Requires improvement

Norfolk and Suffolk NHS Foundation Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RMY01	Hellesdon Hospital	West Norfolk dementia intensive support team (DIST)	PE30 5PD
RMY01	Hellesdon Hospital	West Norfolk dementia and complexity in later life (DCLL)	PE30 5PD
RMY01	Hellesdon Hospital	Central Norfolk DIST	NR2 3TD
RMY01	Hellesdon Hospital	Central Norfolk North DCLL	NR2 3DT
RMY01	Hellesdon Hospital	Central Norfolk South DCLL	NR18 0WF
RMY01	Hellesdon Hospital	Great Yarmouth and Waveney DCLL	NR30 1BU

Summary of findings

RMY01	Hellesdon Hospital	Great Yarmouth and Waveney DIST	NR33 8AG
RMY01	Hellesdon Hospital	Great Yarmouth and Waveney DCLL	NR33 8AG
RMY01	Hellesdon Hospital	East Suffolk DIST	IP4 5PD
RMY01	Hellesdon Hospital	East Suffolk IDT	IP1 2GA
RMY01	Hellesdon Hospital	Central IDT	IP14 1RF
RMY01	Hellesdon Hospital	Bury North IDT Newmarket	CB8 7JG
RMY01	Hellesdon Hospital	West Suffolk DIST	IP33 1NR
RMY01	Hellesdon Hospital	Bury South IDT	IP33 1NR

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?	**Good** 
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 community-based mental health services for older people as requires improvement because:

- Some of the concerns identified in the last inspection report as requirement notices had not been addressed by the trust.
- The trust had not reviewed the core staffing levels including the availability of consultant psychiatrists within this service despite the concerns of front line staff in Ipswich. Not all caseloads were manageable particularly in the Bury South West Suffolk IDT. Caseloads in this team were an average of 60-70 with an average of 90 referrals per month. Staff were not able to see urgent new patient referrals within 24 hours, as per the trust's own performance target.
- Risk assessments were inconsistent and were not all completed or updated. Some staff recorded patient risk in continuation notes, rather than in the specific risk assessment section.
- The wider trust had not addressed the identified concerns relating to the condition of treatment environments and ligature risks across at all services where patients attended for treatment.
- The trust's electronic recording system was unreliable, when visiting the Bury North DCLL we found that the system had crashed, which meant staff could not access patient treatment information and risk assessments.
- Concerns were identified with all clinic rooms including out of date and uncalibrated equipment. Six of the clinic rooms inspected did not hold emergency medication for use on site or in the community, but continued to administer injections.
- Automated external defibrillators (AED) had been removed by the trust for these services but front line staff lacking knowledge of the alternative arrangements in place.
- Alarm pull cords in some accessible toilets were not working and staff did not appear to know how to respond when these were pulled. Personal safety alarms for staff did not work at Great Yarmouth and West Norfolk CMHS sites.
- Thirteen care plans reviewed in detail were generalised and had the same outcome goals. This meant that these care plans were not patient centred.
- In the Norfolk DCLL team at Chatterton House, consultant psychiatrists only saw the most complex patients. Psychiatrists mostly reviewed the GP scan results to form a diagnosis and would then prescribe medication without a face to face consultation.
- The trust did not provide data relating to supervision for this core service prior to the inspection. Service managers were unable to consistently assure us through data recorded that staff received regular clinical or managerial supervision. It was therefore unclear how training and performance issues were identified and robustly managed.

However:

- There was a clear trust lone working protocol in place. Staff used the buddy system based on a risk assessment of the individual patient and their family.
- Staff knew what incidents to report and we saw evidence of trust wide learning from these across the service.
- Managers monitored the patients on the waiting list to identify any increases in patient's level of need. These patients would then be prioritised by staff.
- Patients had access to psychological therapies, some teams had a psychologist and they delivered a cognitive stimulation therapy group, which was an evidenced based treatment for people with dementia. Trust staff referred some patients for additional psychological therapies to the wellbeing team.
- Patients said that staff were kind, caring and respectful towards them and took time to listen to them. Several patients spoke highly of their own care co-ordinator and could not thank them enough.
- Managers addressed complaints in a timely manner. Examples were seen of staff being open and honest with the patient and their family.

Summary of findings

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

Are services safe?

Inadequate 

We rated safe as inadequate for community- based mental health services for older people because:

- Ligature risk audits were out of date, or lacked sufficient detail to enable staff to manage and mitigate risks to patients accessing services for treatment.
- Personal safety alarms for staff did not work at Great Yarmouth and West Norfolk CMHS sites. Alarm pull cords in some accessible toilets were not working and staff did not to know how to respond when these were pulled.
- Concerns were identified with all clinic rooms including out of date and uncalibrated equipment. Six of the clinic rooms inspected did not hold emergency medication for use on site or in the community, but staff continued to administer injections.
- Staff and managers were unfamiliar with the trust's policies and procedures for the reporting and recording of incidents and errors relating to medication administration.
- There was limited pharmacy oversight for Norfolk and Suffolk older people's community services.
- Automated external defibrillators (AED) had been removed by the trust for these services but front line staff lacked knowledge of the alternative arrangements in place.
- Risk assessments were inconsistent and were not all completed or updated. Some staff recorded patient risk in continuation notes, rather than in the specific risk assessment section.
- Not all caseloads were manageable particularly in the Bury South West Suffolk IDT. Caseloads in this team were an average of 60-70 with an average of 90 referrals per month. Staff were not able to see urgent new patient referrals within 24 hours, as per the trust's own performance target.
- Increased demand, patient acuity and the shortage of inpatient beds had led to increased pressure on frontline staff. There was a total of nine qualified nursing vacancies (6% vacancy rate) and 14 nursing assistant vacancies (26% vacancy rate) across the core service. Carers reported some delays at times with receiving urgent support due to staff shortages.
- In Great Yarmouth and Waveney DCLL team, patients had an average of a seven week wait for an appointment with their consultant psychiatrist.
- The trust's electronic recording system was unreliable, when we visited the Bury North DCLL the system had crashed, which meant staff could not access patient risk assessments.

However:

Summary of findings

- The teams responded promptly to a sudden deterioration in a patient's mental health. For example, we observed two multidisciplinary meetings, where staff discussed calling a patient and their carer throughout that day to check on their mental health.
- Staff understood the trust's lone working protocol. They used the buddy system and we saw where lessons had been learnt regarding the protocol of going to a remote location to see patients.
- Managers monitored patients on waiting lists to identify any increase in patient need. Staff in the DIST completed welfare checks and called carers regularly.
- Staff said they received feedback from any investigations of incidents in team meetings. We saw evidence that these were discussed. Managers included trust wide incidents and learning as part of the agenda.

Are services effective?

Requires improvement

We rated effective as requires improvement for community-based mental health services for older people because:

- Thirteen care plans reviewed were generalised and had the same outcome goals. These care plans were not patient centred.
- The trust had implemented a new computer system for recording supervision and appraisal compliance. Service managers told us staff struggled to use the system, and that the data collected did not give a true reflection of compliance. Service managers were unable to consistently assure us through data recorded that staff received regular supervision or that performance issues were robustly monitored and addressed. Some service managers held spreadsheets as an interim measure to monitor completion. The trust did not provide data relating to supervision rates prior to the inspection.
- In the Norfolk DCLL team at Chatterton House, consultant psychiatrists only saw the most complex patients. Psychiatrists were used in more of a consultative role they reviewed the GP scan results to form a diagnosis and would then prescribe medication without actually seeing the patient. This meant the service was not following best practice.
- Teams in Norfolk said they had difficulty accessing the local social workers. There was no Section 75 agreement in place in Norfolk. This was an arrangement between a local authority and an NHS body related to the National Health Services Act 2006.

Summary of findings

- Staff at West Norfolk DCCL said that they were no longer commissioned to continue delivering post adjustment and diagnosis groups, for newly diagnosed patients.

However:

- Patients had access to psychological therapies, some teams had a psychologist and they delivered a cognitive stimulation therapy group which was evidenced based treatment for assessing and treating people with dementia.
- Frontline staff reported to have received regular clinical and managerial supervision. Most teams structured their supervision so staff received clinical supervision in a group setting and managerial supervision on a one to one basis.
- Staff told us that they could access additional specialised training.
- Staff understood the five principles behind the Mental Capacity Act. Staff completed regular capacity assessments and discussions around individual capacity were recorded in patient records. Consultants confirmed that they updated these assessments when they reviewed patient's medication.

Are services caring?

Good

We rated caring as good for community-based mental health services for older people because:

- We observed staff and patient interactions, staff were kind and warm toward patients and their carers. Staff took time to talk with patients and did not rush their consultation session. We observed two patient assessments and staff provided good emotional support. For example, they allowed plenty of time for answering questions.
- Patients gave positive feedback, they said staff were kind, caring and respectful towards them and took time to listen. Several patients spoke highly of their care co-ordinator and could not thank them enough.
- Staff gave information packs to patients when they were assessed about the trust's mental health services and access to independent advocacy.
- The trust sent out patient, family and carer feedback forms, we saw managers had made changes as a result of the feedback received.
- Staff gave carers or family members information about dementia and prescribed medication, so that they were kept informed of the treatments being given.

Summary of findings

Are services responsive to people's needs?

Good

We rated responsive as good for community-based mental health services for older people because:

- Staff responded quickly to deterioration in a patient's mental health by visiting promptly and arranging intensive support. Appointments were rarely cancelled. Staff told us they would only cancel an appointment if none of the entire team could cover it. In those exceptional circumstances, staff contacted patients and carers with an explanation, and rearranged the appointment.
- Most of the buildings were accessible for people who had mobility issues. Where this was not the case alternative arrangements had been made. For example, the DCLL team at Mariner House, Ipswich would see patients on a floor which had lift access.
- Staff took active steps to engage with people who found it difficult or were reluctant to engage with services. For example, appointments were scheduled at a time and place that suited patients.
- Frontline staff told us they know how to report and respond to complaints, we saw that a member of staff had supported a patient to make a complaint and then forwarded this onto management.
- We found many examples of cards and letters giving positive feedback and thanks to individual staff and teams.

However:

- Staff reported there was a shortage of inpatient beds for community staff to refer patients to. We saw one complaint had been raised by family to their local team, due to their relative being admitted to an out of trust area hospital a considerable distance from home.
- The trust supplied data showed the Suffolk DIST was not meeting the local target set of 28 days for the number of days to referral to initial assessment. The trust reported that this was currently 37 days.

Are services well-led?

Requires improvement

We rated well-led as requires improvement for community- based mental health services for older people because:

- Some of the concerns identified in the last inspection report as requirement notices had not been addressed by the trust.
- The trust had not addressed the identified concerns relating to the condition of treatment environments and ligature risks

across at all services. The trust had not completed thorough service based risk assessments in relation to the decision made to remove automated external defibrillators (AED) from clinic rooms.

- The trust had not reviewed the core staffing levels including the provision of consultant psychiatrists within this service despite the concerns of front line staff in Ipswich.
- The trust did not provide data relating to supervision for this core service prior to the inspection. Service managers were unable to consistently assure us through data recorded that staff received regular clinical or managerial supervision. It was therefore unclear how training and performance issues were identified and robustly managed.
- Managers reported that some of the details that the trust asked them to report were time consuming to complete and they did not know the relevance of some of the data submitted.
- Some consultant psychiatrists said the trust did not always ask or listen to their advice or expertise when implementing new processes, such as the development of new forms.

However:

- Front line staff were asked to choose a goal in supervision that reflected the trust's values and then set a personal objective to work towards for their next supervision.
- The service reflected the organisation's values. For example, staff discussed in team meetings how they could complete their roles and responsibilities together.
- Mandatory training compliance was 92%. Managers kept their own record of their team's training compliance and took action to address any non-attendance.
- Front line staff had completed some clinical audits. For example, recording of patient notes, risk assessments, care planning and medicine management.
- Staff morale and job satisfaction was high.Managers said staff worked collaboratively and supported each other well.
- Staff were passionate about their job and told us they loved working in these services. Most staff reported that they felt there had been some positive recent changes in the trust.

Summary of findings

Information about the service

Community mental health services for older people offer assessment and intervention services for older people with dementia and other mental health conditions associated with later life. The service is made up of fourteen teams across Norfolk and Suffolk located in:

- West Norfolk (King's Lynn)
- Central Norfolk (Norwich and Wymondham)
- Great Yarmouth and Waveney (Great Yarmouth and Lowestoft)
- East Suffolk (Ipswich and Stowmarket))
- West Suffolk (Bury St Edmunds and Newmarket)

The dementia intensive support teams (DISTs) offer assessment and intensive support to people with dementia or suspected dementia. In Norfolk and Great Yarmouth and Waveney; teams operate as crisis teams and are open from 8am to 9pm (8pm in King's Lynn), seven days a week, and work with older people with other mental health conditions. In Suffolk; the teams work only with people with dementia, and are open from 9am to 5pm, weekdays only. Out of hours crisis work was referred to the home treatment teams.

The dementia and complexity in later life (DCLL) teams offer assessment, diagnosis and treatment in the community for adults experiencing memory problems, cognitive impairment, dementia and other mental health issues associated with later life.

In Norfolk and Great Yarmouth and Waveney, these are separate teams while in East and West Suffolk the CLL pathway is provided through six integrated delivery teams (IDTs) in Ipswich, Stowmarket, Bury St Edmunds and Newmarket. Memory clinics operate alongside the CLL teams or pathway.

The teams consisted of community psychiatric nurses, healthcare assistants or support workers and occupational therapists. Social workers were co-located with most teams and there was also access to psychologists, consultant psychiatrists and other doctors.

The CQC carried out a comprehensive inspection of this core service in July 2016. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

The following areas of improvement were identified for community-based mental health services for older people during that inspection:

Action the trust MUST take to improve:

- The trust must ensure that all risk assessments and care plans are in place, updated consistently in line with multidisciplinary reviews and incidents and reflect the full and meaningful involvement of patients.
- The trust must ensure that there are appropriate facilities for staff to undertake their role and those facilities meet health and safety and fire regulations.
- The trust must ensure that the Mental Capacity Act is being consistently considered and documented for people who may lack capacity across all the teams in the service.
- The trust must ensure there are sufficient staff, including doctors.
- The trust must ensure that supervisions, appraisals and mandatory training are up to date at Coastal IDT in Ipswich.

Action the trust SHOULD take to improve:

- The trust should improve access to 24 hour emergency and crisis support for people with dementia.
- The trust should ensure all clinic and interview rooms promote privacy and confidentiality.
- The trust should improve staff engagement.
- The trust should ensure that caseloads are monitored across all teams to ensure the safety of people who use the service.

The trust sent the CQC its action plans to address these issues and we checked on this at this inspection.

The 'musts' and 'shoulds' were reviewed as part of the inspection process. We found that some of the concerns identified in the last inspection report had not been addressed by the trust.

Summary of findings

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 community-based mental health services for older people consisted of two CQC inspectors, six specialist professional advisors including a doctor, nurse, social worker and occupational therapists and one expert by experience (someone that had personal experience of using or caring for someone who uses mental health services). A specialist pharmacy inspector collected additional information.

Why we carried out this inspection

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

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 four focus groups.

During the inspection visit, the inspection team:

- visited13 teams at ten sites and reviewed the quality of the environment and observed how staff were caring for patients
- spoke with 11 patients who were using the service
- met with 24 carers of people using the service
- observed staff carrying out two home visits
- shadowed one patient's clinical assessment during an out-patient appointment
- interviewed the managers or acting managers for each of the teams
- spoke with 67 other staff members; including doctors, psychologists, occupational therapists nurses and social workers
- attended two multi-disciplinary meetings
- reviewed in detail 75 care and treatment records
- carried out a specific check of the medication management at each of the teams we visited
- Examined a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with 11 people who used the service and 24 carers. All were positive about the service and said staff treated them with respect and compassion. Patients spoke highly about the staff and treatment they received.

Carers said staff took their time with patients and did not rush appointments. However, carers reported some delays at times with receiving urgent support due to staff shortages.

Good practice

- The psychologist from the Bury South IDT team visited local schools to deliver a workshop about dementia, helping to raise awareness of the effects of this illness amongst the wider population.

Areas for improvement

Action the provider MUST take to improve

- The trust must review the core staffing levels within this service including the provision of consultant psychiatrists based on patient acuity and the additional demands on this service.
- The trust must complete detailed ligature risk audits for all community services.
- The trust must ensure the electronic systems to access information that monitor and mitigate the risks relating to the health, safety and welfare of patients operate effectively.
- The trust must address the identified concerns relating to the condition of treatment environments and ligature risks across at all services where patients attended for treatment.
- The trust must complete thorough service based risk assessments in relation to the decision made to remove automated external defibrillators (AED) from clinic rooms.
- The trust must ensure that all of the clinic rooms have emergency medication for use on site or in the community.
- The trust must improve the quality and detail of patient risk assessments, care plans and crisis plans, ensuring patient and carer involvement where appropriate.
- The trust must ensure all consultant psychiatrists carry out robust initial diagnostic assessments, meeting with patients face to face.
- The trust must ensure that all service managers and team leaders have training and support to enable them to access information on staff compliance with appraisals, supervision and training.
- The trust must ensure staff have access to working personal alarms, and that systems are in place staff to know how to respond in the event these are activated.
- The trust must ensure all alarm pull cords in accessible toilets are in working order and that staff know how to respond in the event of these being pulled.

Action the provider SHOULD take to improve

- The trust should review the provision of inpatient beds within the trust for older people with mental health needs in conjunction with the Commissioners.
- The trust should work with Commissioners to provide an out of hour's service for people with dementia.

Norfolk and Suffolk NHS Foundation Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Central Norfolk DIST – The Julian Hospital, Norwich Central Norfolk North DCLL – The Julian Hospital, Norwich Central Norfolk South DCLL – Gateway House, Wymondham	Hellesdon Hospital
West Norfolk DCLL – Chatterton House, King's Lynn West Norfolk DIST – Chatterton House, King's Lynn	Hellesdon Hospital
Great Yarmouth and Waveney DCLL – Northgate Hospital, Great Yarmouth Great Yarmouth and Waveney DIST – Carlton Court, Lowestoft Great Yarmouth and Waveney DCLL – Carlton Court, Lowestoft	Hellesdon Hospital
East Suffolk DIST – Woodlands Unit, Ipswich Hospital East Suffolk DCLL – Ipswich IDT (integrated delivery team), Mariner House East Suffolk DCLL – Central IDT, Stowmarket	Hellesdon Hospital
West Suffolk DIS T – Hospital Road Site, Bury St Edmunds West Suffolk IDT – Bury South IDT, Bury St Edmunds	Hellesdon Hospital

Detailed findings

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.

- Staff completed mandatory MHA training as part of their induction, then regular mandatory refresher courses. Overall, this core service had an 88**%** compliance rate for the number of staff trained in the Mental Health Act, against the trust target of 90%.
- Staff had a good understanding of the Act. They were a few patients who were on Community Treatment Orders. Staff were confident when describing how they provided additional support to these patients.
- Patients had access to an independent mental health advocate. Staff knew how to refer patient to this service.
- Managers at Central Norfolk DCLL team said they had a good working relationship with the local approved mental health professional, and any requests were dealt with quickly. Staff at Bury South DCLL team said the local approved mental health professional was based on site enabling easy access for assessments.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed mandatory Mental Capacity Act training as part of their induction. They attended regular mandatory refresher courses. Overall, this core service had an 88**%** compliance rate for the number of staff trained in the Act, against the trust target of 90%. Out of 14 teams, three achieved 100% compliance and eight failed to meet the 90% compliance rate set by the trust. Out of these, four failed to achieve a 75% compliance rate; managers said that staff had difficulty accessing the online training through their IT system. Some staff reported that the training did not test or expand on their knowledge.
- Staff understood the principles behind the MCA. We found staff had completed regular capacity assessments, discussions around capacity were recorded in files. Consultants told us they updated assessments when they review medication.
- In the West Norfolk DCLL and Great Yarmouth and Waveney DCLL teams, we reviewed examples where staff had completed capacity assessments and best interest decisions. Staff had recorded these in the patient's care record.
- Staff knew where they could get advice regarding the Act within the trust.
- Staff had arranged meetings for patients who were on a CPA 117 order, where patients had been recently discharged from inpatient care. Three managers said that they did not always receive a discharge referral from the inpatient wards.

Inadequate

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

- Staff usually saw patients at home. Although patients did attend clinics at times for outpatient appointments.
- Concerns were identified with all clinic rooms. These included out of date equipment. Some equipment was not calibrated or safety checked. Inconsistent clinic room and fridge temperature monitoring took place, with a lack of robust systems in place for the monitoring of safe medication storage.
- Automated external defibrillators were removed by the trust for these services, with front line staff lacking knowledge of the alternative arrangements in place.
- Alarm pull cords in some accessible toilets were not working and staff did not appear to know how to respond when these were pulled.
- Six of the clinic rooms inspected did not hold emergency medication for use on site or in the community, but continued to administer injections. Emergency medication is required in the event a patient experiences an allergic reaction to medication once administered.
- Staff escorted patients at all times when they were on trust premises. However, there were ligature points in most patient toilets. These contained ligature risks (fittings to which a patient intent on self-injury might tie something to harm themselves) that were not included on the trust's environmental ligature risk audit. For example, East Suffolk and Bury South IDT ligature audit did not cover how these risks could be mitigated.
- Personal alarms for staff were not in working order at West Norfolk. At Great Yarmouth if staff activated their personal alarms, they could not be heard in all areas of the building affecting a robust response. At Bury South IDT, each office had a desk based alarm, which did not offer staff a method of sourcing assistance in an emergency when away from the desk.
- Trust premises were generally clean and well maintained. There were cleaning rotas and records in place that demonstrated that the environments were cleaned regularly. Office space was clear and tidy across all locations. However, not all locations had desk areas for all staff.
- Infection control measures were in place including the use of alcohol gels and hand washing signs.
- Staff kept an audit of equipment and carried out stock checks. Portable appliance testing took place as required.

Safe staffing

- On 31 March 2017 the core service establishment level of qualified nurses was 156 and nursing assistants was 53. There was a total of nine qualified nursing vacancies (6% vacancy rate) and 14 nursing assistant vacancies (26% vacancy rate) across the core service. Trust provided data showed 16 staff leavers between 1 April 2016 and 31 March 2017. Staff sickness was 15% across the teams. Two members of staff were on long-term sickness leave, this added to the overall sickness rate.
- Bury South West Suffolk IDT had the highest qualified nursing vacancy rate with 51%. The service had stopped taking on new referrals in December for two weeks until initial patient assessments were completed.
- The trust was recruiting for new staff to fill these vacancies, with vacancies either out to advert or interview dates agreed.
- Front line staff in the Great Yarmouth and Waveney, West Suffolk and West Norfolk teams said they felt under pressure. They reported increased patient acuity and recently periods of high referral rates.
- Average caseloads throughout the core service were on average 25-30. Caseloads were monitored through team meetings and supervision.
- Caseloads across the DCLL teams were between 30 and 40 for qualified nurses.
- Local managers across the DIST teams said that the trust established the core staffing levels in 2014 for this service. However, increased demand, patient acuity and the shortage of inpatient beds had led to increased pressure on individual staff.

Inadequate

Are services safe?

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

- The trust did not use bank or agency staff to cover the teams. Managers said cover was arranged within teams. Staff confirmed that this had increased pressure on frontline staff to support vacancies and sickness.
- Staff and managers in the Norfolk DIST teams told us that access to a psychiatrist for assessment was quick when one was needed and within the trust's guidelines. In Great Yarmouth and Waveney DCLL team, patients had an average of a seven week wait for an appointment with their consultant psychiatrist.
- West Suffolk DIST did not have a psychiatrist at the time of inspection.However,the trust have since informed us that they have appointed to this post.
- On 31 March 2017, the training compliance for this core service was 92% against the trust target of 90%. Out of 28 training courses, 13 were below the 90% compliance target set by the trust. Out of these, three were below 75% compliance; Information Governance (73%) Intermediate Life Support (70%) and Manual Handling – Clinical (67%).

Assessing and managing risk to patients and staff

- Eleven risk assessments reviewed had not been reviewed or updated by staff. Two patients at West Suffolk DIST had been admitted to this service for over 100 days but did not have up to date risk plans. The formulation and risk identification recorded did not appear relevant to the patient in 12 of the records reviewed.
- Eight patient records at East Suffolk DIST contained generic risk assessments. These were not personalised.
- Staff and consultants were recording risks for memory assessment patients in a letter to the patient's GP and carers where relevant.
- Other risk assessments were detailed and included explanations as to how to manage these risks.
- Staff recorded an initial crisis care plan in the initial patient assessment. These included comprehensive details for patients' crisis management.
- The teams responded promptly to a sudden deterioration in patient's mental health. We observed two multidisciplinary meetings, where staff had established initial crisis plans to monitor people more closely at this time. For example, by calling their relative to check how things were.
- Managers monitored patients on waiting lists to identify any deterioration in their condition. We found that staff in the DIST had completed welfare checks and called carers regularly.
- The safeguarding training compliance rate was 99%. Staff spoken to were aware of the trust's safeguarding policy, they knew how to recognise abuse, who to report this to within the trust and how to make a safeguarding alert directly to the multi-agency safeguarding hub.
- Staff followed the trust's Staff said they check in with each other and felt safe carrying out their job.
- Staff kept records of medicine management at each location. However, clear records were in place for the ordering, collection, administration and the disposal of medication where applicable.

Track record on safety

- Between 1 April 2016 and 31 March 2017, trust provided data showed that staff had reported six serious incidents within this core service. Of these, four involved ‘
- The trust has been involved in one external review following a serious incident; from 1 June 2016 to 1 March 2017. This had resulted in a multi-agency learning plan.

Reporting incidents and learning from when things go wrong

- Staff knew what to report as an incident and how to report one on the trust's electronic system.
- Staff were open and transparent when something went wrong. We saw in team meetings that staff discussed a letter that was sent to a patient and their family apologising for sending a letter to the wrong address. Managers were candid in their approach and implemented a new process to ensure this would not happen again.

Inadequate

Are services safe?

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

- Staff said they receive feedback form any investigations of incidents in team meetings. We saw evidence this was discussed. Managers also included trust wide incidents and learning from these on the agenda.
- Managers debriefed staff after incidents; one report showed that managers talked to staff immediately after the incident. Actions had been taken to minimise any re-occurrence.

Are services effective?

Requires improvement

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

Our findings

Assessment of needs and planning of care

- We reviewed 75 care records and saw that most assessments were completed in a timely manner. Emergency patient referrals were seen within four hours. Staff at the Bury South IDT were not able to meet this key target. Staff confirmed that this was due to staff shortages and the high number of referrals received
- Thirteen care plans reviewed were generalised and had the same outcome goals. These care plans were not patient centred.
- The trust's electronic recording system was unreliable, crashed and slowed regularly, when visiting the Bury North DCLL the system had crashed, which meant staff could not access patient details.
- The trust's electronic system had pulled through details of a patient risk assessment, but the original record could not be located.

Best practice in treatment and care

- In the Norfolk DCLL team at Chatterton House, consultant psychiatrists only saw the most complex patients. Psychiatrists mostly reviewed the GP scan results to form a diagnosis and would then prescribe medication without a face to face consultation. This meant the service was not following best practice and could lead to potential diagnostic and prescribing errors.
- Staff used the national institute for health and care excellence guidance in relation to the assessment and treatment for dementia. Staff used guidance for prescribing and monitoring antipsychotic medications and drugs that alleviated the side effects of dementia. The services did not have pharmacist input into how the clinic rooms were managed. We found where prepacks of drugs that alleviated the side effects of dementia were prescribed and dispensed at memory clinics. Staff kept a clear log of medicines received and administered.
- Staff visited patients at home and checked their physical health. There was good communication with GP services for patients to have physical health care checks. At Carlton Court, the DIST team had dedicated staff to complete physical health care assessments.
- Staff used screening tools and outcome measures such as the Health of the Nation Outcome scales to monitor clinical outcomes. Managers completed clinical audits to ensure that these were completed
- Patients' had access to psychological therapies, some teams had a psychologist and they delivered a cognitive stimulation therapy group which was evidenced based treatment for people with dementia. Trust staff referred some patients for additional psychological therapy to the wellbeing team.
- Staff at West Norfolk DCCL said that they were no longer commissioned to continue delivering post adjustment and diagnosis groups, for newly diagnosed patients. Other teams were delivering accepting 'diagnosis and treatment' groups. This supported patients who had been recently diagnosed to understand some of the issues associated with it and provided mutual support for patients and carers.
- Where patients needed support with employment housing or benefits, staff would offer advice and make referrals to the local social workers or employment charities.
- Staff regularly checked and monitored patient's physical health; staff had access to equipment in clinic rooms such as, heart rate monitor and scales. GPs completed physical examinations and healthcare checks. Staff monitored patient's physical healthcare when carrying out their home visits.
- During individual clinical supervision, staff participated in completing clinical audits on their own patient files.

Skilled staff to deliver care

- Teams consisted of a full range of disciplines including psychiatrists, nurses, doctors, psychologists and occupational therapists. Staff had limited access to pharmacy input. There was no Section 75 partnership agreement in Norfolk. This was an arrangement between a local authority and an NHS body related to the National Health Services Act 2006.
- In the Great Yarmouth and Waveney DCLL team, social workers worked alongside the team, staff said they could easily refer patients to the team.
- Staff had received an appropriate induction. This included mandatory training, shadowing opportunities, mentoring and visiting other teams.

Are services effective?

Requires improvement

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

- The trust had implemented a new computer system for recording supervision and appraisal compliance. Service managers told us staff struggled to use the system, and that the data collected did not give a true reflection of compliance. Service managers were unable to consistently assure us through data recorded that staff received regular supervision or that performance issues were robustly monitored and addressed. Some service managers held spreadsheets as an interim measure to monitor completion. The trust did not provide data relating to supervision rates prior to the inspection.
- Frontline staff reported to have received regular clinical and managerial supervision. Most teams structured their supervision so staff received clinical supervision in a group setting and managerial supervision on a one to one basis.
- Service managers told us that it was the responsibility of the individual clinician to record clinical supervision outcomes in their own professional development record.
- Trust provided data showed that the overall appraisal rate was 77%.
- Five teams had achieved a 100% appraisal rate. These were Central DCLL, South East Community Memory Assessment, South West, Bury North IDT CLL Team, South West DIST and West DCLL DIST.
- Staff had access to additional training opportunities. Some staff had completed additional dementia awareness training associated with the local university. Some had completed non-medical prescribing qualifications and others had completed an 'alcohol awareness for patients with dementia' course. Staff had the opportunity to shadow local community teams such as community matrons, general practitioners and the police.

Multi-disciplinary and inter-agency team work

- Teams held weekly multidisciplinary team meetings. These included discussions of patient's prescriptions, risks and treatment. We noted that new referrals, caseloads, medication administration and safeguarding were reviewed by the team. Consultant psychiatrists offered specialised support and guidance during these meetings.
- Monthly business meetings were held. The agendas showed that trust wide issues, new policies and referrals into other organisations were discussed during these meetings.
- Morning handovers took place, where overnight messages would be picked up and the team discussed complex patients and prioritised the day's work.
- There was effective communication between different professionals within the team and with external agencies such as community housing and independent care providers. This ensured that patients and carers were able to access appropriate services if needed.

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

- Staff could seek support via the trust's central Mental Health Act administration team.
- Staff completed mandatory MHA training as part of their induction, then regular mandatory refresher courses. Overall, this core service had an 88**%** compliance rate for the number of staff trained in the Mental Health Act, against the trust target of 90%.
- Staff had a good understanding of the Act. They were a few patients who were on community treatment orders. Staff were confident when describing how they provided additional support to these patients.
- Patients had access to an independent mental health advocate. Staff knew how to refer patient to this service.
- Managers at Central Norfolk DCLL team said they had a good working relationship with the local approved mental health professional, and any requests were dealt with quickly. Staff at Bury South DCLL team said the local approved mental health professional was based on site enabling easy access for assessments.

Good practice in applying the Mental Capacity Act

- Staff completed mandatory Mental Capacity Act training as part of their induction, then regular mandatory refresher courses. Overall, this core service had an 88**%** compliance rate for the number of staff trained in the Act, against the trust target of 90%. Out of 14 teams, three achieved 100% compliance and eight failed to meet the 90% compliance rate set by the trust. Out of these, four failed to achieve a 75% compliance rate;

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.

managers said that staff had difficulty accessing the online training through their IT system. Some staff reported that the training did not test or expand on their knowledge.

- Staff understood the five principles behind the MCA. We found staff had completed regular capacity assessments, discussions around capacity were recorded in files. Consultants told us they updated assessments when they review medication.
- Staff recorded patient's best interest decisions. We noted that best interest decision meetings were held if required.
- In the West Norfolk DCLL and Great Yarmouth and Waveney DCLL teams, we reviewed examples where staff had completed capacity assessments and best interest decisions. Staff had recorded these in the patient's care record.
- Staff knew where they could get advice regarding the Act within the trust.
- Staff arranged meetings for patients who were on a CPA 117 order, where patients had been recently discharged from inpatient care. Three managers said that they did not always receive a discharge referral from the inpatient wards.

Good

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

- We observed staff and patient interactions, staff were kind and warm toward the patients and their careers. Staff took time to talk with patients and did not rush their individual session. We observed two patient assessments and staff provided good emotional support. For example, staff allowed plenty of time for answering questions.
- Patients spoken with gave positive feedback. They said staff were kind, caring and respectful towards them and took time to listen to them.
- One patient said staff explained how they could seek additional financial support and gave them information around healthy living.
- Carers reported that their relative had their planned appointments kept by staff. They felt able to call up at any time for advice.
- We spoke with several staff in care homes, who said that they were usually well supported by these services. They confirmed that staff gave them advice and individualised care plans to help them provide good care and treatment. One care home reported that they found it hard to access the local DIST team at times.
- Carers reported some delays at times with receiving support due to staff shortages. They told us that staff went out of their way to help, were reassuring and worked hard.
- Patients and carers told us they felt staff were understanding and handled everything in confidence. Staff followed the trust's confidentiality policy.

The involvement of people in the care that they receive

- Carers explained that staff had given them a copy of the patient's care plan. Some carers described meetings held to collaboratively plan individual care and treatment. Carers said staff kept them informed and updated.
- Staff gave information packs to patients during their initial assessment about the trust's services and access to independent advocacy.
- The trust sent out patient, family and carer feedback forms. Examples were noted of changes made as a result of this feedback.
- Staff gave carers or family members information about dementia and prescribed medication, so that they were kept informed of the treatments being given.
- One family member said they would like to attend a carer group, and was not aware of the additional trust carer support available

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- The trust had a single point of access to these services and all referrals were triaged and sent onto the different teams for allocation.
- There were clear trust referral criteria for people to access services. These differed across Norfolk and Suffolk. The DIST teams in Norfolk worked with people with all mental health conditions such as anxiety, depression, psychosis, confusion, dementia and behavioural problems. The DIST teams in Suffolk accepted people with dementia as other conditions were treated by the mainstream community teams including the CLLS.
- The trust had set response times as emergency (four hours), urgent (72-120 hours) and routine referrals (28 days). The West Suffolk DIST team were not meeting their four hour response time, due to staff shortages. Senior managers said the trust were aware of these issues and was recruiting staff.
- Trust provided data showed that the Suffolk DIST was not meeting the local target set of 28 days for the number of days to referral to initial assessment. For example, during April 2017, they were completing referral to initial assessment in 37 days. Managers at this location confirmed there was ongoing recruitment. This was on the trust risk register.
- The DISTs in Norfolk saw patients urgently. This included access to a psychiatrist. In Suffolk, the DISTs did not have a psychiatrist attached to the team. Staff said they could make a referral to the psychiatrist based in the DCLL team should this be needed.
- Staff said there was either no or little access to an inpatient bed in the trust should a patient require admission. Staff in Yarmouth and Waveney DCLL, East Suffolk DIST and DCLL said they had to find inpatient beds out of the trust at times.
- In the East Suffolk DIST team, staff were working with patients using an admission avoidance framework. They had built strong relationships with a local housing support service and referred patients there. Staff supported patients at this location and offered the staff advice when needed.
- Staff responded quickly to the deterioration in a patient's mental health by visiting promptly and arranging intensive support. We observed staff making referrals for an urgent Mental Health Act assessment.
- Senior staff said the trust's crisis teams would pick up any urgent patient calls out of hours. Some front line staff were not sure about the extent of support provided by the crisis teams for this patient group.
- Staff took active steps to engage with people who found it difficult or were reluctant to engage with services. For example, appointments were scheduled at a time and place that suited patients. If people did not attend the appointment, staff would make a follow up call and send a letter for a re-arranged appointment.
- Appointments were rarely cancelled. Staff told us they would only cancel an appointment if the team were unable to cover it themselves. If appointments had to be cancelled, staff contacted patients and carers with an explanation, and to rearrange. Overall, patients said their appointments ran on time and that they were not kept waiting.
- The trust did not offer an out of hour's service for people with dementia. The DIST in Norfolk and Lowestoft provided services for seven days a week between 8am until 9pm. The Suffolk DIST worked weekday 9am until 5pm. We were told that emergency support out of these times would be accessed by calling 111 or 999.

The facilities promote recovery, comfort, dignity and confidentiality

- Interview rooms were available for group therapy sessions and individual appointments. Managers and staff situated at Northgate Great Yarmouth and Waveney DCLL team said they did not have access to many clinic rooms and found it hard to offer appointments at trust premises. At Bury South there were several consulting rooms and group rooms, however staff told us that due to the site being shared by different teams, these rooms were in high demand.
- Staff had completed a dementia safety environmental audit at Bury South, ensuring the environment was dementia friendly. We saw posters, a clock and labels had been displayed in the waiting area so that patients could orientate themselves to the service.

Are services responsive to people's needs?

Good

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

Meeting the needs of all people who use the service

- Most of the buildings were fully accessible for people with mobility issues. Where this was not the case alternative arrangements had been made. For example the CLL team at Mariner House, Ipswich would see patients on a floor which had lift access.
- Each location had a range of leaflets and information for patients. We saw information displayed about how to complain, what treatments were available and services outside of the trust that could help with housing, employment and mental health. All of these leaflets were in English. Managers confirmed that versions in different languages would be accessed if required. Staff said they could access interpreters upon request.
- Information about how patients could access independent advocacy services was available.

Listening to and learning from concerns and complaints

- Between 1 April 2016 and 31 March 2017 the service had received 19 complaints with one fully upheld (5%) and nine partially upheld (47%). None of these were referred to the ombudsman.
- Staff gave patients leaflets at the start of their assessment process which included details about how they could make a complaint should they wish. There were leaflets about how to complain to the local patient advocacy liaison service. Most managers we spoke with said they do not receive many formal complaints. Most complaints received were addressed at a local level wherever possible.
- Staff told us they know how to report and respond to complaints, we saw that a member of staff had supported a patient to make a complaint and assisted them to raise it with the trust.
- Staff received feedback on the outcome of complaints within team meetings.
- We found many examples of cards and letters giving positive feedback and thanks to individual staff and teams.

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

- Frontline staff at Bury South, West Norfolk and East Suffolk said they were not visited by anyone higher than their service managers. Some frontline staff were not aware of who the senior trust managers were.
- The trust's vision was for staff to be positive, respectful and work together to support patients. Staff told us that they understood the vision and values and were in agreement with them. Staff were aware of the importance of having patient safety at the top of the values within the trust.
- One staff member said managers encouraged staff to do what is 'right' and ensured that patient safety was put first. Managers said that within individual supervision, staff were asked to choose a goal that reflected these values and to set an objective to work towards for their next supervision.
- Staff discussed how they could complete their roles and responsibilities collaboratively within team meetings.
- Managers were aware of who the most senior trust managers were and could name them. They told us that senior staff visited the services every few months.

Good governance

- Some of the concerns identified in the last inspection report as requirement notices had not been addressed by the trust.
- The trust was aware of work related pressures within these teams but these issues had not been reviewed by senior managers.
- The trust had not addressed the identified concerns relating to the condition of treatment environments and ligature risks across at all services where patients attended for treatment.
- The trust had not completed thorough service based risk assessments in relation to the decision made to remove automated external defibrillators from clinic rooms.
- Overall compliance with mandatary training was 92%. Data showed compliance was high across most teams. Managers kept a log of all staff training for their teams.
- Services reported to offer group clinical supervision and managerial supervisor on a one to one basis for all staff. Service managers told us it was the responsibility of the clinician to document clinical decisions made in supervision in patient's records. The trust was unable to provide data relating to rates of staff managerial and clinical supervision. Staff gave assurances that they received regular supervision, and the trust had implemented a new recording system prior to the inspection. Due to the timescales of implementation, very limited amounts of data had been added to the new system, and services managers reported that some data was inaccurate, or incorrectly recorded as staff needed to familiarise themselves with the new system.
- Service managers were unable to consistently assure us through data recorded that staff received regular clinical or managerial supervision. Some service managers held spreadsheets to monitor completion. The trust did not provide data relating to supervision for this core service prior to the inspection. It was therefore unclear how training and performance issues were identified and robustly managed.
- The trust had not addressed the identified concerns relating to the condition of treatment environments and ligature risks across at all services where patients attended for treatment.
- Managers reported that some of the details that the trust asked them to report were time consuming to complete and they did not know the relevance of some of the data submitted.
- The trust's risk register for March 2017 included one risk for this service. This related to the high number of referrals to the East Suffolk IDT team. The action identified was to recruit an additional staff member. Recruitment was reported to be ongoing.
- There was administrative support for staff and managers which supported front line staff to concentrate on their care duties.
- Team meeting minutes that confirmed that staff had completed some clinical audits. These included the recording of patient notes, risk assessments, care planning and medicine management.

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.

- Meeting minutes showed that staff were given feedback from incidents at team meetings. Managers said they shared any serious trust wide incidents and subsequent learning with their team.
- Managers completed monthly data collections to ensure that the information used to monitor and manage quality and performance was accurate, valid, reliable and relevant. Key performance indicators were used to monitor team performance in relation to referral to assessment times, risk assessments, care plan quality, CPA reviews and to allocate caseloads. The Stowmarket team had an action plan to address targets that were not being met in relation to waiting times.

Leadership, morale and staff engagement

- Trust provided data showed staff sickness rates were 15% for this service. Managers said these figures were high because some staff were on long-term sickness leave. Short term sickness rates were reported to be low by managers.
- Staff said they felt well supported by local management, their managers kept the door open and they felt the trust would listen to their concerns.
- There were no reported cases of bullying of harassment across the service in the last 12 months.
- Staff knew how to use the whistleblowing process if they had any concerns they wished to report. Managers said they felt confident they could raise concerns without fear of victimisation.
- Staff morale and job satisfaction was high in all teams.Managers said staff worked collaboratively and supported each other well.
- Staff were passionate about their job and told us they loved working in these services. Mostly, staff said they felt there had been some positive recent changes in the trust.
- Some staff told us they were given the opportunity to progress and been promoted. Whilst others preferred to stay in their current roles so that their patient contact time was not reduced.
- Staff were open and honest with patients and their carers when something went wrong. We saw examples of this in patient's treatment records, team meetings and supervision.
- Staff told us they were given the opportunity to contribute to service development. Some consultant psychiatrists said the trust did not always ask or listen to their advice or expertise when implementing new processes, such as the development of new assessment forms.

Commitment to quality improvement and innovation

- Several of the trust's psychiatrists were involved in research into the advanced treatment of Alzheimer's.
- The psychologist from the Bury South IDT team visited local schools to deliver a workshop about dementia, helping to raise awareness of the effects of this illness amongst the wider population.

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	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The trust had not ensured that the quality and detail of patient risk assessments, care plans and crisis plans and promoted patient and carer involvement where appropriate was improved. • The trust had not addressed the identified concerns relating to the condition of treatment environments and ligature risks across at all services where patients attended for treatment. • The trust had not completed thorough service based risk assessments in relation to the decision made to remove automated external defibrillators (AED) from clinic rooms. • The trust had not ensured that all of the clinic rooms had emergency medication for use on site or in the community. • The trust had not ensured that consultant psychiatrists met with all patients as part of their initial assessment. • The trust had not ensured that the trust's electronic recording system met the needs of staff and patients. • The trust had not ensured that all staff had access to working personal alarms, and that systems are in place to inform staff to how to respond in the event these are activated. • The trust had not ensured that all alarm pull cords in accessible toilets were in working order and that staff knew how to respond in the event of these being pulled. This was a breach of regulation 12

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care • The trust had not ensured that all care plans were patient centred and individualised. This was a breach of regulation 9

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing • The trust had not ensured that a review of the core staffing levels within this service including the provision of consultant psychiatrists based on patient acuity and the additional demands on this service had taken place. • The trust had not ensured that all service managers and team leaders received training and support to enable them to access information on staff compliance with appraisals, supervision and training. This was a breach of regulation 18.