

Requires improvement**Norfolk and Suffolk NHS Foundation Trust**

Wards for people with learning disabilities or autism

Quality Report

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Date of inspection visit: 12 to 22 July 2016
Date of publication: 14/10/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RMYMW	Walker Close	Walker Close Bungalows 3 and 4	IP3 8LY
RMYK2	7 Airey Close	Lothingland also known as 7 Airey Close	NR32 3JQ

This report describes our judgement of the quality of care provided within this core service by Norfolk and Suffolk FoundationTrust. 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 FoundationTrust and these are brought together to inform our overall judgement of Norfolk and Suffolk FoundationTrust.

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?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



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 gave an overall rating for wards for people with learning disabilities or autism **requires improvement** because:

- The trust had not ensured standards of care were maintained pending the closure of this service.
- Although staff at Walker Close had a plan to reduce the number of fixtures on the ward that could be used by patients to tie a ligature to, the plans did not provide sufficient detail or action to mitigate the risks.
- At Walker Close the documentation for the administration of covert medicines for two patients was not up to date. The temperature in the rooms containing medication in the two bungalows had repeated readings above 25 degrees which may affect the efficiency of the medication.
- The ward setting was basic and poorly maintained at Walker Close. The chemical products cupboard lock was broken, and washing tablets were left out. Large weighing scales were stored in the communal lounge against the wall. This presented safety risks to patients.
- There was a high use of bank and agency staff at Walker Close, particularly at weekends which impacted on patient care.
- At Walker Close care plans lacked detail and were not always personalised. Electronic care records were muddled and hard to follow. It was not possible to find the care plan for one patient. This meant staff were not able to easily identify or adequately maintain up to date records and this impacted on patient care.
- Some physical health care checks were not recorded in the patient's care plan although these were completed weekly as part of the ward culture at Walker Close. Patient's risk assessments for fluids and nutrition lacked detail.
- There was a shortfall of clinical staff including psychologists, psychiatrists and occupational therapists to meet patients' treatment plans at Walker Close.
- Staff did not attach importance to regular appraisals saying that the unit was closing..
- At Walker Close the setting did not promote people's dignity with continence pads on display in patients' bedrooms, and patients' personal care products stored together in the communal bathroom.
- We observed one patient left in the same chair in an undignified position most of the day at Walker Close. The patient was able to move independently but was unwell at the time of our visit.
- There was no clear evidence of discharge plans or care and treatment reviews at Walker Close.
- Patients were able to personalise their bedrooms. However we saw bedrooms at Walker Close were not personalised. This was the responsibility of staff on wards, together with the individual patient. The lack of personalisation of bedrooms was a feature throughout the bungalows.
- At Walker Close patients had limited access to activities to promote their treatment and recovery.
- We observed that some staff were disaffected. Staff told us they did not know senior managers in the organisation as those managers had not visited the wards, but we were shown evidence of a number of board level visits and meetings with staff to discuss the changes as well as a thorough consultation process.
- There was a limited approach to obtaining the views of people who use the services and other stakeholders including carers.

However:

- At 7 Airey Close the ward layout was good and allowed staff to observe all parts of the ward. All ward areas were clean and well maintained. Staff had access to appropriate alarm systems between wards. A colour coding system for medicines storage through to care plans was in place that helped staff coordinate patient care and reduced the risk of errors. There were sufficient staffing levels.

Summary of findings

- At Walker Close moving and handling risk assessments were in place and linked to the prevention and management of aggression, were clear and specific. Patients had a health passport and My Plan (a person centred plan) that included information about how the patient wanted their care to be delivered. There was evidence of medical examinations having taken place. Where patients had physical health needs identified they had an initial assessment and this was followed up with access to specialists.
- At 7 Airey Close care plans were comprehensive and treatment was based on National Institute for Health and Care Excellence (NICE) guidelines. There were behaviour support plans in place.
- At both locations we observed effective handovers within the team from shift to shift. Staff received mandatory training and regular supervision.
- There was access to advocacy services at both sites.
- At Walker Close we observed one staff member as particularly positive, thoughtful and caring. The same staff member was concerned about the high weather temperatures and impact on patient care. Staff ensured extra drinks were provided. At 7 Airey Close staff talked positively and compassionately about patient care. The weekly multidisciplinary meetings included the patient and carers.
- At 7 Airey Close activities were available seven days a week. Staff had the use of two support vehicles to facilitate this. Fresh food was prepared and cooked for patients on site.
- Staff at 7 Airey Close told us they felt well supported by the ward manager.

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:

- Although staff at Walker Close had a plan to reduce the number of fixtures on the ward that could be used by patients to tie a ligature to; the plans did not provide sufficient detail or action to mitigate the risks.
- At Walker Close the documentation for the administration of covert medicines for two patients was not always up to date. The temperature in the rooms containing medication in the two bungalows had repeated readings above 25 degrees which may affect the efficiency of the medication.
- The ward setting was basic and poorly maintained at Walker Close. The chemical products cupboard lock was broken, and washing tablets were left out. Large weighing scales were stored in the communal lounge against the wall. This presented safety risks to patients.
- There was a high use of bank and agency staff at Walker Close, particularly at weekends which impacted on patient care.

However:

- At 7 Airey Close the ward layout was good and allowed staff to observe all parts of the ward. All ward areas were clean and well maintained. Staff had access to appropriate alarm systems between wards. A colour coding system for medicines storage through to care plans was in place that helped staff coordinate patient care and reduced the risk of errors. There were sufficient staffing levels.
- At Walker Close moving and handling risk assessments were in place and linked to the prevention and management of aggression, they were clear and specific.

Requires improvement



Are services effective?

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

- At Walker Close care plans lacked detail and were not always personalised. Electronic care records were muddled and hard to follow. It was not possible to find the care plan for one patient. This meant staff were not able to easily identify or adequately maintain up to date records and this impacted on patient care.

Requires improvement



Summary of findings

- Some physical health care checks were not recorded in the patient's care plan although these were completed weekly as part of the ward culture at Walker Close. Patient's risk assessments for fluids and nutrition lacked detail.
- There was a shortfall of clinical staff including psychologists, psychiatrists and occupational therapists to meet patients' treatment plans at Walker Close.
- Staff did not attach importance to regular appraisals saying that the unit was closing..

However:

- At Walker Close moving and handling risk assessments were in place and linked to the prevention and management of aggression, were clear and specific. Patients had a health passport and My Plan (a person centred plan) that included information about how the patient wanted their care to be delivered. There was evidence of medical examinations having taken place. Where patients had physical health needs identified they had an initial assessment and this was followed up with access to specialists.
- At 7 Airey Close care plans were comprehensive and treatment was based on National Institute for Health and Care Excellence (NICE) guidelines. There were behaviour support plans in place.
- At both locations we observed effective handovers within the team from shift to shift. Staff received mandatory training and regular supervision.

Are services caring?

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

- At Walker Close the setting did not promote people's dignity with continence pads on display in patients' bedrooms, and patients' personal care products stored together in the communal bathroom.
- At Walker Close we observed one patient was in the same chair in an undignified position for most of the day. The patient was able to move independently but was unwell at the time of our visit. The weather was hot and the patient was dressed with layers of clothes and looked uncomfortable. We saw staff engage with the patient to offer drinks and food. We were told the patient had declined requests for drinks. The staff did not provide appropriate practical support. We talked with staff about this patient's needs and making them more comfortable.

However:

Requires improvement



Summary of findings

- There was access to advocacy services at both sites.
- At Walker Close we observed one staff member was particularly positive, thoughtful and caring. The same staff member was concerned about the high weather temperatures and impact on patient care. Staff ensured extra drinks were provided.
- At 7 Airey Close staff talked positively and compassionately about patient care. The weekly multidisciplinary meetings included the patient and carers.

Are services responsive to people's needs?

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

- There was no clear evidence of discharge plans or care and treatment reviews at Walker Close.
- Patients were able to personalise their bedrooms. However we saw bedrooms at Walker Close were not personalised. This was the responsibility of staff on wards, together with the individual patient. The lack of personalisation of bedrooms was a feature throughout the bungalows.
- At Walker Close patients had limited access to activities to promote their treatment and recovery.

However:

- At 7 Airey Close activities were available seven days a week. Staff had the use of two support vehicles to facilitate this. Fresh food was prepared and cooked for patients on site.

Requires improvement



Are services well-led?

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

- The staff had not ensured standards of care were maintained pending the closure of this service.
- Local managers did not tell us about the plans for the future of the service. When asked they said that there had been no consultation.
- We observed that some staff were disaffected. Staff told us they did not know senior managers in the organisation as those managers had not visited the wards, but we were shown evidence of a number of board level visits and meetings with staff to discuss the changes as well as a thorough consultation process.
- There was a limited approach to obtaining the views of people who use the services and other stakeholders including carers.

However:

Inadequate



Summary of findings

- Staff at 7 Airey Close told us they felt well supported locally by the ward manager.

Summary of findings

Information about the service

The wards for adult learning disability services are commissioned in Suffolk only. In Norfolk, the trust work alongside other NHS partners who are commissioned to provide these services. The adult learning disability service is part of the trust's learning disability and neurodevelopment division.

Walker Close bungalows 3 and 4 are based in Ipswich. Walker Close offers inpatient assessment and treatment for adults with a learning disability. Consultant psychiatrists, care coordinators and the access and assessment team refer to this service. Walker Close provides a multidisciplinary assessment of individual needs followed by a period of treatment to address those needs. The service specialises in management of challenging behaviour and management of acute and chronic mental health conditions. The service is available 24 hours a day, seven days a week. At the time of our inspection there were five patients receiving treatment

Lothingland is also known as 7 Airey Close, a single unit based in Oulton. The service offers rehabilitation for people with learning disabilities who require an extended stay in a more structured environment. Consultant psychiatrists and care coordinators can refer patients to this service. The service provides a programme of rehabilitation to help the patients' transition to a

community setting. The service specialises in management of learning disabilities, mental health, depression, anxiety, autistic spectrum disorders, personality disorders, conduct disorder, attention deficit hyperactivity disorder, downs syndrome, cerebral palsy, neurological conditions, genetic abnormalities, attachment disorder, cognitive impairment, challenging behaviour. The service is available 24 hours a day, seven days a week.

7 Airey Close is in the process of closing over the summer of 2016. At the time of our inspection the unit was operational with three patients receiving services. Once all three patients have been found alternative placements the service will close permanently. The trust has an ongoing development plan to provide a home treatment team for adults with learning disabilities.

The CQC carried out a comprehensive inspection of this core service in October 2014 and it was rated as 'inadequate'. The trust was rated overall as 'inadequate'. Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified. These included including ligature risks, management of medicines and staff appraisals. The trust sent CQC their action plans to address these issues and these were checked on at this inspection.

Our inspection team

Our inspection team was led by:

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

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

Lead Inspector: Lyn Critchley, Inspection Manager (mental health), CQC

The team that inspected this core service over one week consisted of one CQC inspector, one Mental Health Act reviewer and one member of the medicine optimisation team. We were also supported by specialist advisors consisting of two nurses and one social worker.

Why we carried out this inspection

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

Summary of findings

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 and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three of the wards at two hospital sites and looked at quality of the ward environment

- observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with the two managers for each of the wards
- spoke with 12 other staff members including modern matron, doctors, psychiatrist, psychologist, nurses, clinical support workers and a junior doctor
- attended and observed two staff handover meetings and an outpatient meeting
- looked at five treatment records of patients
- carried out a specific check of the medication management on three 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 two patients and three relatives. We also spoke with one person who had left 7 Airey Close the day before the inspection and was living independently in the community.

Patients told us services were okay. One patient told us they were bored and there was nothing to do.

One family member told us they felt disempowered. This was around the pending closure of 7 Airey Close.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure individual risk assessments reflect the risks at Walker Close and provide sufficient detail or action to mitigate the risks.
- The trust must ensure that appropriate arrangements are in place for ensuring that administration of covert medication is carried out with the correct documentation in place. The trust must consistently maintain room temperatures to ensure medication is kept at the correct temperature.
- The trust must assess health and safety risks to the premises, which impact on the safety and wellbeing

of patients. The provider must ensure the premises at Walker Close are kept properly maintained. The chemical product cupboard lock must be secure, and weighing scales stored appropriately.

- The trust must ensure that adequate staffing levels are in place at Walker Close to meet patient need.
- The trust must ensure that, at Walker Close, care records are up to date, comprehensive and personalised and that patient's risk assessments for fluids and nutrition include specific detail. Care planning must include physical healthcare and discharge planning.

Summary of findings

- The trust must ensure that, at Walker Close, records are accessible in order to deliver patient care and treatment in a way that meets their needs and keep them safe.
- The trust must ensure that, at Walker Close, there are sufficient clinical staff including psychologists, psychiatrists and occupational therapists to meet patient's treatment plans.
- The trust must ensure that, at Walker Close the setting promotes patients dignity with continence pads and patients' personal items appropriately, and discreetly stored.
- The trust must ensure staff at Walker Close are responsive to patients and promote their comfort and dignity.
- The trust must ensure patients at Walker Close have access to regular activities to promote their treatment and recovery.

Action the provider **SHOULD** take to improve

- The trust should ensure that patients at walker Close can personalise their bedrooms.
- The trust should take account of patients' views at 7 Airey Close or those acting on their behalf, staff and other stakeholders.

Norfolk and Suffolk NHS Foundation Trust

Wards for people with learning disabilities or autism

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Walker Close Bungalows 3 and 4	Walker Close
Lothingland also known as 7 Airey Close	7 Airey Close

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act. We use our findings as a determiner in reaching an overall judgement about the Provider.

Patients had received their rights (under section 132 of the Mental Health Act) and these were repeated at regular

intervals. Mental Health Act paperwork had been completed correctly was up to date and held appropriately. Record keeping and scrutiny relating to the Mental Health Act was satisfactory.

Posters were displayed informing patients of how to contact the independent mental health advocate (IMHA) including easy read versions.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff members working within this service had received training in the Mental Capacity Act (MCA). This was part of the staff training programme. The trust employed specialist Mental Health Act managers to support patients and staff with guidance around the MCA and Mental Health Act.

There were six Deprivation of Liberty safeguard (DoLS) applications made within the last six month period. At Walker Close five DoLS applications were made and one was granted. At 7 Airey Close one application was made and granted.

Records showed that patient's capacity to consent to their care and treatment was assessed on their admission and reviewed regularly.

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

- Walker Close bungalows 3 and 4 were visibly clean but the décor was basic and the ward setting poorly maintained. We saw patient's bedrooms and communal areas were untidy with large weighing scales stored against the lounge wall. We saw a cupboard that was used to store chemical products open, as the lock had broken. Washing tablets were left outside the cupboard. These hazards presented risks to patients.
- At 7 Airey Close wards were well maintained and clean. Cleaning records were up to date and demonstrated the setting was regularly cleaned and staff followed infection control standards. There was access to appropriate alarms and nurse call systems in patient areas at both units.
- Staff had assessed ligature risks at 7 Airey Close. Ligature points are places to which patients intent on self-harm could tie something to harm them. The assessment of ligature risks included photographs of where the identified risks were on the ward but did not include any details of how the risks were lessened. The assessment of ligature risk showed a link to each patient's care plan. We checked three care plans and found no evidence of individual assessment of ligature risks. Staff at 7 Airey Close had an assessment of ligature risks with a similar format. We checked against two patients' care plans and found ligature risk assessments were in place. At the last comprehensive inspection October 2014, we told the trust they must ensure ligature risk assessments are carried out and risks mitigated for all inpatient areas.
- At Walker Close, bungalows 3 & 4 offered separate accommodation for women and men. At 7 Airey Close there was a male only ward. The wards complied with the guidance on eliminating mixed sex accommodation.
- At both units staff checked emergency equipment such as defibrillators and oxygen regularly to ensure it was fit for purpose and could be used effectively in an emergency. Staff also checked medical devices such as oxygen supplies and emergency medication.

Safe staffing

- At Walker Close there were ten nurses in total, eight were learning disability nurses and one a general nurse and the ward manager. There were 22 clinical support workers. There were two vacancies, one for a nurse and one for clinical support worker. Both posts had been appointed to and staff were due to start work at the end of July 2016.
- The nursing staff worked a three shift system. The planned staffing numbers were two qualified nurses with four working on the early and late shifts across bungalows. During the night shift, there were two qualified nurses with three
- At Walker Close the number of shifts filled by bank and agency staff to cover sickness, absence or vacancies in three months April to June 2016 was 316. This was a total of 86% shifts. The staff sickness rate in a twelve month period was high at 7%. Two staff had been on long term sick and returned to work in March and April 2016. The staff turnover rate was 8 %.
- There was a high use of bank and agency staff at Walker Close and this impacted on patient care. Bank and agency staff were used mostly at weekends and bank holidays. The manager told us some staff had left and it was difficult to recruit permanent staff due to the pending unit closure. There was a vacancy for a speciality doctor 0.5 hours per week (WTE). The staff turnover was 14%. The manager used agency and NHSP (National Health Service Professionals) bank staff to cover shifts, as these staff had the right qualifications and experience. Regular bank and agency staff received supervision.
- There was a shortfall of clinical staff including psychologists, psychiatrists and occupational therapists to meet patients' treatment plans at Walker Close.
- At 7 Airey Close there were nine learning disability nurses, a ward manager and 25 clinical support workers. There were no staffing vacancies and between April-June 2016 no shifts had been filled by bank and agency staff. The staff turnover rate was 2% in the last 12

Are services safe?

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

months. The staff sickness rate was 6 % in the last 12 months. Bungalow 6 had recently closed and the staff employed for this unit now covered shifts at 7 Airey Close. We looked at staff rotas and saw there was enough staff.

- The nursing staff at 7 Airey Close worked a three shift system. The planned staffing numbers were two qualified nurses with two s on the early and late shifts. During the night shift, there was one qualified nurse with three .
- Managers at both units used a three week master staff rotation spreadsheet. Managers had the flexibility to increase staffing numbers if there were patients needing high levels of observation, or risks on the ward were greater than usual. Staff told us they were implementing “safe wards” across the trust to ensure safe staffing levels and time to care for patients.
- Staff at Walker Close told us agency and bank staff who had not worked on the ward before were given a brief induction to the ward. This included orientation to the layout of the ward and any written guidance on the local health, safety and security procedures for the ward. We saw a copy of their induction pack when asked.
- At both units staff were trained in the use of physical restraint and were allocated to each shift to ensure there was enough staff to carry out restraint if required.
- Medical staff were available day and night to attend the wards quickly in an emergency at both units. Staff were available on call with an identified nurse and manager out of hours.
- At both units staff completed mandatory training. Training included: fire safety, basic life support and immediate life support, medicines management, infection control, manual handling, slips, trips and falls, rapid tranquilisation, safeguarding children, safeguarding adults level 1 and 3, suicide prevention and training in full physical interventions. Seclusion training was provided although there were no seclusion facilities available at either unit.
- The average mandatory training rate was 86% at both units. Both units exceeded the trusts overall compliance rate of 77%.
- Managers attended four day positive behaviour training for patients which was shared with staff on the wards.

Following the training staff developed positive behaviour plans with patients. Nurses were regularly assessed by the modern matron to ensure they were competent to administer medicines.

Assessing and managing risk to patients and staff

- Staff completed an electronic risk assessment tool as part of the care plan for patients upon admission and updated these regularly after incidents. We saw at both units risk assessments covered aspects of health including medication, psychological therapies, physical health and activities. The manager at 7 Airey Close used DICES risk assessment as a checklist of risk factors to be aware of and take action to ensure the risks are addressed.
- At Walker Close moving and handling risk assessments were in place and linked to the prevention and management of aggression, they were clear and specific. However patient's risk assessment for fluids and nutrition lacked detail.
- Both units had patient handbooks including information about safety and rules. Patients were asked not to bring in certain prohibited items. Staff occasionally searched patients' bedrooms for items which were not allowed on the wards in line with trust policy. This ensured the safety of the patient and others.
- Walker Close and 7 Airey Close did not seclude patients. At Walker Close restraint was used after de-escalation, using the correct techniques. There were six uses of restraint in the period 1 October 2015 to 31 March 2016. Of the six occasions where restraint was used, the same three patients were involved. There were no incidences of rapid tranquilisation. Staff did not use prone restraint (face down). Restraints were recorded, investigated and monitored. The trust had a datix dashboard to monitor activity and use of restrictive practices across the trust.
- At 7 Airey Close the trust did not provide any specific data around restraint. The manager told us there had been no incidences of restraint in the period 1 October 2015 to 31 March 2016. Staff did not use prone restraint. There were no incidences of rapid tranquilisation.
- A colour coding system for medicines storage through to care plans helped staff coordinate patient care at 7 Airey Close. Each patient had a colour code, this was used to

Are services safe?

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

identify their bedroom, care plans, medical records and storage of medicines. The manager told us this system helped staff track patient care and reduced the risk of errors.

- Managers on both units showed us training records that confirmed staff received safeguarding children level 1 and level 3, and safeguarding adult's level 1. Staff were trained in safeguarding vulnerable adults and were able to describe how to recognise a safeguarding concern, and how to report a concern. Staff knew the name of the trust's safeguarding lead and contact details, and managers had links with local safeguarding providers. The manager at 7 Airey Close was a safeguarding champion and a point of contact for staff.
- A member of the medicine optimisation team visited Walker Close bungalows 3 and 4. We found clinical pharmacists were involved in patients' individual medicine requirements.

When patients were allergic to any medicine, this was recorded on their prescription chart. Medicines were stored securely and monthly audits were completed for safe storage. Access to medicines was good and medicines for discharge were readily available. Medication errors were reported using the incident reporting system and resulting information was cascaded to the nursing staff team via ward team meetings.

- We . The documentation for the administration of covert medicines for two patients was not always up to date. The temperature in the rooms containing medication in the two bungalows had repeated readings above 25 degrees which may affect the efficiency of the medication. At the last comprehensive inspection October 2014, we told the trust they must ensure a safe system for the management of medicines operates at all times.
- However we saw one patient at Walker Close had a detailed clozapine care plan developed in line with NICE) guidelines.
- We looked at medicine management at 7 Airey Close. Staff managed medicines effectively. Controlled drugs records were signed for correctly. The clinic room was small but tidy, clean and well ventilated. Fridge temperatures were recorded to ensure medications

were stored appropriately. Two medicine charts were inspected and were appropriately signed, dated and individualised. The records showed patients were receiving their medicines as prescribed.

- Managers at both units told us it was rare for children to visit services. If needed the medical teams would authorise any children's visit to wards. Meeting rooms were available in separate units on site at Walker Close and 7 Airey Close.

Track record on safety

- There had been no serious incidents recorded between January to June 2016 for Walker Close. The trust did not provide any data from 7 Airey Close, however the manager confirmed there had been no serious incidents.

Reporting incidents and learning from when things go wrong

- At both units staff knew how to recognise and report incidents on the datix recording systems. Incident forms included a description of the incident, triggers, actions and staff involved. This system ensured senior managers were alerted to incidents promptly and could monitor the investigation and respond to these.
- We observed effective handovers within the team from shift to shift. There were two handover meetings each day, morning and early afternoon at both units. There were discussions of the previous day and night given for all patients.
- The manager at 7 Airey Close had investigated serious incidences at other locations across the trust. They had conducted the investigation using the principles of structured investigation using root cause analysis tools. The established process within the trust. The investigation report was provided to senior managers for circulation and shared learning. The manager told us feedback from the investigation was shared with staff groups and changes made as a result of feedback
- Managers would be able to offer debriefing sessions to staff following an incident if there had been any. However there had been no incidents. Staff at 7 Airey Close told us on one occasion when a patient had been involved in an incident, staff provided the patient with a picture format debriefing after the incident.

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

- At Walker Close we looked at three patients care records. Staff had carried out pre-admission assessments and risk profiles prior to the patients being transferred to the service. Care plans were developed from the initial assessment. Moving and handling risk assessments were in place and linked to the prevention and management of aggression and were clear and specific.
- Patients had a health passport and My Plan (a person centred plan) that included information about how the patient wanted their care to be delivered. There was evidence of medical examinations having taken place. Where patients had health needs identified they had an initial assessment, this was followed up with access to specialists.
- However at Walker Close, the detail and standard of care plans was variable and care plans were not always personalised. The electronic care plans were muddled, hard to follow and for one patient it was not possible to find their care plan. An experienced staff member assisted the Care Quality Commission (CQC) inspection team to examine records. Staff told us they regularly experienced difficulties with the electronic record keeping system. This meant staff were not able to adequately maintain up to date records and this could impact on patient care.
- At Walker Close some physical health care checks were administered routinely for all patients for example blood pressure. We saw signs displayed as prompts for staff to carry out checks. However we saw this information was not recorded in the patient's care plan.
- At 7 Airey Close we looked at two patient's care records. Care plans were comprehensive with patient's treatments linked with National Institute for Health and Care Excellence (NICE) guidelines and best practice in treatment and care. There were behaviour support plans in place. All records sampled included a care plan that showed staff how staff managed risks. Care plans related to the patients legal status, rights, consent to treatment, physical needs, mental health, and personal care, self-harm and coping strategies. We found electronic care records were easy to follow. Staff told us

they had found ways around the electronic record keeping systems. The ward manager was the electronic record keeping champion and supported staff to use the system.

Best practice in treatment and care

- Medical and nursing staff at both sites informed us that relevant national guidance was followed when providing care and treatment. This included guidance from the National Institute for Health and Care Excellence (NICE) and prescribing guidance.
- At 7 Airey Close patients individual care plans included links to NICE guidelines. In addition staff used the malnutrition universal screening tool (MUST) a five-step screening tool to identify adults, who are at risk of undernutrition or obese.
- Patients were supported to make their own appointments at a local doctor's surgery in order to promote independence. Patients were supported to access specific physical healthcare services including dentists and opticians.
- Senior staff at 7 Airey Close engaged in clinical audits on care plans and risk assessments. At Walkers Close we found no evidence of clinical audits.

Skilled staff to deliver care

- At 7 Airey Close patients had access to psychiatrists, psychologist, nurses, occupational therapists, junior doctors and clinical support workers. Pharmacist technicians visited the wards weekly to support staff with medicine management and undertake audits. At Walker Close there were not sufficient numbers of psychologists, psychiatrists and occupational therapists to meet patient's treatment plans.
- Staff received additional training that was specific to learning disabilities including dementia and on line learning disabilities modules. Staff were trained in positive behaviour support.
- Managers at both units told us unqualified staff followed the national care certificate standards induction. Some staff had received care certificate assessor training as trainers and mentors. The care certificate aims to equip staff with the knowledge and skills which they need to provide safe, compassionate care.

Are services effective?

Requires improvement 

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

- Staff told us that bank and agency staff received an induction including orientation to the ward, including emergency procedures such as fire and a handover about patient's current risks. Managers told us regular bank and agency staff were able to access mandatory training and supervisory support.
- Trust data from 31 January to 22 July 2016 confirmed the percentage of appraisals for non-medical staff was low with Walker Close at 51% and 53% at 7 Airey Close. Managers told us staff appraisals were not essential as both units were due to close in the summer 2016, and staff may lose their jobs. The manager at 7 Airey Close told us she valued the team and carried out regular meetings with staff around redeployment and career choices. Staff at both units received regular supervision. At the last comprehensive inspection October 2014 we told the trust they must provide staff appraisals.
- Staff at both units told us there were regular team meetings. Staff at 7 Airey Close felt well supported by their manager and colleagues on the wards. Staff also told us they enjoyed good team working as a positive aspect of their work.
- Consultants and staff grades were revalidated every five years. The trust data confirmed all medical staff due for revalidation in the last 12 months had completed the process. As the process commenced two years ago not everyone had been revalidated.
- When the manager needed to seek guidance from specialists they would contact staff within the trust. The manager had built up contacts with physiotherapists, speech and language therapists and occupational therapists.
- At 7 Airey Close the manager told us the MDT consisted of a consultant psychiatrist, psychologist, occupational therapist (two days a week) and a nurse/community inclusion worker, nurses and clinical support workers. The community inclusion worker supported patients back into the community with advice on jobs, training, benefits, entitlements, and housing. The MDT meeting was held every Tuesday morning with patients and their carers invited, where appropriate.
- We observed effective handovers within the team shift to shift at both units. We also observed a MDT review at Walker Close with a patient from another service, as the site provided meeting rooms.
- Managers had established multidisciplinary and inter-agency team work with the learning disability team, speech and language therapy, education, children and young people's services, mental health services, Mental Health Act teams and safeguarding leads.

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

Multi-disciplinary and inter-agency team work

- At Walker Close the manager told us MDT (multidisciplinary team) meetings did not operate with the full range of mental health disciplines and workers. Clinicians worked limited hours for this service. For example the psychologist worked 0.2 days per week approximately half a morning, and the consultant psychiatrist 0.5 days per week (WFE). There were no occupational therapy staff. Ward staff, including the junior doctor would meet Monday and Wednesday afternoons to discuss patient's treatment plans. However clinicians were often not in attendance. This meant there was a shortfall of most other professionals to discuss patient's treatment plans.
- Staff at both units were trained in, and had an understanding of, the MHA and the guiding principles of the Code of Practice. Some staff confirmed they could seek advice and guidance from the Mental Health Act manager based at the trust. Managers confirmed the MHA policies and procedures had been updated in line with the MHA code of practice and were available to staff electronically.
- Consent to treatment and capacity requirements were recorded and copies of consent to treatment forms were seen in care plans. Patients had their rights under the MHA explained to them on admission and routinely thereafter. Detention paperwork was filled in correctly, up to date and stored appropriately. We found patients had access to the independent mental health advocate (IMHA) services and staff were clear on how to access and support engagement with the IMHA services. Patients had positive behaviour support plans which they were involved in drawing up. The plans would show staff how to respond if a patient became distressed. On

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.

both units there were coded front doors. Patients and staff had wrist straps to allow them access to different parts of the ward. Patients' rights to leave the ward were displayed near the main entrances.

- The staff we spoke with had a good working knowledge of the Mental Health Act and received training. At Walker Close 90% had completed three year monthly training in the Mental Health Act. At Airey Close, 94% had completed three yearly training in the Mental Health Act.

Good practice in applying the Mental Capacity Act

- The staff we spoke with had a good working knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Eighty nine per cent of staff at 7 Airey Close had completed Mental Capacity Act (MCA) training

including Deprivation of Liberty Safeguards DoLS. Eighty eight percent of staff at Walker Close had completed Mental Capacity Act (MCA) training including Deprivation of Liberty Safeguards (DoLS)

- There were five patients at Walker Close. Four patients were detained one of these were under a DoLS. One patient was voluntary. Information was displayed around the service around their rights to leave. Wrist bands allowed access around the building for patients not detained. There were six DoLS applications made within the last six-month period. At Walker Close five DoLS applications were made and one was granted. There were three patients detained. At 7 Airey Close one application was made and granted.
- Records we sampled showed that patients' capacity to consent to their care and treatment was assessed on their admission and reviewed regularly.

Are services caring?

Requires improvement 

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

Our findings

Kindness, dignity, respect and support

- We spoke with two patients receiving care and treatment, one from each service. We observed how staff interacted with patients throughout our inspection.
- At Walker Close the setting did not promote people's dignity with continence pads on display in patient's bedrooms, and patient's personal care products stored together in the communal bathroom.
- At Walker Close we observed one patient was in the same chair in an undignified position for most of the day. The patient was able to move independently but was unwell at the time of our visit. The weather was hot and the patient was dressed with layers of clothes and looked uncomfortable. We saw staff engage with the patient to offer drinks and food. We were told the patient had declined requests for drinks. The staff did not provide appropriate practical support. We talked with staff about this patient's needs and making them more comfortable.
- At Walker Close we saw one staff member with a consistent positive attitude with patients. During a staff handover at Walker Close we saw the same staff member was concerned about the hot weather temperatures and the impact on patient care. Staff ensured extra drinks were provided. We saw most staff at Walker Close were not very caring with patients and understanding of their needs.
- At 7 Airey Close staff talked positively and compassionately about patient care. We observed staff treating patients with respect and communicating effectively. We spoke with the manager and staff who understood the individual needs of patients.

The involvement of people in the care that they receive

- We spoke with one person who had left 7 Airey Close the day before the inspection and came back to speak with the Care Quality Commission (CQC) inspection team. The person told us while living at 7 Airey Close they had been actively involved in planning their care. They had

been involved in decisions about the service and sat on interview panels and recruited staff. Staff had encouraged them to maintain independence skills and they were now living independently in their own home. We were unable to communicate with some patients due to their health conditions.

- Patients at 7 Airey Close were invited to the weekly multidisciplinary reviews along with their family and carers where appropriate. We spoke with three family members from both units. They confirmed staff kept them involved at review meetings, visiting times or with telephone calls.
- Patients had access to an advocate. Detained patients were entitled to see an independent mental health advocate (IMHA). We saw posters around the sites telling patients how to contact either general or independent advocates, or ward staff could contact them. Some patients were able to read the posters. There was access to advocacy at both services. Advocates visited unannounced at both units to see patients.
- Patients' meetings were held the third Thursday of each month at Walker Close. Patients' meetings allowed patients to give feedback to the service they received. We saw accessible versions of meeting notes for May, June and July 2016. However, the July minutes notes were not accurate and repeated the text from the June meeting. This was misleading for patients.
- Patients from 7 Airey Close attended the monthly Waveney learning disability carer forum, though carers were not invited to this forum. Meetings were chaired by a patient and open to patients and advocates. One patient's carer from 7 Airey Close told us they felt involved and listened to locally, but there were no carer groups and formal consultation with family and carers. Both units were closing and we were told there had been no formal consultation with families and carers around the service changing.
- Managers told us they were no local patient survey feedback as both services were closing. Managers used the monthly patients' meetings and Waveney learning disability carer forum meetings to seek feedback on the service.

Are services responsive to people's needs?

Requires improvement 

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

Our findings

Access and discharge

- At the time of inspection there were five patients receiving care and treatment at Walker Close. There were no out of area placements. Patients and staff confirmed there was access to a bed upon return from leave. At Walker Close there was an 85% occupancy rate. The average length of stay was 190 days and there were five delayed discharges. Delayed discharges were due to a lack of appropriately supported placements.
 - At the time of inspection there were three patients receiving care and treatment at 7 Airey Close. There were no out of area placements. Patients and staff confirmed there was access to a bed upon return from leave. Airey Close had 43% occupancy rates and the average length of stay was 169 days and no delayed discharge. New patients were not being admitted due to service closures.
 - However at Walker Close there was no clear evidence of discharge plans or an escalation process to commissioners, or care and treatment reviews. Discharge planning notes were limited. One patient told us they would be leaving to live independently but we could see no evidence of these plans.
 - The community inclusion worker at 7 Airey Close had arranged one to one safety training for a patient due for discharge, including not talking to strangers, internet dangers, sexual health and self-care.
- lack of personalisation of bedrooms was a feature throughout this location. Patients were provided with hospital beds which was uniform practice and not patient centred. There was no clinic room available to examine patients, which meant patients were examined in their bedrooms.
- At Walker Close we observed three patients sitting for long periods, there were no structured therapeutic activities taking place. There were limited staff interactions with patients. Staff told us there were no planned activities and they had no occupational therapy staff for the ward. One patient told us they were bored. Another staff member showed us a brief weekly plan. This included walks, watching DVDs and shopping. The plan was used weekly and repeated. We saw from a patient's activity log that patients were offered some activities, but opportunities were limited.
 - Drinks and snacks were prepared by staff. Meals were brought into the service chilled, and heated up. The trust provided a comprehensive range of food including choices to meet religious and cultural needs.
 - At both locations there was a safe fixed to each bedroom wall for patients to secure their possessions.
 - At 7 Airey Close there was a range of rooms and equipment to support treatment and care. Additional space was available on site in another building with activity areas and meeting rooms. We saw a garden area with a covered bench. We saw three patients' bedrooms and found they were personalised with their belongings. One bedroom had few personal items as the patient preferred it this way. Staff had changed one of the communal rooms to meet the needs of the patient with reduced items in the room.
 - At 7 Airey Close we saw a patient sitting with their family members in the garden area. Meals were prepared and cooked on site and patients were offered choice and variety. Patients had the use of two trust vehicles seven days a week to take them out. Staff told us they took patients out for breakfast, shopping, parks, farms, cinemas, rural shows, Norfolk Broads, the gym and cycling. The community inclusion worker supported a patient to ride a bike and arranged a cycling proficiency test to ensure they were safe riding on the roads.

The facilities promote recovery, comfort, dignity and confidentiality

- At Walker Close there was a range of rooms and equipment to support treatment and care. There were designated rooms where patients could meet visitors in private. We saw a garden area with chairs and garden furniture. There was a low stimulus room for patients. This is a room patients can go to when they are distressed or agitated, with the support of staff and de-escalation techniques.
- We saw four patients' bedrooms were untidy, not personalised and did not reflect patient's needs. The manager told us patients only stayed for a short period and did not need to personalise their bedrooms. However, the average length of stay was 190 days. The

Are services responsive to people's needs?

Requires improvement 

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

Meeting the needs of all people who use the service

- Information about the service was in easy read versions but needed updating. Managers told us updates would not be available as both services were due to close. Information covered medication, the Mental Health Act, local services, complaints, procedures and advice on how to get help.
- At Walker Close the trust provided a comprehensive range of food including choices to meet religious and cultural needs. 7 Airey Close staff provided patients with a choice of fresh food to meet dietary requirements.

Fresh food was prepared and cooked for patients on site. Staff told us if a patient had a specific religious dietary need this would be provided. Patients at both units were able to access appropriate spiritual support.

Listening to and learning from concerns and complaints

- Information about the complaints process was available on notice boards around the wards. One patient at Walker Close we spoke with knew how to make a complaint. Staff knew the process and showed patients how to make a complaint. Both managers told us they had not received any complaints or compliments in the last twelve months.

Are services well-led?

Inadequate 

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

- We observed that some staff were disaffected. Staff told us they did not know senior managers in the organisation as they had not visited the wards, but we were shown evidence of a number of board level visits and meetings with staff to discuss the changes as well as a thorough consultation process.
- Staff did not tell us what the plans were for patients currently at the service once the service was re-provided. They said that there were no plans in place. They were also unable to tell us whether they would be employed once the new services were in operation, despite the evidence we were shown that showed us that a thorough consultation had taken place. Local leadership at ward manager level was not supporting the staff.

Good governance

- Walker Close had completed a ligature risk assessment but did not provide sufficient detail or action to mitigate the risks. Managers failed to assess health and safety risks at bungalows 3 and 4 which impacted on the safety and wellbeing of patients. The management of medicines were not safe. There was no clear evidence of patients discharge arrangements being facilitated. The electronic record systems caused difficulties for staff maintaining patients' care records. For one patient it was not possible to find their care plan. Actions required to manage risks and issues at Walker Close were not identified or adequate action to manage them were taken.
- Managers were able to include risks and concerns onto the risk register. Staff vacancies, trust finances and IT systems were identified on the trust risk register.
- Shifts were covered by sufficient numbers of staff at the right grades and experience at 7 Airey Close. However at Walker Close there was a .
- Both services were due to close in 2016. Staff had not ensured standards of care were maintained pending the closure of the services.
- The The trust's target was 90%. Staff at both units received regular staff supervision. Staff had received a

yearly appraisal, but managers attached little importance to these as they said the units were closing. The manager at 7 Airey Close carried out regular meetings with staff around redeployment and career choices. Staff knew about safeguarding, mental health act and mental capacity procedures to be followed.

- We saw evidence of clinical audits around medicines and record keeping at 7 Airey Close. The ward managers kept staff informed of learning from incidences and patient feedback. We were told that they did not participate in audits. However, we were shown evidence later that there were audits carried out.
- Both ward managers had sufficient authority, however the manager at 7 Airey Close lost administration support on the day of our inspection, with no plans for a replacement.

Leadership, morale and staff engagement

- We spoke with staff from across the different staff groups. Ward managers told us about teamwork, achievements, and of local leadership that was visible and helpful. Ward managers told us that senior managers were out of touch with what was happening on the front line and chose not to tell us about the away day designed to consult with staff or about the visits from board level staff. There was a refusal to engage with the trust senior management and to take on board the development plans. At both services staff morale, job satisfaction and staff sense of empowerment was affected.
- Managers had access to specialist training and opportunities for leadership development.
- Staff at Airey Close told us there was good teamwork and felt there was an open door policy and the ward manager was approachable. They felt well supported locally. The manager engaged positively with staff to support them. This was reflected in the day to day running of the service and the quality of care patients received.
- The 2015 staff survey identified staff engagement remained low and was a priority to improve. Communication from managers and making improvements at work was highlighted. Staff

Are services well-led?

Inadequate 

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.

satisfaction with the quality of work and service that they were able to deliver was below the national average. An increased number of staff reported concerns in relation to harassment and bullying.

- One patient's carer at 7 Airey Close told us there were no support networks for carers. With the service closing there had been no opportunities to give feedback. The carer felt dis-empowered. There was a limited approach to obtaining the views of people who use services, staff or the public.

- This core service was visited at the previous inspection in October 2014 and rated as inadequate. The trust sent us an action plan to address the issues and we checked this at both units. Three issues remained outstanding including ligature risks, management of medicines and staff appraisals.

Commitment to quality improvement and innovation

- There is little innovation or service development. We were not told about the proposed changes to the service by the staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>At Walker Close care plans lacked detail and were not always personalised. Electronic care records were muddled and hard to follow.</p> <p>There was no clear evidence of discharge plans or care and treatment reviews at Walker Close.</p> <p>At Walker Close patients had limited access to activities to promote their treatment and recovery.</p> <p>This was a breach of Regulation 9</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>At Walker Close the setting did not promote patients dignity with continence pads on display in patients bedrooms, and patients personal care products stored together in the communal bathroom.</p> <p>At Walker Close we observed one patient was in the same chair in an undignified position for most of the day. Staff did not promote the patients comfort and dignity.</p> <p>This was a breach of Regulation 10</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Requirement notices

Although staff at Walker Close had a plan to reduce the number of fixtures on the ward that could be used by patients to tie a ligature to; the individual risk assessments plans did not provide sufficient detail or action to mitigate the risks

The ward setting was basic and poorly maintained at Walker Close. The chemical products cupboard lock was broken, and washing tablets were left out. Large weighing scales were stored in the communal lounge against the wall. This presented safety risks to patients.

At Walker Close some physical health care checks were administered weekly but not recorded in the patients care plan. Patient's risks assessments for fluids and nutrition lacked detail.

At Walker Close the documentation for the administration of covert medicines for two patients was not always up to date. The temperature in the rooms containing medication in the two bungalows had repeated readings above 25 degrees which may affect the efficiency of the medication.

This was a breach of Regulation 12

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The Trust showed us evidence of meetings to engage staff with the planned changes. However, staff consistently did not give us information about their engagement with the process.

Records were not accessible in order to deliver patient care and treatment in a way that meets their needs and keeps them safe.

This was a breach of Regulation 17