

Requires improvement

Norfolk and Suffolk NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

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)
RMYMV	St Clements Hospital	Suffolk Rehabilitation and Recovery Services	IP3 8LS
RMY55	St Catherines	St Catherine's	NR31 7QB

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

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

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

Summary of findings

Ratings

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

Overall rating for the service

Requires improvement



Are services safe?

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 long stay/rehabilitation mental health wards for working age as requires improvement because:

- There was a ligature risk audit in place but no date recorded for the completion of outstanding actions to mitigate risk.
- There was access to personal alarms but no nurse call systems. We observed that staff at St Catherine's did not use the alarms and there was no system in place for signing alarms in and out.
- Staff vacancies and turnover were high and between 1 April 2016 and 31 March 2017 the service had used bank or agency staff to cover 40% of shifts. Four per cent of nursing assistant shifts had not been filled. There was not always a qualified nurse on duty at St Catherine's.
- Not all care plans reviewed reflected the patient involvement.
- We reviewed five out of seven medication charts at Suffolk Rehabilitation and Recovery Service. There were discrepancies in three of the consent to treatment forms that we looked at. One included physical health medication in addition to mental health, one was not correctly updated and the frequency of the dosage was incorrect in another.
- The trust were unable to provide the clinical supervision data for non-medical staff for the period 1 April 2016 to 31 March 2017. Ward managers found it difficult to access supervision data electronically.
- As of March 2017, the overall appraisal rate for non-medical staff was 46%. The trust target was 89%, all wards within this core service failed to meet this target. The highest appraisal rate was Suffolk rehabilitation and recovery service with 52% of staff having had an appraisal. St Catherine's appraisal rate was 33%. As of March 2017, the trust had provided data that suggested that no permanent medical staff required or have had an appraisal in this core service.
- There were 19 readmissions within 28 days of discharge out of a total of 149 patients discharged, as reported by the service from 1 April 2016 to 31

March 2017. On average patients were being readmitted to long stay/rehabilitation wards within 11.8 days of being discharged. Follow up care and treatment was provided by the crisis home treatment team. Staff also highlighted that some patients discharged themselves.

- Ward systems were not always effective in ensuring that patient and staff safety was maintained.
- The electronic system did not support managers in ensuring that supervisions and appraisals were up to date.
- Shifts were not always covered by a sufficient number of staff of the right grades and experience. Bank and agency staff were often used to provide cover for sickness and absence.

However:

- Staff undertook a detailed risk assessment of every patient on admission and updated this regularly and after every incident. This was evidenced at both wards and in all 13 of the patient care records that we reviewed.
- Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.
- Patients at both wards told us that staff were cheerful, caring and supportive. They said that staff were always available and helpful with their needs.
- There was a carer's protocol, carers' information pack and a carers' champion on each of the long stay/rehabilitation mental health wards for working aged adults. When a patient is admitted, carers were offered a 1:1 carers forum meeting as part of the overall planning process for the patient
- There was access to a range of activities during the week and at weekends. There was a detailed timetable of activities on the noticeboard and patients told us that they engaged in activities both on the ward and in the community, including trips home to promote independent living.

Summary of findings

- Mandatory training was above trust compliance rates.

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:

- We were concerned that the environment at St Catherine's was not safe for all patients admitted there. There was a ligature risk audit in place but no date recorded for the completion of outstanding actions to mitigate risk. The ward layout at St Catherine's did not allow staff to observe all parts of ward.
- There were no nurse call systems but there was access to personal alarms for staff. We observed that staff at St Catherine's did not use the alarms and there was no system in place for signing alarms in and out.
- Staff vacancies and turnover were high and between 1 April 2016 and 31 March 2017 the service had used bank or agency staff to cover 40% of shifts. Four per cent of nursing assistant shifts had not been filled. There was not always a qualified nurse on duty at St Catherine's. Whilst we recognise that the crisis team supports this core service, there is only one qualified nurse on night duty within the team and therefore they could not be relied upon in an emergency or to carry out Mental Health Act responsibilities.
- Staff were unable to stop patients from leaving and incidents had happened as a result of this.

However:

- Staff undertook a detailed risk assessment of every patient on admission and update this regularly and after every incident. This was evidenced in all 13 of the patient care records that we reviewed. We saw from patient records that physical health forms were completed and updated regularly.
- The wards were clean and generally furnished to a good standard.
- There was good medicines management practice in place. Medication was stored securely.
- There had been minimal use of restrictive intervention across the service.
- Escorted leave or ward activities were rarely cancelled and patients confirmed that they were able to access leave and activities in the community.

Requires improvement



Are services effective?

We rated effective as requires improvement because:

Requires improvement



Summary of findings

- We reviewed five out of seven medication charts at St Clements. There were discrepancies in three of the consent to treatment forms. One included physical health medication in addition to mental health, one was not correctly updated and the frequency of the dosage was incorrect in another.
- The trust were unable to provide the clinical supervision data for non-medical staff for the period 1 April 2016 to 31 March 2017. Ward managers found it difficult to access supervision data on the electronic database.
- As of March 2017, the overall appraisal rate for non-medical staff was 46%. The trust target was 89%, all wards within this core service failed to meet this target. The highest appraisal rate was Suffolk rehabilitation and recovery service with 52% of staff having had an appraisal. St Catherine's appraisal rate was 33%.
- Between 1 April 2016 and 31 March 2017, Suffolk rehabilitation and recovery Service made one Deprivation of Liberty Safeguards application, which had not been approved. The trust is obliged to inform the CQC of any Deprivation of Liberty Safeguards applications. During the inspection we saw evidence in patient records that one patient was on a Deprivation of Liberty Safeguards.

However:

- We reviewed 13 care records. Of those, 12 showed that comprehensive and timely assessment had been completed after admission.
- Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.
- Patients were offered a copy of their care plan.

Are services caring?

We rated caring as requires good because:

- We observed that staff were warm, welcoming and respectful in their interactions with patients. They were clearly supporting both emotionally and practically and gave the example of knocking and waiting before entering patients' bedrooms.
- Patients told us that staff were cheerful, caring and supportive. They said that staff were always available and helpful with their needs.
- Patients described being given clear explanations of their treatment plan and one patient explained that the doctor had worked well in providing effective medication after sleep difficulties had impacted on physical health and wellbeing.

Good



Summary of findings

- There was a carer's protocol, carers' information pack and a carers' champion on each of the long stay/rehabilitation mental health wards for working aged adults. When a patient is admitted, carers were offered a 1:1 carers forum meeting as part of the overall planning process for the patient.
- Community meetings were held weekly and patients were able to give feedback and make suggestions on the services received. At the point of discharge, patients were given a feedback questionnaire to complete. Ward managers told us that some patients chose not to complete this. A service user champion was involved in the recruitment process and had sat on the interview panel for the recruitment of new staff.

However:

- Not all care plans reviewed reflected the patient involvement.

Are services responsive to people's needs?

We rated responsive as good because:

- There had been no of out of area placements attributed to this core service in the last 12 months.
- Beds were available when needed to people living in Norfolk or Suffolk.
- Patients had access to a bed on return from leave.
- Patients were able to make hot drinks and snacks at any time of the day
- Patients were able to personalise their bedrooms and we saw evidence of this during the inspection.
- Patients had lockable bedrooms and lockable drawers within their bedrooms to securely store their possessions
- There was access to a range of activities during the week and at weekends. There was a detailed timetable of activities on the noticeboard and patients told us that they engage in activities both on the ward and in the community, including trips home to promote independent living.
- Patients had access to pleasant outside gardens.
- Patients had access to ward based and community activities seven days a week.

However:

- There were 19 readmissions within 28 days of discharge out of a total of 149 patients discharged, as reported by the service from 1 April 2016 to 31 March 2017. On average patients were being

Good



Summary of findings

readmitted to long stay/rehabilitation wards within 11.8 days of being discharged. Follow up care and treatment was provided by the crisis home treatment team. Staff also highlighted that some patients discharged themselves.

Are services well-led?

We rated well led as requires improvement because:

- Ward systems were not always effective in ensuring that patient and staff safety was maintained.
- We were concerned that the environment at St Catherine's was not safe for all patients admitted there. We found that some patients had been admitted to St Catherine's in an emergency who were acutely unwell and who had a recent history of self-harm.
- The trust's electronic system did not support managers in ensuring that supervisions and appraisals were up to date and not all staff had received regular appraisal and supervision.
- Consent to treatment records were not all correct and updated in a timely manner.
- Shifts were not always covered by a sufficient number of staff of the right grades and experience. Bank and agency staff were often used to provide cover for sickness and absence. There was not always a qualified nurse on duty at St Catherine's.
- Staff sickness and staff turnover was higher than the trust's average.
- Patient care plans were not reflective of the patients' voice.

However:

- Staff knew the organisation's values. These were demonstrated in their everyday work.
- Mandatory training was above trust compliance rates.
- We observed that staff maximise shift-time on direct care activities as opposed to administrative tasks.
- Staff knew who the most senior managers in the organisation were and these managers had visited the ward.

Requires improvement



Summary of findings

Information about the service

There are two long stay/rehabilitation mental health wards for working age adults provided by Norfolk and Suffolk Foundation Trust.

Suffolk Rehabilitation and Recovery Service provided 10 beds for both men and women. At the time of inspection, they had only male patients. The ward was located over two floors; however, on inspection only the ground floor bedrooms were being used. There was capacity to re-open the first floor bedrooms to create an additional six beds if required. The ward had reduced its bed numbers as part of the redevelopment of the service: moving from a long stay to short stay rehabilitation service.

The ward aimed to help individuals who had severe and enduring mental illness build functional living skills to enable them to move from an inpatient to a community based setting.

St Catherine's provided six beds for both men and women. This was our first visit to St Catherine's as it had not been inspected before. At the time of inspection they had male and female patients. The ward was located over two floors. The two downstairs bedrooms had ensuite bathrooms and there were a further four bedrooms upstairs with an additional lounge and two bathrooms.

The ward focus was on patient care and recovery. The aim was to provide support to individuals with mental health issues who were working towards independence and moving towards appropriate accommodation in the community.

The trust has had 16 inspections since July 2010. The last inspection was in July 2016 and given an overall rating of good. However, the effective domain was rated as requires improvement due to the following breaches of regulation 18, staffing, regulation 12, Safe care and treatment, regulation 11, need for consent:

- Staff did not record that they had monitored patients' physical health care.
- Clinical and managerial supervision was not taking place regularly across the service.
- Staff told us that the electronic case notes system difficult to use and took time away from patient care.
- 73% of staff had received an appraisal.
- Clinical audits were completed, but staff had not been involved.
- Doctors did not ensure that consent to treatment forms were adhered to when prescribing medication.
- Pharmacy visited the ward once a week but did not provide audit feedback.

Our inspection team

Chair: Paul Lelliott, Deputy Chief Inspector (Lead for mental health), CQC

Shadow Chair: Paul Devlin, Chair, 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 inspection team consisted of one CQC inspector and three specialist advisors. Including a nurse, psychiatrist and a social worker.

The team would like to thank all those who met and spoke with inspectors during the inspection and were open and fair with the sharing of their experiences and their perceptions of the quality of care and treatment at the trust.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our on going 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 patients at three focus groups.

During the inspection visit, the inspection team:

- visited both of the wards at the two sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the managers or acting managers for each of the wards
- spoke with four other staff members; including doctors, nurses and occupational therapists
- Looked at 13 patient care records
- looked at 5 treatment records of patients
- carried out a specific check of the medication management on both of the 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 three patients during the inspection. All of the patients told us that staff were caring, supportive and respectful. Two of the three patients said that their family was involved and well informed about their care and treatment. All said that they had been offered a copy of their care plans.

None of the patients that we spoke with had made a complaint. All three patients knew how to complain and were confident that any issues would be resolved by staff.

Patients said that they were able to personalise their bedrooms and that they could access activities relevant to their needs and interests.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all staff carry personal alarms which enable staff to call for assistance when required.
- The provider must ensure that ligature risk audits include dates for the completion of actions identified to mitigate risk.
- The trust must ensure that all staff received regular supervision and appraisals. Electronic systems should support managers' access to data.
- The trust must ensure that all consent to treatment forms are completed correctly and updated in a timely manner.
- The trust must ensure that there are sufficient qualified and experienced staff at all times.

Summary of findings

- The trust must ensure that there is a clear admission criteria for St Catherine's and that patients are not admitted to the service unless their needs can be safely met.

Action the provider **SHOULD** take to improve

- The trust should ensure that care plans are personalised and reflect the patients' voice.

Norfolk and Suffolk NHS Foundation Trust

Long stay/rehabilitation mental health wards for working age adults

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Suffolk Rehabilitation and Recovery Service	St Clements Hospital
St Catherine's	St Catherine's

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.

- As at 31 March 2017, the service scored 81% compliance for the number of staff trained in the Mental Health Act. During the inspection ward managers showed us data which suggested that since March more staff had completed mental health act training and compliance was at 100% at St Catherine's and 96% at Suffolk Rehabilitation and Recovery Service .
- Staff were familiar with the code of practice and guiding principles. Consent to treatment forms were kept with medication charts however three of the seven that we reviewed were incorrect.
- We saw evidence recorded in patients notes that staff explained rights to patients on admission and routinely thereafter.
- Staff accessed administrative support and legal advice on the implementation of the Mental Health Act from Woodlands, Ipswich Hospital and Northgate Hospital. Detention paperwork was filled in correctly, up to date and stored appropriately.
- Patients accessed the independent mental health advocate service provided. The advocate attended the wards regularly and staff and patients knew how to contact them as required

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- As at 31 March 2017, the overall compliance rate for the Mental Capacity Act training course was 89%. Staff had a good understanding of the Mental Capacity Act and were able to explain the five statutory principles.
- There was a policy on the Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- We reviewed 13 patient records. We saw evidence of assessment of mental capacity in most patient records although in some these were difficult to find. Staff gave us lots of examples of decision specific consideration of capacity issues.
- Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture, and history.

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

- There was a ligature risk audit in place but no date recorded for the completion of outstanding actions to mitigate risk. In addition, the ward layout at St Catherine's did not allow staff to observe all parts of ward. There were mirrors in place but this did not assist with being able to observe all areas of the ward. We were concerned that some patients had been admitted to St Catherine's in an emergency who were acutely unwell and who had a recent history of self-harm.
- Over the 12 months from 1 April 2016 to 31 March 2017, there were no same sex accommodation breaches within this core service. The ward layout for Suffolk Rehabilitation and Recovery Service and St Catherine's provided separate male and female lounges and bathroom facilities for male and female patients.
- There was a fully equipped clinic room at Suffolk rehabilitation and recovery service and a clinic area at St Catherine's. At both wards there was accessible emergency equipment. Records showed that equipment was checked regularly. Fridge temperatures were within the acceptable range and records showed that this was monitored regularly. The new central monitoring system was in place but staff were still keeping paper records at the time of inspection.
- There were no seclusion facilities on long stay rehabilitation mental health wards for working age adults.
- At St Catherine's all ward areas were clean, had good furnishings and were well-maintained. At Suffolk rehabilitation and recovery service, the bathrooms were in need of updating and managers told us that capital funding had been secured to undertake this work in October 2017.
- Suffolk rehabilitation and recovery service scored 100% for a clean environment in the 2016 PLACE assessments. The score for condition, appearance and maintenance

was 95%. Both of which were about the national average. The trust did not submit PLACE scores for St Catherine's, we observed that all areas were clean, well-furnished and well maintained.

- Equipment was well maintained, clean and clean stickers visible and in date. Records showed that regular checks were made by staff.
- A cleaning service was provided by an outside contractor who attended weekly with a plan to attend twice weekly. Cleaning records were up to date and demonstrated that the environment was cleaned regularly.
- Environmental risk assessments were undertaken regularly and were reviewed during the inspection.
- There was access to personal alarms and no nurse call systems. We observed that staff at St Catherine's did not use the alarms and there was no system in place for signing alarms in and out.

Safe staffing

- The trust set the core staffing levels for the service. The established level of registered nurses across the service was 16 whole time equivalent. At the time of the inspection, there were two vacancies. The established level of unqualified staff was 23. The service had four vacancies. The ward with the highest number of vacancies for unqualified staff was St Catherine's with three and one qualified nurse vacancy.
- Staff sickness was at 14% which was above the trust's average of 4%. Staff turnover was at 17% which was above the trust's average of 11% for this core service.
- When we inspected we established that there was not always a qualified nurse on duty at St Catherine's. Whilst we recognise that the crisis team supports this core service, there is only one qualified nurse on night duty within the team and therefore this could not be relied upon in an emergency.
- Between 1 April 2016 and 31 March 2017 the service had used bank or agency staff to cover 40% shifts. Three percent of the shifts were to cover qualified nurses at Suffolk rehabilitation and recovery service and 37% to

Are services safe?

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

cover nursing assistants across the whole service. Fourteen nursing shifts had not been filled at Suffolk rehabilitation and recovery service however 126 nursing assistant shifts had not been filled across the service, equating to 4%. This resulted in wards working below the required numbers to meet the needs of the patients.

- Agency and bank nurses were block booked to maximise familiarity with the wards and patients.
 - The ward manager was able to adjust staffing levels daily according to patient need.
 - There were enough staff so that patients could have regular 1:1 time with their named nurse. If patients refused their 1:1 session this was recorded in their notes.
 - Escorted leave or ward activities were rarely cancelled and patients confirmed that they were able to access leave and activities in the community.
 - We saw from patient records that physical health forms were completed and updated regularly.
 - There was a consultant psychiatrist providing one session per week. A new junior doctor was due to start at Suffolk rehabilitation and recovery service in the next few weeks. In an emergency staff would phone the on call duty doctor who could attend the wards quickly.
 - As at 31 March 2017, the compliance with mandatory training for the service was 94%, against the trusts target of 90%. The trust was unable to provide data for the full 12 month period. The trust classed 28 training courses as mandatory. Seven out of the 28 courses for this service did not meet the trusts compliance rate. Mental Health Act training has the lowest compliance at 81%. However, no training fell below 75%.
- Assessing and managing risk to patients and staff**
- Staff undertook a detailed risk assessment of every patient on admission and updated this regularly and after every incident. This was evidenced in all 13 of the patient care records that we reviewed.
 - Staff used the trust risk assessment and health of the nation outcome scales.
 - We did not see evidence of the use of blanket restrictions.
 - Informal patients were able to leave at will on both wards and there was an open atmosphere.
 - There were policies and procedures in place for the use of observation and we saw laminated ligature risk assessments in patients' bedrooms. Patients were only searched after giving permission and only on occasions when the staff had risk assessed.
 - There were seven incidents of restraint, which involved five patients between 1 April 2016 and 31 March 2017. None of the incidents resulted in face down restraint. The highest number of restraints was at St Catherine's Hospital, they had six incidents of restraint, four of which were in May 2016. However, information from the data pack stated that no staff had received prevention and management of aggression training. Restraint was only used after de-escalation had failed and using correct techniques. There had been no face down restraints. Staff told us that they used de-escalation techniques but would avoid the use of restraint where possible.
 - Rapid tranquilisation was not used on long stay rehabilitation wards.
 - There were no seclusion facilities at this core service. There were no incidents of seclusion and no incidents of long-term segregation from between 1 April 2016 and 31 March 2017.
 - On average 98% of staff were trained in safeguarding adults and 96% children level one and three. Staff explained the procedure for raising a safeguarding alert, and were able to give a variety of different examples of when they had done this. The service had made two adult safeguarding referrals and no child safeguarding referrals to the local authority in the last year for patients at Suffolk rehabilitation and recovery service.
 - There was good medicines management practice in place. Medication was stored securely. All patients at St Catherine's were self-medicating but unqualified staff supported patients to take the medication although they had not received appropriate training and there was no policy in place. Managers at St Catherine's had requested the appropriate medication training for staff. At Suffolk rehabilitation and recovery service, patients were not able to self-administer medication as the medication was not provided in weekly blister packs. Managers had prepared a policy for self-administration and were working with pharmacy to progress this.

Are services safe?

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

- Following an incident at St Catherine's where a patient tripped in their room, staff completed slips, trips and falls training.
- There was no family room at St Catherine's or Suffolk rehabilitation and recovery service. There was a plan in place to convert one of the quiet lounges into a family room at Suffolk rehabilitation and recovery service. Both ward managers told us that children would visit patients in the grounds or in the community.
- Staff gave examples of several recent incidents and we reviewed these on the electronic forms which were comprehensively completed. There were no qualified staff out of hours at St Catherine's which provided both crisis and rehabilitation beds. Staff were therefore unable to stop patients from leaving and incidents had happened as a result of this.
- Staff were open and transparent and explained to patients if and when things go wrong. Staff described that a patient had deterioration in mental health and explained to the patient that a hospital admission was required in order to access appropriate care and treatment.

Track record on safety

- Between 1 April 2016 and 31 March 2017, the service reported one serious incident requiring investigation. St Catherine's hospital made the report under the category of apparent/actual/suspected self-inflicted harm.
- There were incidents of verbal abuse from patients towards staff at this core service.
- Staff at St Catherine's were provided with additional risk assessment training and ward managers reported that patients would be properly assessed prior to being accepted into the service to ensure suitability.
- Staff received feedback from the investigation of incidents at monthly team meetings, reflective practice and during supervision. Incidents were also discussed at the monthly governance meeting.
- Staff met to discuss feedback during reflective practice, team meetings and multi-disciplinary team meetings. We saw evidence of the learning from an incident in the team meeting minutes.

Reporting incidents and learning from when things go wrong

- Staff gave examples of the type of incidents that they would report and told us that this was done by filling in a form electronically that would be reviewed and signed off by the ward manager.
- As a result of feedback from an incident all staff were required to complete additional training on slips trips and falls.
- Staff were debriefed and were offered support from senior staff after incidents. Staff were also able to access support from psychology services if required.

Are services effective?

Requires improvement 

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

Our findings

Assessment of needs and planning of care

- We reviewed 13 care records. Of those, 12 showed that comprehensive and timely assessment had been completed after admission.
- Care records showed that a physical examination had been undertaken and that there was ongoing monitoring of physical health problems.
- All care records contained up to date, holistic, recovery-oriented care plans, but most did not reflect the patient's voice. Patients were offered a copy of their care plan.
- All information needed to deliver care was stored securely on the electronic recording system and was available to staff when they needed it and in an accessible form; including when people move between teams.

Best practice in treatment and care

- We reviewed five out of seven medication charts at Suffolk rehabilitation and recovery service. There were discrepancies in three of the consent to treatment forms that we looked at. One included physical health medication in addition to mental health, one was not correctly updated and the frequency of the dosage was incorrect in another.
- Patients had access to psychotherapy, positive behaviour support and boundary setting.
- Patients were registered with the GP for physical health issues and referrals to specialists. The ward doctor would take over prescribing for long term health conditions.
- Patients' nutrition and hydration needs were assessed and met. Patients were encouraged and supported to do some of their own shopping and cooking.
- Staff used health of the nation outcome scales to assess and record severity and outcomes
- Staff conducted 22 audits from 01 April 2016 to 31 March 2017. Clinical staff participated in the following clinical

audits some of which included unexpected deaths, infection control, confidentiality awareness and safeguarding in supervision, PRN medication, risk assessment linked to Section 17 leave.

Skilled staff to deliver care

- Multi-disciplinary team meetings were attended by the consultant, occupational therapist, care coordinator, community nurse and the patient. The pharmacist attended Suffolk rehabilitation and recovery service twice a week and St Catherine's on an ad hoc basis
- Staff were experienced and qualified at both locations. There were no qualified staff on duty overnight at St Catherine's.
- Staff received an appropriate induction before starting work on the wards. Out of 20 nursing assistants, 19 (95%) of staff had completed the care certificate standards. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- The trust were unable to provide the clinical supervision data for non-medical staff for the period 1 April 2016 to 31 March 2017. Ward managers found it difficult to access supervision data on the electronic records system.
- As of March 2017, the overall appraisal rate for non-medical staff was 46%. The trust target was 89%, all wards within this core service failed to meet this target. The highest appraisal rate was Suffolk rehabilitation and recovery service with 52% of staff having had an appraisal. St Catherine's appraisal rate was 33%. As of March 2017, the trust had provided data that suggested that no permanent medical staff required or have had an appraisal in this core service.
- Staff received mandatory training and additional specialist training for their roles
- Managers addressed poor staff performance promptly and effectively with the support of human resources. Managers told us that they received support from the human resources business partner to assist with performance issues.

Multi-disciplinary and inter-agency team work

- There were regular and effective weekly multi-disciplinary meetings. These were attended by a range

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.

of mental health professionals and by the patient themselves. Detailed discussion took place on care, treatment and risk and one patient told us that he was properly consulted in all areas of his care and treatment.

- There were three handovers at each of the three shift changes. Patient care, treatment, incidents and risk are discussed in detail.
- There were effective working relationships including good handovers with other teams in the organisation. Care coordinators attend multi-disciplinary team meetings and the ward manager attended handovers with the crisis home treatment team.
- There were effective working relationships with the local authority, social services, GP practices and the community police.

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

- Mental Health Act papers were examined by the trust Mental Health Act staff on admission.
- Staff knew who the mental health act administrators were and said that they visited the wards regularly. They offered guidance on the mental health act and facilitated approximately monthly checks on mental health act papers. Staff reported phoning them at the mental health act office if they had any queries.
- We observed records of the parameters of leave, risk assessments and crisis plans in the records that we reviewed.
- As at 31 March 2017, the service scored 81% compliance for the number of staff trained in the Mental Health Act. During the inspection ward managers showed us data which suggested that more staff had completed mental health act training and compliance was at 100% at St Catherine's and 96% at Suffolk rehabilitation and recovery service.
- Staff were familiar with the code of practice and guiding principles. Consent to treatment forms were kept with medication charts but three of the seven that we reviewed were incorrect.
- We saw evidence recorded in patients notes that staff explained rights to patients on admission and routinely thereafter.

- Staff accessed administrative support and legal advice on the implementation of the Mental Health Act from Woodlands, Ipswich Hospital and Northgate Hospital. Detention paperwork was filled in correctly, up to date and stored appropriately.
- There were regular audits completed by the mental health act staff to ensure that the Mental Health Act was being applied correctly. Feedback was provided and there was evidence of learning from these audits.
- Patients accessed the independent mental health advocacy service. The advocate attended the ward regularly and staff and patients knew how to contact them as required. Staff were aware that the independent mental health advocacy would need a confidential space in which to meet with patients and had knowledge of the scope of the independent mental health advocacy role.

Good practice in applying the Mental Capacity Act

- As at 31 March 2017, the overall compliance rate for the Mental Capacity Act training course was 89%.
- Between 1 April 2016 and 31 March 2017, Suffolk rehabilitation and recovery service made one Deprivation of Liberty Safeguards application, which had not been approved. The trust is obliged to inform the CQC of any Deprivation of Liberty Safeguards applications. However, the CQC had not been made aware of this. During the inspection we saw evidence in patient records that one patient was subject to Deprivation of Liberty Safeguards.
- Staff were trained in the Mental Capacity Act and were able to explain the five statutory principles.
- There was a policy on Mental Capacity Act including Deprivation of Liberty Safeguards which staff were aware of and could refer to.
- We reviewed 13 patient records. We saw evidence of assessment of mental capacity in most patient records although in some these were difficult to find. Staff gave us lots of examples of decision specific consideration of capacity issues.
- Patients were supported to make decisions where appropriate and when they lack capacity, decisions are made in their best interests, recognising the importance of the person's wishes, feelings, culture, and history.

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 understood and, where appropriate, worked within the Mental Capacity Act definition of restraint. Staff knew where to get advice regarding Mental Capacity Act, including Deprivation of Liberty Safeguards, within the Trust.
- Deprivation of Liberty Safeguards applications were made when required. One patient at Suffolk recovery and rehabilitation service was under Deprivation of Liberty Safeguards.
- There were arrangements in place to monitor adherence to the Mental Capacity Act within the Trust. Staff told us that the head of mental health legal was the main point of contact for capacity issues and that there were mental capacity act champions within the trust that they could contact.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- We observed that staff were warm, welcoming and respectful in their interactions with staff. They were clearly supporting both emotionally and practically and gave the example of knocking and waiting before entering patients' bedrooms.
- Patients told us that staff were cheerful, caring and supportive. They said that staff were always available and helpful with their needs.
- Patients described being given clear explanations of their treatment plan and one patient explained how the doctor had worked well in providing a medication after sleep difficulties had impacted on physical health and wellbeing.
- The PLACE survey score for privacy, dignity and wellbeing at Suffolk rehabilitation and recovery service was 84%, which was worse than the national average at 90%. The trust did not provide a PLACE survey score for St Catherine's.

The involvement of people in the care that they receive

- As part of the admission process, patients were able to attend the wards for short visits. Following admission

patients were given an admission pack and shown around the wards. They were introduced to the doctor and their primary nurse and were encouraged to ask questions about their care and treatment.

- Nursing staff told us that they used a laptop and completed care plans together with the patients. Patients were encouraged to attend multi-disciplinary team meetings and patients told us that they were offered copies of their care plans although some declined this.
- Independent mental health advocacy was provided by POWHER at St Catherine's and Voiceability at Suffolk rehabilitation and recovery service. We saw posters on the walls and leaflets on display. Staff and patients told us that the advocate visited the ward regularly.
- There was a carer's protocol, carers' information pack and a carers' champion on each of the long stay/rehabilitation mental health wards for working aged adults. When a patient is admitted, carers were offered a 1:1 carers forum meeting as part of the overall planning process for the patient.
- Community meetings were held weekly and patients were able to give feedback and make suggestions on the services received. At the point of discharge, patients were given a feedback questionnaire to complete. Ward managers told us that some patients chose not to complete this. A service user champion was involved in the recruitment process and had sat on the interview panel for the recruitment of new staff.
- None of the patients had advance decisions in place.

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

- From 01 April 2016 to 31 March 2017, the average bed occupancy for the service was 81%. Suffolk rehabilitation and recovery service had the highest bed occupancy at 84%.
- There had been no of out of area placements attributed to this core service in the last 12 months.
- There were 19 readmissions within 28 days of discharge out of a total number of 149 patients discharged, as reported by the service from 1 April 2016 to 31 March 2017. On average patients were being readmitted to long stay/rehabilitation wards within 11.8 days of being discharged. Follow up care and treatment was provided by the crisis home treatment team. Staff also highlighted that some patients discharged themselves.
- Discharged patients had average lengths of stay ranging from 14 days to 1,635 days in wards within this core service. For patients as at March 2017, this ranged between 15 days and 255 days. The ward with the highest average length of stay was Suffolk Rehabilitation and Recovery Service at 676 days and the ward with the lowest average length of stay was St Catherine's at 21 days. The month with the highest average length of stay across all wards within this core service was July 2016 with 224 days in total.
- Beds were available when needed to people living in Norfolk or Suffolk.
- Patients had access to a bed on return from leave.
- Staff did not move patients between wards during an admission episode unless this was justified on clinical grounds and was in the interests of the patient.
- If staff did move patients they tried to ensure this was at an appropriate time of day. However, staff moved 13 patients at St Catherine's after ten o'clock at night. Ward managers told us that they may move a patient if their condition deteriorates or they may discharge a patient in the evening to accommodate relatives being available to collect them or offer support at home.
- The trust had a local psychiatric intensive care unit where patients would be referred if necessary.

- In the last year, there had been 148 discharges from the service. One of these was a delayed discharge from Suffolk rehabilitation and recovery service. This was due to there being no suitable service available in a less secure environment or community. Staff gave us examples of patients requiring warden controlled housing, or waiting for funding arrangements to be agreed.
- All of the care plans that we reviewed referred to identified section 117 aftercare services to be provided for those who have been subject to section 3 or equivalent Part 3 powers authorising admission to hospital for treatment.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms and equipment to support treatment and care. The bathrooms at Suffolk rehabilitation and recovery service required updating and the ward manager told us that capital funding had been secured to update the bathrooms with work commencing in October 2017.
- There were quiet lounges on the wards where patients were able to meet visitors.
- Patients were able to make can make phone calls in private using the ward hand held telephone or their own mobile phone.
- Patients had access to pleasant outside spaces in the gardens adjoining the wards.
- The food was of a good quality and due to the nature of the service; patients were given a small budget to purchase food ingredients of their choice as well as accessing the standard items purchased for the ward. Food shopping lists were discussed at the weekly community meetings and patients were encouraged to cook in order to support independence.
- The PLACE survey score for ward food was 100% for Suffolk Rehabilitation and recovery service. This score were above the national average of 92%. The trust did not provide PLACE survey scores for St Catherine's.
- Patients were able to make hot drinks and snacks at any time of the day
- Patients were able to personalise their bedrooms and we saw evidence of this during the inspection.

Are services responsive to people's needs?

Good 

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

- Patients had lockable bedrooms and lockable drawers within their bedrooms to securely store their possessions
- There was access to a range of activities during the week and at weekends. There was a detailed timetable of activities on the noticeboard and patients told us that they engage in activities both on the ward and in the community, including trips home to promote independent living.

Meeting the needs of all people who use the service

- There was full disabled access for patients with disabilities. Four of the bedrooms at Suffolk rehabilitation and recovery service had ensuite disabled bathrooms. There were two ensuite ground floor bedrooms at St Catherine's.
- Information leaflets were available in different languages on request.
- There was provision of accessible information on treatments, local services, patients' rights and how to complain.
- Staff said that they could easily access interpreters and signers according to the needs of patients. At St Catherine's, two of the staff were Makaton trained.
- There were subsidised self-catering arrangements in place and patients were supported to purchase ingredients that met their dietary and religious needs.

- Patients had access to the chaplaincy service and were supported to access community places of worship according to their religious and spiritual beliefs.

Listening to and learning from concerns and complaints

- This core service had two complaints in the last 12 months. Staff investigated the complaints and one was not upheld and one was partially upheld. No complaints had been referred to the Ombudsman.
- The service had received some thank you cards and positive friends and family feedback in the last 12 months.
- Complaints posters and leaflets were displayed on notice boards on the wards. Patients described having a good rapport with staff and said they knew how to complain and would seek support from staff if necessary. None of the patients that we spoke to had used the complaints process.
- Both staff and patients said that complaints would often be resolved at local level by talking through the issue. Staff were familiar with the complaints process and knew how to handle complaints appropriately.
- Staff received feedback on the outcome of the investigation of complaints and we saw evidence of this on in the team meeting minutes and from speaking with nursing staff.

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 knew and agreed with the organisation's values. They used them in their everyday work with patients.
- Team objectives reflected the organisation's values and objectives.
- Staff knew who the most senior managers in the organisation were and these managers had visited the ward.

Good governance

- Ward systems were not always effective in ensuring that patient and staff safety was maintained.
- We were concerned that the environment at St Catherine's was not safe for all patients admitted there. We found that some patients had been admitted to St Catherine's in an emergency who were acutely unwell and who had a recent history of self-harm. One patient had been sent there as there was no bed available at the local acute unit.
- Mandatory training was above trust compliance rates.
- Not all staff had received appraisal and supervision and ward managers found access to data on the electronic system difficult.
- Consent to treatment forms were not all correct and updated in a timely manner.
- Shifts were not always covered by a sufficient number of staff of the right grades and experience. Bank and agency staff were often used to provide cover for sickness and absence. St Catherine's did not always have a qualified nurse on duty.
- We observed that staff maximise shift-time on direct care activities as opposed to administrative tasks.
- Incidents were reported and reviewed.
- We saw evidence of staff involvement in clinical audit.
- Staff learnt from incidents, complaints and service user feedback and changes in practice had been made resulting from this. Serious incidents within this core service were very low.
- Safeguarding training compliance was high and Mental Health Act and Mental Capacity Act procedures were followed.

- This core service used the trusts generalised key performance indicators.
- Ward managers had sufficient authority and administrative support to carry out their role.
- Managers did not directly submit items to the Trust risk register and would inform their line manager on areas of risk.

Leadership, morale and staff engagement

- Staff sickness was at 14% which was above the trust's average of 4% and staff turnover was at 17% which was above the trust's average of 11% for this core service.
- There had been no cases of bullying and harassment in this core service.
- Staff knew how to use whistle-blowing process and where to access this on the intranet.
- Staff felt able to raise concerns with their line manager without fear of victimisation.
- Staff told us that although there had been changes, morale was increasing and they achieved job satisfaction and a sense of empowerment.
- There were clear opportunities for leadership development.
- There was evidence of team working and mutual support on the wards and with external agencies.
- Staff were aware of and understood the duty of candour. Staff were open and transparent and explained to patients if and when something went wrong.
- Staff were offered the opportunity to give feedback on services and input into service development through a variety of different means.

Commitment to quality improvement and innovation

- Managers were aware of accreditation for inpatient mental health services. This engages staff and patients in a comprehensive process of review, through which good practice and high quality care are recognised. Services are then supported to identify and address areas for improvement. However, this core service had not participated in accreditation for inpatient mental health services at the time of the inspection.
- Suffolk rehabilitation and recovery service participates in a national quality improvement programme.
- There were no examples of innovative practice or involvement in research.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <ul style="list-style-type: none">• The trust did not always deploy sufficient numbers of suitable qualified, skilled and experienced staff to ensure that they could meet patients' care and treatment needs.• The trust did not ensure that all staff had received supervision and appraisal. This is a breach of regulation 18.
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent <ul style="list-style-type: none">• The trust had not ensured that consent to treatment forms were completed correctly and updated in line with the procedures and safeguards required under the Mental Health Act Code of practice. This is a breach of regulation 11.
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">• The trust had not done all that is reasonably practicable to mitigate against the risks identified on the ligature risk audit.• The trust had not ensured that all staff used personal alarms and had a means to summon assistance if required.

This section is primarily information for the provider

Requirement notices

- The trust had not ensured that only patients whose needs could be safely met had been admitted to St Catherine's.

This is a breach of regulation 12