

Requires improvement 

Sussex Partnership NHS Foundation Trust

Wards for older people with mental health problems

Quality Report

Trust Headquarters
Swandean
Arundel Road
Worthing
West Sussex
BN13 3EP
Tel: 01903 843000
Website: www.sussexpartnership.nhs.uk

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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)
RX240	The Harold Kidd Unit	Grove Ward Orchard Ward	PO19 6AU
RX2C8	Horsham Hospital - Iris Ward	Iris Ward	RH12 2DR
RX2A3	Forget Me Not Unit	The Burrows	BN13 3BW
RX2Y5	Lindridge	Brunswick Ward	BN3 7JW
RX2K3	St Anne's Centre & EMI Wards	St Raphael Ward	TN37 7PT
RX2L8	Beechwood Unit	Beechwood Unit	TN22 5AW
RX277	Meadowfield Hospital	Larch Ward	BN13 3EF
RX213	Millview Hospital	Meridian Ward	BN3 7HZ
RX2E7	Department of Psychiatry	Heathfield Ward	BN21 2UD

Summary of findings

RX2P0

Langley Green Hospital

Opal Ward

RH11 7EJ

This report describes our judgement of the quality of care provided within this core service by Sussex Partnership 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 Sussex Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Sussex Partnership 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?

Requires improvement



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

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

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

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

Summary of findings

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Summary of findings

Overall summary

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

- During the comprehensive inspection of the trust from 13 – 15 September 2016 we found that patients were put at risk following the administration of intramuscular rapid tranquillisation. This was because staff were not monitoring or recording patients' physical observations at regular intervals in accordance to ensure that patients were kept safe. We took enforcement action and served a Warning Notice to the trust to take action on this to keep patients safe.
- Five of the eleven wards did not always comply with the Department of Health Eliminating Same Sex Accommodation requirements. The Burrowes, Larch, Meridian, Orchard and St Raphael wards. There was no female only lounge on The Burrowes ward and the ward only had one assisted bathroom and two shower rooms. All three of these rooms were on the female bedroom corridor so male patient would have to walk past female patients' bedrooms to use these facilities. On St Raphael ward female patients had to walk past the male bedrooms to use the bathroom facilities.
- Patients did not always have access to prompt specialist nursing services such as nutritional support, tissue viability, podiatry or diabetic services as the trust did not have a service level agreement with the local community NHS trust.

However:

- From the 1 - 4 November 2016 we carried out a focussed inspection to follow up the Warning Notice.

At this inspection we identified that the trust had responded positively to the findings in the Warning Notice and significant improvements had been made. The trust had developed an action plan and staff were well aware of this and of what they needed to do. The wards were being supported by senior managers, peer review and practice development nurses. The e-learning for physical health monitoring had been updated and all staff were receiving refresher training. The records we viewed showed that consent to treatment paperwork was recorded appropriately. The records relating to physical health monitoring for patients and following intramuscular administration of rapid tranquillisation medicines demonstrated that monitoring was being carried out.

- Staff had a good understanding of the legislation they worked with daily such as the mental health Act and Mental capacity Act. They applied this appropriately and worked to the principles of the relevant codes of practice.
- Staff across the inpatient wards were kind and respectful and people and their carers gave positive feedback on the care they had received. Staff were aware of the different needs of patients and offered patients support if they wanted to make a complaint.
- We found that local leadership was visible and that staff spoke positively about their managers. Managers had the authority to get on with their job and were open and accountable.

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:

- Five of the eleven wards did not always comply with the Department of Health Eliminating Same Sex Accommodation requirements.
- There was a lack of physical health monitoring after rapid tranquilisation.
- St Raphael ward had only one bathroom and one shower available for the use of 17 patients.
- There was a lack of privacy for patients placed in dormitory bedrooms on Heathfield and Orchard wards.

However,

- All wards carried out ligature risk assessments which detailed specific actions to mitigate the risks identified
- Staff completed risk assessments and developed management plans to minimise risks to patients and staff
- Staff were trained in safeguarding and knew how to make safeguarding alerts.
- There were good incident reporting systems in place and there were strong feedback mechanisms in place in order to learn lessons when things may have gone wrong.
- Staff were trained in the safe moving and handling of patients.

Requires improvement



Are services effective?

We rated effective as requires improvement because

- Patients on Heathfield and St Raphael ward did not have access to psychology.
- Many staff were not receiving an annual appraisal or regular supervision.
- The trust implemented a new electronic clinical information system early in 2016. Many bank and agency staff did not have passwords to access or upload data onto the new system. This put pressure on substantive staff to update patient notes on behalf of temporary staff.
- On Opal ward section 17 leave forms lacked detail about conditions of leave. This meant that the forms were not compliant with the Mental Health Act Code of Practice. Section 17 leave is a section of the Mental Health Act (1983) which allows the responsible clinician to grant a detained patient leave of absence from hospital. It is the only legal means by which a detained patient may leave the hospital site.

Requires improvement



Summary of findings

- Patients did not always have access to prompt specialist care and treatment services such as nutritional support, tissue viability, podiatry or diabetic services as the trust did not have a service level agreement with the local community NHS trust.

However:

- All wards had access to a core multidisciplinary team.
- Clinical staff made an assessment of patients' needs on their admission to the wards. This included an assessment of physical health needs. Where needs had been identified, these were developed into care plans so that staff knew each patient's needs.
- Audits were being used to monitor and improve services and clinical care.
- Administrative support and legal advice on the implementation of the Mental Health Act 1983 and Code of Practice 2015 was available to the wards.
- The majority of staff attended regular team meetings and reflective practice.
- All patients had access to independent mental health advocacy services.

Are services caring?

We rated caring as good because:

- The staff supported carers to be involved in decisions about the care of their family members. Positive work took place with the carers of patients, to provide support and involve them in their relatives' care.
- The staff were kind and respectful to patients and had a good understanding of individual needs.
- The wards were very aware of the diverse needs of patients and made positive attempts to meet their individual needs.
- The wards provided different therapeutic activities to support patients during their stay.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Patients could access a range of therapeutic activities.
- The staff were very aware of the diverse needs of all the people who use the service and provided a range of support.
- Staff knew how to support people who wanted to make a complaint.
- There was a good choice of food and methods to offer choice to patients who were experiencing dementia.

Good



Summary of findings

However:

- Patients were sometimes admitted to wards further from their home than their nearest ward, which could have an impact on the frequency of contact with family members. This was due to the need for single sex accommodation.
- There was a high level of bed occupancy across the service.
- There were 106 delayed discharges between 1 December 2015 – 31 May 2016 for the wards we inspected. Ward managers told us this was due to difficulty in finding appropriate placements and described their efforts to build relationships with accommodation providers, in order to facilitate a more timely discharge.

Are services well-led?

We rated well led as requires improvement because:

- There was a lack of oversight of the monitoring of physical health checks in relation to high dose prescribing.
- Staff appraisals were not being monitored appropriately to ensure these were taking place.
- Local governance processes were in place, such as audits of care plans, physical health monitoring, reviews of risk assessments, staffing levels and supervision of staff but these were not effective in driving improvement as we had identified continuing problems in several of these areas.

However:

- There was evidence of clear leadership at a local level, from ward managers and matrons.
- The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service.
- Staff were enthusiastic and positive about working for the trust. They felt well managed and there was good teamwork.
- The ward managers were aware of the risk register and knew how to add items to this.

Requires improvement



Summary of findings

Information about the service

The inpatient wards for older adults at Sussex Partnership NHS Foundation Trust provide 161 beds across ten sites throughout Sussex. Dementia services are managed along with the older adult functional services which are integrated as part of the trust's acute services management structure. All of the functional older adult wards operated as "ageless" services, accepting admissions under 65 years of age alongside older people, providing specific ward criteria were met.

The Harold Kidd Unit, Chichester

Grove ward is a 10 bedded ward for older men who experience dementia

Orchard ward is a 12 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

Department of Psychiatry, Eastbourne General Hospital

Heathfield ward is an 18 bedded ward for older men and women

Horsham Hospital

Iris ward is a 12 bedded ward for older women who experience dementia.

Salvington Lodge

The Burrowes, is a 10 bedded ward for older men and women who experience dementia.

Langley Green Hospital

Opal ward is a 19 bedded ward for older men and women.

Lindridge

Brunswick is a 15 bedded ward for older men who experience dementia.

St Anne's Centre

St Raphael Ward is a 17 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

Uckfield Hospital

Beechwood Unit is a 14 bedded ward for older men and women who experience dementia.

Meadowfield Hospital

Larch ward is an 18 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

Mill View Hospital

Meridian ward is a 19 bedded ward for older men and women experiencing functional mental health conditions including anxiety, depression and psychosis.

We completed a comprehensive inspection of the trust in January 2015. We issued requirement notices about safety and suitability of premises, records, staffing and supporting workers, medicines management, safeguarding arrangements, respecting and involving service users, and the need for consent. On 25 - 26 January 2016 CQC undertook an unannounced follow-up inspection of the wards for older people and rated them as 'requires improvement'. The three domains inspected were rated as follows:

- Safe - Requires improvement
- Effective - Good
- Well Led - Good

Whilst work had taken place to comply with the Department of Health requirements for eliminating mixed sex accommodation requirements, further improvements were needed.

Our inspection team

The team was led by:

Chair: James Warner, Consultant Psychiatrist and National Professional Advisor for Old Age Psychiatry.

Summary of findings

Head of Inspection: Natasha Sloman, Care Quality Commission.

Team Leader: Louise Phillips, Inspection Manager, Care Quality Commission.

The team that inspected the wards for older people with mental health problems comprised two CQC inspectors,

one inspection manager, five specialist advisors including a doctor, pharmacist, two nurses, one occupational therapist and two experts by experience. A CQC inspector and pharmacy inspector carried out the focussed follow up inspection.

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 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 staff at a number of focus groups.

During the inspection visit, the inspection team:

- visited all 11 wards at ten hospital sites and looked at the quality of the ward environment and observed how staff were caring for patients.
- spoke with 34 patients who were using the service.
- spoke with nine carers.

- spoke with the managers or acting managers for each of the wards.
- spoke with 70 other staff members; including doctors, nurses, occupational therapists and social workers.
- attended and observed four hand-over meetings and two multi-disciplinary meetings.
- collected feedback from eight patients and carers using comment cards.
- looked at 147 medicine charts (23 of these were looked at during the focused follow up inspection).
- looked at 77 treatment records of patients (30 of these were looked at during the focused follow up inspection).
- carried out a specific check of the medication management on five wards.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with patients and their relatives. Most were positive about their experience of care on the older adult

inpatient wards. Where patients were not able to speak with us due to their advanced dementia, we observed that patients responded positively to staff interaction and would laugh and smile with them.

Summary of findings

Some patients on Opal ward told us they felt staff were slow to respond to physical health needs.

Patients felt that there was good access to therapies and the occupational therapist were excellent.

Patients who were able to talk with us told us that they felt safe on the wards and received good care. We observed that patients with dementia were supported in a way which enabled them to feel safe. For example, the positive and calm way in which staff approached patients put them at ease.

Good practice

- Brunswick ward manager held a weekly family forum, which was initially set up with support from the Alzheimer's Society.
- Grove ward had a care home in-reach proactive care programme, to try and reduce admissions.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must take action to ensure that wards comply with the Department of Health Eliminating Same Sex Accommodation requirements. This applies to five of the 11 wards we inspected.
- The trust must ensure that all the required checks and tests are undertaken for patients taking high dose antipsychotic medicines and the monitoring forms are fully completed.
- The trust must ensure staff are given annual appraisals and regular supervision.
- The trust must ensure that all of its older adult inpatient wards have access to psychology.

Action the provider **SHOULD** take to improve

- The trust should ensure that all of its older adult inpatient services have access to prompt specialist nursing services such as nutritional support, tissue viability, podiatry or diabetic services.
- The trust should consider how bank and agency staff can be given access to be able to update notes and upload data onto the electronic notes system.
- The trust should ensure section 17 leave forms are sufficiently detailed regarding conditions of leave.
- The trust should ensure the ligature risk assessment on Meridian ward details how risks are to be mitigated.
- The trust should make sure that therapeutic activities and access to occupational therapy are consistently and equally available across all older adult inpatient wards.

Sussex Partnership 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
Grove Ward Orchard Ward	The Harold Kidd Unit
Iris Ward	Horsham Hospital
The Burrowes	Salvington Lodge (The Burrowes)
Brunswick Ward	Lindridge
St Raphael Ward	St Anne's Centre & EMI Wards
Beechwood Unit	Beechwood Unit
Larch Ward	Meadowfield Hospital
Meridian Ward	Mill View Hospital
Heathfield Ward	Department of Psychiatry
Opal Ward	Langley Green Hospital

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.

- The trust's systems supported the implementation of the Mental Health Act 1983 and its associated code of

practice. Administrative support and legal advice was available from the Mental Health Act law manager and Mental Health Act administrators based at each hospital site. The ward managers carried out regular audits to ensure the Mental Health Act was being implemented correctly. Training was provided to staff and overall the

Detailed findings

staff appeared to have a good understanding of this legislation. Detention paperwork was filled in correctly, was up to date and was stored appropriately. Most patients reported they had been informed of their rights on admission to hospital and we saw that this was regularly recorded on s132 forms in patients' medical records.

- There was a good adherence to consent to treatment and capacity requirements overall and copies of consent to treatment forms were attached to medication charts where applicable. Within all of the

wards we visited patients had access to independent mental health advocacy (IMHA) services. Patients and staff appeared clear on how to access IMHA services appropriately. Information on the rights of people who were detained was displayed on the wards.

- However, on Opal ward section 17 leave forms did not specify leave parameters. For example escorted or unescorted leave. Reports from approved mental health professionals were not always available in the notes.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and its guiding principles. They were aware of the local policy and had access to central specialist support for advice and guidance.
- Staff had received training in this legislation and were able to describe examples of where patients' capacity had been assessed in accordance with this. Staff had a clear understanding and working knowledge about the use of the MCA and Deprivation of Liberty Safeguards (DoLS). There was appropriate documentation in relation to decisions made in the best interests of the patients. Best interests meetings were held and decisions taken regarding medication and method of administration. Capacity assessments under the MCA were recorded in the care records for specific decisions, such as managing finances and 'do not attempt resuscitation' decisions.

- Best interest meetings were held for patients who might need covert administration of medicines. Paperwork was completed appropriately and reviewed monthly. Some patients, who did not have the mental capacity to make decisions for themselves, were having their medicines administered covertly (disguised in food or drink). On Grove and Meridian ward we found staff were not always following the trust policy with regard to recording decisions made in people's best interest or reviewing those decisions on a regular basis. On other wards we saw the practice was in line with policy and staff were able to discuss covert medication with family members and carers.
- Staff understood the main principles of the MCA, were confident in the application of this. Staff contacted the local authority on a weekly basis to check on progress of DoLS application for those patients still awaiting assessment.

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 many of the wards did not allow clear lines of sight for observing patients, with many blind spots and no convex mirrors to facilitate observation. Staff told us they regularly walked around the wards and carried out safety checks on the whereabouts of each person, and we saw this taking place.
- Each ward had a number of fixture and fittings that patients with suicidal thoughts could use to harm themselves by tying a ligature. These were identified in the ward ligature audits as high, medium or low risk. The ligature audits and plans for the management of these varied on each ward. There were some management plans in place to address the ligature risks. On Beechwood ward, we found that plastic bags were used in a laundry bin found in a toilet, which was unlocked. This was changed to a paper bag during the visit. We also found boxes of surgical gloves left in toilets and assisted bathrooms. The trust had received a prevention of future deaths report from the Coroner which recommended against leaving surgical gloves unattended in patient areas. We brought this to the attention of staff at the time of the inspection and they removed the gloves.
- Most of the wards we visited were clean and generally well maintained. However, several cleanliness and hygiene issues were identified on Iris and Brunswick wards such as dirty and stained chairs. We brought this to the attention of staff at the time of the inspection.
- The average Patient-Led Assessments of the Care Environment scores for cleanliness for the wards we inspected was 97% which was slightly below the national average of 98%. These assessments were undertaken by health care providers and the public focussing on different aspects of the hospital environment, including cleanliness. Cleaning schedules were used to monitor the cleanliness and to ensure cleaning tasks were undertaken. Emergency equipment, including automated external defibrillators and oxygen were situated on the wards. This equipment was checked regularly to ensure it was fit for purpose and could be used effectively in an emergency. The staff knew where ligature cutters were kept and told us they knew how to use them. The training records showed that staff had been trained in life support techniques to enable them to respond effectively to emergencies.
- Iris, Grove, Brunswick, Beechwood, Opal and Heathfield wards complied with the Department of Health eliminating mixed sex accommodation guidance; Iris, Grove and Brunswick wards were single sex wards. On, Beechwood and Opal there were separate male and female bedroom corridors, lounges, toilets and shower facilities. On Beechwood ward there were gender-separate outside spaces for patients to use. However, this was still an issue the trust was working to resolve on The Burrowes, Larch, Meridian, Orchard and St Raphael wards. Orchard ward had 12 beds, with three single bedrooms on a smaller side corridor for male patients and the remaining four-bed dormitory and five single rooms on a separate corridor for female patients. However, if additional male patients were admitted, they would be placed on the female corridor and male patients would have to walk past female bedrooms in order to access the male toilet and bathroom.
- The Burrowes had ten beds, eight of which were ensuite. There were two corridors with five bedrooms on each, at the time of the inspection there were three male and seven female patients on the ward. The three rooms occupied by male patients were grouped onto one corridor, the rooms were ensuite. Two female rooms were grouped at the other end of the corridor. The ward had one assisted bathroom and two shower rooms. All three of these rooms were on the female bedroom corridor and all were kept locked, which meant that patients had to have staff support in order to have a bath or shower. Male patients had to walk past female bedrooms in order to either access a bath or shower room. Toilets were assigned as male/female, however, due to the nature of their illness patients could be confused and not always use the correct designated toilet. There was no female only lounge on the ward. A refurbishment plan sought to improve gender segregation and to provide a female lounge but this was still at the planning stage.

Are services safe?

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- Larch ward had separate male and female bedroom corridors and a mixed corridor. There was a female lounge.
 - Meridian ward had separate male and female bedroom corridors and a female lounge, however staff told us that patients could be placed on the opposite gender corridor if a bed was needed.
 - St Raphael ward had separate bedroom corridors for male and female patients, and a female lounge, however, female patients had to walk past the male bedrooms to use the bathroom facilities.
 - Safety alarms were of variable quality and some nurse call buttons were out of reach in some bedrooms.
 - St Raphael ward had only one bathroom and one shower available for the use of 17 patients. There was a lack of privacy for patients placed in dormitory bedrooms on Heathfield and Orchard wards, where beds were only separated by a curtain.
 - On Iris ward we found that control of substances hazardous to health (COSHH) products were not kept in a separate locked cupboard. We raised this with the ward manager at the time of the inspection.
 - Pharmacy staff visited all the wards we attended with varying degrees of input. All the wards told us that patients could talk to a pharmacist about their medicines if they had particular questions.
 - Beechwood ward had sensors on patient beds and doorframes, which activated when patients got up out of bed at night. This alerted staff and helped to prevent falls. We were told that there was a falls reduction pilot that was due to rollout to the wards which would increase the use of sensors.
 - Environmental risk assessments included ligature anchor points, there were no current plans to remove these and staff managed risks within the environment via observation. However, the ligature risk assessment on Meridian ward did not detail how risks were to be mitigated and not all wards had clear lines of sight and not all wards had convex mirrors to aid in observation.
- Safe staffing**
- The staffing establishment on all wards was set and actively reviewed to keep people safe. Ward managers monitored staffing levels and reported this in a monthly safer staffing report to the trust board. The numbers of staff required for each shift on the wards were matched by the numbers on shift. Managers had the flexibility and autonomy to increase staffing numbers if the patient acuity increased. There were continued pressures on staffing due to challenges in recruitment, which meant that wards had to make use of bank and agency staff.
 - The older adult inpatient wards had an overall qualified nurse vacancy rate of 25%, and a nursing assistant vacancy rate of 14%. The trust had an ongoing programme of recruitment and was using financial incentives such as “golden handshake” and “recommend a friend”. We noted that on several wards registered general nurses were recruited alongside or instead of registered mental health nurses. This helped wards to ensure safe staffing, and also ensured that patients’ physical health needs were appropriately met. Ward managers were proactively booking in familiar bank staff to ensure consistency. Patients on Opal ward reported feeling unsafe due to low staffing levels on the ward. There were eight registered mental nurses and six health care assistant vacancies. Opal ward had the highest qualified nurse vacancy rate of 60% and was above the trust average. Heathfield ward had the highest nursing assistant vacancy rate of 34% and was above the trust average.
 - Staff sickness was at 7% which was higher than the trust average of 4%.
 - Staff had met the mandatory training targets set by the trust in most subjects and had an overall 76% completion rate. All older people’s mental health inpatient wards had a 69% completion rate for Mental Capacity Act, 71% for Mental Health Act and 63% for Fire onsite (inpatient) training, exceeding the trust target of 60%.
 - Wards told us that there were adequate doctors available over a 24 hour period, seven days each week who were available to respond quickly on the ward in an emergency. This was with the exception of St Raphael ward where the part time consultant was also covering the responsibilities of the junior doctor role, with no clear plans to fill the junior doctor post. This was not a good example of planned medical cover.
- Assessing and managing risk to patients and staff**

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- Patient risk assessment was good on most wards. However, we found that risk assessments were not completed on admission on Larch ward. Staff relied on the risk assessment which had been carried out by the community team.
- We observed four handovers and each included discussions of individual risks to patients. Staff told us they kept patients safe through constant risk management.
- In the six month period 1 December 2015 – 31 May 2016 there were three episodes of seclusion on the older people wards.
- Most of the older adult inpatient wards had low incidents of physical restraint in the six month period 1 December 2015 – 31 May 2016. However Beechwood and Brunswick ward had 34 and 32 incidents of restraint respectively. This is in contrast to the other older adult inpatient wards which had between one and seven restraints in the same time period. When we discussed this with the managers of Brunswick and Beechwood they explained that their staff were careful to document the frequent need for low level restraint, such as arm holds, known as “friendly come alongs”.
- Staff had received training in safeguarding adults at risk and children, with a 90% and 93% completion rate. The staff we spoke with knew how to recognise a safeguarding concern and how to escalate this to ensure it was reported appropriately. Staff were aware of the trust’s safeguarding policy and the need to make safeguarding referrals to the local authority safeguarding team.
- Medicines, including controlled drugs (CDs) were stored securely, with evidence of weekly CD stock checks by staff with the exception of Grove ward. On this ward the CD stock check was last completed on 18 July 2016 by the pharmacist. There was no evidence in register of ward staff checking CD stock, which was poor practice.
- On Opal ward we found that a prescription chart for insulin had not been signed by a prescriber. The trust insulin prescription form stated that administration of doses should be checked by a second clinician and double signed. This had only been carried out for three out of 30 doses on the chart. The pharmacist had previously highlighted this. We found an instance where a person had been administered insulin without their blood glucose having been measured that day. This could have resulted in harm to the patient.
- During our previous inspection in January 2015, the wards did not meet the fundamental standards related to Regulation 12 with regard to safe care and treatment. This was because the trust had not protected patients against risks associated with unsafe use and management of medicines. During this inspection we found that patients who received rapid tranquilisation were not kept safe. Staff did not monitor or record physical observations at regular intervals, according to guidance set out in the trust’s rapid tranquilisation policy, and to ensure patients were not at risk. The trust’s rapid tranquilisation policy stated that where possible, (and where it is safe to do so), temperature, pulse, respiration rate and blood pressure, level of hydration and level of consciousness should be recorded at least every 30 minutes for a minimum of 2 hours or until there were no further concerns about physical health following the parenteral administration of any drug. If a patient refused physical health monitoring, the policy stated that a refusal should be recorded on the chart and as a minimum respiration rate should be monitored and recorded every 30 minutes. An example of this was that on Meridian ward one patient had been administered an intra-muscular injection on three consecutive days, yet there was no evidence that their physical health had been monitored on any of these occasions. The ward manager could not show us the completed rapid tranquilisation monitoring form following these administrations, even though he had demonstrated an awareness of the requirement.
- We also identified patients at higher risk of experiencing adverse effects from taking high dose antipsychotic medicines for whom staff had not monitored their physical health. For example, on Grove ward a patient had been prescribed high dose antipsychotics above the British National Formulary recommended dose limit when aggregated. The British National Formulary (BNF) is a pharmaceutical reference book used in the United Kingdom. This had not been identified as high dose by pharmacist and there was no evidence of high dose antipsychotic monitoring form as recommended by trust guidelines. Another example was that on Meridian ward we were told by the consultant that they currently

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didn't have anyone on high dose antipsychotics, yet the ward pharmacist had identified, and highlighted on the front of four prescription charts, the fact that the patients were prescribed a high dose.

- Immediately following our inspection visit we took enforcement action and served a Warning Notice to the trust to take action and ensure patients were kept safe in relation to the lack of physical health monitoring after rapid tranquilisation. The trust developed an action plan in response to the Warning Notice.
- Between 1 and 4 November 2016 we returned to carry out a focussed inspection to follow up this Warning Notice. At this re-inspection we identified that the trust had responded positively to the findings in the Warning Notice and made significant improvements. Staff were well aware of the action plans and the wards were being supported by senior managers, peer review and practice development nurses. The e-learning for physical health monitoring had been updated to reflect the current policy and staff had to complete refresher training by end November 2016. Wards had been required to complete weekly medicines management audits, including input from pharmacy, nurses and doctors.
- Additional information was available to nurses administering when required medicines to explain why the medicine would be needed, the maximum dose to be given in 24 hours and the minimum interval between doses.
- All staff spoken with had a good understanding of the requirement to monitor and record observations of patients' health following intramuscular injections of medicines as rapid tranquilisation. Some wards were also recording observations following oral doses where they had risk assessed that this was necessary.

Track record on safety

- There were 24 serious incidents reported by the trust between 01 June 2015 and 31 May 2016. The majority of incidents recorded within this core service were relating to unexpected or avoidable death or severe harm, with 22. Iris ward had the most reported incidents with five.

Reporting incidents and learning from when things go wrong

- Staff had good knowledge of the trust's electronic incident reporting system and were able to demonstrate learning from previous incidents. However, staff were unaware of learning from incidents which occurred on other wards.
- All incidents were electronically forwarded to the patient safety team. Learning was fed into team meetings through "report and learn" cards. We saw examples of these "report and learn" cards, which documented previous incidents and subsequent learning or changes needed to practice. We saw that staff had read and signed these. Learning from local incidents was discussed during team meetings and reflective practice sessions. However, staff were unaware of learning from incidents which occurred on other wards.
- Ward managers, matrons and service managers attended the trust serious incident forums. Ward managers told us that lessons learnt from incidents were also shared at regular ward manager meetings which were facilitated by matrons and general managers. The trust distributed a fortnightly incident learning bulletin to staff to share learning from incidents.
- The wards were involved in a "mind the gap" initiative in an effort to reduce medicines administration errors. We saw that this had driven improvement, for example on Brunswick ward there was an 18% gap rate compared to 65% last year.

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

- On admission to the wards, staff assessed patients using the health of the nation outcome scales. These covered 12 health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions. The wards carried out Waterlow pressure area assessments and nutritional assessments of patients. This happened on admission to the ward, and at regular intervals during their stay where a need had been identified. Pressure relieving mattresses were used where needed to minimise the risk of pressure sores.
- Patients received a physical health assessment on admission and their health was actively monitored throughout their stay in hospital. Staff completed the modified early warning system (MEWS) tool which provided nurses with a guide to determine the degree of illness of a patient. Staff told us they escalated a patient's condition if their MEWS score exceeded the agreed level, which currently was at three. The physical assessments of five patients were partially completed, four out of five did not have a body map in place.
- Care plan documentation was generally good. Most of the care plans that we reviewed contained up to date, personalised and holistic information. Some of these records clearly documented the patients' views. Where patients were unable to express or communicate their views or preferences we saw that staff worked with families and carers to complete life story work and this information was then used to inform and personalise the patients' care plans. Personalised de-escalation plans and positive behaviour support plans were in place and in line with National Institute for Health and Care Excellence (NICE) guidelines. We saw multidisciplinary involvement in care planning, such as physiotherapists input on falls reduction care plans. Occupational therapists helped to develop care plans around personal care and activities of daily living.
- The Malnutrition Universal Screening Tool ('MUST') assessment was completed on admission to assess dietary needs. The MUST was been designed to help identify adults who were underweight and at risk of malnutrition, as well as those who were obese.
- The modified early warning system (MEWS) was in use on all the wards, but they were making the transition to the national early warning system (NEWS) to include more physical health checks. The MEWS charts were reviewed regularly by doctors and action was taken as needed.
- The physical health of each patient was discussed at handover to ensure that oncoming staff were aware of any specific needs of patients.
- There were differences in the provision of specialist nursing services across the county and the trust did not currently have a service level agreement with the local community NHS trust. This had an impact on the support available. For example, on Opal ward there was no access to a tissue viability nurse or specialist training for pressure/wound care. On Beechwood ward there was no access to dietician, podiatry/chiropractic, tissue viability or physiotherapy. Staff told us they were concerned about lack of physiotherapy, speech and language therapy and dietician input. The service manager told us they were negotiating locally with the community NHS trust staff to meet the needs of their patients, and practice educators were providing training on tissue viability and wound care. The trust was working with the community provider trust to agree a service level agreement for the provision of physical healthcare as referrals for individual patients had not been effective.
- St Raphael ward did not have access to dietetic support for patients, therefore vulnerable patients suffering from weight loss were being managed purely based on the knowledge gained by experience of the nursing staff and doctors. This was acknowledged as a risk, and was first placed on the trust risk register in 2012. Ward staff had tried to refer to these services through GP surgeries but this had not always been successful, and on occasion patients were taken to urgent care in order to have their needs met. The trust informed us that service level agreements were under review with the local community NHS trust.

Best practice in treatment and 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.

- The older adult wards used a number of measures to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis. On all the wards we visited we saw examples of audits of planned activities for patients, such as infection control and prevention measures and physical health checks.
- Staff took part in clinical audit, and an audit of covert medicine prescribing had led to a redesign of the form which was now in use. The Burrowes consultant had carried out an audit of patient journey and inpatient consultants took part in a mental capacity audit meeting.

Skilled staff to deliver care

- All of the wards had a core multi-disciplinary team which included, nurses, doctors, nursing assistants, occupational therapists, therapeutic activity workers, pharmacists and housekeeping staff. However, they did not have access to the full range of specialist staff to deliver care and treatment often needed by older patients. Some wards had more occupational therapy provision than others.
- Access to psychological therapies as part of patients' treatment varied between different wards, patients on Heathfield ward did not have access to psychology, this meant staff members were not able discuss strategies to manage patients with difficult behaviours with a psychologist. Some wards had allocated social workers, however wards in East Sussex did not.
- Staff were trained and skilled in person centred care and dementia care mapping. Staff completed dementia awareness training. Ward staff had organised in house training on topics such as Parkinsons and Huntingdons disease and "bite size" training sessions. The practice educator was offering training on tissue viability to each ward on a rolling basis. Staff on Beechwood ward received carer awareness training delivered by an independent organisation.
- On our last inspection in January 2015 we had identified poor rates of staff supervision and appraisal. When we re-inspected in September 2016, more staff were receiving regular supervision and appraisals, and had access to reflective practice and regular staff meetings. Overall the supervision rate was 64%. Meridian ward had the highest clinical supervision rate with 97%.

Beechwood unit, where both the ward manager and the matron were on long term sickness absence, had the lowest with 16% as of June 2016, staff we interviewed on inspection told us that access to supervision had greatly improved since then.

- There were still low rates of appraisal recorded in the My Learning system for staff on some wards. Larch and Beechwood had only one member of staff each with a completed appraisal. St Raphael ward had only three completed. Heathfield ward had 19 out of 21 staff with a completed appraisal. Overall 18% of staff had received an appraisal.
- However, there was no system for supervising or appraising bank or agency workers, or to ensure bank staff were up to date with mandatory training and prevention and management of violence.

Multi-disciplinary and inter-agency team work

- Patients' records showed that there was effective multidisciplinary team working taking place. Care records included advice and input from different professionals involved in people's care.
- There was active engagement with community and crisis teams, to facilitate discharges and community follow up.
- Brunswick and Grove wards had good access to a geriatrician.
- All wards had regular reflective practice groups, on Meridian ward this had started the month prior to the inspection.
- We observed two multidisciplinary team (MDT) meetings. The MDT carried out comprehensive reviews, physical health was considered. Carers' views and patients' life stories were included in detail. There was reference to discharge planning and a summary of actions was recorded.

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

- The trust's systems supported the implementation of the Mental Health Act and its associated code of practice. Administrative support and legal advice was available from the Mental Health Act law manager and MHA administrators based at each hospital site. The ward managers carried out regular audits to ensure the

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.

Mental Health Act was being implemented correctly. Training was provided to staff and there was a 65% compliance rate. Overall the staff appeared to have a good understanding of the Mental Health Act and associated code of practice. Detention paperwork was filled in correctly, was up to date and was stored appropriately. Most patients reported they had been informed of their rights on admission to hospital and we saw that this was regularly recorded on s132 forms in patients' medical records.

- There was a good adherence to consent to treatment and capacity requirements overall and copies of consent to treatment forms were attached to medication charts where applicable. Within all of the wards we visited patients had access to independent mental health advocacy (IMHA) services. Patients and staff appeared clear on how to access IMHA services appropriately. Information on the rights of people who were detained was displayed on the wards.
- However, on Opal ward section 17 leave forms did not specify leave parameters. For example escorted or unescorted leave. Reports from approved mental health professionals were not always available in the notes.

Good practice in applying the Mental Capacity Act

- Staff received training in the Mental Capacity Act 2005 and had achieved a 60% rate of compliance which was the trust target. This was a low target for wards providing care for older adults with mental health problems including people with dementia. Staff were able to describe examples where patients' capacity had

been assessed in accordance with this. Staff had a clear understanding and working knowledge about the use of the MCA and Deprivation of Liberty Safeguards (DoLS). There was clear documentation in relation to decisions made in the best interests of the patients, best interests meetings were held and decisions taken regarding medication and method of administration. Capacity assessments under the MCA were recorded in the care records for specific decisions, such as managing finances and 'do not attempt resuscitation' decisions. 142 Mental Health Deprivation of Liberty Safeguards (DoLS) applications were made in the six months between 1 January 2016 and 5 July 2016 and 87 granted.

- Best interest meetings were held for patients who might need covert administration of medicines. Paperwork was completed appropriately and reviewed monthly. Some patients, who did not have the mental capacity to make decisions for themselves, were having their medicines administered covertly (disguised in food or drink). On Grove and Meridian ward we found staff were not always following the trust policy with regard to recording decisions made in people's best interest or reviewing those decisions on a regular basis. On other wards we saw the practice was in line with policy and staff were able to discuss covert medication with family members and carers.
- Staff understood the main principles of the MCA, were confident in the application of this and staff contacted the local authority on a weekly basis to check on progress of DoLS application for those patients still awaiting assessment.

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

- In general, patients reported that staff were very caring and demonstrated a high level of positive regard and respect for people accessing the service. Carers reported they were made to feel welcome by staff, they were given an information booklet when patients were admitted, which included information about their rights. In the course of our inspection we observed that staff interacted with patients in a caring and respectful manner, staff provided emotional support to patients who were agitated or distressed. Staff and patients ate meals together and chatted during lunch.
- However, five patients on Opal ward reported that staff were not always respectful, did not have time for them and demonstrated an uncaring attitude.

The involvement of people in the care they receive

- All of the wards had a welcome pack which gave an introduction to the hospital and useful information to help patients on their first few days following admission. We saw that there was an admission process that informed and orientated the patient to the ward.

- Staff were highly skilled, supportive and caring. They embraced the individual needs and preferences of each patient, and were responsive to each patient's level of ability. Carers were actively involved in care planning.
- We saw clear evidence in care plans that staff engaged with patients to establish their likes and dislikes to help plan the care they provided. The wards working with patients experiencing dementia produced “this is me” documents. Carers contributed information and completed “life stories” so staff were able to develop an understanding of the patients in their care. Copies of care plans were provided to patients with capacity and to carers.
- The wards caring for people with dementia used ‘this is me’ information on patients’ doors, in boxes and on walls in their bedrooms.
- Patients on all wards could take part in community meetings to influence change in delivery of care and treatment on the wards.
- ‘You said, we did’ boards were on display on each ward, detailing changes and improvements made as a result of suggestions by patients and carers.
- Patients had variable access to advocacy services. On some wards there was a strong advocacy presence with regular visits by a familiar advocate. On Iris ward staff described challenges in getting a response to referrals.

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

- All referrals for admission came through the dementia crisis team who had a role as gatekeepers to admission. Discharge was often delayed because of a lack of suitable accommodation. Social workers engaged with the patient, the multidisciplinary team and services within the community in order to identify appropriate move on accommodation. Occupational therapists carried out relapse prevention work including home visits and assessed patients at home as well as supporting patients to access activities in the community.
- There were daily bed management discussions held via teleconference, and a longer weekly meeting where planning for patients moving on was prioritised. These meetings included staff from community and crisis teams.
- Patients were sometimes admitted to wards further from their home, which could have an impact on the frequency of contact with family members. There was a wide catchment area for the wards which were single sex, which meant that some carers had up to a two hour journey.
- Three of the older adults inpatient wards had bed occupancy rates of more than 100% between 1 December 2015 and 31 May 2016. Meridian ward had the third highest bed occupancy across the whole trust at 110%, Heathfield ward was 106% and Opal ward was 101%. Occupancy rates include patients on leave.
- Beechwood Unit had a significantly higher number of delayed discharges over the six month period, compared to all other older people's wards with 26 delayed discharges. Heathfield ward had no delayed discharges in the same time period. Ward managers described their efforts to build relationships with accommodation providers, in order to facilitate a more timely discharge.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had access to outside space on all wards. The gardens varied in size and quality, some gardens lacked appropriate seating for patients. Patients on Brunswick

ward, which was on the first floor, had to be escorted by staff and use the lift to access their garden.

Occupational therapy staff told us this could be challenging, as patients would frequently need to return to the ward to use the toilet facilities.

- The wards provided a range of different therapeutic activities to support patients during their stay. We saw a variety of activities and engagement with patients during our visits to the ward including crafts; drumming and singing taking place.
- Occupational therapists were available from Monday to Friday, outside these hours activities were less structured and were led by nursing staff. Occupational therapists had set up "Grab and go" boxes to support nursing assistants to deliver activities. Some wards had activity support workers, who were available some evenings and alternate weekends. Patients on Beechwood ward were able to take part in a horticulture group and had access to a drama therapist.
- The psychologist on Beechwood ward had joined the multidisciplinary team three months prior to the inspection. This addition to the team has had a very positive impact on staff morale. They had implemented carers interviews and carers awareness training with staff.
- The model of care provided was "Patient and Carer first" On Grove ward the memory assessment service was linked to the Alheimers Society.
- Dormitory bedrooms on Heathfield and Orchard wards were not conducive to privacy and dignity for patients, with beds separated by a curtain. They were less able to be personalised. Some wards had shared toilet and bathroom facilities.
- We found on some wards the payphones were situated in communal areas of the wards which meant that patients could not make phone calls from these pay phones in private. Some wards allowed patients to take portable ward phones to their rooms to speak in private.
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- The wards were not all "dementia friendly"; Grove ward had recently been refurbished, but there was poor lighting. An area of flooring in the lounge was very dark

Are services responsive to people's needs?

Good 

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

in colour. Patients perceived this as something they needed to step over which had led to increased falls risk. The Grove ward garden also had a number of trip hazards and Burrowes ward garden had uneven paving.

- Some wards had used colourful signage, colourful toilet seats and hand rails and large staff name badges. Each ward had a communal area for patients. Most wards were clean, bright and well-lit with good signage.

Meeting the needs of all people who use the service

- The wards had facilities and equipment for people with disability needs. Brunswick ward could be accessed by a lift. All wards had access to the moving and lifting equipment they required to help their patients. All wards had assisted baths for patients' use. A range of hoists and moving aids were available on each ward. However, there was a lack of grab handles around St Raphael ward, to assist those with limited mobility.
- Patients reported that the food was good. The needs of individuals were met, including those who required a soft diet. Overall, patients requiring assistance during lunch were treated with sensitivity. Food was provided in suitable consistency to meet individual needs, such as pureed, finely chopped or whole. However, we observed that one patient, on Iris ward, who required soft food had the elements of their meal mixed up, which was not good practice and could put them at risk of choking.
- On Beechwood, Iris and Brunswick wards we saw dementia friendly pictorial menus displaying the food choices for the day.
- Some of the wards had a sacred space or multi-faith spiritual room and a Chaplain trained to support people with mental health problems. The Chaplain was also able to arrange for members of other faiths to visit and provide spiritual support. Staff supported patients to attend church services in the community.

- Iris ward did not have a child visiting area. Iris ward sits within a host trust site. Staff told us that visits would be facilitated in the cafe area of the hospital foyer or staff would book a private room if available. All visits of children would be planned in line with trust policy.
- On Meridian ward if a patient needed a profiling bed, patients who no longer required a specialist bed would be moved to another room. This could be unsettling for patients and disrupt continuity of care. A profiling bed can be manually or electronically adjusted to change the shape or profile of the bed to enable easy handling for care staff and increased accessibility and comfort for the individual patient. Most modern profiling beds have height adjustability, a knee break and an adjustable back rest.

Listening to and learning from concerns and complaints

- The older people's wards received 28 complaints in the 12 months 1 June 2015 – 31 May 2016 with 13 being either fully or partially upheld. Meridian ward received the highest number of complaints with seven. The highest number of complaints related to inadequate overall care and treatment. No complaints were referred to the ombudsman.
- Brunswick ward's manager held a weekly carers forum which had led to improved communication between staff and carers. This enabled quick resolution of concerns.
- We found there was improved recording of complaints, which included informal complaints, resolved through local resolution. This meant that ward managers and senior trust managers were able to identify themes and trends.
- The older people's wards received 30 compliments in the 12 months 1 June 2015 – 31 May 2016.

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

- Staff members' performance was reviewed against the trust values and behaviours in their annual appraisal, however the appraisal rates remained low
- Most of the staff we spoke to were able to identify who the directors of the trust were and spoke positively about the changes that had taken place and were planned for the services.
- Staff spoke highly of their individual teams and the support they got from their colleagues.
- Staff we spoke to were aware of and understood the trust's vision and values

Good governance.

- Ward managers stated that they had sufficient authority to enable them to complete their tasks and manage their wards.
- Local governance processes were in place, such as audits of care plans, physical health monitoring, reviews of risk assessments, staffing levels and supervision of staff. However, there was a lack of oversight of the monitoring of physical health checks in relation to high dose prescribing, which could put patients at risk. Staff appraisals and supervision rates were also not being monitored appropriately to ensure all staff received these and were receiving sufficient support in their work.
- Ward managers stated that they had sufficient authority to enable them to complete their tasks and manage their wards.
- Monitoring of adherence to the requirements of the Mental Health Act was audited on each ward, with details on the whiteboards to remind staff to speak with patients about their rights on a regular basis.
- The ward managers were aware of the risk register and knew how to add items to this. We saw that the trust-

wide risk register included risks which directly related to the older peoples wards; for example, the need for inpatient wards to provide a safe environment conducive to recovery – to achieve this the trust had an eliminating mixed sex accommodation project plan and a falls reduction group. However some risks had been on the register for a long period of time without work being undertaken to mitigate the risks.

- Staff knew how to raise safeguarding issues within the trust. Staff had a good understanding of the DoLS referral process to local authorities.

Leadership, morale and staff engagement

- There was evidence of clear leadership at a local level, from ward managers and matrons. Ward managers were visible on the wards during the day, were accessible to patients and carers. They and provided support and guidance to staff. The culture on the wards was open and encouraged staff to bring forward ideas for improving care and developing the service. Most staff felt able to raise any concerns with their local manager and believed that the manager would be supportive.
- Ward managers told us about the leadership training and development opportunities which were provided by the trust.

Commitment to quality improvement and innovation

- At the time of this inspection only one ward was participating in a national quality improvement programme such as Accredited Inpatient Mental Health Service (AIMS.)
- Orchard ward were working towards their AIMS accreditation, had been peer reviewed and were awaiting report and outcome.
- The Brunswick ward manager won an award for their work with carers from the Sussex Partnership NHS Foundation Trust Positive Practice award 2016. They were the winner of the Listening into Action award for the "Open door to carers" forum.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

How the regulation was not being met:

The trust did not ensure that patients were protected from the risks associated with unsafe or unsuitable premises. Five wards did not comply with Department of Health gender separation requirements.

This relates to The Burrowes, Larch, Meridian, Orchard and St Raphael wards.

This was in breach of Regulation 15(1)(a)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

Heathfield and St Raphael wards did not have access to psychology.

This was in breach of Regulation 9(3)(a)(b)

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

The trust did not ensure that all the required checks and tests were undertaken for patients taking high dose antipsychotic medicines and that the monitoring forms were fully completed.

This is a breach of 12(1)(2)(g)

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

How the regulation was not being met:

The trust did not have suitable arrangements in place to ensure that staff had received annual appraisal and regular supervision.

This was in breach of Regulation 18(2)