

Norfolk and Suffolk NHS Foundation Trust

Acute wards for adults of working age and psychiatric intensive care units

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

Requires Improvement 

Are services responsive to people's needs?

Insufficient evidence to rate 

Are services well-led?

Requires Improvement 

Our findings

Acute wards for adults of working age and psychiatric intensive care units

Requires Improvement   

The acute wards and psychiatric intensive care units are part of the mental health services delivered by Norfolk and Suffolk NHS Foundation Trust.

These wards provide assessment and treatment in an inpatient care setting for adults either admitted on an informal basis and/or patient detained under the Mental Health Act 1983.

We conducted an unannounced focused inspection of acute wards for adults of working age and psychiatric intensive care units due to concerns about the management of patients with physical health conditions and to check on safety progress within the service following concerns found at our previous inspection in October 2019. The Trust was placed into special measures for the second time in 2017 and has remained in special measures. Trusts in special measures are subject to enhanced monitoring. There had been six deaths of patients using the service since November 2019. Four of these deaths were due to physical health causes including sudden deterioration of their condition. We had received information raising concerns about the safety and quality of the services. The inspection was undertaken in the days immediately prior to the second national lockdown when the Trust were seeing unprecedented demand on services.

During this inspection we visited six wards and inspected specific key lines of enquiry.

We spoke to staff, patients and other stakeholders. We observed care on the wards and reviewed documentation including patients' care records.

The 15 patients we spoke with had mixed views on the service.

They were mostly happy with the care they received, most felt safe on the wards and felt that staff looked after their physical health. They said staff were kind and respectful, that wards were clean, and that they thought staff had managed risks associated with the COVID-19 pandemic well. Patients could give feedback about their care. Staff communicated well with carers and involved them in patients' care. However, eight patients said there was not always enough staff, which meant leave, activities and patient meetings or one to one time were sometimes cancelled or postponed. Patients also said they did not always receive a debrief after restraints and six said staff did not always complete enhanced observations properly.

Our rating of this service remained the same. We rated it as requires improvement because:

- The service did not always provide safe care as staff did not always assess and manage risk to patients well. There had been incidents of self harm occurring using an item that had been banned from the wards. Not all nurses had completed mandatory basic physical health training. The trust recognised the importance of this and had begun to develop a plan to improve access to training. We also saw staffing that fell below required levels, however we understood that the impact of the pandemic affected the trusts ability to achieve this.
- Governance processes did not always ensure that ward procedures ran smoothly and safely, although there had been some improvements made. A bed was not always available locally to a person who would benefit from admission.

However:

Our findings

- The ward environments were safe and clean. Staff followed good practice with respect to safeguarding. Staff recognised incidents and reported them. Medicines were prescribed and administered in line with national guidance.
- There were opportunities for staff, carers and patients to give feedback on the service. Leaders had a good understanding of the services they managed. Staff were valued and could raise concerns openly.

We found areas for improvement including three breaches of legal requirements that the trust must put right. We found three things that the trust should improve because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

For more information see the areas for improvement section of this report.

Is the service safe?

Requires Improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- Staff did not always manage risks to patients well.

Staff did not use body maps after restraints.

In six of 31 Section 17 leave records we reviewed, staff had not risk assessed the patient and recorded the outcome before patients left the ward.

Staff did not always manage restricted items well. There had been a patient death last year that involved a plastic bag. After this, the trust made plastic bags a restricted item. However, there had been four incidents in the last three months where patients had taken plastic bags onto the ward and used them to self-harm. Staff on each occasion had intervened before serious harm occurred.

- Not all staff had received basic training required for them to do their job.

Staff training compliance was 78% on average but for some courses compliance was significantly lower. Some face-to-face training including physical safety training and immediate life support could not take place during the height of the COVID-19 pandemic. However, staff were also not up to date with training that was not required to be completed face to face, such as physical health training. Compliance was low in all areas; only 15% of staff across the service had completed the core physical health training and 33% of staff had completed training for monitoring and responding to physical health deterioration. There had been four patients who had died on the wards as a result of physical health illness in the last 12 months and physical health was a key area that the trust had identified as needing improvement. The trust had a plan to improve staff training compliance.

- There had been concerns identified about how staff cared for patients with physical health problems. We reviewed 26 physical health care records and were satisfied overall that staff looked after patients' physical health needs. However, there were two records where there were no physical health care plans, and another record where there was one missing physical health assessment. We also saw that two physical health screening tools had not been completed.

Our findings

- The service did not always have enough nursing staff. In September 2020 nurse fill rates fell below 90% of the planned level on eight out of 12 wards on day shifts and on nine out of 12 at night. Staff said shortages sometimes affected patient care. Staff reported 63 incidents of short-staffing between 6 August and 6 November but we did not see that all low staffing incidents had been reported on Thurne ward. The trust was actively working to recruit new staff. Where possible managers moved staff across wards to increase staffing numbers and used unregistered nursing staff on shift where there were not enough qualified nurses. The trust had implemented procedures to respond to staff shortages, which included the use of daily safety huddles to review staffing. These huddles took place regularly on four of the six wards. The service had experienced staffing pressures directly related to the pandemic.
- There was no female lounge available on Yare ward and this was the case at our last inspection. However, the trust told us this was because they had made changes to the ward earlier in the year when it was a COVID-19 ward and they had omitted to reinstate the female only lounge. The trust said they would put this right straight away.
- When staff secluded patients, they did not always follow the Mental Health Act Code of Practice. Despite some improvement in this area we saw staff did not always contact family where required. In two out of three records where an independent multi-disciplinary review was required it did not take place and staff did not always contact medics when seclusion started.
- The service did not always use systems and processes to safely record and store medicines and emergency equipment.

On Northgate ward there were out of date emergency medicines that staff had not replaced, this meant that medicines were not immediately available for staff who needed to use them.

On Northgate, Waveney, Great Yarmouth and Thurne wards staff had not consistently completed all required checks of equipment. On Waveney and Thurne Ward staff had not recorded the date when they had opened medicines.

- Staff, managers and patients told us that debriefs of staff and patients did not take place after all incidents where required.

Although debriefs took place after serious incidents, this was not consistently carried out after incidents such as restraints and rapid tranquillisation.

However:

- The ward environment was safe, clean, well equipped, and overall, wards were well furnished and well maintained and staff managed risks to themselves.

The trust had identified hospital wards at Hellesdon hospital required improvement and there were plans for these wards to move to a purpose-built building in the future to improve the ward environment for patients.

- Staff recorded that they had completed observations of patients. Staff updated and recorded risk information in risk assessments.
- Overall, staff took required action to control the spread of COVID-19.

There had been very few outbreaks of COVID-19 and when it happened, systems in place ensured it was dealt with effectively. There was sufficient access to personal protective equipment for staff. However, on Yare, Thurne and Northgate wards staff did not wipe down equipment that they shared with each other and did not always maintain enough physical distance from other staff.

Our findings

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Staff were trained on how to recognise and report abuse and they knew how to apply it.

- The trust had introduced an electronic prescription and medicines administration system.

This was in place on some of the wards we visited, and the trust had planned to introduce this on the other wards. Medicines were prescribed in line with national guidance, and administration records were completed with explanations for any doses not given. Staff regularly reviewed the effects of medications on each patient's physical health.

- Staff recognised incidents and reported them, and managers investigated serious incidents and shared lessons learned with the whole team and the wider service.

Is the service responsive?

Insufficient evidence to rate ●

We did not rate this domain. We found:

- There was not always a bed available when needed so patients had to use out of area beds.

There were 26 patients in what the trust identified as out of area beds. In addition, there were another 21 Norfolk patients who were treated in NHS funded beds by an independent hospital provider within the local area. There were a greater number of Norfolk patients than Suffolk patients in out of area beds.

The trust acknowledged the high demand for beds and to reduce the number of patients going out of area, leave beds were used. A leave bed is a bed of a patient who has not been discharged but was taking time off the ward as part of discharge planning. However, some staff told us that when patients were on leave for more than one night their bed was used by another patient who needed to be admitted to the ward. They said beds were not always available for patients when they returned from leave. We saw an example of this happening.

- Discharge was rarely delayed for other than clinical reasons, where there were delays these were due to a lack of suitable placements in the community.

However, discharge was not always successful. There had been 160 readmissions of patients within 28 days of their discharge during the period 1 January until 1 September 2020.

Is the service well-led?

Requires Improvement ● ➡ ➡

Our rating of well led stayed the same. We rated it as requires improvement because:

Our findings

Our findings from the other key questions demonstrated that governance processes did not always operate effectively at team level and that performance and risk was not consistently managed well. Since our last inspection a number of improvements had been made in all areas of governance. However, further work was required to ensure consistency across all wards to provide full assurance. We saw that not all wards had governance embedded. This meant there was a lack of assurance in some areas.

- There was a lack of oversight of risk items. We saw examples where patients had attempted self-harm due to accessing prohibited items.
- There was a lack of systems to ensure that medicines and emergency equipment were stored and checked in line with policy. Not all areas of concern raised at the previous inspection had been fully addressed.
- Staff did not always complete incident reports properly and sometimes managers failed to complete the approval process as required by the trusts own processes. This meant we did not have assurance that all incidents had been appropriately reviewed. At the time of our inspection there were 697 incident reports that had not been signed off by a manager. We saw an incident where missing morphine sulphate solution had been reported in August 2020 but had not been investigated or concluded. There had been four incidents where safeguarding had been identified as an incident, but staff had not recorded the action they had taken on the incident reporting system.
- On Thurne ward, staff did not always keep patient information securely. We saw two staff left patients' care records unattended on computers in the ward office and one of these computers was visible to the public.
- Supervision and appraisals did not always take place. This was the case both before and during the COVID-19 pandemic. From March to September 2020 management supervision averaged 60% and annual appraisal 72%. However, on Thurne, Avocet, Waveney and Poppy wards this was lower; and supervision compliance was between 18% and 41%. Staff appraisal compliance was less than 60% on Thurne, Yare and Avocet ward. Six wards sustained appropriate supervision compliance. Lark ward, despite the pandemic, were able to improve on their supervision compliance from 12% to 84%.
- Not all staff understood the care group structure of the service well and some staff did not feel supported by senior managers.

However:

- There were opportunities for staff, carers and patients to give feedback on the service and we saw that the trust responded to this.

Feedback we had received prior to our inspection from carers, stakeholders and patients was not always positive but we saw that the trust was working hard to try and engage with carers and patients better. They had created a new job role to encourage improved participation.

- Staff engaged in local and national quality improvement activities.
- Local leaders had the skills, knowledge and experience to perform their roles and had a good understanding of the services they managed.
- Staff felt respected, supported and valued and were able to raise concerns without fear of retribution. The trust had worked hard to make improvements in this area.

Our findings

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

We told the trust that it must act to bring services into line with four legal requirements.

- The trust must ensure that patient safety is managed effectively. (Regulation 12 Safe care and treatment)
- The trust must ensure that patients physical health care needs are addressed and that staff complete mandatory physical health care training to assist with this. (Regulation 18 Staffing)
- The trust must ensure that governance processes are consistently applied across all wards. (Regulation 17 Good governance)

The provider should act to avoid breaching a regulation in future:

- The trust should act to ensure that staff follow guidance as described in the Mental Health Act code of practice in relation to patients how are secluded.
- The trust should consider a system to ensure debriefs are completed after all relevant incidents.
- The trust should consider ensuring that a bed on the same ward is available for a patient when they return from leave.

Our inspection team

Our inspection team consisted of one inspection manager, four CQC inspectors, a specialist advisor and an expert by experience.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

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

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing