Mental health services

Long stay or rehabilitation mental health wards for working age adults

Long stay or rehabilitation mental health wards for working age adults

Overall	Requires improvement
Safe	Inadequate
Effective	Requires improvement
Caring	Requires improvement
Responsive	Good
Well-led	Requires improvement

Our view of the service

439 Ipswich Road is an 11- bedded long stay or rehabilitation ward for male and female patients, provided by Essex Partnership University NHS Foundation trust. 439 Ipswich Road provides the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

We completed an unannounced inspection of the service on 21 November 2025. At the time of our inspection the ward was at full capacity.

The main house at 439 Ipswich Road consisted of 8 bedrooms, 2 with en-suite facilities and 6 with shared bathroom facilities. One bedroom was located on the ground floor and 7 were located on the first floor. The Coach House was an out-building with a communal kitchen and lounge. There was 1

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ground floor bedroom with an en-suite, a first-floor bedroom with an en-suite and a self-contained flat.

The service was last inspected in August 2019, where there were breaches of regulation 9 (person centred care) and regulation 10 (dignity and respect). Patients did not have access to appropriate psychological therapies and informal patients were not always informed of their rights. The trust were told staff should assess the service for ligature risks, staff should be aware of safety incidents and lessons learned, staff should have access to a clinic room and staff should know how to access advice relating to Mental Capacity Act.

At this inspection we rated the service as requires improvement. We found 5 breaches in relation to regulation 9 (person centred care), regulation 12 (safe care and treatment), regulation 13 (safeguarding), regulation 17 (good governance) and regulation 18 (staffing). Due to the serious concerns that we found during the inspection we wrote to the provider and requested immediate actions. The trust were able to show how they had mitigated immediate risk to patients. Following this we issued the trust a warning. The trust were told they must address concerns relating to regulation 13 (safeguarding) and regulation 17 (good governance) of the Health and Social Care Act (regulated activities) Regulations 2014.

Staff did not consistently protect people from abuse. Safeguarding referrals were not always completed to protect patients from harm. Safeguarding concerns and sexual safety incidents were not appropriately managed. This meant patients were at risk of avoidable harm.

There were gaps within governance. Managers did not have adequate systems in place to monitor the assessment of risk. Staff did not always assess risks to people's health and safety, involve patients in risk assessments or mitigate risks when identified.

Managers did not have robust oversight of incidents. Incidents were not always appropriately investigated by managers and action was not always taken where concerns were identified. Learning from incidents was not always identified and embedded. Learning from incidents was not used as an opportunity for improvement and meant patients were at risk of continued harm.

Managers did not have adequate oversight of staff. Supervision and appraisal compliance was an average of 46% from May to October 2025. Clinical audits were not always completed as required. Staff did not always carry their personal alarms. This meant staff and patients were at risk of avoidable harm.

Managers did not ensure the environment was safe. There were ligature risks, fire risks and other

environmental issues that were a risk to patients. This meant patients were at risk of avoidable harm.

Whilst there were adequate nursing staff, there was limited access to a responsible clinician and clinical psychologist which was not appropriate to support patients with their rehabilitation. This meant patients did not always have access to appropriate treatment for their rehabilitation.

There were some improvements since our last inspection. There was a clinic room where patients could be examined. Staff read patients their rights under the Mental Health Act. While access to the clinical psychologist was limited, there was a clinical psychologist in post.

People's experience of the service

We spoke with 6 patients during our inspection. Most patients felt safe at 439 Ipswich Road. However, one patient told us they did not feel safe at the service due to night staff sleeping and sexual safety concerns. We asked patients if they were able to access an independent advocate. Most patients said they did not have access or would not know how to access an advocate. Patients had a mixed view of activities available. Most patients reported that they got bored, while others told us there were lots of activities available. All patients we spoke with told us that staff were kind and respectful.

While the patients we spoke with expressed they were happy with their care, our assessment found the care did not meet the expected standards.

Safe

Rating Inadequate 

This means we looked for evidence that people were protected from abuse and avoidable harm. At our last assessment we rated this key question as good. At this inspection, the rating changed to inadequate. The trust were in breach of regulation 12 (safe care and treatment) and regulation 13 (safeguarding).

Managers did not ensure the ward was safe. Safeguarding referrals were not always completed when there was a safeguarding incident. Staff did not always assess risks to people's health and safety, involve patients in risk assessments or mitigate risks when identified. Patients did not always have risk assessments in place on admission. Incidents were not always appropriately investigated by managers

and actions following investigations did not mitigate risk to patients. Learning from incidents was not always identified and embedded. Failure to risk assess, safeguard and learn from incidents puts patients at risk of ongoing and avoidable harm.

Managers did not ensure the environment was safe. There were ligature risks that had not been mitigated. There were fire risks around the buildings. We observed cleaning liquid in a paper cup in the Coach House. There was a large hole in the garden fence, where patients could abscond. There were broken appliances in the garden and there were garden tools in an unlocked shed. The environment put patients at risk of avoidable harm.

Leaders did not ensure there were appropriate staff to support patients in their rehabilitation. There was limited face to face access to a responsible clinician.

External care workers were involved in patient care. There were crisis management plans in place. There were no incidents of restraint, rapid tranquilisation or seclusion taking place. There was a clinic room, which was locked when not in use.

Learning culture

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not have a proactive and positive culture of safety based on openness and honesty. They did not listen to concerns about safety and did not investigate or report safety events. Lessons were not learnt to continually identify and embed good practice.

Leaders failed to fully investigate or identify learning from incidents. In addition, they did not ensure that the local safeguarding teams were alerted when there had been a safeguarding incident or concern. In the last 6 months there were 69 incidents recorded. We found evidence of 6 sexual safety incidents, 6 incidents involving staff, 10 incidents of patients absconding and 2 incidents where patients had reported items lost or stolen. For incidents where patients had reported money missing, staff advised the patient to lock the money in their drawer or in the

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safe but took no further action or learning to minimise the risk of repeated incidents.

Patients and staff had reported sexual safety concerns. We did not see appropriate actions were taken following sexual safety incidents being reported. Learning was not identified and risk mitigation was not put in place. This placed patients at risk of harm. We raised concerns with the trust following our inspection, that needed immediate action. The trust completed retrospective incident reports for incidents that had occurred, safeguarding concerns were raised and police reports were completed where necessary. The trust also responded to sexual safety concerns by increasing staffing levels on the ward, facilitating community meetings to discuss sexual safety and discussed inappropriate behaviour with patients.

Staff reported incidents but managers did not ensure they were aware of the outcome. One member of staff told us lessons learned were shared via email. However, other staff were not clear how lessons learned were shared. Some staff members felt incidents were not dealt with, even when they were reported. Learning from incidents can help prevent recurrence.

Managers did not always ensure patients were given an apology when things went wrong. We requested duty of candour records for the last 6 months. We found the service were 61% compliant with duty of candour. For the incidents where duty of candour had not been completed, the trust told us that this related to individual circumstances such as advocacy being involved or the patient not wanting to engage in the process.Duty of candour training compliance was 100%. Duty of candour means health and social care providers must be open and honest about the care they give and use mistakes as opportunities to learn and improve.

Managers responded to complaints. We reviewed compliments and complaints for the last 6 months. There were 2 complaints in this time period. One complaint was related to management of the ward, staffing and physical healthcare. The second complaint related to staffing and risk of violence from other patients. We found that some action had been taken. Staffing was adjusted to ensure more male staff were on shift to manage the risk of violence.

Leaders shared lessons learned across the trust via a monthly newsletter. The Trust also shared 5 key messages, which included key information on areas such as safety alerts, safeguarding and patient safety.

Safe systems, pathways and transitions

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not work well with people and health system partners to establish and maintain safe systems of care. They did not manage or monitor people's safety. They did not make sure there was continuity of care, including when people moved between different services

Managers did not ensure safe systems, pathways and transitions were in place. Admission procedures were not safe and essential information was not always received prior to admission. Some patients had been admitted to the ward without an assessment being completed, due to bed shortages and pressures on other wards. Staff told us they had concerns about patients being transferred to the ward without being assessed, as they had little knowledge of risks or how to manage them.

The trust had an operational policy in place, which outlined indications for referral to 439 Ipswich Road and the process to refer. The policy stated that referrals should be reviewed, screening assessments should be completed and multi-disciplinary discussions should be held prior to deciding if a patient was suitable for assessment. We found that this process was not always followed. There was not an exclusion criteria in place to identify risks that would be too high for the service to safely manage. Failure to assess and follow processes on admission puts patients at risk of avoidable harm.

We raised our concerns with the trust during our inspection and requested immediate action. The trust ensured that an assessment was completed with all patients on the ward. Some patients were moved to a more appropriate service.

Leaders had oversight of delayed discharges. Staff told us that planning for discharge started on admission to the ward. Staff told us some discharges were delayed, due to suitable accommodation not being available for patients.

Staff ensured external care workers were involved in patient care. For example, there were discussions with community care co-ordinators and other services. There was also a discharge

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and transfer policy in place. This is important for continuity of care.

Safeguarding

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not work well with people and healthcare partners to understand what being safe meant to them and how to achieve that. They did not concentrate on improving people's lives or protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. They did not share concerns quickly and appropriately.

Managers did not protect patients from abuse. Safeguarding referrals were not made when sexual safety concerns had been identified. We raised this with the trust as an immediate concern and retrospective safeguarding referrals were completed. In addition, the trust referred themselves to safeguarding due to sexual safety incidents not being reported. Following our inspection, the trust facilitated community meetings at 439 Ipswich Road, where sexual safety was discussed with staff and patients.

Staff did not ensure all safeguarding incidents were logged. The safeguarding register did not include all safeguarding incidents that we identified. We reviewed the safeguarding register for 439 Ipswich Road and found 4 incidents of patients absconding, 4 incidents relating to sexual safety and 2 incidents of personal property going missing. On 2 occasions patients reported that money had been stolen and safeguarding referrals were not completed. This meant that patients were at risk of ongoing abuse.

Leaders did not ensure investigations in to safeguarding incidents were robust or effective. Investigations did not mitigate the risk of further incidents or support staff to learn lessons. We found that investigations did not lead to appropriate decisions being made to safeguard patients from abuse. Incidents had been resolved locally and safeguarding referrals had not been completed when necessary. Outcomes for some of the investigations had not been

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followed. For example, one investigation highlighted that staff needed to use supervision and coaching to manage safeguarding risks. We reviewed clinical supervision records and found that safeguarding risks had not been discussed. This meant that risks to patients were not being mitigated.

Managers did not ensure safeguarding processes were embedded. Not all staff knew who the safeguarding lead was for the ward. One staff member recalled when they had raised a safeguarding concern regarding a patient's family. Other staff could not recall a time when they had needed to complete a safeguarding referral. Failure to embed safeguarding processes puts patients at risk of avoidable harm.

We asked 6 patients during our inspection if they felt safe on the ward. Two patients reported that they did not always feel safe. One patient told us about an incident of sexually inappropriate behaviour and belongings going missing. This was followed up with the trust and retrospective safeguarding actions were taken.

Managers ensured that safeguarding training was completed. Training compliance for safeguarding adults and children level 1 was 100% compliant and safeguarding adults and children level 2, including Mental Capacity Act and Deprivation of Liberty safeguards was 80%.

There was a global restrictive practice policy in place, which was last reviewed in September 2025. There were no incidents of restraint at 439 Ipswich Road.

Involving people to manage risks

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always work well with people to understand and manage risks. They did not always provide care to meet people's needs that was safe, supportive and enabled people to do the things that mattered to them.

Staff did not always work with patients to understand their risk. Staff told us that 2 patients had been admitted to the ward without a risk assessment being completed. We raised this concern during our inspection and risk assessments were reviewed, however not in the presence of the patient. 4 risk assessments that we reviewed did show evidence of patient involvement and had been completed within 72 hours of admission. There were crisis management plans in place. Failure to involve patients in assessing risk means that essential information about risk is not being gathered. This puts patients at risk of avoidable harm.

There were no incidents of restraint, rapid tranquilisation or seclusion recorded over the last 6 months.

Safe environments

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not always detect and control potential risks in the care environment. They did not make sure that equipment, facilities and technology supported the delivery of safe care.

Managers did not ensure the environment was safe. The service had a ligature risk assessment that had been reviewed in November 2025. However, it did not cover current risk items in the garden that patients had access to. We were concerned that this placed patients at risk of avoidable harm

In the garden there were broken appliances, including a vacuum cleaner, televisions and a fan. The garden shed had a broken lock and inside were hose pipes and gardening tools. Staff had not identified these items as a potential risk to staff or patients. During our inspection we requested that the trust removed the appliances immediately for the safety of patients. Appliances were temporarily stored in a locked shed. Failure to identify and respond to environmental risks puts patients at risk of avoidable harm. The trust has now informed us that they have been safely disposed of.

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There was no closed-circuit television (CCTV) in the main building or in the Coach House. There was CCTV covering some areas of the garden, however it did not cover the area behind the Coach House, where there were ligature risks. Mitigation for ligature risks was staff observations and checks

There were ligature cutters available in the main office however, there were no ligature cutters in the Coach House. The trust told us this was due to there being no staff lockable spaces within the Coach House. The trust told us that in the event of any incident, staff would respond with the grab bag and ligature cutters as per policy. We were concerned that if a ligature incident occurred in the Coach House or the garden behind the house, there would be a delay in staff accessing the ligature cutters to take immediate action to mitigate the risk.

There was a large hole in the garden fence that was large enough for a person to walk through. This had been reported to the trust in July 2025 and the hole was still there. We found 1 incident where a patient had absconded through the fence, and 2 other incidents where a patient had absconded where the garden fence was noted as a concern. A patient had also reported that this was a concern because they were having suicidal thoughts and were able to easily abscond. They added that the fence belonged to the neighbouring property. The lack of action from the trust to fix the hole in the fence placed patients at risk of avoidable harm. The trust has since informed us that the fence has been fixed.

During our tour of the ward, we found cleaning liquid in a paper cup within a kitchen cupboard in the Coach House. Whilst we acknowledge that patients have a level of autonomy due to the nature of the unit, this was not appropriately stored and put patients at risk of avoidable harm had it been ingested. We raised this with the trust during our inspection, and the cleaning liquid was immediately removed.

We found fire risks in the main building and in the Coach House. There was a tumble dryer and washing machine stacked in the laundry room of the main building. Directly behind the appliances there was a washing basket and a pillow, a potential fire risk. These items were moved on request. In the Coach House we found a black bin bag covering an emergency fire exit light. Staff told us the light was shining into patients' bedrooms and therefore it had been covered with a black bag. Staff immediately removed this during our tour of the ward. Failure to mitigate fire risks puts patients at risk of avoidable harm.

Not all staff wore personal alarms to summon help if they needed it in an emergency. This was despite there being alarms in the service for them to use. We were concerned that this placed patients and staff at risk of harm.

Male and female bedrooms were not segregated on the ward. Staff told us that where patients had to share a bathroom, only the same sex shared. However, we had concerns about sexual safety on the ward.

The clinic room was locked when not in use. We found this was an area of improvement since our last inspection, where staff did not have access to a suitable clinic room. There was an examination couch, equipment for physical health checks and an emergency grab bag. Equipment was well maintained. For example, resuscitation equipment was available and was checked weekly by staff.

The premises was visited by a fire safety officer in August 2025, which reported that a satisfactory standard of fire safety was evident.

Safe and effective staffing

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always make sure there were enough qualified, skilled and experienced staff. They did not always make sure staff received effective support, supervision and development. They did not always work together well to provide safe care that met people's individual needs.

There was a ward manager, 2 deputy ward managers, 4 nurses and 11 healthcare assistants in post. At the time of our inspection the 2 deputy ward managers were on long term sick leave. Deputy ward managers were responsible for supervising some staff members and provisions had not been put in place to cover them while they were absent. This meant there was a lack of management oversight and staff were not receiving appropriate support.

There was an occupational therapy team and an activity co-ordinator at the service. A clinical psychologist was available for 1.5 days per week. Staff told us that patients had support from the clinical psychologist 1 day per week. The rest of the psychologist time was spent supporting staff. Staff told us there was not enough time for patients to receive support from the clinical psychologist.

Whilst there were 2 doctors available at 439 Ipswich Road they were only on the ward for 4 hours per week. Staff told us that patients did not have enough time to access a doctor. If patients needed to see a doctor out of these hours, staff told us they would go to a local GP or take patients to AE. Staff told us they could also contact a consultant at another service.

Managers did not ensure that staff were receiving appropriate support. Staff supervision and appraisal compliance was consistently low over the last 6 months. In September 46% of staff had received supervision and in October 72% of staff had received supervision. Staff appraisal compliance was also low and was 38% in October 2025. Leaders told us that staff sickness had resulted in a lack of support for some staff on the ward. The trust put an action plan in place to address low supervision and appraisal compliance. The plan included deploying Band 6 nursing staff from other services, scheduling all staff for supervision and overdue appraisals were to be prioritised. Failure to provide adequate supervision to staff could impact safety of patients.

Staff sickness was 13% in October and bank staff usage was 21%. Leaders told us that staff sickness had resulted in increased bank staff usage. No agency staff were used over the last 6 months.

Basic life support training compliance was 70%. However, training compliance for sexual safety, therapeutic engagement and supportive observation was 100%. Not all staff had completed medicines management face to face training. However, 100% had completed virtual training in medicines management. Staff told us they had regular training and had recently completed training in autism.

We found recruitment processes were safe. Staff had disclosure and barring service (DBS) checks in place.

Infection prevention and control

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always assess or manage the risk of infection. They did not always detect and control the risk of it spreading or share concerns with appropriate agencies promptly.

Managers did not have robust infection prevention and control procedures in place in all areas of the ward. Prior to our inspection we had received information of concern about the cleanliness of the ward. During the inspection we found that some areas of the ward were not clean or well maintained. We observed mud in the entrance and stairwell of the Coach House. Bedrooms and bathrooms in the Coach House were not always clean. We observed a dirty bathroom and bedroom cluttered with rubbish. Patients told us that they liked to clean their own bedrooms, whilst others preferred the cleaner to clean their bathrooms.

We acknowledged the improvements with the clinic room since our last inspection. There was an identified clinic room, which was clean and well maintained with the required equipment. Staff had completed training in infection prevention and control level 2 and compliance was 100%. Patients did not raise any concerns about the cleanliness of the ward while we were on-site.

Medicines optimisation

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always make sure that medicines and treatments were safe and met people's needs, capacities and preferences. They did not always involve people in planning.

Prescribers did not ensure that prescriptions were always specific. We found that one patient had been prescribed as required insulin. Their prescription chart did not state the exact blood sugar levels that were needed and could result in administration error. We did not see any evidence of medication errors, as a result of this, on the incident log.

The medicines cupboard and fridge was in good order. All medicines were in date and fridge temperatures were monitored daily. Controlled drugs were stored safely. There were emergency drugs present, including naloxone in case of an opiate overdose and flumazenil in case of a benzodiazepine overdose.

There was consent to treatment in all records reviewed. As required medication had been reviewed in the last 14 days and medicines prescribed were all within the correct limits.

We reviewed 10 medication charts and found that allergies had been recorded, prescriptions were signed by a doctor, and medicines were within British National Formulary limits.

Effective

Rating Requires improvement

This means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last assessment we rated this key question as requires improvement. At this assessment the rating has remained as requires improvement.

Leaders did not ensure that processes were in place to meet patients' needs on admission. Patients had been admitted to the ward without an assessment being completed. Therefore, staff could not put risk mitigation in place. There was limited access to a consultant and a clinical psychologist.

However, physical health was assessed on admission. Care plans were mostly individualised and included the physical and mental health needs of the patient. There was an occupational therapy team and an activity co-ordinator available. We saw evidence some patients were involved in volunteering opportunities. There were regular walks to encourage patients to exercise and smoking cessation support was available. Essential information was shared in handover meetings. Staff used recognised rating scales to monitor health outcomes. Patients were read their rights under the Mental Health Act.

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Assessing needs

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always make sure people's care and treatment were effective because they did not always check and discuss people's health, care, wellbeing and communication needs with them.

Managers did not ensure processes were in place to assess patient's needs on admission. Assessments were completed with most patients in a timely manner, but we found 2 patients had not been assessed on admission to the ward. Staff told us that pressures in the system resulted in some patients being inappropriately placed at 439 Ipswich Road. This was a concern because staff were not aware of current patient risks and appropriate mitigation could not be put in place. We requested urgent action from the trust to ensure that patients were safe and an action plan was put in place. All patient's had a risk assessment completed and patients that were not appropriate for the service were moved to a more suitable location. Failure to assess needs puts patients at risk of avoidable harm.

Care plans were mostly individualised. In 1 care record there was a reference to a patient's autism spectrum disorder diagnosis, but this was not reflected in their care plan. It was unclear what plans were in place to support the patient. However, most care plans were recovery orientated and included plans to develops skills such as budgeting, shopping and self-administration of medication. There was evidence of family involvement in most care plans and most care records reflected that patients were aware of advocacy support available.

Most patients told us they had a copy or had seen their care plan. Two patients told us they did not have a copy or did not have a care plan in place. Involving patients in care planning ensures that care is personalised.

Staff assessed patients' physical health needs on admission. We found that National Early Warning Sign (NEWS 2) was completed regularly, blood tests were completed, and side effects of medication were monitored.

Delivering evidence-based care and treatment

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always plan and deliver people's care and treatment with them, including what was important and mattered to them.

Leaders did not ensure there was adequate access to some members of the multidisciplinary team, to deliver evidence-based care. There was a clinical psychologist that worked at the service 1.5 days per week. Staff told us that 1 day per week was dedicated to patient appointments. We requested evidence of patients engaging with therapeutic interventions with a psychologist. The trust told us that 4 patients were engaging in one-to-one sessions with the psychologist. This was not adequate to support patients in their rehabilitation.

There were 2 consultants available for ward round for 4 hours per week. Patients had face to face appointments with the consultant every other week. However, staff told us there was not enough time with consultants on the ward. There was a process for staff to contact an on-call consultant if needed.

Managers did not ensure patients were engaging in education, employment or volunteering as part of their rehabilitation. We requested evidence of rehabilitation, including work, training and volunteering opportunities. The trust told us the occupational therapy team would assess patients and discuss their goals in relation to employment and education. We did not see any evidence that patients were engaging in these activities as part of their rehabilitation. This means that patients did not have access to opportunities that could increase their independence.

There was an occupational therapy team and an activity co-ordinator, who supported patients to develop skills. There were sessions available, such as information technology skills, sensory support, cooking groups, support with benefits and budgeting assessments to support patients with developing skills and independence.

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Mental Health Act

Care records showed that patients were regularly read their section 132 rights. Mental Health Act training compliance for mental health registered staff was 71% and 100% for non-registered staff.

How staff, teams and services work together

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always work well across teams and services to support people. They did not always share their assessment of people's needs when people moved between different services.

Managers ensured multidisciplinary meetings were taking place but we found there was limited information on purpose of admission, diagnosis and plan that had been put in place, when we reviewed meeting minutes. It was not always clear who had attended multidisciplinary meetings. There were meetings where a nurse had not attended and there was no nurse update. We found safeguarding concerns had been raised, however it was not clear what actions had been taken. For example, an action was for Prevent to be contacted. Prevent is part of the United Kingdom's counter terror strategy. There were no updates on actions taken within meeting minutes or the safeguarding register. We raised concerns with the trust about this, and they told us appropriate referrals had been completed by a previous placement and there were no new concerns that needed to be raised. Failure to share information effectively within a multidisciplinary team can put patients at risk of avoidable harm.

Patients were individually discussed at handover meetings. We reviewed handover meeting minutes and found that staff had been engaging and supporting patients. For example, we found good descriptions of patient presentation throughout the day and information about appointments, leave and groups attended. We also found that staff had supported patients with completing forms and offering reassurance to patients when needed. This meant staff were aware of and able to support patients with their needs.

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Supporting people to live healthier lives

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always support people to manage their health and wellbeing, so people could not always maximise their independence, choice and control. The service did not always support people to live healthier lives, or where possible, reduce their future needs for care and support.

Managers did not always ensure patients were supported with living healthier lives. The trust told us that patients were supported to live healthier lives through physical health assessments, risk assessments and falls risk assessments on admission. However, risk assessments and monitoring physical health on admission were not always completed. They are also essential to ensure safety.

Patients were offered support with smoking cessation where appropriate. Long term physical health issues were managed in partnership with specialists. For example, we found that a patient had been supported by a diabetes nurse while on the ward. The trust told us that health and wellbeing was promoted in daily interactions with patients.

There were activities available to support patients to live healthier lives. This included exercise, walking groups, relaxation and cooking groups. There were also sessions such as information technology (IT) available to help develop skills.

Staff supported patients with developing independence. Patients were responsible for preparing their own meals but were supported by staff with shopping, meal preparation, portion sizes and balancing meals. The trust told us there was a dietician available if needed.

Staff at 439 Ipswich Road told us that substance misuse was a problem for some patients. The trust had a dual diagnosis policy in place, to support patients with co-occurring substance misuse and mental health needs.

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Monitoring and improving outcomes

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service routinely monitored people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they met both clinical expectations and the expectations of people themselves.

Staff monitored peoples care and treatment. Recognised rating scales were used to assess and monitor outcomes. For example, the Glasgow Anti-psychotic Side-effect Scale (GASS) was used to determine if patients were suffering from excessive side effects of medication. National Early Warning Score 2 (NEWS 2) was also used to assess physical health and detect physical health issues that needed escalation. This meant staff had a consistent approach to monitoring and improving people's care.

Consent to care and treatment

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always tell people about their rights around consent and did not always respect their rights when delivering care and treatment.

Staff took steps to support patients to make decisions. Patients were read their rights under the Mental Health Act. Reading patients their rights under the Mental Health Act ensures that patients consent to and understand the care they are receiving. In 1 care record we found a mental capacity assessment was incomplete, however it had been completed in other care records that we reviewed.

We found that staff had supported patients to make their own decisions through tasks, such as shopping and cooking. Staff gave support to patients with these tasks where needed. This encouraged patients to make their own decisions and helped prepare patients for discharge.

Caring

Rating Requires improvement

This means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last assessment we rated this key question as good. At this assessment the rating has changed to requires improvement.

Patients were not always treated with kindness, dignity and respect. There were concerns that patient information was not always kept confidential. Patients were not always supported to develop independence. Staff did not always feel supported by leaders.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

There were activities available for patients to participate in and there was a disabled access bedroom available. Patients were supported to develop skills, such as cooking and self- administration of medication.

Kindness, compassion and dignity

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always treat people with kindness, empathy and compassion, or respect their privacy and dignity. Staff did not always treat colleagues from other organisations with kindness and respect.

Patients were not always treated with dignity and respect. For example, staff raised concerns that patient information was not always kept confidential. We did not see action taken to address these concerns. Failure to act on concerns relating to a patient's personal information is a breach of confidentiality.

We attended a morning meeting, which was structured and chaired by a member of staff. A plan for the day was discussed, including activities available for patients to participate in. This included activities such as a relaxation class, making bracelets and playing pool. We observed staff interacting with patients and staff were observed to be friendly and supportive.

Patients we spoke with told us that staff treated them with kindness and respect. One patient we spoke with told us staff were "lovely."

Treating people as individuals

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Managers made appropriate adjustments for disabled patients. There was an accessible bedroom on the ground floor with appropriate aids to support patients. This is important to support patients with their personal needs and independence.

The trust had a process in place for accessing an interpreter or translation service when needed. The trust also had processes in place for patients to access chaplains and spiritual care when required. This means that patients were supported with individual needs.

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Independence, choice and control

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service promoted people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.

Staff supported patients to develop independence. We saw evidence of patients engaging in volunteering activities at a local gardening project. The trust also told us that they referred patients to an education specialist when patients requested this. However during our assessment we did not see any evidence of patients engaging with this as part of their rehabilitation.

Patients we spoke with told us they were responsible for buying and preparing their own food, with support from staff where needed. Patients told us there was a choice of activities available to them throughout the week. This helped to promote independence.

Patients had access to therapeutic activities and skill development on the ward. Staff told us that patients also had the opportunity to engage in activities in the community, such as swimming. There was a suggestion box for patients to provide feedback. There was information available to patients on sexual safety, rights for informal patients, smoking cessation, spirituality and equality diversity and inclusion.

Patients had access to section 17 leave. Most patients we spoke with did not have any problems with accessing leave. However, 2 patients told us that their leave had been cancelled due to staff shortages. Two patients we spoke with told us they had more freedom at 439 Ipswich Road than they had on other wards. Access to section 17 leave is important, as it helps patients prepare for their transition to the community.

In care records we reviewed we found evidence of patients being supported with self-administration of medication and budgeting to help promote independence.

Responding to people's immediate needs

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress

Managers ensured that people's needs were responded to. Observation protocols were embedded. We reviewed patient observation records and found that hourly checks were completed and appropriately recorded.

Physical interventions were not used at 439 Ipswich Road. There were no incidents of seclusion, restraint or rapid tranquilisation.

Staff told us that patients were able to engage in activities off the ward. For example, swimming sessions or cinema trips could be arranged if requested.

Workforce wellbeing and enablement

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not care about or promote the wellbeing of their staff. They did not support or enable staff to deliver person-centred care.

Leaders did not support staff. We received mixed feedback from staff at 439 Ipswich Road about leaders. Some staff told us managers at 439 Ipswich Road were not always approachable. This had an impact on morale.

Staff felt there was a lack of presence from senior leaders at the trust. Staff did not receive regular supervision or appraisals. The trust have put an action plan in place to address this. Regular supervision is needed to support staff in their roles.

However, some staff told us they felt respected and valued by local managers. One staff member told us that managers at 439 Ipswich Road had been accommodating and had supported them with their additional needs.

Responsive

Rating Good

This means we looked for evidence that the service met people's needs. At our last assessment we rated this key question as good. At this assessment the rating has remained as good.

Patients had access to volunteering opportunities and activities in the community. There were therapeutic activities for patients to engage with. Staff made sure information was available to patients. For example, there was information available on smoking cessation, sexual safety and spirituality. Staff had discussions with patients about discharge early in treatment.

This meant people needs were met.

However, notifications were not always sent to external bodies as required. Managers did not always listen to concerns that were raised by staff and patients. Patients did not always have access to specialists to support them in their rehabilitation.

Most patients we spoke with did not know how to access an independent mental health advocate (IMHA). This is important to help patients understand their care and treatment.

Person-centred care

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always make sure people were at the centre of their care and treatment choices and they did not always work in partnership with people, to decide how to respond to any relevant changes in people's needs.

Managers did not always ensure care was not person centred. One patient told us they felt ward round was rushed. Some care plans reflected individual needs were being met but we did not always see skill development included in care planning. This is important to help patients prepare for living in the community.

Staff took patients preferences into account. One patient told us they were supported by staff with their communication needs. There was evidence of physical health needs being met. For example, we found physical health needs, such as diabetes had been included in care planning. There were therapeutic activities available for patients to participate in. Staff supported patients with some activities outside of the ward, such as swimming and regular walks. Person centred care tailors support to individual needs.

Care provision, integration and continuity

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.

Managers ensured that patients had access to opportunities in the community. We saw evidence of some patients engaging in volunteering opportunities. The trust told us that training and employment opportunities were discussed with patients and there was an employment specialist, who could provide support to patients that wanted paid or voluntary employment opportunities.

There were some activities available in the community. Staff at 439 Ipswich Road told us that activities could be planned in the community, such as swimming. Engaging with activities in the

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community promotes independence and helps to develop daily living skills to prepare patients for discharge.

Providing information

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

Managers ensured that information was available to patients. There was a suggestions box on the ward. Managers told us that information could be given to patients in more accessible formats where required. For example, information could be printed in larger font or on coloured paper to support patient's needs.

There was information available to patients on sexual safety, rights for informal patients, smoking cessation, spirituality, faith, equality diversity and inclusion. There were also compliments and complaints leaflets available. Providing information means that patients can make informed decisions.

The trust had an information governance and security policy, which included information on responsibilities of different staff members and training that should be completed. There was also a data protection and confidentiality policy, which included steps to take when reporting a breach. There was an information governance incident reporting procedure in place for staff to follow when an incident had been identified.

Governance, cyber security, confidentiality, data protection and record keeping were listed as mandatory training. Information governance training compliance for 439 Ipswich Road was 95%.

Listening to and involving people

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always make it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. They did not always involve people in decisions about their care or tell them what had changed as a result.

Managers did not always listen to patient's concerns. Where patients had raised concerns about the environment immediate action was not taken. There were 2 complaints made about the service over the last 6 months. One complaint was resolved locally by the service. The second complaint was investigated, and actions were taken to address the concerns raised. Failure to listen to patients concerns regarding safety incidents puts patients at risk of avoidable harm.

Staff did not always support patients to manage their care. We asked patients if they were able to access an independent advocate. Five patients did not know how to access an independent advocate, while 1 patient told us they did have access to an advocate. An independent mental health advocate supports patients to understand their rights under the Mental Health Act.

Patients felt comfortable with raising concerns with managers. One patient told us they had challenged their section, while another patient told us that staff "could listen more".

Equity in access

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. The service made sure that people could access the care, support and treatment they needed when they needed it.

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Staff had discussions with patients about discharge, early in treatment. We found patients had expressed preferences for accommodation and families and care co-ordinators had been involved in discussions about discharge. Early discussion about discharge help with a smooth transition into the community.

There was a disabled access bedroom on the ground floor with suitable aids to support patients with mobility needs.

Equity in experiences and outcomes

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. Staff and leaders did not always actively listen to information about people who are most likely to experience inequality in experience or outcomes. This meant people's care was not always tailored in response to this.

Staff did not always listen to people who were likely to experience inequality in experience. For example, in one patient care notes there was reference to their autism diagnosis, but this was not reflected in their care plan. This means that care was not always tailored to the patients needs.

Patients we spoke with told us they would speak to staff if they had any concerns. There were suggestion boxes on the ward and community meetings were taking place.

There was an equality, diversity and human rights policy in place that was last reviewed in 2024. Equality, diversity and inclusion training compliance for staff at 439 Ipswich Road was 100%.

Planning for the future

Score

3. Evidence shows a good standard of care

We scored the service as 3. The evidence showed a good standard. People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

Staff supported people to plan for important life changes. Volunteering opportunities were explored with suitable patients. Skill development sessions were accessed by patients under occupational therapy. These were aimed at preparing individuals for work and education by supporting the development of basic skills including hygiene, appropriate dressing and communication.

Care plans reflected family involvement where consent had been given and were individualised. Care plans showed evidence of partnership working with care co-ordinators and community nurses. For example, we found that a diabetes nurse had been supporting a patient on the ward. We also found that crisis plans had been put in place.

Well-led

Rating Requires improvement

This means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last assessment we rated this key question as good. At this assessment the rating has changed to requires improvement. The trust was in breach of regulation 17 (good governance).

Leaders did not have effective or robust governance procedures in place to monitor and identify areas for improvement. Managers did not have good oversight of staff's compliance with supervision or ensure there were enough senior staff to provide the supervision. Managers had not address the gaps in clinical audits. Failing to do this meant that they had not identified areas for improvement within the

service. Managers did not have adequate systems in place to monitor the assessment of risk or robust oversight of incidents. Concerns relating to the safety of the environment were not effectively managed.

Staff told us that senior leaders were not visible, and they did not always feel supported. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

There was a business continuity plan for unplanned events, such as a fire. There was a freedom to speak up policy in place and the trust had a strategic plan.

Shared direction and culture

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not have a shared vision, strategy and culture based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. They did not understand the challenges and the needs of people and their communities.

Managers did not create a culture based on transparency. We found that staff did not always report concerns to appropriate managers because they did not believe action would be taken. Staff raised concerns with leaders, however appropriate actions were not always taken. Staff told us they did not always receive feedback from leaders following an incident. Closed cultures put patients at risk of abuse and avoidable harm.

The trust were completing a review and re-design of 439 Ipswich Road led by the Integrated Care Board (ICB). This was to focus on ensuring a 6-month rehabilitation programme was in place and that there were robust system links to the wider community, including accommodation and move on pathways. Within the review and redesign, the service specification was also due to be reviewed. However, staff did not feel supported by leaders with the review and re-design. This was having an impact on morale.

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Essex Partnership University NHS Foundation Trust had a strategic plan in place. Their vision was “To be the leading health and wellbeing service in the provision of mental health and community care." Strategy development included a review of policy, engagement with service users, reviewing service level demand, identifying challenges and multi-disciplinary review.

The trusts values were “We care, we learn, we empower,” which was communicated in the trust’s strategic plan. Staff were able to explain the care they were offering to patients.

Capable, compassionate and inclusive leaders

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not have inclusive leaders at all levels who understood the context in which they delivered care, treatment and support, or who embodied the culture and values of their workforce and organisation. Leaders did not have the skills, knowledge, experience and credibility to lead effectively, and they did not do so with integrity, openness and honesty.

Leaders did not adequately support staff. Most staff we spoke with felt that managers at 439 Ipswich Road were approachable but there were times where staff felt they could not raise concerns. For example, a staff member did not raise an incident with a manager because they did not believe action would be taken. Failure to act on concerns puts patients at risk of harm.

Some staff told us senior leaders were not visible and there was little support. For example, the service was due to have a re-design and staff told us that senior managers were not supporting with this. This was having impact on morale within the team.

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Freedom to speak up

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. People did not always feel they could speak up and that their voice would be heard.

Leaders did not create a positive culture where staff felt they could speak up. Staff raised incidents with managers but were not told what action was taken. Staff raised concerns via alternative routes because they did not feel they would be listened to. For example, one staff member raised a concern with a leader from another service. Another staff member used the Freedom to Speak Up Guardian to raise concerns. Failure to create an open culture for staff to raise concerns can put patients at risk of harm.

Patients were able to give feedback in community meetings and there was a suggestion box on the ward. We raised concerns about sexual safety on the ward. Following this, community meetings were held and sexual safety on the ward was discussed with patients.

There was a freedom to speak up policy in place, which explained the rights and responsibilities of staff when raising an issue or concern.

The trust had not received any feedback from patients or carers through iWantGreatCare, a health review website.

Workforce equality, diversity and inclusion

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always value diversity in their workforce. They did not always work towards an inclusive

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and fair culture by improving equality and equity for people who work for them.

Managers did not always promote and inclusive and fair culture. Some staff told us that it could be difficult to get adjustments made where needed and there was a poor culture at 439 Ipswich Road. This had an impact on morale.

We did find there was some support in place for staff members with additional needs. For example, a staff member had a support worker to enable them to undertake their role.

Governance, management and sustainability

Score

1. Evidence shows significant shortfalls in the standard of care

We scored the service as 1. The evidence showed significant shortfalls. The service did not have clear responsibilities, roles, systems of accountability and good governance. They did not act on the best information about risk, performance and outcomes, or share this securely with others when appropriate.

Leaders did not always identify actions from investigations to keep people safe. Investigations were completed but immediate actions were not always identified. Where actions had been identified, they were not always completed. For example, supervision was not completed with a staff member, where it had been identified as an action following an investigation. Failure to identify and implement actions following an investigation puts patients at risk of ongoing abuse and avoidable harm.

Whilst leaders completed environmental audits of the environment they failed to identify all the risks and did not mitigate risks they did find. Leaders did not identify immediate risks to patients and had to be prompted to make the environment safe. Further environmental risks were seen as a low risk to patients and were not immediately rectified. For example, a hole in the garden fence had been reported as a safety concern by a patient. This was not immediately fixed. Whilst informal patients should be free to leave the ward as requested, at the time of our assessment there were patients on the ward who were detained under the Mental Health Act,

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for whom leave must be appropriately authorised.

Leaders did not have adequate processes in place ensure that patients had risk assessments in place to keep them safe. Staff raised concerns that patients were inappropriately placed at 439 Ipswich Road due to bed shortages. Leaders took no action to address these concerns. Due to this inaction staff were not aware of individual patient risks and therefore were not able to appropriately mitigate them. This put patients at risk of avoidable harm.

Managers failed to ensure that staff had access to regular clinical supervision. Supervision compliance from May 2025 to October 2025 was 46%. Whilst managers were monitoring compliance, they failed to take action to improve staffs' compliance with supervision. Therefore, managers could not be assured that staff were upholding standards, developing competence and receiving emotional support.

Leaders did not have good oversight of governance processes. We reviewed audits that were completed at the service. While some audits were regularly completed, others were not always completed as required. For example, the prescribing medicine and administration chart audit was 60% compliant in November. In October there was no evidence that this audit had been completed. The requirements were for this audit to be completed weekly. Ward manager audits were due to be completed monthly. In the last year 4 audits had been completed. This meant that some safety issues may have been undetected.

Managers did not provide adequate support and did not have adequate oversight of staff. Supervision compliance was an average of 46 % from May to October 2025. Investigations identified supervision as a process to address individual concerns with staff. Issues identified were not raised in supervision with staff when needed. Leaders could not tell us how some concerns were addressed with staff. This put patients at risk of ongoing abuse and avoidable harm.

There was a clear framework for business meetings. For example, where gaps in training were identified this was discussed with the team.

There was a business continuity plan in place which was last reviewed in September 2025, which gave details of appropriate contacts and a plan for events that could have an impact on the running of the service.

Partnerships and communities

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always understand their duty to collaborate and work in partnership, so services work seamlessly for people. They did not always share information and learning with partners or collaborate for improvement.

Leaders did not always work in partnership with safeguarding authorities. For example, safeguarding referrals and concerns were not always shared where necessary. However, leaders collaborated with partners regarding the review and re-design of 439 Ipswich Road. This included engagement with stakeholders, such as integrated care boards and the local authority.

Learning, improvement and innovation

Score

2. Evidence shows some shortfalls in the standard of care

We scored the service as 2. The evidence showed some shortfalls. The service did not always focus on continuous learning, innovation and improvement across the organisation and local system. They did not always encourage creative ways of delivering equality of experience, outcome and quality of life for people. They did not always actively contribute to safe, effective practice and research.

Leaders did not always focus on continuous learning, innovation and improvement. The trust shared 5 key messages monthly with staff to improve quality of care and a lessons learned newsletter. However, staff were not always able to tell us how lessons learned were shared. This means that lessons learned were not embedded.

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The ward did not participate in accreditation schemes.