

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
RMYX5	West Suffolk Hospital Site	Abbeygate	RMYX5
RMYNG	Ipswich Hospital Site	The Willows	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.

Summary of findings

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

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- Staff had made Deprivation of Liberty Safeguards applications for a number of patients across all wards. On patient records checked, all but two had not been authorised by the local authority. On six wards, the urgent authorisation had expired and there was no evidence that staff had applied for an extension. One patient on Abbeygate had been secluded twice without a Deprivation of Liberty Safeguards authorisation in place.
- There were staff shortages across most wards. We saw evidence that wards often ran below established qualified staffing levels. One ward had run at less than half the required qualified staff at night, on average, from January 2017 to March 2017. The service had high vacancy rates and used a high number of bank and agency staff to cover shifts. There had been six reported incidents where there were not enough trained staff to provide patients with the physical interventions required to keep them and others safe. The service medical input was below the established level. This meant that consultants did not review patients as often as needed.
- On Willows, there were a number of medicines management issues. These included medicines being out of date, for example eye drops and skin treatments. There were a number of creams opened that staff had not labelled with individual patient details. Staff had not labelled liquid medicines with the date opened on Willows and Abbeygate.

- The seclusion room on Abbeygate did not comply with the Mental Health Act code of practice. The bathroom was located in the low stimulus area outside the seclusion room, there was no staff observation area and the room was located on the main corridor of the ward. Staff had not completed seclusion records for one patient in line with the trust policy. Observations had not been recorded, there was no seclusion care plan for one episode and the name of the practitioner who authorised the second seclusion had not been recorded.

However:

- The environment on wards was clean and safe. Managers had completed up to date ligature audits and risk management plans with mitigation in place and known by staff. Staff ensured equipment was maintained and checks were up to date.
- Risk assessments for patients were detailed and up to date for all patient records reviewed.
- The team used a range of assessments and outcome measurements to support patients.
- There were full and well organised multidisciplinary teams on six of the eight wards.
- The atmosphere on the wards was calm and we observed positive interactions between staff and patients.
- There was a full range of rooms and spaces to provide therapy and care to patients. The service provided a range of activities.
- Staff felt supported by their managers and were able to raise concerns if necessary.

Summary of findings

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

Are services safe?

We rated safe as **requires improvement** because:

- There were staff shortages across most wards. We saw evidence that two wards often ran below established qualified staffing levels. One ward had run at less than half the required qualified staff at night, on average, from January 2017 to March 2017. The service had high vacancy rates and used a high number of bank and agency staff to cover shifts. There had been six reported incidents where there were not enough trained staff to provide patients with the physical interventions required to keep them and others safe.
- On Willows, there were a number of medicines management issues. These included medicines being out of date, for example eye drops and skin treatments. There were a number of creams opened that staff had not labelled with individual patient details. Staff had not labelled liquid medicines with the date opened on Willows and Abbeygate.
- The seclusion room on Abbeygate did not comply with the Mental Health Act code of practice. There were no bathroom facilities available in the seclusion room and there was no staff observation area. Staff had not completed seclusion records for one patient in line with the trust policy. Observations had not been recorded, there was no seclusion care plan for one episode and the name of the practitioner who authorised the second seclusion had not been recorded.

However:

- The environment on wards was clean and safe, apart from the seclusion room on Abbeygate and one closed circuit television camera not working on Willows. Managers had completed up to date ligature audits and risk management plans with mitigation in place and known by staff. Staff ensured equipment was maintained and checks were up to date.
- Bedrooms had motion sensors and observation panels.
- Risk assessments for patients were detailed and up to date for all patient records reviewed.
- The majority (98%) of staff had completed safeguarding adults training and had a good understanding of how to safeguard patients from abuse.

Requires improvement



Are services effective?

We rated effective as **requires improvement** because:

Requires improvement



Summary of findings

- Staff had made Deprivation of Liberty Safeguards applications for a number of patients across all wards. On six wards, the urgent authorisation had expired and there was no evidence that staff had applied for an extension. One patient on Abbeygate had been secluded twice without a Deprivation of Liberty Safeguards authorisation in place.
- Foxglove and Fernwood had no occupational therapy input.
- The Mental Health Act status of patients was not included on their medication cards.
- Up to date detention paperwork was not available for two patients on Sandringham.
- Staff told us that the electronic recording system often crashed and was difficult to use.

However:

- Staff used a range of assessments and outcome measurements to support patients.
- We checked 45 patient records, all but one included mental capacity assessments and best interest decision records for specific decisions.
- There were full and well organised multidisciplinary teams on six of the eight wards.
- There were person centred plans in place for patients receiving medication covertly when necessary. Staff at Abbeygate had an hour of protected time every weekday for learning, development and reflective practice.
- The service used a structured handover system, which ensured staff communicated all aspects of patient's care and treatment between shifts.

Are services caring?

We rated caring as **good** because:

- The atmosphere on wards was calm and we observed kindly interventions when patients were distressed. We observed positive interactions between patients and staff.
- Carers were encouraged to be involved in their relatives care.
- Staff encouraged and supported patients to be as involved in their care and activities as they were able.
- Staff encouraged patients and carers to be involved in the care planning process.
- Twelve of the 13 carers spoken with were positive about the care and support provided to their relative.
- Patients spoken with were positive about their experience on the ward. One patient told us how the service had saved her life.

Good



Summary of findings

- All bedrooms on Willows had a 'please knock before you enter' sign on the door.
- The consultant at Julian Hospital met with families within 72 hours of a patient's admission.
- Carers meetings took place once a fortnight at Julian Hospital and weekly at Abbeygate.

Are services responsive to people's needs?

We rated responsive as **good** because:

- There was a full range of rooms and spaces to provide therapy and care to patients. Abbeygate and Willows had multi-sensory rooms and Abbeygate had a sensory garden.
- There was a range of activities, personalised to individual patient needs. Staff provided activities over seven days a week at Foxglove, Fernwood and Abbeygate.
- The service met patients' spiritual needs. The chaplain would visit the ward at the request of patients and facilitated weekly services on some of the wards.
- Patients had a choice of food and the service catered for specific dietary needs. We observed staff supporting patients who required help with eating. The service operated protected mealtimes across all wards.
- There were disabled facilities on the wards.
- There was evidence that staff responded to complaints and learnt from them, making changes where required.

However:

- Four of the bedrooms on Willows had windows that looked out onto a public area of the hospital grounds. There was no privacy film on the windows to protect patients' privacy and dignity.
- The seclusion room on Abbeygate was on the main corridor, which impacted on patients' privacy and dignity. However, the manager had proposed an alternative location for the seclusion room.
- Part of the ward on Willows, caring for people with dementia, had a small and cramped dining area. All the patients were eating together at the same time.
- There was no evidence of discharge planning at Foxglove and Fernwood in patient records reviewed.

Good



Are services well-led?

We rated well-led as **good** because:

Good



Summary of findings

- Despite issues in relation to poor data quality from the trust systems, managers at ward level monitored compliance with training, supervision, appraisal and performance.
- Senior managers were supportive of the teams and staff felt well supported by their immediate managers.
- Managers had ensured the majority of staff were regularly supervised and appraised.
- Managers were supporting staff to develop their careers.
- Managers addressed poor performance and absences with support from HR.
- Staff felt able to raise concerns.
- Managers displayed the trust's vision and values throughout the wards and staff demonstrated these in their work.

However:

- Managers told us that the trust systems and processes were unreliable and did not support them in their roles. Data quality was poor.
- The recruitment process was taking too long, resulting in candidates withdrawing their acceptance of posts.
- There was some impact on staff morale on the wards with high vacancies.

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 Julian Hospital, 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 15 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 13 beds for men and women experiencing dementia.

At Carlton Court, 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. At the time of the inspection, Fernwood was a female only ward with four beds.
- Foxglove ward is a male only ward with 11 beds.

At Ipswich hospital in the East Suffolk area, there is one ward for older patients;

- The Willows 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 West Suffolk Hospital, Bury St Edmunds there is one ward for older patients;

- Abbeygate, an assessment and treatment inpatient facility for men and women with 17 beds. There is one ward with two wings. Laurel wing 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 July 2016 when it was rated overall as

'requires improvement'. The trust was rated overall as 'requires improvement'. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were

identified in this service. These related to:-

Regulation 10 – dignity and respect

Regulation 11– need for consent

Regulation 12 – safe care and treatment

Regulation 17 – good governance

Regulation 18 – staffing

CQC identified the following areas of improvement for this service:

- 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 National Institute for Health and Care Excellence 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.

Summary of findings

- The trust must have adequate governance systems in place to assess risk and to protect the rights of patients awaiting Deprivation of Liberty Safeguards 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.
- 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.

The CQC carried out an unannounced, focused inspection on Reed ward in May 2017. This inspection focused on three domains, safe, effective and caring. Ratings are not given for this type of inspection. CQC identified the following areas of improvement for this ward:

- The trust must ensure that there are effective management arrangements at ward level.
 - The trust must ensure that the ward protects patients' privacy and dignity and complies with the Department of Health guidance to eliminate mixed sex wards.
 - The trust must ensure that location based systems are in place to respond promptly to local concerns and complaints once identified.
 - The trust must ensure that hospital wide governance systems are embedded at all levels so that any risks or potential concerns are identified and mitigated promptly.
- The trust must ensure that enhanced observations if required are implemented fully and monitored for effectiveness.
 - The trust must ensure that adequate staff are deployed to meet the assessed needs of patients on this ward.
 - The trust must ensure that patients who required support with eating and drinking receive this on a consistent basis.
 - The trust must use a formal system to ensure that each individual patient's welfare is checked and reviewed at regular intervals throughout the day.
 - The trust must ensure that care records are reviewed and amended to reflect the correct information about the health care needs of individual patients.
 - The trust must ensure that care plans include continence management information for staff and are also all updated to reflect increased safety risks to individual patients.
 - The trust must review the timing of the afternoon handover to ensure that all staff are available to support patients with eating and drinking at lunchtime.
 - The trust must review the information documented on their written handover records and ensure that all information is handed over in a clear manner.
 - The trust must ensure that the identified maintenance work on this ward is addressed promptly.
 - The trust must manage and mitigate the infection control risks on this ward.
 - The trust should ensure that their laundry arrangements are reviewed and confirmed with family carers.
 - The trust should consider the use of a recognised dependency tool to set establishment staffing levels.
 - The trust should consider the employment of a ward based administrator to provide administrative support.

This service received six visits from the Mental Health Act review team between 1 April 2016 and 31 March 2017. These visits were all unannounced. Six wards had 25 issues highlighted. These included staff not referring

Summary of findings

patients to advocacy, lack of capacity assessments, privacy issues, issues with covert medication care plans, access to speech and language therapy, giving of rights and blanket restrictions.

These were reviewed as part of the inspection. We have identified the issues which remain later in this report, the trust had addressed some but not all of these actions from the June 2016 inspection, Mental Health Act review visits and the unannounced inspection in May 2017.

Our inspection team

Our inspection team was led by:

Chair: Paul Lelliot, Deputy Chief Inspector (mental health) CQC.

Shadow chair: Paul Devlin, Chair of Lincolnshire Partnership NHS Foundation Trust.

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

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

The team that inspected wards for older people with mental health problems included one inspector, one inspection manager, three specialist advisors, which included a mental health nurse, a psychiatrist, an occupational therapist and an expert by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting.

The team would like to thank all those who met and spoke with them during the inspection and who shared their experiences and perceptions of the quality of care and treatment at the trust.

Why we carried out this inspection

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

How we carried out this inspection

To fully understand the experience of patients, 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 focus groups.

During the inspection visit, the inspection team:

- visited all eight wards, looked at the quality of the service environment and observed how staff were caring for patients
- spoke with 20 patients who were using the service
- interviewed the locality manager with responsibility for one of the locations and the managers for each of the eight wards
- spoke with 50 other staff members; including doctors, nurses, psychologists, occupational therapists, activity workers and healthcare assistants.
- attended and observed three multidisciplinary meetings, two handovers and one staff meeting.
- spoke with 13 carers of patients using the service
- looked at 45 treatment records of patients
- attended and observed five activity groups
- looked at a range of policies, procedures and other documents related to the running of the service.

Summary of findings

What people who use the provider's services say

- We spoke with 20 patients who shared mostly positive comments about their experience of living on the wards.
- Patients were positive about staff, describing them as fantastic, attentive, friendly, wonderful and supportive. Patients told us that they liked the wards and their care and treatment was good. Patients told us that staff treated them as individuals.
- Most patients were positive about the food provided, describing it as brilliant and very good.
- One patient told us how the service had saved her life and another told us they could not have a better service.
- Patients told us that they felt safe on the wards and nearly all patients told us they knew how to make a complaint.
- Patients told us that their relatives were encouraged to be involved in their care.
- We spoke with 13 carers. All but one carer was positive about the care their relative received. They told us that staff were welcoming, caring, kind, attentive and respectful.
- Most carers said they were happy with the care. However, one carer told us that staff had not kept them informed when their relative had been transferred to a different ward.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must ensure patients are not being unlawfully deprived of their liberty.
- The trust must ensure the proper and safe management of medicines.
- The trust must ensure that there are sufficient numbers of suitably qualified and competent staff to meet patient need.
- The trust must ensure use of seclusion and seclusion facilities are compliant with the Mental Health Act code of practice.

Action the provider **SHOULD** take to improve

- The trust should ensure patients privacy and dignity are protected on Willows.

- The trust should ensure that up to date copies of detention papers are available on the wards.
- The trust should consider how best to manage the impact on patients being crowded when eating in the small dining area on Willows.
- The trust should review the multidisciplinary input across the service to ensure patients' needs are met.
- The trust should review its governance processes to ensure they support managers in their roles.
- The trust should review its recruitment process to support managers to recruit new staff in a timely manner.
- The trust should support individual teams to work together across the service.

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	West Suffolk Hospital Site
The Willows	Ipswich Hospital Site

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.

- 71% of staff had completed training on the Mental Health Act and Code of Practice. Staff told us the training was relevant to their job role and they knew where to go if they needed further help.
- The trust Mental Health Act team carried out audits of the wards compliance with the Act.
- Case records and medication charts showed staff completed consent to treatment forms (T2) to record a patient had agreed to the treatment prescribed.
- On Willows the T3 form for three patients did not match the medication charts. A T3 form is a certificate issued by a second opinion appointed doctor and records that a patient is not capable of understanding the treatment prescribed or has not consented to treatment but that the treatment is necessary and can therefore, be provided without the patient's consent.
- Patients had access to independent advocacy. Staff would refer patients who did not have a family member

Detailed findings

who could provide this support. There was information about advocacy services displayed in all wards. The local advocacy service visited Abbeygate weekly as part of a pilot to increase their profile.

- Staff informed patients of their legal rights under the Act.

- The seclusion facilities at Abbeygate were not compliant with the Mental Health Act code of practice. The bathroom was located in the low stimulus area outside the seclusion room, there was no staff observation area and the room was located on the main corridor of the ward.

Mental Capacity Act and Deprivation of Liberty Safeguards

- 77% of staff had completed Mental Capacity Act training. When we spoke with staff they demonstrated understanding of the principles of the Act.
- Patients had decision specific capacity assessments in their care records. The team discussed patients' capacity at every ward round.
- The trust had carried out an audit of capacity to consent to treatment. The service compliance for recording capacity when prescribing medication within seven days of admission was 69%.
- The trust had a Mental Capacity Act policy, which staff were aware of and could refer to if needed. Staff knew where to find this and where to go for advice. The trust safeguarding team provided further advice and guidance to staff on the Act.
- The service had made 112 applications under the Deprivation of Liberty Safeguards from April 2016 to

March 2017. As required the trust had notified the Care Quality Commission in regards to 30 of the 112 applications that had been authorised. At the time of inspection, there were 43 active Deprivation of Liberty Safeguards applications. Out of these, only seven had been authorised. On patient records checked, staff had recorded the patients' status as subject to Deprivation of Liberty Safeguards. On six wards, the urgent authorisation had expired and there was no evidence that staff had applied for an extension. However, the manager on Abbeygate had sought further guidance from the local authority. The local authority had advised that they continue to treat the patient in their best interests until they completed assessments. On Abbeygate, staff had secluded a patient twice without a Deprivation of Liberty Safeguards authorisation in place.

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

- The layout of the wards allowed for staff observation of patients. Managers mitigated blind spots in corridors by the installation of closed circuit television, mirrors and 30 minute recorded walk arounds by staff. However, on Willows one of the closed circuit television cameras was not working.
- Four of the units were single sex wards, two for males and one for females. The other four units were mixed sex wards.
- On the mixed sex units, two of the four had separate male and female bedroom areas and separate bathroom facilities. Reed and Rose ward had mixed bedroom areas and all bedrooms had their own ensuite. Abbeygate and Willows had two 'swing' bedrooms each. Staff could lock these bedroom areas off to be part of either the male or female area of the ward. Willows had reported 12 breaches of mixed sex accommodation. The manager explained these incidents had occurred when they had emergency admissions. Impact on patients' privacy and dignity was mitigated by the fact that all bedrooms had their own ensuite. There were separate lounge areas for male and female patients. In addition, staff put patients on increased observations and moved them to the same sex area of the ward as soon as possible.
- The wards were equipped with a number of anti-ligature and low ligature risk fittings. Ligature is the term used to describe a place or anchor point to which patients, intent on self-harm, might tie something to for the purposes of strangling themselves. Across all wards, there were ligature points in some areas including the communal gardens, bedrooms and bathrooms. Managers had completed ligature audits, which identified all ligature points. Each ward had a heat map displayed highlighting high risk areas. Staff knew where the risks were and how they should manage them. Work was ongoing to replace ligature points where possible. Staff managed and reduced risks by the use of individual risk assessments. Any high risk patients would be on 24-hour one to one observation. Managers told us there had been no incidents of patients ligating from a fixed anchor point. Patients said they felt safe on the wards.
- The clinic rooms were clean, tidy and well equipped for carrying out physical examinations. Staff ensured equipment was serviced and carried out regular checks.
- Abbeygate was the only ward with a seclusion room. Other wards would sometimes seclude patients in their bedrooms. The seclusion room on Abbeygate did not comply with the Mental Health Act code of practice as the bathroom was located in the low stimulus area outside the seclusion room, there was no staff observation area and the room was located on the main corridor of the ward. The manager told us she had proposed an alternative location on the ward for the seclusion room and that the trust was considering whether to relocate or remove the seclusion room.
- The ward areas were clean, tidy and well maintained and furnishings were in good condition. Cleaning records and schedules showed that the wards were cleaned regularly. Staff completed environmental risk assessments and audits in relation to health and safety and infection control. 93% of staff had completed infection control training.
- All four locations scored above the England average for each aspect of a safe and clean environment in the 2016 patient-led assessment of the care environment. Scores ranged from 87% for disability at The Willows to 100% for cleanliness at Abbeygate.
- We checked some of the patients' bedrooms, which were in good condition. The kitchens on all wards were well equipped and clean.
- Patients and staff had access to appropriate alarms and nurse on call systems on all wards. Bedrooms were fitted with motion sensors, which would alert staff to patients' movements.

Safe staffing

- The trust had estimated the number of staff needed to provide safe staffing to the wards. Managers advised that they had the authority to increase staffing levels if needed. The wards operated a shift system. Four of the eight wards had high vacancy rates and high use of bank and agency staff. Abbeygate had the highest number of

Are services safe?

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

vacancies at 29% nursing vacancies and 23% assistant vacancies. Foxglove and Fernwood reported the highest use of agency staff at 32% and 26% respectively. Beach and Willows had the highest number of shifts covered by bank staff at 29% and 20% respectively. Managers on two wards reported that they often ran under establishment numbers for qualified staff. Staff reported they were not always able to meet patient's needs. The service reported a staff fill rate of 114% from 1 January 2017 to 31 March 2017. Staff fill rates compare the proportion of planned hours worked by staff to actual hours worked by staff (day and night). Mental health trusts are required to submit a monthly safer staffing report and undertake a six-monthly safe staffing review by the director of nursing. However, four wards reported fill rates for day shifts for qualified staff of below 90% for all three months and one ward reported fill rates for night shifts for qualified staff of 48% across three months.

- Data provided by the trust showed that there were 12.9% whole time equivalent vacancies for qualified nurses and 0.1% vacancies for healthcare assistants. After Abbeygate, Beach and Fernwood had the highest vacancy rates of 26% for nursing staff. Healthcare assistant vacancies ranged from 5% on Beach to minus 26% on Fernwood. The trust had made a decision to employ more assistants than required to help bolster staffing numbers.
- The manager of Willows had put safe staffing levels on the trust risk register and had attended a safety meeting with senior managers to discuss staffing.
- Managers tried to use bank staff who were familiar with the ward and with patients to cover vacant shifts due to sickness and vacancies. The service had covered 1,751 qualified shifts and 751 assistant shifts with agency staff between 1 April 2016 and 31 March 2017. Patients and staff told us activities were occasionally cancelled.
- The trust provided data that evidenced consultant vacancies of 0.55 whole time equivalent across the service. There were no staff grade doctors in post although the trust had an establishment of one whole time equivalent for that post. There was one speciality doctor employed. This post was not included in the staffing establishment. One consultant told us there was insufficient medical cover on their ward and this resulted in patients not being reviewed as often as they should.

- Sickness rate was 5%, which was in line with the trust average of 5%. Four wards reported sickness rates above the trust average. Reed reported the highest at 15%, Willows 13%, Fernwood 9% and Beach 9%.
- Staff had completed some of the mandatory training relevant to their role. The service had a compliance rate of 84% for mandatory training as of 31 March 2017. This was below the trust target of 90%. The majority (98%) of staff had completed safeguarding adults training. The lowest compliance rates were for the following training; basic life support (70%), clinical risk assessment (71%), manual handling (65%) and Mental Health Act (71%). These figures fall below the CQC threshold for compliance.

Assessing and managing risk to patients and staff

- Wards were locked and an electronic swipe system or keypad system was in place to gain access in and out of the wards. On some wards, staff and patients wore swipe wristbands that were set to allow access to appropriate areas. Patients could leave and access the building when they needed to according to their agreed leave arrangements and care plan. Patients were individually risk assessed for unescorted access to outside areas.
- We looked at 45 patient records on the trust's electronic care record system. All patients had risk assessments completed before and during admission. Risk assessments were detailed, clear, used historical information to identify risks and staff updated them regularly. They contained information about the patient's needs and preferences. Staff reviewed risks in ward rounds and care programme approach meetings.
- The multidisciplinary team decided patient observation levels on an individual basis following patient risk assessments. Levels of observation could be increased or decreased as required. Staff recorded observation levels in patients' care records.
- There had been 769 incidents of restraint, on 252 patients between 1 April 2016 and 31 March 2017. One hundred and eighty of these took place on Abbeygate, 6% of these resulted in prone restraint. Thirty seven different patients were involved in restraint incidents on Abbeygate. Between 1 April 2016 and 31 March 2017 11% of all restraint incidents resulted in rapid tranquilisation being used. Staff reported that there had been a recent reduction in the use of rapid tranquilisation. During the inspection we checked

Are services safe?

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

records from April 2017 to July 2017; staff had not used rapid tranquillisation on five of the eight wards. Rapid tranquillisation had been used once on Fernwood, 11 times on Abbeygate and 17 times on Willows.

- Staff reported they used de-escalation techniques to minimise the use of restraint. Staff reported that a high proportion of these restraints were for patients who required holding in order to be provided with personal care. They also told us that all physical contact, including a guiding hand was recorded as restraint.
- The service reported 63 incidents of seclusion between 1 April 2016 and 31 March 2017. Abbeygate was the only ward with a seclusion room. Other wards would sometimes seclude patients in their bedrooms. This would be done for the shortest time and seclusion procedures would be followed to ensure patients were safeguarded. Abbeygate reported the highest number of seclusions at 46. Staff had used the seclusion room twice since April 2017 for the same patient. We were unable to verify the legal status of the patient at the time of either seclusion. The patient's admission notes stated "Deprivation of Liberty Safeguards to be applied for". We were unable to locate any further records that confirmed the Deprivation of Liberty Safeguard application had been authorised. The Mental Health Act administration team were unable to find any records. The service later detained the patient under section three of the Mental Health Act. Staff had not completed seclusion records for this patient in line with trust policy. Observations had not been recorded, there was no seclusion care plan for one episode and the name of the practitioner who authorised the second seclusion had not been recorded. The manager told us that the previous high use of the seclusion room had been due to one patient with behaviour that challenged.
- There had been no use of long-term segregation at the service.
- The service had participated in a clinical audit of the recording of physical observations following rapid tranquillisation. The audit found the overall compliance to be 29%. We found that observations had been recorded in the records we checked.
- 76% of staff had been trained in physical management of aggression. This was general training provided to all staff across the trust. We reviewed individual care plans that confirmed this. There was no policy or procedure for the use of restrictive interventions on older people. The trust reported six instances when there had not been enough physical management of aggression trained staff on shift. Four of these were on Abbeygate and two on Foxglove. This meant that on those occasions there was an increased risk to safe practice.
- The majority (98%) of staff had received training in safeguarding adults and were able to identify what abuse was. Staff, both qualified and unqualified, were aware of how to make a referral to the local authority. Managers reported positive relations with the local authority safeguarding teams. Staff would also seek support and guidance from the trust's safeguarding team. Staff reported incidents and concerns through the trust's electronic recording system. The service had made 59 safeguarding referrals to the local authority during the period 1 April 2016 to 31 March 2017 (56 adult and three child).
- Medicines were securely stored on the wards. Staff checked the temperatures of both the clinic room and the fridge used to store medicines daily. These were within the correct range, apart from on Willows, where there had been six occasions when the clinic room temperature was above the acceptable level. Systems were in place for the ordering and disposing of medications. We did not see any evidence of unrecorded omissions on medication charts. Pharmacists visited the wards at least once a week and staff reported they could access them outside of this when needed. The pharmacy team topped up medication stocks and completed medication reconciliation.
- Staff administered medication covertly to a number of patients. These patients had covert medication plans in place. We also saw that capacity assessments and best interest meetings, involving the family had taken place in most cases. Staff reported that they would still seek consent from the patient to take their medication before reverting to the use of covert medicating. The multidisciplinary team regularly reviewed the use of covert medication.
- On Sandringham, the multidisciplinary team reviewed the use of PRN (as required) medication weekly and stopped if not used for a month.
- However, on Abbeygate and Willows, staff had opened liquid medicines and not labelled them with the date of opening. On Willows, a number of medicines were out of

Are services safe?

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

date, for example, eye drops and skin treatments. Also on Willows, staff had opened a number of stock creams had but not labelled them with individual patient details.

- On Willows the T3 form for three patients did not match the medication charts. This was brought to the consultant's attention who amended the medication charts and advised he would raise with junior doctors.
- Rooms were available outside the wards for when children visited.

Track record on safety

- Staff reported 17 serious incidents between 1 April 2016 and 31 March 2017. Five of these involved the death of a patient. The most common type of serious incidents were 'Slips, trips and falls' and 'Pressure ulcer' both with 6 (35%). Beach had reported the highest number of incidents at five.

Reporting incidents and learning from when things go wrong

- Staff reported incidents on the trust's electronic recording system. They knew what incidents to report and how to report them. Staff told us that they would report all incidents, including near misses. We reviewed the incident database, which confirmed this.
- Staff told us they discussed issues arising from incidents through the trust wide monthly safety bulletin, through team meetings and in supervisions. This was confirmed on checking team meeting minutes. This included incidents that had happened in other services within the trust. Managers showed us reports generated from the incident database, which highlighted trends and hotspots. Managers used these reports in team meetings to identify actions that staff could take to reduce incidents.

Duty of Candour

- The Duty of candour requires providers to be open and transparent with patients when something has gone wrong. The trust had a Duty of candour policy, which the service followed.

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

- The trust had a secure electronic recording system.
- We looked at 45 patient records. The multidisciplinary staff team completed thorough, holistic and detailed assessments prior to and on admission. They covered aspects of the patient's history and needs together with an assessment of risk. The plans were personalised and identified patients' needs and preferences. Staff updated these plans regularly.
- There was evidence of a full physical health check on or shortly after admission and there was evidence that staff monitored patients' physical health regularly. The service had access to a physical health nurse. Staff registered
- The service held ward rounds and care programme approach meetings regularly with the patient, their families and relevant professionals. Staff used these reviews to monitor progress and update assessments.

Best practice in treatment and care

- Staff followed National Institute for Health and Care Excellence guidelines for the treatment of older people. These included involving patients and carers in care planning, physical health care support, use of as required medication, offering a range of activities, falls management and protection of dignity.
- Six of the eight wards offered 1:1 psychology and occupational therapy input for all patients and there was no waiting list for these treatments.
- Staff used a range of tools to measure patient outcomes. These included the model of human occupation screening tool, the pool activity level (a checklist providing guidance as to a person's ability in a number of activities), Middlesex elderly assessment of mental state and Montreal cognitive assessment.
- The service had participated in 24 audits between 1 April 2016 and 31 March 2017. These included; reports related to unexpected deaths, infection control, the recording of physical observations following rapid tranquillisation, behavioural support plans, care programme approach, health records, seclusion and Prescribing Observatory for Mental Health (POMH-UK) national audits of rapid tranquillisation and prescribing anti-psychotic medication for people with dementia.

- Staff reviewed do not attempt resuscitation statements regularly with families and patients.
- Staff carried out weekly audits of service compliance with the Mental Health Act.
- Sandringham had a sharing best practice folder for all staff. However, the different teams across the trust operated in isolation and there were limited opportunities for sharing best practice across the service.

Skilled staff to deliver care

- The teams across six of the eight wards consisted of ward managers or clinical team leaders, nurses, nursing assistants, consultant psychiatrists, junior doctors, psychologists, occupational therapists and activities co-ordinators. Abbeygate also employed a part time complimentary therapist. A physiotherapist visited Foxglove and Fernwood once a week. A physiotherapist visited Sandringham every weekday. The service also had support from pharmacists and pharmacy technicians.
- There was a varied skill mix on six of the eight wards with specialist workers, including occupational therapists, psychologists and activity workers in addition to the shift numbers. Wards in Suffolk had an agreement with the local authority to access social workers. In Norfolk, there was no agreement and managers reported it was difficult to get social worker input. Fernwood and Foxglove had no occupational therapists or psychologists. The manager advised that the occupational therapist post was vacant and had been advertised, but there had been no applicants.
- There were no speech and language therapists, dieticians or physiotherapists employed across the service. Managers advised that they would make referrals to the local acute hospital for individual patients requiring this support. We saw evidence in care plans that confirmed this.
- Staff received appropriate training at induction. Records showed that mandatory training was at 84%. Managers reported that it could be difficult to access face to face training courses for staff as there were limited venues and places available.
- Staff gave us examples of additional training completed, such as courses on dementia awareness, Alzheimer's, diploma in care, communications, leg ulcers and wound care.

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 at Abbeygate had an hour of protected time every weekday for learning, development and reflective practice.
- Staff received regular management supervision every four to six weeks. The trust did not record data on clinical supervision.
- Managers showed us evidence that they had managed performance issues within supervision, with support from HR.
- Trust figures showed that 70% of non-medical staff and 100% of medical staff had received an appraisal in the previous 12 months. We reviewed staff records on site that evidenced staff on seven of eight wards had received appraisals. There was no data provided on doctors requiring revalidation.

Multi-disciplinary and inter-agency team work

- There were daily multidisciplinary handovers taking place when shifts changed. A range of specialist workers including psychologists and occupational therapists attended staff meetings. The service used a structured handover system, which ensured staff communicated all aspects of patient care and treatment between shifts.
- Different professionals within the multidisciplinary team worked well together. Records showed the team worked in an effective way, through regular communication and attendance at meetings.
- Ward rounds and multidisciplinary meetings took place weekly. Patients would have individual meetings with the consultant before the ward round.
- Staff had different lead roles in areas including dementia, disabilities, physical health, infection control, and carers.
- The associate specialist on Sandringham was the trust physical health lead. They had devised physical healthcare protocols with the local general hospital and provided training for psychiatrists.
- There were good links with external professionals from health and social care agencies.

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

- Adults who are in hospital can only be detained against their will if they are detained under the Mental Health Act or if they have been deprived of their liberty under the Mental Capacity Act Deprivation of Liberty Safeguards. If patients were not subject to the Mental Health Act or the Mental Capacity Act Deprivation of

Liberty Safeguards, they could leave the wards, so needed to know their rights. There were a number of detained patients on each ward. Informal patients were advised on their right to leave at any time. Detained patients had their rights explained regularly.

- We looked at case records for 45 patients. Mental Health Act paperwork was in date and correct in most cases. However, up to date detention paperwork was not available for two patients on Sandringham.
- We looked at 38 medication charts, most had the correct consent to treatment forms T2 and T3 in place and attached. On Willows, there were discrepancies between three medication charts and the T3 forms. We brought this to the consultant's attention who amended the medication charts. Form T2 is a certificate of consent to treatment. It is a form completed by a doctor to record that a patient understands the treatment being given and has consented to it. Form T3 is a certificate issued by a second opinion appointed doctor and records that a patient is not capable of understanding the treatment prescribed or has not consented to treatment but that the treatment is necessary and can therefore, be provided without the patient's consent.
- This service received six visits from the Mental Health Act review team between 1 April 2016 and 31 March 2017. These visits were all unannounced. Six wards had 25 issues highlighted. These included staff not referring patients to advocacy, lack of capacity assessments, privacy issues, issues with covert medication care plans, access to speech and language therapy, giving of rights and blanket restrictions.
- As at 31 March 2017, the service had a 71% compliance rate for the number of staff trained in the Mental Health Act. This course was mandatory for staff. This was below the trust target of 90%. Staff we spoke with about the Mental Health Act demonstrated knowledge appropriate to their position. Staff were aware of where to go if they required more detailed advice.
- The consultant psychiatrist granted section 17 leave after assessment. Paperwork was in good order.
- Patients had access to independent mental health advocates. There were posters displaying this information on noticeboards in the ward. Staff would refer patients if there was no appropriate family member to advocate for them.

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.

Good practice in applying the Mental Capacity Act

- Between 1 April 2016 and 31 March 2017 there were 112 Deprivation of Liberty Safeguard applications made by the service, only 29 of these had been authorised. As required the trust had notified CQC when they received outcomes of 30 of these applications. At the time of inspection, 43 Deprivation of Liberty Safeguards applications had been made. Out of these, only seven had been authorised. On patient records checked, staff recorded the patient's status as subject to Deprivation of Liberty Safeguards. On six wards, the urgent authorisation had expired and there was no evidence that staff had applied for an extension. However, the manager on Abbeygate had sought further guidance from the local authority. The local authority had advised that they continue to treat the patient in their best interests until they could complete assessments. However, we were concerned that the trust had not addressed this issue with the local authorities in other cases. Trust records did not always capture how the patient's capacity to give consent to their treatment and care was managed in the interim. On Abbeygate, staff had secluded a patient twice without a Deprivation of Liberty Safeguards authorisation in place.
- As at 31 March 2017, the service had a 77% compliance rate for the number of staff trained in the Mental Capacity Act.
- Staff were able to describe how they would apply the principles of the Act in their roles. Patients had decision specific capacity assessments and best interest decisions recorded in their care records. The multidisciplinary team discussed capacity at ward rounds.
- The trust had a policy on the Mental Capacity Act and staff knew where to locate it.
- Staff knew where to get advice regarding the Mental Capacity Act in the trust.

Are services caring?

Good 

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

Our findings

Kindness, dignity, respect and support

- We spoke with 20 patients and 13 carers. Twelve of the 13 carers spoken with were positive about the care and support provided to their relative. Patients spoken with were positive about their experience on the ward. One patient told us how the service had saved her life.
- The atmosphere on wards was calm and we observed kindly interventions when patients were distressed.
- Carers were encouraged to be involved in their relatives care.
- We observed positive interactions between patients and staff. We saw examples of staff treating patients with kindness and patience.
- Staff supported patients to be as involved in their care and activities as their individual circumstances would allow.
- Bedrooms on Willows had a 'please knock before you enter' sign on the door.
- Carers meetings took place once a fortnight at Julian Hospital and weekly at Abbeygate.
- Seven wards scored above the England average of 90% for the patient-led assessment of the care environment for privacy, dignity and wellbeing. The four wards at

Julian Hospital scored 92%, Willows scored 91%, Abbeygate 92% and Foxglove and Fernwood 89%. Patient-led assessment of the care environment are undertaken by NHS and private healthcare providers and include patient assessors.

The involvement of people in the care that they receive

- Care plans demonstrated that staff tried to involve patients as much as possible in their care plans. Staff wrote care plans in the first person. Carers were also encouraged to be involved in care plans.
- The consultants at Sandringham, Rose and Beach met with families within 72 hours of a patient's admission.
- Patients had access to advocacy. The service promoted this through leaflets and posters on notice boards. Staff would refer patients to advocacy if there was no family member who could provide this support.
- The service ran two carers groups and provided a range of information to carers.
- We spoke with 13 carers, 12 reported that staff were caring and respectful and the service provided good care and treatment.
- Patients had opportunities to express their views through weekly community meetings and one to one time with staff.

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 average bed occupancy between 1 April 2016 and 31 March 2017 was 98%. All wards were above 95% occupancy. The wards with the highest average bed occupancies were Reed, Rose and Sandringham all at 101%. During the same period, discharged patients had lengths of stay ranging from 62 days to 380 days across all wards. The average length of stay for the service over the period was 201 days.
- Over the same time period the service had placed 49 patients in out of area placements. As of 20 April 2017, three patients remained out of area.
- Across all wards there was one patient on the waiting list at the time of inspection.
- There were 45 delayed transfers of care over the same period. The wards with the highest numbers of delayed discharges were Abbeygate and Willows with 20. Staff reported that a lack of suitable move on accommodation was the main reason for the delays. The manager for Foxglove and Fernwood told us that she had employed more assistant staff to accompany patients being discharged to nursing homes and to work with staff there for a month. This made the process less stressful for the patient and supported the staff at the nursing home to understand how best to meet the patient's needs. The trust produced weekly reports on delayed transfers of care that they shared with social care. In Norfolk, the trust met weekly with the local authority and clinical commissioning groups to discuss delayed discharges.
- There was no evidence of patients not being able to access a bed after returning from leave. Twenty seven patients were moved between wards during the last 12 months. Three of these moves took place after 10pm. Four of the wards were assessment wards and patients would often be transferred from these wards to one of the treatment wards.
- There were 20 readmissions within 28 days reported by the service between 1 April 2016 and 31 March 2017. Six of these readmissions were to Willows. The manager advised that patients would sometimes be transferred to general hospital to receive treatment for a physical illness. The patient would be discharged from the ward and then readmitted if the time scale for physical

treatment was known. Managers also told us that patients would sometimes be discharged to nursing homes who would then advise they were unable to meet the patient's needs.

- Staff discussed discharge with patients on admission and patients' notes included discharge planning on all wards except Foxglove and Fernwood.

The facilities promote recovery, comfort, dignity and confidentiality

- The wards had a number of rooms for leisure and therapeutic activities. The clinic rooms had all the facilities and equipment needed to undertake physical examinations. There were quiet areas where therapeutic groups could meet or where patients could spend 1:1 time with their named nurse. There were programmes of activities, both on and off the wards including at weekends. Foxglove and Fernwood had a separate activity area. Abbeygate and Willows had multi-sensory rooms. Beach ward had a reminiscence room. There were also rooms where patients could meet visitors including designated rooms off the wards, which patients used when children were visiting. The wards had secure garden areas which patients were able to access, including a sensory garden at Abbeygate.
- There were pay phones on the wards that patients could use.
- The service provided patients on some wards with a swipe wristband to their bedroom. Patients had access to their bedroom at all times. Patients also had access to drinks and snacks.
- The patient-led assessment of the care environment score for food at all four locations scored higher than the England average of 92%. Julian Hospital, Carlton Court and Wedgewood house all scored 100%. Woodlands scored 96%.
- Bedroom doors were fitted with privacy screens.
- However, four bedrooms on Willows had windows that overlooked a public area of the hospital. The windows did not have privacy screening and this affected patients' privacy.

Meeting the needs of all people who use the service

- The wards provided information about services such as advocacy, including Independent Mental Health Advocates, the Mental Health Act and treatments.

Are services responsive to people's needs?

Good 

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

- Staff compliance with diversity and human rights training was 96%. The chaplain would visit wards and facilitate services. Staff supported patients to attend a local church on Foxglove and Fernwood.
- On Foxglove and Fernwood, each patient had an 'all about me' poster in their bedroom.
- The service supported people with protected characteristics under the Equality Act 2010 and was accessible for people requiring disabled access.
- There was information telling patients how they could make a complaint and while most posters on notice boards and leaflets were in English this information could be made available in other languages as well.
- Each ward had activity workers who devised activity programmes. The programmes included one to one and group activities. Examples of activities provided included arts and crafts, gardening, baking, healthy living, gym, tea dances, music, pet therapy, quizzes, walking and going out to cafes and shops. Staff had supported one patient to visit her horse.
- Mealtimes were protected on all wards. We observed two lunchtimes and saw how staff supported patients to eat. Wards had spacious dining areas, apart from Willows where the dining area for dementia patients was small and cramped.
- On Willows there were no separate male or female lounges on the part of the ward caring for people with dementia.

- Staff ensured dietary requirements were met. Wards had individual patients dietary needs listed in the serving area. Staff could order different foods to meet specific needs, for example halal or vegetarian meals.

Listening to and learning from concerns and complaints

- There had been six complaints over the previous 12 months. Four complaints related to staff attitude. One complaint relating to patients property had been upheld. Two complaints related to staff attitude and one for clinical treatment were partially upheld. The other two complaints relating to staff attitude did not have an outcome recorded. No complaints had been referred to the ombudsman.
- The service also received 22 compliments during the same period, Sandringham receiving the most with five.
- Fourteen patients and ten carers spoken with said they were aware of how to make a complaint and would be able to do so if they felt they needed to.
- There were regular community meetings facilitated by staff and open to all patients. Patients could raise their concerns at these meetings.
- Staff were aware of how to handle complaints appropriately and how to report them. Managers discussed feedback about complaints in team meetings. We checked meeting minutes, which confirmed this.

Are services well-led?

Good 

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

Our findings

Vision and values

- Managers displayed the trust's vision and values throughout the service. Staff evidenced commitment to these through the care and treatment provided to patients.
- Relationships between members of the multidisciplinary team were very positive. Staff felt valued by ward managers and could give feedback about the service.
- Staff reported that on Reed the director of nursing had visited last week. At Foxglove and Fernwood staff reported that the modern matron visited regularly. Staff told us that the deputy director of nursing and operations manager visited Beach regularly. Staff on other wards reported that senior managers rarely visited the service. On some wards staff felt isolated from the wider trust and told us there was a disconnect between senior managers and ward staff.

Good governance

- The processes and systems implemented by the trust were not reliable and did not support managers in their roles. The data from these systems was not always accurate or timely. Ward managers had devised their own tools to monitor ward performance in relation to supervision, training, sickness and bank staff use. The trust electronic record system often crashed and was difficult to use.
- The trust advised they had a process in place to monitor compliance with Deprivation of Liberty Safeguards. However, we found patients recorded as being subject to Deprivation of Liberty Safeguards and treated as such, without authorisation in place. The Chair of the trust had escalated the delays in the authorisations of Deprivation of Liberty Safeguards with the local authority.
- The trust had not resolved the issue of the seclusion room on Abbeygate not complying with the Mental Health Act code of practice. There were no interim measures in place to protect patients, for example, use of alternative facilities. Seclusion records had not been completed in line with trust policy for one patient.

- Managers and staff told us that the recruitment process took too long. Managers gave us examples of candidates being offered posts in March but had yet to be offered a start date. Two candidates had withdrawn from the process due to the length of time it had taken.
- The manager of Foxglove and Fernwood was offering incentives to attract candidates to vacant posts including relocation packages. The manager had also made links with the local university to promote career opportunities at the service.
- The trust ran a development programme for assistants to train as assistant practitioners. The trust was seeking expressions of interest from assistant practitioners who would like to train as registered mental nurses.
- Managers selected the top ten policies for their teams to focus on. Staff discussed these in team meetings and posters were on display showing the top 10 policies.
- The trust measured service performance through quality dashboards and the patient safety thermometer.
- Overall compliance with mandatory training was 84%, which was below the trust's target of 90%. Managers told us that it was difficult to access face to face training within the trust. This was due to the trust running training courses in limited locations and not enough spaces being offered. Managers also said it could be difficult to free up staff to attend. Managers reported they had good administrative support and had sufficient authority to fulfil their roles.
- Managers ensured staff were being supervised regularly on seven of the eight wards. Supervision records were detailed and required actions were followed up. Qualified staff provided clinical supervision in a group setting.
- Managers addressed poor performance and absences with support from HR. We saw evidence of this in staff supervision records.
- We looked at shift records for the previous four weeks, which confirmed that wards were often operating under established staffing levels for qualified staff.
- Managers and staff completed audits of care records, care programme approach reviews, medication and wound care. Modern matrons completed a monthly audit of the environment, patient care, documentation, information governance and observations.
- Managers facilitated monthly team meetings where they discussed incidents and complaints, including learning from other services in the trust.

Are services well-led?

Good 

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

- Staff made safeguarding referrals appropriately to the local authority when necessary.
- Managers ensured that staff carried out decision specific capacity assessments for patients.
- Managers had the ability to submit items to the teams risk register through the locality manager.

Leadership, morale and staff engagement

- The ward managers were highly visible on the wards and offered clinical support and encouragement to staff. On Beach and Foxglove, we observed ward managers helping with patient care.
- Sickness rates were 5%, which was in line with the trust average.
- Staff knew of the whistleblowing policy and were happy to raise concerns with the managers. Staff did not raise any instances of bullying or harassment with us during the inspection. The trust had recently introduced a freedom to speak up champion and managers displayed posters about this.

- Morale within all teams was generally high, although there was some impact on staff morale on the wards with a high number of vacancies. Some staff reported feeling stressed due to the vacancies on their wards.
- Staff worked well together within a multidisciplinary approach.
- Whilst the trust had invested in a leadership development programme, we found no evidence that there had been any leadership development for managers in this service
- Managers and staff were able to describe their responsibilities under the Duty of candour.

Commitment to quality improvement and innovation

- The service had not participated in any quality schemes.
- Abbeygate and Sandringham were part of the Safewards initiative. This is a model to reduce the use of physical interventions and promote positive behaviour support.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">On Willows there were a number of medicines management issues. These included medicines being out of date, for example eye drops and skin treatments. Staff had opened creams and had not labelled them with individual patient details. Staff had not labelled liquid medicines with the date opened on Willows and Abbeygate. <p>This was in breach of regulation 12</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <ul style="list-style-type: none">Staff had made Deprivation of Liberty Safeguards applications for a number of patients across all wards. Out of 43 active applications only seven had been authorised. On six wards the urgent authorisation had expired and there was no evidence that staff had applied for an extension. On Abbeygate, staff had secluded a patient twice without a Deprivation of Liberty Safeguards authorisation in place.Staff had not completed seclusion records for one patient in line with the trust policy. Observations had not been recorded, there was no seclusion care plan for one episode and the name of the practitioner who authorised the second seclusion had not been recorded.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

- The seclusion room on Abbeygate did not comply with the Mental Health Act code of practice. The bathroom was located in the low stimulus area outside the seclusion room, there was no staff observation area and the room was located on the main corridor of the ward.

This was in breach of regulation 15

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- There were staff shortages across most wards. We saw evidence that wards often ran below established qualified staffing levels. One ward had run at less than half the required qualified staff at night, on average, from January 2017 to March 2017. The service had high vacancy rates and used a high number of bank and agency staff to cover shifts. There had been six reported incidents where there were not enough trained staff to provide patients with the physical interventions required to keep them and others safe.

This was in breach of regulation 18