abbeygate staff did not always complete physical health observations of patients following rapid tranquilisation.
- We found some issues relating to medication ordering, record keeping and use of covert medication, for example on Abbeygate and The Willows wards.
- Across wards staff reported challenges with requesting additional staff. Trust information showed staffing shortfalls. Some wards did not have easy access to a ward doctor.
- Staff across sites were not receiving clinical supervision, appraisals and training regularly.
- Staff across all sites reported challenges with recording information and finding information using the electronic patient record.
- Records did not always capture patients and carers involvement in care planning.
- The trust did not have clear information available on how deprivation of liberty safeguards (DoLS)

authorisations across the service were monitored and how information was being communicated to ward staff about their role and legal responsibilities regarding giving patients care and treatment.

- Consent to treatment and Mental Capacity Act 2005 (MCA) assessments were not always available in patients' records and detail varied across the service including for do not resuscitate assessment and recording.
- Fernwood, Foxglove and The Willows wards did not have easy access to a speech and language therapist which meant specialist assessments were delayed.
- There were waiting lists for admission to wards especially for Norfolk and some patients were being placed out of area. Some community teams said it was difficult to get patients admitted to hospital when needed. Overall the trust's bed numbers had decreased.
- Staff reported challenges with discharging patients due to a lack of community placements and funding arrangements beyond their control.

However

- Staff gave us examples of learning from incidents after they had been reported, to reduce future risks.
- We found staff carrying out infection control checks and responsive cleaning to keep areas clean.
- Block booking of agency and bank staff were made on most wards to ensure regular staff delivered care.
- Staff completed comprehensive and detailed risk assessments.
- We found examples of good physical health care and staff accessing specialist services for example at Abbeygate ward.
- General nurses were employed to assess and care for patients physical health needs.
- Staff told us there was more focus on supporting patients in the community, meaning there was less pressure on beds. Beach ward had reduced its length of stay for patients.

Summary of findings

- Facilities promoted recovery and comfort, for example there were spacious areas and signage and pictures had been developed to assist patients to orientate themselves. Wards were suitable for patients with mobility difficulties.
- Patients and carers said staff were kind and caring and treated them with dignity and respect.
- Carers were encouraged to give feedback on the service and support groups were available to help people cope with caring for someone with dementia or mental illness.
- Managers had access to a range of governance systems to measure their wards performance and identify areas for improvement.
- Staff said they were proud of their work, felt supported to deliver care and most said morale had improved.
- At Julian Hospital and Carlton Court, staff had implemented, 'safer care pathways, 'closing the gap in patient safety' to improve communication and reduce incidents.

Summary of findings

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

Are services safe?

We rated safe as inadequate because:

- Ligature assessments did not always detail risks for example capturing risks in gardens and on wards.
- Most ward layouts did not always protect patient's privacy and dignity and meet the Department of Health guidance and Mental Health Act 1983 code of practice in relation to the arrangements for eliminating mixed sex accommodation. This meant that men and women sometimes had to share bathrooms and lounges. We found examples where this could pose a risk to patients, for example, on Abbeygate ward we saw a woman walk into a male area without staff intervening.
- Some equipment checks including emergency response bags were not consistently recorded as carried out.
- Staff did not always complete physical health observations following rapid tranquilisation on Abbeygate ward.
- We found some issues relating to medication ordering, record keeping and use of covert medication for example on Abbeygate and The Willows wards.
- We found examples where staff had not reported incidents in line with the trust policy.
- Across wards staff reported challenges with requesting additional staff and covering shifts.
- Fernwood and Foxglove wards did not have easy access to an on-site doctor due to recruitment difficulties.
- Staff mandatory training attendance, such as intermediate life support, was below trust targets.

However

- Staff gave us examples of learning from incidents after they had been reported, to reduce future risks.
- Staff carried out infection control checks and responsive cleaning.
- Block booking of agency and bank staff were made on most wards to ensure regular staff delivering care.
- Staff completed comprehensive and detailed risk assessments.
- Staff knew how to report safeguarding concerns and liaised with the trust leads.

Inadequate



Are services effective?

We rated effective as requires improvement because:

Requires improvement



Summary of findings

- Staff across all sites reported challenges with recording and finding information using the electronic patient record.
- We found examples where patients were being taken off the Mental Health Act and staff applied for deprivation of liberty authorisation. Assessments by the local authority were delayed and trust records did not always capture how staff were assessing and reviewing patient's capacity to give consent to their treatment and care.
- Consent to treatment and Mental Capacity Act 2005 assessments were not always available in patients' records and detail varied across the service.
- Staff's assessment and recording of 'do not attempt resuscitation' decisions were inconsistent on Rose and Sandringham wards.
- Staff on Fernwood, Foxglove and The Willows wards reported a lack of access to a speech and language therapist which meant specialist assessments were delayed.
- Staff across sites were not receiving clinical supervision and appraisals regularly.

However:

- We found examples of good physical health care and staff accessing specialist services for example at Abbeygate.
- General nurses were employed to assess and care for patients' physical health needs.
- Nationally recognised assessment tools were being used with patients such as to monitor dietary intake and skin integrity.
- Staff reported access to specialist training such as wound and dementia care.
- Staff has access to heat maps which monitored the use of the MHA and ensured patients were read their rights regularly.
- We found examples of effective MDT meetings and staff shift handovers.

Are services caring?

We rated caring as good because:

- Patients and carers said staff were kind and caring and treated them with dignity and respect.
- We found examples that demonstrated patient and carer involvement in their care. At Abbeygate staff had reviewed and improved their MDT process after receiving feedback from patients and carers.

Good



Summary of findings

- Carers reported flexible visiting times for example, at Fernwood and Foxglove wards so they could be involved in their relatives' care and treatment in the day such as engaging in activities and having meals.
- 'This is me' booklets were used on Fernwood and Foxglove wards to capture patients' needs and wants and inform care and treatment.

However

- Staff did not always record patient and carers involvement in care and treatment in records.

Are services responsive to people's needs?

We rated responsive as requires improvement because:

- There were waiting lists for admission to wards especially for Norfolk and some patients were being placed out of area. Some community teams said it was difficult to get patients admitted to hospital when needed. Overall the bed numbers within the trust had decreased for this core service.
- Staff reported challenges with discharging patients due to a lack of community placements and funding arrangements beyond their control.
- We found door vision panels for staff to observe patients were left open across most wards which could compromise patients' dignity and privacy. On Abbeygate ward, only staff could access the privacy panel with a key to close.
- Most carers were unsure about the trust complaints process.

However

- Staff told us there was more focus on supporting patients in the community, meaning there was less pressure on beds. Beach ward had reduced its length of stay for patients.
- Staff offered a support service to patients after discharge from hospital.
- Facilities promoted recovery and comfort with spacious areas, signage and pictures to assist patients to orientate themselves. Wards were suitable for patients with mobility difficulties.
- Staff provided activities for patients' specific needs and wards had identified activities coordinators.
- The trust catered for patients' dietary likes and dislikes, any allergies and the type of diet required.
- Carers were encouraged to give feedback on the service and support groups were available to help patients cope with caring for someone with dementia or mental illness.

Requires improvement



Summary of findings

Are services well-led?

We rated well led as requires improvement because:

- Trust governance and monitoring systems were not fully effective in identifying and mitigating risks. We found risks relating to several areas including mixed sex accommodation, medicines management, records access, staffing, staff training and support, despite trust quality assurance checks having taken place.
- Staff at Abbeygate said the low staffing levels and the lack of action to address this was impacting on their morale.
- The trust did not have clear information available on how DoLS authorisations across the service were monitored and how information was being communicated to ward staff about their role and legal responsibilities regarding giving patients care and treatment.

However

- Ward staff reported improved communication between them and the trust's senior managers with opportunities to give feedback to improve the service.
- Staff received direct feedback from the trust via emails with key updates and information. Managers had access to a range of governance systems to monitor their wards performance and identify areas for improvement. Ward staff champions led on key issues including dementia and safeguarding.
- Staff said they were proud of their work and felt supported to deliver care. Most staff reported an improvement in the team's morale.
- Managers gave examples of being open and transparent with carers and patients when things went wrong.
- At Julian Hospital and Carlton Court, staff had implemented, 'safer care pathways, 'closing the gap in patient safety' to improve communication and reduce incidents.

Requires improvement



Summary of findings

Information about the service

Norfolk and Suffolk NHS foundation trust provides inpatient care to older patients in eight wards at four locations. There are 114 beds in total.

At the Julian Hospital location, Norwich in the central Norfolk area there are four wards for older patients.

- Sandringham Ward is an acute admissions unit. It provides care and treatment to men and women with 'complexities in later life'. It has 17 beds.
- Beach is an acute admission ward for men and women with dementia. It offers admission for patients with acute care needs, assessment and treatment planning. It has 13 beds.
- Rose and Reed wards are mixed sex wards with 12 beds for men and women experiencing dementia.

At the Carlton Court location, Lowestoft in the Great Yarmouth and Waveney area there are two wards for older patients offering 'continuing care' to patients experiencing dementia.

- Fernwood ward is for women and men with 11 beds
- Foxglove ward is a male only ward with 11 beds.

At the Woodlands location, Ipswich in the East Suffolk area, there is one ward for older patients. It is situated near to Ipswich hospital.

- The Willows Unit is an assessment and treatment inpatient facility for men and women with 21 beds.
- It has two areas, 11 beds for patients experiencing dementia and 10 beds for patients experiencing a mental health illness.

At the Wedgwood House location, Bury St Edmunds in West Suffolk, near to West Suffolk Hospital.

- On site is Abbeygate an assessment and treatment inpatient facility for men and women with 17 beds.
- It is one ward but has two wings. Laurel is for patients experiencing dementia with seven beds and Maple for patients experiencing an acute mental health illness with 10 beds.

The CQC carried out a comprehensive inspection of this core service in October 2014 when it was rated overall as 'requires improvement'. The trust was rated overall as 'inadequate'. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. The trust sent the CQC their action plans to address these issues and we checked progress at this inspection.

Our inspection team

Our inspection team was led by:

Chair: Dr Paul Lelliott, deputy chief inspector, mental health CQC

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 five CQC inspectors, two mental health act reviewers 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 and specialist advisors consisting of two nurses, a psychologist and two consultant psychiatrists.

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

Summary of findings

How we carried out this inspection

To fully understand the experience of patients 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 patient'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 focus groups.

During the inspection visit, the inspection team:

- visited all eight wards at the four locations, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with ten patients who were using the service

- spoke with 16 carers for patients using the service
- spoke with the managers or acting managers for each of the wards
- spoke with 44 other staff members; including doctors, nurses, physiotherapists, activities coordinators, occupational therapist, pharmacy technicians, student nurses and a community link worker
- spoke with one of the locality managers with responsibility for these services
- attended and observed five meetings and six episodes of care
- spoke with an external stakeholder
- looked at 48 treatment records of patients
- carried out a specific check of the medication management on all wards
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

Most patients and carers said that staff involved them in care and treatment planning but that they did not always get copies of the care plan. One patient said they wanted more involvement.

Carers told us the care and treatment their relative or friend received met their physical and mental health needs.

Patients and carers told us that staff were patient and kind and understood patients' needs. They felt the care and treatment received here was better than they had received in previous places. They told us staff supported patients to maintain independence and staff provided meaningful activities. One carer and one patient told us there should be more activities provided.

Most patients and carers told us there were adequate numbers of staff on the wards. However, three said there were not.

The majority of patients and carers told us food and drinks were available and these were good. One carer and a patient said there should be greater meal choice. One patient said the food could be improved.

Carers said that staff recognised the challenges they faced as carers and gave them information and support. Two carers said would value additional information about how to find a care home for their relative. Whilst carers told us they felt able to raise any concerns most were unsure about the trust complaints process.

Summary of findings

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure wards protect patients' privacy and dignity and comply with the Department of Health guidance and Mental Health Act 1983 code of practice to eliminate mixed sex wards.
- The trust must ensure that safety checks are undertaken routinely for equipment.
- The trust must ensure that adequate staffing levels are in place to meet patient needs across all wards.
- The trust must ensure it is compliant with national controlled drug legislation when ordering controlled drugs from another trust.
- The trust must ensure that the prescribing, administration and monitoring of vital signs of patients are completed as detailed in the relevant NICE guidelines.
- The trust must ensure that appropriate arrangements are in place for ensuring that administration of covert medication is carried out with the correct documentation in place.
- The trust must ensure that staff receive adequate supervision and training for their role.
- The trust must ensure there are protocols for the electronic storage of patient records so they can easily be retrieved from the system.

- The trust must have adequate governance systems in place to assess risk and to protect the rights of patients awaiting DoLS authorisations and ensure staff have adequate information regarding their legal roles and responsibilities.
- The trust must ensure that 'do not attempt resuscitation' statements accurately reflect patient and carers' involvement and decisions.
- The trust must ensure patients have a speech and language assessment in a timely manner.

Action the provider **SHOULD** take to improve

- The trust should ensure that ligature assessments are accurate, identify and manage ligature risks.
- The trust should ensure staff are giving medication in line with nursing and midwifery council guidelines.
- The trust should ensure that patients and carers are offered care plans and this involvement is captured in records.
- The trust should ensure that assessments with reference to the Mental Capacity Act 2005 take place for patients who lack capacity to make decisions.
- The trust should review their provision of beds to consider analysis of needs of the ageing population in Norfolk and Suffolk.

Norfolk and Suffolk NHS Foundation Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Beach Ward Reed Ward Rose Ward Sandringham Ward	Julian Hospital
Fernwood Ward Foxglove Ward	Carlton Court
Abbeygate	Wedgwood House
The Willows Unit	Woodlands

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act (MHA) 1983/2007. We use our findings as a determiner in reaching an overall judgement about the provider.

- Latest staff training data available for wards showed most staff had MHA training with Abbeygate achieving highest compliance with 86% and Sandringham ward the lowest with 70%.
- The trust had systems in place to ensure compliance with the MHA and adherence to the guiding principles of the MHA Code of Practice.
- Patients had access to independent mental health advocates (IMHA).
- Medical staff completed consent to treatment and capacity forms with patients. However, on Beach and The Willows wards, four patients detained under the Act did not have a clear documentation of these discussions in records.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- Latest training information showed most staff had completed Mental Capacity Act and deprivation of liberty safeguards training (DoLS).
- Independent mental capacity advocates (IMCA) were available to support patients who lacked capacity, as needed.
- Trust information for the last six months showed 97 DoLS applications had been made but no information about whether authorisations were granted. The highest number of applications was for Beach ward with 35. This meant that most patients were or had been awaiting assessment from the local authority. Staff said and trust information showed there were significant delays by local authorities undertaking these assessments.
- We were not assured that the trust had clear oversight of patients' situations and were doing all they could to ensure that patients' rights and liberties were being protected.
- The trust gave us information from their contact with Norfolk and Suffolk county councils regarding the delays in general. This outlined the local authorities' stance and their response to the waiting list but it did not address the specifics for individual patients and what to do in the interim whilst awaiting assessments or authorisations. We found 28 examples where patients did not have a DoLS authorisation in place. Some of these patients had previously been detained under the Mental Health Act 1983.
- We found 16 examples where patients did not have assessments when their capacity to make decisions about their care and treatment was in doubt.
- We found five examples of inconsistent recording of do not resuscitate decisions for patients. Staff told us they would take immediate action to address this.

Are services safe?

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

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

Our findings

Safe and clean environment

- Wards were clean and tidy and in a good state of repair. The layouts allowed staff to observe most parts of the buildings. However, we did observe some blind spots, where staff might not easily observe patients. This risk was managed through use of mirrors and also the number of staff on duty to ensure safe observation.
- Most wards were mixed sex. Ward layouts did not always protect patients' privacy and dignity and meet the Department of Health guidance and Mental Health Act 1983 code of practice in relation to the arrangements for eliminating mixed sex accommodation. We asked for the trust assessment of wards and feedback from the trust was they did not have these. We checked NHS England mixed sex accommodation data which showed the trust had not reported mixed sleeping accommodation for July 2016 to the Department of Health which is a requirement. We saw examples of quality assurance checks completed. For example, a trust 'mock' CQC visit to Beach ward 27 April 2016 had stated inaccurately that the ward was compliant with eliminating mixed sex accommodation but held limited detail on the assessment and rationale.
- Patients had their own bedrooms and most had en-suite shower rooms. However on some wards patients had to walk along the corridor or pass bedrooms occupied by patients of the opposite sex to access a bathroom. On Fernwood ward patients only had sinks in their rooms. Male patients had to share one assisted bathroom in the female area of the ward. There was no separate female lounge. On Abbeygate ward, Laurel wing had separate designated male and female bedroom areas. We saw a woman walk into the male sleeping area without staff intervening. The door to Maple's female corridor was open both times we visited and which meant a man could walk down there. Access to the communal assisted bathroom was in the female corridor. On Maple, the assisted bathroom was accessible via both male and female corridors. Maple had a female lounge and Laurel had a female quiet area. The female quiet area was still in the communal area of the ward and was easily accessible by male patients. Sandringham ward and The Willows had separate designated male and female bedroom areas. Beach, Rose and Reed wards had no grouped designated male and female bedroom areas due to the ward layout. During our visit to the mixed sex Rose ward, we saw that staff pushed a female patient in a wheelchair in their nightdress down a corridor. Staff said they mitigated risks to patients through the use of bedroom sensors, self-closing doors, staff observations and using rooms near the nursing office for patients assessed as needing a higher level of care.
- The trust completed environmental risk assessments for the premises and updated them regularly. There were numerous ligature points within wards, particularly in bathrooms. These included, for example, grab rails, taps and door closures. Abbeygate ward had been refurbished to reduce these. The quality of staff's ward ligature assessments varied and some ligature points were not identified. For example in the gardens at Beach, Rose, Reed and Sandringham wards. Staff told us they would take action to address these.
- There were call bells throughout the buildings for patients to use to get help if needed. Staff carried personal alarms to summon other staff in an emergency.
- At Abbeygate there was no clock, toilet and washbasin in the seclusion room detailed as a requirement in the Mental Health Act code of practice. Patients in seclusion had to access these in the low stimulus area outside the seclusion room. Rose, Reed and Beach, The Willows wards had access to 'low stimulus rooms'. Staff were clear that these were not used to segregate patients and if any rooms were used to seclude a patient then staff would follow their seclusion policy.
- We saw systems in place for checking equipment. However, we found gaps in recording on Foxglove ward in April and July 2016 for the automated external defibrillator (AED), a machine used when a patient is in cardiac arrest. Some equipment checks including emergency response bags were not consistent at

Are services safe?

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Abbeygate and Foxglove wards. At Abbeygate ward the latest equipment check stickers for assisted baths and a hoist were not clearly visible although staff told us these were routinely checked.

- Wards displayed 'five star' ratings for food hygiene given by the local authority and we saw systems for checking and monitoring food. At Abbeygate (Laurel) individual butter portions were left out of the fridge on a hot day. Staff said they would take action to address this.
- The trust had infection control practices which included Legionella assessments and processes. Staff had access to protective personal equipment, such as gloves and aprons. We found unlabelled skin barrier creams in Fernwood communal ward toilets and staff immediately removed these. Responsive cleaning took place, for example where patients had been incontinent. Latest patient-led assessments of the care environment for cleanliness at locations were 98% for the Julian Hospital, 99% for Carlton Court, and 99% at Wedgwood.

Safe staffing

- Since our last inspection staff told us staffing had improved at Carlton Court as there was less could block book agency staff to ensure consistency. Staff told us that Sweetbriar ward at Carlton Court had closed due to staffing difficulties.
- Across wards 16 staff reported challenges with requesting additional staff and getting shifts staffed especially at Abbeygate ward. The Rose ward manager said a high amount of patients required close observation which required additional staffing. They were reviewing this process to consider 'zonal' observations where staff would be located in specific areas to observe a group of patients. Staff told us they completed incident forms to raise awareness when there were staffing shortfalls.
- Most patients and carers told us there were adequate staff on the wards. However, three carers disagreed.
- For June 2016, trust data showed vacancies across wards as, 22.20 (20%) whole time equivalent (wte) nurses and 22.91 wte (13%) healthcare assistant (HCA or clinical support worker) vacancies. There were 2.27

wte (44%). medical staff vacancies. Fernwood had the highest for qualified nurse vacancies 2.29 wte (28%) and Abbeygate had the highest rate of HCA vacancies 4.63 wte (21%).

- From January to March 2016, 294 nursing and HCA staff shifts had not been filled. The highest was Beach ward with 88 shifts not covered. From April to June 2016, 1526 hours across wards were not filled by staff. Beach ward also had the highest of unfilled shifts with 803 hours not filled.
- Overall for the last 12 months there was 10% staff turnover and 7% staff sickness which is above the national average. The highest turnover was Rose ward with six staff and the highest sickness rate was Fernwood ward with 15%. Managers said this was not work related and there were no identified themes. Staff said that sickness (long term) at Reed, Rose wards and (short term) at Abbeygate ward affected staffing shortfalls. Some staff were choosing to work long hours to cover these.
- Some Fernwood and Foxglove staff said they did not have easy access to a ward doctor and instead relied on sharing a consultant with the community team. Some Abbeygate staff said there was The highest vacancy rate for medical doctors was Beach ward with 1.2 vacancies (100%) and there was locum agency staff cover.
- The trust had implemented an electronic staff rostering system and we received mixed feedback from staff about this across wards. Some stated there was flexibility to make requests and ensure cover and others disagreed.
- The trust had revised their recruitment and retention strategy. New roles were introduced to support nurses including assistant practitioners who in some areas were undertaking a flexible nursing programme to become a qualified nurse.
- Staff were required to attend a variety of mandatory training courses. Trust data showed that overall 73% of staff had completed this which was below the trust target of 80%. We saw lower staff compliance attendance for intermediate life support and basic life support and for some wards, including Carlton Court, this was below 50%. However, managers said that trust data was not always accurate and did not show that staff were booked to attend courses.

Are services safe?

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

Assessing and managing risk to patients and staff

- Since the last inspection we found improvements were made to ensure that patients had up to date comprehensive and detailed risk assessments.
- Trust information from October 2015 to March 2016 showed overall 30 incidents of seclusion were reported. The highest amount was at The Willows with 10. However there is no designed seclusion area on The Willows and staff told us the low stimulus room was not used to seclude patients and patients had freedom to leave the room. During our visit there were no patients that had recently been secluded or held in long term segregation. Staff told us, for example at Abbeygate that they considered other options such as staff using verbal de-escalation techniques with patients or secluding a patient in their room. At Abbeygate one patient's seclusion had ended within an hour of beginning, and there was no doctor's review documented despite staff saying they had contacted one.
- Overall there were 385 incidents of restraint from October 2015 to March 2016 with 18 (5%) prone restraints and 13 (72%) when staff had given rapid tranquilisation injections to patients. The Willows had the highest amount with 92 and seven prone restraint. From April to July 2016 there were 158 restraints, nine were prone (Beach and Abbeygate) and there 20 occasions of staff giving rapid tranquilisation injections (the highest was on Beach with seven and Abbeygate wards six). Beach ward manager told us the use of rapid tranquilisation was rare and related to one patient. A debrief for staff followed this to consider alternative management of the patient.
- Staff received prevention and management of violence and aggression training. Staff told us they were working towards reducing the use of restraint and focussing more on de-escalation as recommended in best practice guidelines. That the focus was on verbal de-escalation of patients and minimal use of restraint. Across ward staff told us that patients would not be restrained face down in a 'prone' position but were occasionally restrained on their side. However, the trust record system categorised this as 'prone'. Abbeygate staff said patients might be restrained face down in prone position for a short period of time for staff to administer an injection. Staff were not always completing physical health observations following rapid tranquilisation on Abbeygate as per trust policy. Staff told us they would take action to address this for the future.
- On some wards staff reported having to use restraint to enable personal care to be completed. This was recorded in patients' care plans.
- Wards were implementing the 'safe wards' model. This is a nationally recognised approach designed to reduce conflict and containment.
- At handovers, staff used a situation, background, assessment, recommendation (SBAR) tool, which is a structured method for communicating critical information that requires immediate attention and action.
- Staff outlined suicide preventative measures such as restricting access to high risk items for patients at high risk.
- Staff knew how to report safeguarding concerns and liaised with the trust leads. intranet site to gain information or report issues directly to the safeguarding leads.
- Most staff had completed level one safeguarding adults and children's training with wards compliance above 93%.
- We identified some risks relating to medicine management. At Abbeygate ward, the trust was non-compliant with national controlled drug legislation when ordering controlled drug medication from another trust as the requisition was not signed by the doctor.
- Staff did not always accurately record the administration of medication. We found 14 missed medication doses for a patient on The Willows. A nurse told us that the administration of medicines on The Willows ward were signed before the medicines were actually given and that this was normal practice. However, this does not follow the nursing and midwifery council guidelines for safe practice.
- We found two examples on Abbeygate ward where documentation for the administration of covert medicines was not always up to date.
- From January to June 2016, there were 337 falls reported. The highest was at The Willows with 68.

Are services safe?

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

Managers and staff had access to information about 'slips, trips and falls' and pressure ulcers for their ward. Staff completed fall and skin integrity assessments to identify and reduce the risk. Aids and adaptations such as bedroom sensors, hip protectors and fall mats were used for patients assessed as being at high risk of falls. From April to July 2016 there were eight patients with pressure ulcers identified as grade two or above. The highest was on Beach with four reports.

- Wards had protected mealtimes so staff could assist patients with eating and drinking. Staff monitored patients' food and drink intake. At Julian Hospital and Carlton Court staff used an easy read chart to help with this.

Track record on safety

- From May 2015 to May 2016 there were 10 serious incidents reported for this service. There was a prevention of a future death report and lessons learnt had been shared with staff, who explained the actions taken as a result of this.

Reporting incidents and learning from when things go wrong

- Staff knew how to use the trust incident reporting system. Where staff or patients gave examples of incidents, staff told us they had reported these for further review or investigation. We saw examples of reported incidents such as those relating to medication management errors and pressure ulcers.
- However, at Abbeygate staff were not always completing incident forms after giving rapid tranquilisation

injections. We also found evidence that an incident had not been reported following a fire alarm and partial ward evacuation in July 2016. Staff said they would address this.

- Since our last inspection the trust had made improvements to ensure that identified lessons from incidents were disseminated to staff to enable trust wide learning.
- The trust had developed a 'five key learning points' posters and 'patient safety first safety together' newsletters to share information with staff from incidents across all services.
- Staff gave us examples of reporting and learning from incidents to reduce future risks to patients, this included pressure ulcers and falls. Managers showed us where they had reviewed serious incident reports with staff in team meetings and shared learning.
- A manager at Fernwood and Foxglove wards said they were developing their investigation reports to include root cause analysis earlier for incidents, and also identify any human factor contributions.
- Managers had access to governance systems to identify themes and compare their ward performance to others. For example the number of incidents including violence and aggression and patient harm.
- Staff said they had access to a debrief following incidents for example at The Willows.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- Across wards we had difficulties accessing patients' records on the trust electronic record system and staff told us of their frustrations with the systems impacting on their work. For example staff had stored records in different places within the system making it time consuming to find information. Staff were unable to show us physical healthcare assessments. Staff said these were documented but were not able to easily find them. They explained the different systems for coding information such as blood tests. This posed a risk that staff would not be able to find information about patients to effectively deliver care and treatment. Some wards for example Foxglove and Fernwood had developed a backup paper file to ensure staff had access to key information for patients to deliver care.
- One patient on Sandringham ward did not have a care plan in place when checked two days after admission. Staff told us usually these were usually completed on the day. However, we saw that assessments had been completed.
- Since our last inspection in 2014 we saw that the trust had improved physical healthcare monitoring of patients. Staff referred to completing physiological workbook training. The trust audited compliance with physical healthcare checks on admission and annual health checks.
- Most records showed that the doctor had completed a physical healthcare check on admission. A range of physical healthcare tools, such as Waterlow (a tool used to estimate the risk of a patient developing a pressure sore) and the malnutrition universal screening tool (MUST, a tool used to assess nutritional risk), were being used.

Best practice in treatment and care

- Staff referred patients for physical healthcare, such as dentistry, podiatry, dietetic and specialist continence advice when required. We found evidence of staff referring patients to specialist services, for example staff on Abbeygate ward had access to the trust assessment team to give advice on wound care.

- Staff used nationally recognised assessment tools such as the modified early warning score (MEWS) a rating scale for staff to document physical observations of patients and 'DICES' risk assessment and management system.
- Staff at The Willows, Foxglove and Fernwood wards said they did not have easy access to a speech and language therapist (SALT) to give specialist advice for patients with dementia who had eating and swallowing difficulties. This was identified at our last inspection. They told us this had been raised with senior managers as a risk but with no timescale for resolving. At Abbeygate ward we saw some SALT assessments had been completed.
- Cognitive stimulation therapy, a brief treatment for people with mild to moderate dementia, was available where relevant for patients.
- Staff used communication aids such as pictorial cards and memory boxes with patients who had difficulties speaking and reading information.
- Staff carried out a range of audits including for the care programme approach (CPA) and 'fundamentals of care'.

Skilled staff to deliver care

- Ward teams reported a variety of staff including nurses, doctors, and occupational therapists. A peer support worker was being recruited to Abbeygate. General nurses were employed to assess and care for patients' physical health needs.
- Staff at The Willows and Abbeygate said the pharmacy team were approachable, easily accessible and responsive, and joined them in meetings where relevant.
- Some Reed ward staff reported difficulties with accessing psychology support as the psychologist was on maternity leave and work was not covered. They had raised this with managers as a need.
- Since the last inspection staff reported an improvement with gaining access to mandatory training, supervision and appraisals.
- However across wards managers told us that staff were not receiving regular clinical supervision. The trust was monitoring compliance with this with actions identified for improvement. We saw supervision timetables

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identified for staff to track and monitor progress. Line manager supervision data showed trust targets were not always met for example 36% of planned supervision was completed on Sandringham ward and 44% on Beach ward in June 2016.

- As of July 2016, The Willows had the highest completion of staff appraisals with 100% with Fernwood and Foxglove wards having the lowest with 21%.
- Staff said the trust had put together a training package for temporary bank 'NHSP' staff (not permanently employed), which staff confirmed. Also training and support was available to develop healthcare assistant staff unfamiliar with the healthcare role.
- Staff reported opportunities for specialist dementia awareness training for their work including sexuality and dementia. Other opportunities included wound care.
- Nursing staff competency checks for administration of medication took place.

Multi-disciplinary and inter-agency team work

- Multidisciplinary team (MDT) meetings and staff handovers provided opportunities to assess whether the care plan was achieving the desired outcome for patients.
- Abbeygate staff had reviewed their MDT process to improve the effectiveness of team working and information sharing processes.
- Staff said there were effective working relationships with community older patients' teams.
- Foxglove and Fernwood ward staff reported better working relationships with local authority social workers as their offices were at the same location which made contact easier.
- Foxglove, Fernwood and The Willows ward staff said they had effective links with acute (physical health) hospitals.

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

- Latest staff training data available for wards showed Abbeygate achieved the highest compliance with the Mental Health Act (MHA) training with 86% and Sandringham the lowest with 70% below the trust standard of 90%.

- The trust had systems in place to ensure compliance with the MHA (MHA) and adherence to the guiding principles of the MHA code of practice.
- Staff had access to the MHA administrators for administrative support and legal advice.
- Staff explained patients' legal status and rights under Section 132 of the MHA on admission.
- Patients had access to independent mental health advocates (IMHA). Wards displayed posters showing contact details.
- Ward entrances were locked with entry and exit controlled by staff. There were signs displayed on the doors providing information on their right to leave for informal patients.
- Medical staff completed consent to treatment and capacity forms, either a T2 or T3 form. Staff attached copies to medication charts to ensure nurses administered in accordance with the MHA. However, on Beach and The Willows wards, records for four patients detained under the Act did not have a clear documentation of the discussion and assessment of their capacity to consent to treatment.

Good practice in applying the Mental Capacity Act

- Latest training information for staff completing the Mental Capacity Act 2005 training showed that Fernwood and Foxglove wards had the highest compliance with 82% and Rose ward the lowest with 63%. Abbeygate ward had the highest compliance with deprivation of liberty safeguards training (DoLS) with 83% and Rose ward the lowest with 63% below the trust standard of 90%.
- Independent mental capacity advocates (IMCA) were available to support patients who lacked capacity, as needed.
- Trust information for the last six months showed 97 DoLS applications had been made but there was no information about whether authorisations were granted. The highest number of applications was for Beach ward with 35. This meant that most patients were or had been awaiting assessment for the local authority. Staff and trust information showed significant delays for local authorities undertaking these assessments. This was identified as a national issue. We met a best interest's assessor (BIA) at Carlton Court who said inpatients were given priority status for assessment.

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.

- Staff told us that where the multi-disciplinary team had identified that patients met the criteria for DoLS authorisations they made an urgent and standard application at the same time. We saw examples where urgent authorisations for seven days were granted but then expired and the standard authorisation had not been granted at the point of expiry. We had previously identified this at a mental health act review visit in 2016 to Beach ward.
- We asked staff and the trust what systems they had in place for checking and monitoring the situation. Staff told us they liaised with a link trust person who checked on this regularly. They told us the trust had sought legal advice and also advice from the relevant local authority on how they should continue with care and treatment in the interim. However, patients legal status was not evident in their patient records.
- The trust MCA and DoLS lead said they could not do anymore to access the assessments sooner, so did not contact the local authority by letter to attempt to bring assessments forward. They said that nursing staff should be using the best interest framework whilst awaiting standard authorisation. The trust DoLS policy did not reflect this information and did not give information to staff on managing the situation in the interim whilst awaiting the authorisation.
- We were not assured the trust managers had clear oversight of the DoLS situation, and therefore it was unclear that patients' rights and liberties were being protected.
- The trust gave information from their contact with Norfolk and Suffolk county councils regarding the delays in general. This outlined the local authority stance and their response to the waiting list but not the specifics for individual access and what to do in the interim whilst awaiting assessments and authorisations.
- Staff told us additionally that at handover meetings they reviewed patients' detention status including DoLS. Rose and Reed ward staff told us that BIA meetings were held fortnightly. We observed a MDT review meeting at Beach ward and found that patients' capacity was not discussed.
- We found 28 examples where patients did not have a DoLS authorisation in place. Some of these patients had previously been detained under the Mental Health Act 1983. One patient on Reed ward had been taken off detention under section 3 of MHA 1983 and an application for DoLS was made. An urgent authorisation had expired but we found information in their care records indicating that staff would not allow the patient to leave if they tried to exit the ward.
- We found 16 examples where patients did not have assessments where their capacity to make decisions about their care and treatment was in doubt. We found 13 examples where their consent to treatment was not detailed in their records.
- We found five examples of inconsistent recording of do not resuscitate decisions for patients for example, on Rose and Sandringham wards and a lack of mental capacity assessment completion. Patients and their carers' views were not appropriately recorded. Staff told us they would take immediate action to address this.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- Patients and carers said staff were kind and caring and treated them with dignity and respect.
- Most patients and carers told us that staff were patient and understood patients' needs. One carer said staff were not following their relative's care plan regarding their diet and felt staff did not know their relatives needs and had given feedback to staff about their concerns.
- Several patients and carers told us they felt the care and treatment received here was better than in previous places. They told us staff supported patients to maintain independence and staff provided meaningful activities. One carer and one patient told us there should be more activities provided.
- Carers reported flexible visiting times, for example, at Fernwood and Foxglove wards so they could be involved in their relative's care and treatment during the day such as engaging in activities and having meals.
- Carers gave examples of staff supporting patients with hearing or visual impairments, they ensured patients had working hearing aids and had their glasses.

The involvement of people in the care that they receive

- On admission patients and carers had access to information about the ward to help orientate them.

- Most patients and carers said that staff involved them in care and treatment planning but they did not always get copies of the care plan. Records did not always capture this involvement. One patient and one carer said they wanted more involvement.
- Examples of engaging patients in their care and gaining information about their needs included 'Getting to know me' posters seen on Fernwood and Foxglove wards. Also, 'What matters to me' information and, 'This is me' life story books seen at Beach ward.
- Carers told us the care and treatment their relative or friend received met their physical and mental health needs.
- Abbeygate staff had reviewed the MDT meeting process to allow more time for patient and carer involvement.
- At The Willows we found examples of patient's involvement in self-administration of medicines before discharge.
- Trust staff referenced national guidance such as the 'triangle of care' and working to encourage carer involvement.
- Occupational therapy staff based at Julian Hospital were developing planning sessions with carers to increase involvement in care planning.
- Patients had access to a local advocacy service. There was suitable information displayed on notice boards on how to access these services.

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

Access and discharge

- Since our last inspection in 2014 we found that the trust had reviewed the provision of in-patient beds for older patients with mental health needs. Managers reported that greater emphasis was placed on providing community care for patients with dementia and praised the work of the dementia intensive support teams for supporting patients effectively.
- Community teams for older patients still reported having challenges with getting inpatient hospital beds for patients when needed.
- The trust stated it was commissioning a bed review following information about increasing bed demand in Norfolk for patients with dementia. In 2015 the trust identified for Suffolk that beds could be decreased as many of the admissions were for non-complex dementia, delirium and frailty. Suffolk clinical commissioning group and the local authority were reviewing care pathways.
- The trust's older patients' bed capacity had decreased by nine, with a decrease of 11 beds for patients with dementia offset by an increase by two for mental illness. Some wards had flexible beds for example on Sandringham ward there were two emergency beds they could use. Abbeygate staff could vary the number of male and female beds to respond to need.
- Trust Information showed that bed occupancy exceeded 100% at times which is higher than the national average (85%) recommended for adult in-patient mental healthcare. Sandringham ward had the highest bed occupancy in May and June 2016 with 101%.
- Staff at Beach ward said that whilst they were always operating at full capacity, the length of stay had decreased. This had posed challenges as their patient group had changed and they were admitting much more unwell patients. Trust information showed from April to June 2016 the average length of stay was 44 days for Beach ward and the highest was for Foxglove ward (a continuing care ward so would expect to have longer stays) with 921 days (May).
- Most staff did not comment on bed pressures, but did state that a lack of community placements meant patients experienced delayed discharges. This then affected patients awaiting admission. Managers told us this was beyond their control and they had escalated their concerns to senior trust staff, local clinical commissioning groups, local authorities and continuing health care services who were involved in planning for discharge. A manager said there was a lack of available community placements in west Suffolk for patients to be discharged to.
- Trust information from April to June 2016, showed 15 out of area treatment beds arranged for older patients with six for Norfolk and nine for Suffolk. Some placements were a long distance away in Somerset. Other trust waiting list data showed 12 patients, mostly women waiting for admission to hospital, 11 for Norfolk with two out of area beds being considered. Managers said that other placements would be sought for patients with specialist complex needs where treatment was not appropriate on trust wards. The trust had specific contracts with local independent healthcare providers to provide treatment to avoid out of area placements. Additionally in Suffolk, staff told us that acute inpatient units elsewhere in the trust were "age inclusive" and that patients could be admitted to other wards which carers confirmed.
- Ward staff had regular meetings with discharge coordinators and bed management staff. The Willows had a specialist link worker liaising with the ward and placements. Staff provided an outreach service to help orientate patients back at home or in new care placements. Locality managers we spoke with said they participated in weekly telephone calls to assess and monitor bed availability and risks.

The facilities promote recovery, comfort, dignity and confidentiality

- At this inspection we found that where relevant, ward environments had been improved to be more dementia friendly. Facilities promoted recovery and comfort. For example, on Beach, Rose and Reed wards where there were spacious areas and signage and pictures had been developed to assist patients to orientate themselves.

Are services responsive to people's needs?

Requires improvement 

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

- We saw examples of stimulating games and objects in corridors and rooms for example to encourage reminiscence.
- We found door vision panels were left open across most wards which could compromise patient's dignity and privacy as people walking past could look into their room. Patients could close them if they were able to make that choice. However, on Abbeygate ward patients did not have access to the panel to close and had to ask staff to close them.
- One patient at Fernwood ward had two out of four bedroom windows covered with privacy film which meant other patients could still see into the other two windows from the garden. Staff said they would take action to address this.
- Staff had arranged for a patient's room on Foxglove ward to have foam padding to reduce the risk of them harming themselves in their room due to poor mobility. However, grey tape and foam was used which we considered was unsightly. Staff said they were taking action to reduce the padding where safe to do so and ensure a more comfortable environment for the patient.
- On Abbeygate ward (Laurel) at our first visit, the lights were not put on in the day and ward doors were opened to keep areas cool due to hot temperatures. Staff said this did not affect patients' vision and staff said they were aware to be vigilant in observing patients.
- Patients had access to outside space, a well maintained garden including some sensory areas. Patients could smoke outside.
- Arrangements were made for patients to make private telephone calls and for privacy during visits. However, one carer told us they did not have private visiting access at The Willows.
- Patients had opportunities to personalise their rooms and wards had arrangements for safe storage of valuable items.
- Staff provided activities for patients' specific needs and wards had identified activity coordinators who provided a service at weekends and evenings. At The Willows activity staff said that individual sessions were provided due to patients' needs.

- 'Pets as therapy' dogs visited wards. Managers and carers told us of improvements they had made including engaging carer and patient feedback to develop in activity areas at the Carlton Court location and in the refurbishment of Sandringham ward.

Meeting the needs of all people who use the service

- There were facilities available for patients with mobility difficulties who required wheelchair access with assisted bathrooms, wide corridors and ramped access. Beds were adjustable and rails in corridors made it easier for patients to move about their room and ward.
- The trust catered for patients' dietary likes and dislikes, any allergies and different types of diet. Menu choices included a vegetarian option. Food consistency was adjusted and supplements were available to meet assessed needs, such as soft and pureed foods and weight gain supplements.
- Staff had access to specialist aids to assist patients with eating. Patients had access to drinks and snacks. The majority of patients and carers told us the food and drinks were available when they wanted them and they were nice. One carer and a patient said there should be greater meal choice. One patient told us the food could be improved. Food surveys took place to gain feedback from patients to improve the service.
- Spiritual care was provided when requested and wards had designated areas for patients to use.
- Staff told us that interpreters were available through an interpreting service and posters were available advising staff and others of this.
- Carers groups and information on ways for them to give feedback and develop the service was available on wards. We attended a carers group on Sandringham ward where Age UK had been invited in response to carer feedback but unfortunately no carers had attended. A further group was scheduled.
- Information for patients about their medicines was available. Advice and information was provided by pharmacy team on request for individual patients.
- Wards held stock clothing items in case a patient needed clothing and did not have easy access to their own.

Are services responsive to people's needs?

Requires improvement 

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

Listening to and learning from concerns and complaints

- Information leaflets for wards encouraged feedback to help the service to improve. These included 'Help us to help you' complaints and compliments leaflets.
- Trust information for April 2015 to March 2016 showed this core service had received 13 complaints, with two upheld and four partially upheld; Beach, Sandringham and Reed wards had the highest number. No complaints were referred to the ombudsmen. From May 2015 to April 2016 eight compliments were made with The Willows receiving the highest number with five.
- Managers gave examples of learning from complaints and sharing feedback with staff and patients. For example on Rose ward the laundry service provided was being reviewed following carers feedback that their relatives' items were going missing. Wards had laundry areas and ward bedding and furnishings were regularly sent away for contract cleaning. There were specific processes for managing soiled items. Relatives had options for taking things home to wash.
- Carers said that staff recognised the challenges they faced and gave them information and support. Two carers said they would value additional information about how to find a care home to meet their relative's needs. Whilst carers told us they felt able to raise any concerns most were unsure about the trust complaints process.
- Wards also gained feedback from the friends and family test to influence and improve their service. However, staff on Sandringham ward had identified problems with the trust feedback gathering process which they had raised with managers.

Are services well-led?

Requires improvement 

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

Our findings

Vision and values

- Information was displayed across wards about the trusts visions and values. Staff had opportunities to attend meetings to give their feedback on these.
- Additionally some wards had developed their statement of purpose to reflect the trust values.
- Managers told us how values based recruitment was taking place to ensure staff selected could uphold these values.

Good governance

- Managers said they attended a range of governance meetings including clinical team lead meetings and dementia and complexity in later life (DCLL) meetings, and minutes were available to demonstrate this. They showed us the information they used to measure their wards performance and also identify and track risks and achievements for their service. For example we saw monthly 'heat maps for staff to track and monitor their adherence with the Mental Health Act and medication management.
- The trust used the NHS safety thermometer, a matron audit tool, a quality effectiveness and safety trigger tool (QUESTT) and carried out 'mock CQC visits' to identify issues for wards. There were systems for tracking and monitoring training attendance and compliance with staff rescheduling as required.
- Ward team meeting minutes showed that managers had systems for passing on information to their teams.
- Additionally, staff received direct feedback from the trust via emails with key updates and information. Systems to ensure staff were kept informed, such as identifying top ten policies for staff reading, were in place.
- Managers had identified ward staff champions to lead on key issues including deprivation of liberty safeguards (DoLS), dementia and safeguarding.
- Wards were not using a local risk register to capture risks related to their service but managers reported being

able to escalate risks to their line manager and above. However, at this inspection we identified risks including for staffing and mixed sex accommodation which were not identified on the trust risk register.

- Managers had a lack of understanding how DoLS authorisations for patients in the service were being monitored and checked on. We found that trust leads for the Mental Capacity Act and DoLS had not communicated information about their role to ward staff and the legal responsibilities regarding giving patients' care and treatment.

Leadership, morale and staff engagement

- Staff said they were proud of their work individually and as part of a team and felt supported to deliver care. They told us that they were able to raise concerns with managers if required. They were aware of whistleblowing processes.
- Most staff across wards told us that since the last CQC inspection trust communication and engagement with staff for the planning and delivery of trust services had improved. However, two staff said they felt they could be more involved in service development and said they were not encouraged to give feedback.
- Most staff reported an improvement in their team's morale. Examples of support included staff wellbeing leads and a 'buddy' system for ensuring support after incidents.
- Staff at Abbeygate expressed frustration at trust solutions for managing staffing deficits and stated this was impacting on their morale.
- A manager told us there were some difficulties getting leadership and development training to support band six staff.
- We saw examples of managers ensuring the competency of staff and taking action to address any shortfalls.
- Managers gave examples of being open and transparent with carers and patients when things went wrong.

Commitment to quality improvement and innovation

- An example of improving and developing the service was given regarding the safer care pathways, 'closing the

Are services well-led?

Requires improvement 

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.

gap in patient safety' for dementia wards implemented at Julian Hospital and Carlton Court. At Julian Hospital, carers were involved in the redesign of an information booklet which aimed to improve communication to reduce patient distress and to make the admission process more patient centred. Staff away days were planned with staff. A new occupational therapy model of

care was developed to increase therapeutic interventions to reduce incident rates, for example, of falls and violence and aggression. As of March 2016 a reduction of incidents was identified.

- Doctors said they had links with Cambridge University for example regarding research for Lewy Body dementia and learning from innovative practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust must ensure patients have a speech and language assessment in a timely manner.

The trust must ensure that safety checks are undertaken routinely for equipment.

The trust must ensure it is compliant with national controlled drug legislation when ordering controlled drugs from another trust.

The trust must ensure that the prescribing, administration and monitoring of vital signs of patients are completed as detailed in the relevant NICE guidelines.

The trust must ensure that appropriate arrangements are in place for ensuring that administration of covert medication is carried out with the correct documentation in place.

This was a breach of Regulation 12

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The trust must ensure there are protocols for the electronic storage of patient records so they can easily be retrieved from the system.

The trust must ensure that do not resuscitate statements accurately record patient and carers involvement and decisions.

This section is primarily information for the provider

Requirement notices

The trust must have adequate governance systems in place to assess risk and protect the rights of patients awaiting DoLS authorisations and ensure staff have adequate information regarding their legal roles and responsibilities.

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 10 HSCA (RA) Regulations 2014 Dignity and respect

The trust must ensure wards protect patients' privacy and dignity and comply with The Department of Health guidance and Mental Health Act 1983 Code of Practice to eliminate mixed sex wards.

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 18 HSCA (RA) Regulations 2014 Staffing

The trust must ensure that adequate staffing levels are in place to meet patient needs across all wards.

The trust must ensure that staff receive adequate supervision and training for their role.

This was a breach of Regulation 18