Good

Kent and Medway NHS and Social Care Partnership Trust

Community-based mental health services for older people

Quality Report

Trust Headquarters,
Hermitage Lane,
Maidstone,
Kent,
ME16 9PH
Tel: 0300 222 0123
Website: www.kmpt.nhs.uk

Date of inspection visit: 16-20 January 2017
Date of publication: 12/04/2017

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXY04	Trust Headquarters	Shepway CMHSOP	CT20 1JY
RXY04	Trust Headquarters	Sevenoaks CMHSOP	TN13 3PG
RXY04	Trust Headquarters	Canterbury and Coastal CMHSOP	CT1 1TD
RXY04	Trust Headquarters	Medway CMHSOP	ME8 7JP
RXY04	Trust Headquarters	Maidstone CMHSOP	ME16 9PH
RXY04	Trust Headquarters	Dartford (DGS) CMHSOP	DA2 8DA

Summary of findings

This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership Trust. Where relevant we provide detail of each location or area of service visited.

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

Where applicable, we have reported on each core service provided by Kent and Medway NHS and Social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS and Social Care Partnership Trust.

Summary of findings

Ratings

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

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

Contents

Summary of this inspection

Page

Overall summary 5

The five questions we ask about the service and what we found 7

Information about the service 13

Our inspection team 13

Why we carried out this inspection 14

How we carried out this inspection 14

What people who use the provider's services say 14

Good practice 15

Areas for improvement 15

Detailed findings from this inspection

Locations inspected 16

Mental Health Act responsibilities 16

Mental Capacity Act and Deprivation of Liberty Safeguards 16

Findings by our five questions 18

Summary of findings

Overall summary

We rated community-based mental health services for older people as good because:

- All team bases that patients visited to meet with staff kept emergency equipment such as defribrillators and stored medicine at the base. All of the equipment was well-maintained and checked regularly. Each team demonstrated good medicines management practice.
- There had been a reduction of caseloads for the majority of staff and there was nobody on the waiting list for allocation of a care co-ordinator across the teams. Care co-ordinators were allocated the role of GP link worker and were the named contact for their aligned GP practice. There was evidence of productive mutual relationships and information sharing between the teams and GP practice.
- There was rapid access to a doctor in person or by telephone the same day and doctors had an 'open door' policy for advice. Each team had a duty system and policy in place. In line with trust policy, duty workers screened, evaluated and processed all mental health referrals on the day they were received within 9am and 5pm and undertook home visits as required. Each team operated a 'drop in' service that varied in frequency between teams of every 4-8 weeks' occurrence.
- Staff were up to date with appropriate mandatory training. The average mandatory training rate for staff was 96%, which was above the trust average.
- Staff knew how to make a safeguarding alert and did this when appropriate. Staff were trained in level two safeguarding adults and children at risk with updates every two years. The teams reported incidents and recorded them appropriately on the trust's incident reporting system. There were opportunities for staff to learn from incidents, complaints and patient feedback.
- We saw evidence of comprehensive assessments that were holistic, needs led and patient focused. The service complied with National Institute of Health and Care Excellence (NICE) guidelines regarding the use of antipsychotic medicines for people using the service and regular physical health checks were carried out. There was good evidence of a range of psychological therapies recommended by NICE and the service offered a range of support and educational groups for carers.
- We looked at 42 care records of people using the service on the trust's electronic patient care record system and found that the quality of care plans were varied across the teams. The majority of the records included care plans that were up to date, personalised and holistic. However, in seven records the care plan was in the format of a letter and not located within the care plan section of the electronic patient care record system.
- Since our previous inspection we saw that improvements had been made to ensure that capacity to consent to treatment and information sharing was clearly and consistently recorded. Staff demonstrated a robust knowledge around the Mental Capacity Act and its five key principles.
- People using the service and carers were very positive about the care received, they felt that staff were respectful, compassionate and kind. During our inspection we observed caring staff interactions and saw that explanations and rationale were clearly given for treatment decisions and patient choice and preference were given high importance.
- Since our previous inspection improvements had been made to ensure that the teams effectively met assessment and treatment targets. One team was piloting a new system that enabled an earlier initial assessment of people using the service by support workers so that people using the service were seen within seven days of being referred.
- We saw evidence of very good team morale, staff described their teams as supportive, confident and experienced. Staff told us they enjoyed working in the teams and felt valued by colleagues and their line managers.

Summary of findings

- We saw evidence of participation in research studies including 'Improving the experience of Dementia and Enhancing Active Life' (IDEAL) project which examined how social and psychological factors influenced the possibility of living well.

However:

- None of the interview rooms was fitted with alarms and staff did not carry personal alarms. The trust was addressing this and managers had put in requests for new personal alarms for their staff.
- There was a crisis service in place within the trust for older adults with a functional diagnosis such as psychosis or depression, but this was not available for people using the service with an organic diagnosis such as dementia. However, patients with dementia and their carers had access to an out of hours telephone service.
- Each team held a risk register and staff could contribute to this, however some items on the risk register had not been resolved and had no date for when this would happen.
- The service as a whole averaged 65% non-medical staff supervision rates for the previous 12 months which fell below the trust target of 100% for clinical supervision compliance.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good

We rated safe as good because:

- All of the team bases that people using the service visited kept emergency equipment such as defibrillators and stored medicine at the base. All of the equipment was well-maintained and checked regularly. Each team demonstrated good medicines management practice. Medicines were stored safely, medicine charts were updated and completed accurately. Waste medicines were disposed of appropriately.
- Care co-ordinators held an average caseload of 30 patients. There had been a reduction of caseloads for the majority of staff since the implementation of the Choice and Partnership Approach model. This was a model that engaged people using the service and their families whilst managing supply and demand within the service. There was nobody on the waiting list for allocation of a care co-ordinator across the teams.
- There was rapid access to a doctor in person or by telephone the same day and people who used the service told us they could get to see their doctor in between appointments. Doctors had an 'open door' policy for advice and provided cover for each other if they were on leave.
- Staff were up to date with appropriate mandatory training. The average mandatory training rate for staff was 96%, which was above the trust average.
- We looked at 42 care records for people using the service, all of which included a thorough risk assessment and 38 of these had been reviewed recently.
- Staff knew how to make a safeguarding alert and did this when appropriate. Staff were trained in level two safeguarding adults and children at risk with updates every two years. One staff member in each team held the role of 'Safeguarding champion' and was a point of contact for the rest of the team to discuss safeguarding concerns. The service made 38 adult safeguarding referrals to the local authority during the previous 12 months.
- We looked at the trust's incident reporting system and saw that staff had reported a range of incidents and those we saw were appropriately recorded. Staff received feedback from the learning of incidents within supervision and team meetings.

However:

Summary of findings

- None of the interview rooms were fitted with alarms and staff did not carry personal alarms. Staff had access to a smart phone to take on home visits. The trust were addressing the lack of personal alarms and the managers for each team had put in requests for new personal alarms.

Are services effective?

Good

We rated effective as good because:

- We saw evidence of comprehensive assessments that were holistic, needs led and patient focused. The service complied with National Institute of Health and Care Excellence (NICE) guidelines regarding the use of antipsychotic medicines for people using the service and regular physical health checks were carried out. The service held weekly or monthly joint meetings between team doctors, neuroradiologists and nuclear physicians to review the results of nuclear scans. Teams were able to access scan results at the same time as GPs which reduced waiting times.
- A range of psychological therapies recommended by NICE was available for people using the service with dementia as well as early onset dementia. These included cognitive analytical therapy and cognitive stimulation therapy. The service offered support and educational groups for carers and one team provided a carers' education programme.
- Staff completed physical health care checks at the initial appointment stage that included weight, height and blood pressure checks. We looked at 42 care records and the majority of these demonstrated that physical health examinations were carried out on admission to the service and that people using the services received on-going physical health care.
- Care co-ordinators were allocated the role of GP link worker and were the named contacts for their aligned GP practice. There was evidence of productive mutual relationships and information sharing between the teams and GP practice.
- We looked at 42 care records of people using the service on the trust's electronic patient care record system and saw that the quality of care plans were varied across the teams. The majority of the records included care plans and these were up to date, personalised and holistic. However, in seven records the care plan was in the format of a letter and not located within the care plan section of the electronic patient care record system.

Summary of findings

- Overall the service achieved a staff appraisal rate of 91%, above the trust target of 90%. We looked at nine randomly selected staff supervision records across two teams and saw that staff supervision was well-structured and occurred every four to six weeks which was in line with trust policy.
- The team included a range of mental health disciplines to care for the patient group including occupational therapists, nurses, admiral nurses, doctors, healthcare assistants and psychologists. Weekly multidisciplinary team meetings were well attended by the range of staff disciplines.
- All clinical staff had received mandatory training in the Mental Health Act across the service which exceeded the trust target of 85% compliance. Nearly all (99%) of clinical staff had received mandatory training in the Mental Capacity Act across the service which exceeded the trust target of 85% compliance.
- Since our previous inspection improvements had been made to ensure that capacity to consent to treatment and information sharing was clearly and consistently recorded. We looked at 42 patient care records and saw that the majority included evidence of consent. Staff presumed capacity and demonstrated a robust knowledge around the Mental Capacity Act and its five key principles.

However:

- The information needed to deliver care was stored securely on the electronic patient care record system and available to staff when they needed it. However, staff we spoke to voiced frustrations about the system and that they sometimes found it difficult to access information quickly.
- Four teams did not meet the trust appraisal target of 90% target and their compliance figures ranged from 75-89%. The service as a whole averaged 65% non-medical staff supervision rates for the previous 12 months which fell below the trust target of 100% for clinical supervision compliance.

Are services caring?

Good

We rated caring as good because:

- People using the service and carers were very positive about the care received, they felt that staff were respectful, compassionate and kind. During our inspection we observed caring staff interactions and saw that staff were able to adapt their approach to the emotional presentation of the patient and

were sensitive to their individual needs. We saw that explanations and rationales were clearly given for treatment decisions and patient choice and preference was given high importance.

- People using the service and carers told us they were involved in their care and they had been offered copies of their care plan. The trust invited people using the service to participate in interviews for new staff members. Staff gave people using the service a feedback form on how staff performed during the assessment. We saw evidence of the trusts implementation of key changes as part of the 'You said we did' initiative to capture patient feedback and act on the information received.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Since our previous inspection improvements had been made to ensure that the teams effectively met assessment and treatment targets. The service was meeting the local referral to assessment target of four weeks and the assessment to treatment target of 18 weeks. One team was piloting a new system that enabled an earlier initial assessment of people using the service by support workers so that people using the service were seen within seven days of being referred.
- Each team had a duty system and policy in place. Care co-ordinators within the team were allocated a duty slot each week. In line with trust policy, duty workers screened, evaluated and processed all mental health referrals on the day they were received within 9am and 5pm and undertook home visits as required.
- Each team operated a 'drop in' service that varied in frequency between teams of every four to eight weeks' occurrence. The drop in service was designed to meet the needs of people using the service not under the care of the teams and following discharge from the service.
- Overall each team had a good range of rooms and equipment to support treatment and care and confidentiality was well maintained. There was good provision of accessible information on treatments, local services, patients' rights, who to contact in a crisis, how to complain and advocacy. Information leaflets were available in languages spoken by people who use the service and the teams had access to interpreters and/or signers.

Summary of findings

- The service received 23 complaints within the previous 12 months across the teams. People using the service and carers told us they knew how to complain and received feedback on complaints made. Staff knew how to handle complaints appropriately.

However:

- There was a crisis service in place within the trust for older adults with a functional diagnosis such as psychosis or depression but this was not available for people using the service with an organic diagnosis such as dementia. Patients with dementia and their carers were advised to contact the trust's single point of access service outside the hours of 9am and 5pm. Patients and carers we spoke to were aware of this service.

Are services well-led?

Good

We rated well-led as good because:

- The trust's values were clearly displayed within the team bases and staff knew and agreed with the trust's values. Staff knew who the senior managers were in the trust and that senior managers had visited their teams.
- The teams reported incidents and recorded them appropriately on the trust's incident reporting system. There were opportunities for staff to learn from incidents, complaints and patient feedback.
- The provider used evidence-based key performance indicators to gauge the performance of the.
- During the previous 12 months there were no cases where staff were suspended or had supervised practice within the service. None of the staff we spoke to had experienced bullying or harassment. All staff members we spoke to told us they knew the trust's whistle-blowing process and felt able to raise concerns without fear of victimisation. There was information on staff counselling and staff support on the walls in staff areas.
- The average mandatory training rate for staff was 96%, which was above the trust average.
- We saw evidence of very good team morale, staff described their teams as supportive, confident and experienced. Staff told us they enjoyed working in the teams and felt valued by colleagues and their line managers.
- Staff had the option to access external training and they felt that this would be supported by their senior managers. Staff felt they were able to give feedback on services and input into service development.

Summary of findings

- We saw evidence of participation in research studies including 'Improving the experience of Dementia and Enhancing Active Life' (IDEAL) project which examined how social and psychological factors influenced the possibility of living well.
- The trust participated in one accreditation scheme relating to community-based mental health services for older people: the Memory Services National Accreditation Programme with the Royal College of Psychiatrists. Two of the six teams we visited were accredited and the other four teams were working towards accreditation.

However:

- The service fell below the trust target of 100% for clinical supervision compliance. Not all of the teams met the trust target of 90% for appraisals. Since our previous inspection improvements had been made that demonstrated that staff had access to well-structured and effective supervision.
- Some staff told us that the culture within their teams was to work extra hours and not to claim these back. However senior managers we spoke to within those teams were aware of this and were in the process of addressing the issue.

Summary of findings

Information about the service

The community-based mental health services for older people form part of the trust's mental health services in the community. They provide a specialist mental health service to meet the mental health needs of older adults with acute, serious and enduring mental health problems, including dementia. The services provided include routine and urgent assessment, memory assessment, admiral nursing services and on-going treatment and review.

Services were divided according to clinical commissioning group (CCG) and geographical boundaries. There were nine teams which provided a community mental health service for older people across Kent and Medway. There were five CCGs who commissioned services from KMPT, across Kent and Medway. Older adults requiring specialist services could self-refer or be referred directly from their GP.

Whilst the majority of people referred to the service were over the age of 65, access to the service was determined by the needs of the individual as well as their age. Therefore, individuals of any age were accepted where dementia was suspected.

We inspected six Community Mental Health Services for Older People (CMHSOP). These were: Shepway CMHSOP, Sevenoaks CMHSOP, Canterbury and Coastal CMHSOP, Medway CMHSOP, Maidstone CMHSOP and Dartford CMHSOP.

The Care Quality Commission carried out a comprehensive inspection of this core service in March 2015. At that inspection, the Care Quality Commission found breaches of the following three regulations within the effective, responsive and well-led domains:

• Regulation 18 HSCA (RA) Regulations 2014 Staffing.

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

• Regulation 11 HSCA (RA) Regulations 2014 Need for consent.

Following the inspection in March 2015, the Care Quality Commission told Kent and Medway NHS and Social Care Partnership Trust that they must:

- Ensure that all staff have access to well-structured and effective supervision.
- Ensure that care plans are centred around the person using the service and reflected their involvement and preferences.
- Ensure that capacity to consent, consent to treatment and information sharing is clearly and consistently recorded.
- Ensure that there is capacity within teams to effectively meet assessment and treatment targets.

During this inspection we found that these requirements had been met.

Our inspection team

The inspection team was led by:

Chair: Dr Geraldine Strathdee, CBE OBE MRCPsych National Clinical Lead, Mental Health Intelligence Network

Head of Inspection: Natasha Sloman, Head of Hospital Inspection (mental health), Care Quality Commission

Team Leader: Evan Humphries, Inspection Manager (mental health), Care Quality Commission

The team that inspected community-based mental health services for older people comprised: three Care Quality Commission inspectors including a pharmacist inspector, three specialist advisor nurses, one specialist advisor occupational therapist and one specialist advisor psychologist.

Summary of findings

Why we carried out this inspection

We inspected this core service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from people using the service.

During the inspection visit, the inspection team:

- visited six community-based mental health services for older adults, looked at the quality of the environment and observed how staff were caring for people using the service
- spoke with 21 people who were using the service and viewed 13 comment cards
- spoke with six managers
- spoke with 35 other staff members; including doctors, nurses, occupational therapists, psychologists, health care assistants and administration workers
- observed six out-patient appointments, one neuropsychology appointment, one initial assessment and six home visits
- observed three risk handover meetings and one multidisciplinary meeting
- looked at 42 care records of people who use the service
- carried out a check of the equipment in clinic rooms
- 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

People who used the services were very positive and had many good things to say about staff and the care they had received. In particular there was a high level of praise for the input of admiral nurses who also visited them at home during the evenings. People who used the service said that the relationship they had with their care co-ordinators was excellent; they felt involved in their care and the majority had copies of their care plans. They told us they were able to contact staff in between appointments but they were disappointed that there was no out of hours service for people with dementia although they did have a telephone number to contact. They also mentioned that staff paid attention to their physical health needs as well as their mental health.

We looked at 13 comment cards for Maidstone and all of these were positive and included comments about the caring and friendly staff who treated them with dignity and respect and that the team buildings were safe and clean environments.

Carers commented that staff were respectful, caring and responsive. They felt welcomed when they arrived in the team bases and that the atmosphere was warm and pleasant. They told us that they felt listened to and involved in their relative's care and had been given information when their relative was first admitted to the service. This included information on how to make a complaint and the carers we spoke to felt confident they would know how to do this if they needed to do so. Carers told us that staff helped them to understand different

Summary of findings

aspects of their relatives care including the importance of capacity and the different ways a diagnosis of dementia might impact on their relative. Carers praised the excellent support they had received and the availability of carers' groups and education.

Good practice

- Patients received regular physical health checks. The service held weekly or monthly joint meetings between team doctors, neuroradiologists and nuclear physicians with access to scans. The nuclear physician in attendance was able to advise on the results of nuclear scans in line with National Institute of Health and Care Excellence (NICE) guidance. Teams were able to access scan results at the same time as GPs which reduced waiting times.
- A range of psychological therapies recommended by NICE was available, including cognitive analytical therapy, cognitive stimulation therapy for people using the service with dementia as well as early onset dementia.
- The service offered support and educational groups for carers, including a carers' education programme. The service also offered post-diagnostic support groups such as 'living well with dementia'.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that care plans for people using the service are accessible within the electronic care notes system.
- The provider should address outstanding risk register items that may pose a risk to staff and people using the service.
- The provider should ensure that targets for supervision are consistently met.

Kent and Medway NHS and Social Care Partnership Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Shepway CMHSOP	Trust Headquarters
Sevenoaks CMHSOP	Trust Headquarters
Canterbury and Coastal CMHSOP	Trust Headquarters
Medway CMHSOP	Trust Headquarters
Maidstone CMHSOP	Trust Headquarters
Dartford (DGS) CMHSOP	Trust Headquarters

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- None of the teams worked with people in their caseloads who were being treated under a community treatment order during our inspection.
- The teams had access to approved mental health professionals if a Mental Health Act assessment was required via a rota system but staff felt confident to phone the service to check for availability.
- We saw that 100% of clinical staff had received mandatory training in the Mental Health Act across the service which exceeded the trust target of 85% compliance.

Detailed findings

- People using the service had access to an independent mental health advocate and staff facilitated this when needed.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The trust had a Mental Capacity Act policy and we saw that information regarding the Act was widely distributed and accessible to patients.
- We saw that 99% of clinical staff had received mandatory training in the Mental Capacity Act across the service which exceeded the trust target of 85% compliance.
- Since our previous inspection we saw that improvements had been made to ensure that capacity to consent to treatment and information sharing was clearly and consistently recorded. We looked at 42 patient care records and saw that the majority included evidence of consent. There was a section in the initial assessment to capture this information.
- Staff presumed capacity and demonstrated a robust knowledge around the Mental Capacity Act and its five key principles. Decision-specific capacity assessments were carried out during initial assessments, when referring people using the service elsewhere and for information sharing where necessary. Staff attended best interest meetings and followed best interest processes.
- People using the service had access to an independent mental capacity advocate (IMCA) and staff facilitated this when needed.

Good

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

- All of the teams were situated in buildings that were clean and well-maintained. The Dartford team was situated on a ward with only two rooms in which to hold groups or meet individually with people using the service. Some of the teams were based in buildings on a lease basis with the cleaning organised on a daily basis by the leaseholder responsible and this was audited. In each of the teams we could not hear conversation happening within the interview rooms while standing outside so confidentiality was maintained.
- The lift in the building used by the Shepway team had not been working for several months and was due to be replaced. To manage this, staff with physical disabilities were required to move to another team and people using the service with physical disabilities were seen on the ground floor only. The faulty lift was on the team's risk register and had been identified as requiring replacement, but there was no set date for when work would commence to replace the lift.
- The Maidstone team had a fire risk item on their register that had been on the risk register for some time and had not yet been resolved. The fire panel for the Maidstone team was located in the building next to them so that if the fire alarm sounded, staff would need to go to that building to see where any fire originated from in their own building. The team mitigated this risk by fully evacuating the building in the event of an alarm sounding without determing the location or source. All staff were compliant with the mandatory fire training and there were five trained fire wardens.
- None of the interview rooms were fitted with alarms and staff did not carry personal alarms. Staff had access to a smart phone to take on home visits. The trust were addressing the lack of personal alarms and the managers for each team had put in requests for new personal alarms recommended by the Health and Safety Executive for their staff. The new alarms, if pushed would make an audio call to a monitoring centre where events would be assessed and a appropriate response would be escalated.
- Apart from Sevenoaks team, all of the teams saw people using the service on site and kept emergency equipment such as defibrillators and stored medicine at the base. All of the equipment was well-maintained and checked regularly. The clinic rooms we saw were clean and tidy with the necessary equipment in place to carry out physical examinations such as blood pressure, height and weight checks. Staff adhered to infection control principles and there were posters on the walls in bathrooms and clinical areas that reminded staff about the correct hand washing techniques.

Safe staffing

- Community-based mental health services for older people had a total number of substantive staff at 177 and the total number of substantive staff leavers during the previous 12 months was 17. The service fell below the trust average (15%) for qualified nurse vacancies at an 8% vacancy rate and above the trust average (7%) for health care assistant vacancies at 9% vacancy rate. Maidstone had the highest health care assistant vacancy rate of the teams inspected at 50% and Dartford (DGS) had the highest overall vacancy rate at 19%. The service fell below the trust average for staff leavers at 10% with Dartford (DGS) having the highest rate at 33%. The service fell below the trust average for staff sickness at 7% over the previous 12 months with Dartford (DGS)having the highest rate of permanent staff sickness at 17%. Duty workers were expected to assist with cover if a colleague was off work due to sickness absence.
- The trust had introduced a 'therapeutic staffing' project to enable staff from a range of disciplines such as occupational therapy, to work in the community as care co-ordinators. Each team we visited was comprised of staff from different disciplines who each held a caseload of people using the service.
- Care co-ordinators held an average caseload of 30 patients, depending on complexity of needs and the banding or experience of the care co-ordinator. There

had been a reduction of caseloads for the majority of staff which they attributed to the implementation of the Choice and Partnership Approach model (CAPA). Originating in the child and adolescent mental health service, the aim of CAPA was to engage people using the service and their families whilst managing supply and demand within the service. All staff were skilled to complete the assessment and the correctly skilled staff member would offer the designated treatment. People using the service new to the service were invited, along with their carers, to an initial 'Choice appointment' and were offered a choice of day, time, venue, clinician and intervention.

- Admiral nurses (specialist dementia nurses) and doctors held higher caseloads ranging from 50 to 400 people using the service for doctors, although these included people using the service based in care homes. Admiral nurses had caseloads ranging between 70 and 190, however they did not do care co-ordination. Admiral nurses told us they felt able to discuss their caseloads in supervision and felt supported.
- The Dartford (DGS) team was the only team we visited that included an agency staff member. The agency staff member was hired on a long-term basis and was familiar with the team and the people who used the service under their care.
- Staff were up to date with appropriate mandatory training. The average mandatory training rate for staff was 96%, which was above the trust average. There were 26 courses which the trust had classed as mandatory for this service and included safeguarding adults and children level one, infection control and clinical record keeping.

Assessing and managing risk to patients and staff

- We looked at 42 care records for people using the service. All of these included a thorough risk assessment and 38 records had been reviewed recently. Staff completed a risk assessment and crisis plan for people using the service at the initial triage and assessment stage and the GP referral form contained a prompt to specify any known risks so risks were identified at an early stage. Staff were prompted to discuss advance decisions within the care plan. Staff updated risk assessments every six months, during clinic appointments and more frequently as necessary. Risks were highlighted using the Red, Green and Amber rating system on 'patient at a glance' boards in the main staff meeting rooms along with the safeguarding status of people using the service.
- We observed an initial assessment with a nurse, a person using the service and their relative. The nurse explained what the service offered in detail, discussed consent to share information with the relative and completed a detailed assessment of the symptoms of the person using the service. The person using the service and their relative were given time and encouragement to share their concerns and the manner of the assessment was respectful and inclusive.
- All of the teams held daily or weekly risk meetings and we observed three of these. This was an opportunity for staff to flag risks and share awareness of any changing or potential risks. During the meeting duty workers fed back to the rest of the team any urgent contact they had had with people using the service and identified the key risks and any safeguarding concerns. We saw that during the meeting staff supported each other and shared advice. Staff discussed the views of people using the service and their carers and we observed that staff had maintained confidentiality with relatives when discussing people using the service over the telephone. The discussion was holistic and recovery focused in its focus.
- The service made 38 adult safeguarding referrals to the local authority during the previous 12 months. The Dartford (DGS) team had made the highest number of referrals at 11.
- Staff were trained in level two safeguarding adults and children at risk with updates every two years. One staff member in each team held the role of 'Safeguarding champion' and was a point of contact for the rest of the team to discuss safeguarding concerns. Safeguarding champions were trained at level three in safeguarding adults and children. Staff knew how to make a safeguarding alert and did this when appropriate. We saw evidence of safeguarding alerts that staff had raised with the local authority safeguarding team and staff were able to talk us through these in detail. However, three staff members we spoke to were unclear on the need to make a safeguarding referral to the local authority if the patient had capacity but did not consent to the referral being made.

Good

Are services safe?

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

- Each team kept a safeguarding log and we saw that these had been either actioned or closed as appropriate. The trust's safeguarding policy was accessible in hard copy or on the trust's intranet and staff were aware of the policy. We saw safeguarding information posters and leaflets on the walls in areas accessible to people using the service and carers. Safeguarding was a standing agenda item on the team's weekly meetings.
- We saw evidence of how one team dealt with a complex safeguarding issue where both the patient and a staff member were at risk of harm. There was evidence of good multi-agency working with the trust, police and the local authority safeguarding team in resolving the safeguarding concern.
- Each team had a lone working policy and incorporated personal safety protocols. Staff who were out visiting were required to call in at the end of the day. At the end of the working day the duty worker checked that every staff member out on visits had called in to the team base and if a staff member had not called in the duty worker would make contact with them. Staff maintained a diary on the electronic patient care record system so that the rest of the team knew their whereabouts. For staff members, such as admiral nurses, who were occasionally required to work into the evening, there was a 'buddy system' in place so the staff member had a named colleague to contact when they had finished their visit. Staff took other safety precautions by not visiting a patient alone if there were any known risks or during an initial visit.
- Each team demonstrated good medicines management practice. Medicines were stored safely, medicine charts were updated and completed accurately. Waste medicines were disposed of appropriately. All medicines were in date, fridge temperatures recorded maximum, minimum and current temperatures and were within the recommended range of 2°C and 8°C. In the Maidstone team, temperature records for the medicines refrigerator and area used to store medicines at ambient temperature showed current temperatures only. On the day on the inspection, no medicines were stored in the fridge. However, the medicines cupboard did contain a stock of medicines.

Track record on safety

- Trusts are required to report serious incidents to the Strategic Executive Information System. The number of serious incidents in the previous 12 months across the service was six, five of which were located at the homes of people who used the service. The category with the highest number of serious incidents was 'unexpected or avoidable death' or 'severe harm of one or more patients, staff or members of the public'.

Reporting incidents and learning from when things go wrong

- We looked at the trust's incident reporting system and saw that staff had reported a range of incidents and those we saw were appropriately recorded. The majority of staff we spoke to told us that they knew what to report and how to report. Staff also described the 'duty of candour' process, giving an example of contacting carers to offer their condolences after a patient had died. However, some staff were unclear about the difference between an incident and a serious incident. Staff felt able to talk through incidents with their line managers and would ask questions if they were unclear about whether to report something as an incident. The trust's incident reporting policy was in place and staff were aware of it.
- Staff received feedback from the learning of incidents within supervision and team meetings. The trust issued 'learning bulletins' and the team meeting minutes we looked at showed evidence of the learning discussed. Team leaders discussed incidents and subsequent learning with teams and trust publications were issued to staff that contained learning from incidents. Staff in one team gave us an example of a change having been made as a result of feedback from learning. Following an incident where a patient self-harmed while on leave, the trust had implemented a feedback form for people using the service and carers to complete after a period of leave. The purpose of the feedback form was for staff to asses how the leave went and whether any risks had emerged during the period of leave.

Are services effective?

Good

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

Our findings

Assessment of needs and planning of care

- We saw evidence of comprehensive assessments that were holistic, needs led and patient focused. The assessment took account of a range of factors, including the people using the service' mental health, physical health, occupational therapy and psychology needs as well as social needs such as housing and financial.
- We looked at 42 patient care records on the trust's electronic system. Care plans were varied across the teams. The majority of the records included care plans and these were up to date and holistic. The care plans were written within 28 days of the patient being allocated to a staff member and this was in line with trust policy. However, in seven records the care plan was in the format of a letter and not located within the care plan section of the electronic patient care record system. This meant that staff would need to spend more time looking for the care plan letter and new staff or agency staff might find it difficult to access this easily. Since our previous inspection we saw that had been improvements made to include patient involvement within the care plan process, and the care plans we looked at were centred around the person and were personalised. The care planning was patient centred and reflected patient involvement and preferences.
- The information needed to deliver care was stored securely on the electronic patient care record system and available to staff when they needed it. However, staff we spoke to voiced frustrations about the system and that they sometimes found it difficult to access information quickly. Staff also told us that the system crashed quite often which caused delays in inputting or accessing information. Staff told us that the system could impact negatively, causing delays to clinic appointments as doctors were not always easily able to access scans or blood test results. We saw that different teams were using different versions of the electronic patient care record system, the updated versions used by some teams appeared more user friendly. Many of the incidents reported on the trust's incident reporting system (DATIX) were related to the incorrect entry of a patient's details onto the electronic patient care record system. Staff in one team told us that six staff had left in the past 12 months due to what they felt was a lack of patient contact due to how time consuming they found the electronic patient care record system to be.
- There was approximately an 18 week waiting time for psychology and neuropsychology and the trust was meeting their target.

Best practice in treatment and care

- The service complied with National Institute of Health and Care Excellence (NICE) guidelines regarding the use of antipsychotic medicines for the people using the service under their care and people using the service received regular physical health checks. Medical staff across the teams told us that they would only prescribe antipsychotics as a last resort and sparingly. If an antipsychotic was used, medical staff told us they prescribed a low dose of antipsychotic medicine and this would be reviewed every four to six weeks.
- The service held weekly or monthly joint meetings between team doctors, neuro-radiologist and nuclear physicians with access to scans. The nuclear physician in attendance was able to advise on the results of nuclear scans in line with NICE guidance. Teams were able to access scan results at the same time as GPs which reduced waiting times.
- There was good evidence of a range of psychological therapies recommended by NICE, including cognitive analytical therapy, cognitive stimulation therapy for people using the service with dementia as well as early onset dementia. The service also offered post-diagnostic counselling groups, mindfulness, well being groups, anxiety management and singing groups. The Shepway team had a neuropsychology assessment and testing service which is a service recommended by NICE. Psychologists facilitated complex case meetings every month for the teams to attend.
- Carers told us they felt very involved in their relatives' care. The service offered a range of support and educational groups for carers, including the Carers' education programme run by the Maidstone team. This incorporated two different courses; a one day programme and a longer three week programme. This was facilitated by the admiral nurse team and invited guest speakers from external organisations such as Age

Are services effective?

Good

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.

UK, the Alzheimer's Society, crossroads and medical staff. The service also offered post-diagnostic support groups such as 'living well with dementia'. We saw evidence that carers' assessments had been completed.

- Staff completed physical health care checks at the initial appointment stage that included weight, height and blood pressure checks. We looked at 42 care records and the majority of these demonstrated that physical health examinations were carried out on admission to the service and that people using the services received on-going physical health care. If blood tests or electro-cardiogram tests were required the doctors within the service would request that the GP organised these. Prior to prescribing medicine for an individual, doctors at the service checked their blood test results. We saw evidence of good staff knowledge and monitoring of physical health needs and good liaison between the service, GPs and specialist teams in the acute hospital. There was adequate monitoring in place for people prescribed lithium or antipsychotic medication via separate doctor and nurse led monitoring clinics.
- The service participated in five clinical audits. One of these was related to cardio-metabolic monitoring of community-based mental health patients which was completed. Cardio-metabolic monitoring is a measure of a person's risk for diabetes and heart disease. The other four were on-going and included the quality of Magnetic Resonance Imaging brain reports in aiding a diagnosis of dementia and the memory services accreditation programme. Clinical staff participate actively in clinical audit. We saw monthly care plan audits that were audited to include physical health needs, risks, and whether the patient and their carer had received a copy. There were also audits completed or underway for out of hours crisis needs and person centred care.
- The service used Health of the Nation Outcome scales (HONoS) to measure outcomes and rate severity. Staff also received business intelligence reports that alerted them when it was time to review or update clusters, risk assessments and care plans.

Skilled staff to deliver care

- Overall, 91% of staff had received an appraisal, above the trust target of 90%. However, four teams did not meet this target and their compliance figures ranged from 75% to 89%. The Sevenoaks team achieved a 100% appraisal rate and Medway team had the lowest appraisal rate at 75%. The trust was not able to provide data specific to the service regarding the appraisal rates for medical staff. However, medical staff we spoke to told us that they did receive an annual appraisal. The service achieved 100% revalidation rate for doctors.
- The service averaged 65% non-medical staff supervision rates for the previous 12 months which fell below the trust target of 100% for clinical supervision compliance. However, we looked at nine randomly selected staff supervision records across two teams and saw that staff supervision occurred once every four weeks. The records we saw were in line with the trust's supervision policy that stated that the minimum standard for managerial supervision should be every six weeks but could occur more often than this based on need. The staff records we looked at indicated the reason why a supervision might have been missed, such as annual leave.
- Staff received managerial and clinical supervision that included caseload review but also the well being and goals of the staff member. Performance management was conducted in a way that was supportive and caring towards staff members evidenced in supervision records we saw and from staff members themselves. The service provided peer review for all disciplines working within the teams, including health care assistants, nurses, doctors, psychologists and occupational therapists. The trust was not able to provide data showing the rates of supervision for medical staff in this service.
- Staff were experienced, qualified, trained and had received an induction. Staff told us that they felt able to request external training and there was good access to this. Some staff had completed a dementia care mapping course, suicide prevention course, cognitive stimulation therapy training and a 'practice educator course' run by a local college.

Multi-disciplinary and inter-agency team work

- The teams were not integrated with social care staff and these were based elsewhere. Staff in some teams described some liaison difficulties between themselves and social services since the teams had split up. They told us that better integration with social services would be desirable as it was time consuming to refer and

Are services effective?

Good

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.

follow up on referrals made to social service for care packages due to the long wait and lack of funding. However, we saw evidence that social services were invited to and attended team meetings and went on joint home visits to assess a patient's social care needs. Staff felt that there could be better liaison with the local authority safeguarding team as they said that they did not receive feedback following safeguarding referrals the team made.

- Each practitioner with the team was linked to a GP practice so GPs had a named contact and the staff member attended practice meetings at their allocated GP surgery. Staff were allocated the role of GP link worker and were the named contact for their aligned GP practice. Staff attended practice meetings and liaised with the doctor on a regular basis. The service also used 'care home liaison' nurses;' these staff had a caseload of people using the service in care homes and visited the care homes on a regular basis.
- There was evidence of productive mutual relationships and information sharing between the teams and GP practices. The service sent email letters to GPs following clinic appointments. The majority of GPs participated in the 'shared care protocol' which meant that GPs could prescribe dementia medicine to people using the service. Staff told us that when this was in place it meant that staff caseloads had reduced as the team was able to discharge people using the service to their GP. Two GPs in the area covered by the Shepway team had declined to participate in the shared care protocol which was on the team's risk register as they felt this resulted in an increased risk to patients in relation to medicine concordance.
- Each staff member also took the role of a 'champion' within their team for a certain area of expertise and a point of contact for colleagues. This included safeguarding, medicine and Mental Capacity Act champions.
- The team included a range of mental health disciplines to care for the patient group including occupational therapists, nurses, admiral nurses, doctors, healthcare assistants and psychologists. Weekly multidisciplinary team meetings were well attended by the range of staff disciplines. The teams also held monthly business meetings and regular risk meetings. The trust held a monthly super-locality meeting; a high-level quality performance meeting attended by service managers across the older adults service line which enabled issues raised by staff to be directed to the higher levels of the organisation. Team leaders were able to attend team leader forums.
- We observed a multidisciplinary meeting which was attended by a range of staff from different disciplines. Every staff member was encouraged to participate and raise concerns, the meeting was effective in discussing complex issues, physical health and scan results and was focused on the needs of people using the service and carers.
- There was evidence of effective signposting by the teams to external services such as the befriending team, Age UK, citizens advice for older people and 'Crossroads Care' a charity organisation that supports carers and the people they care for. Crossroads offered short breaks to carers and support in the event of a crisis. The teams also had links with local substance misuse services who were invited to attend team meetings to facilitate joint working.

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

- None of the teams had people in their caseloads who were being treated under a community treatment order during our inspection.
- The teams had access to trust based Approved Mental Health Professionals if a Mental Health Act assessment was required via a rota system but staff felt confident to phone the service to check for availability.
- All clinical staff had received mandatory training in the Mental Health Act across the service which exceeded the trust target of 85% compliance.
- People using the service had access to an independent mental health advocate and staff facilitated this when needed.

Good practice in applying the Mental Capacity Act

- The trust had a Mental Capacity Act policy and we saw that information regarding the Act was widely distributed and accessible
- Almost all (99%) of clinical staff had received mandatory training in the Mental Capacity Act across the service which exceeded the trust target of 85% compliance.

Are services effective?

Good

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.

- Since our previous inspection we saw that improvements had been made to ensure that capacity to consent to treatment and information sharing was clearly and consistently recorded. We looked at 42 patient care records and saw that the majority included evidence of consent. There was a section in the initial assessment to capture this information.
- Staff presumed capacity and demonstrated a robust knowledge around the mental capacity act and its five key principles. Decision-specific capacity assessments were carried out during initial assessments, when referring people using the service elsewhere and for information sharing. Staff attended best interest meetings and followed best interest processes.
- People using the service had access to an independent mental capacity advocate and staff facilitated this when needed.

Good

Are services caring?

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

Our findings

Kindness, dignity, respect and support

- People using the service and carers were very positive about the care received. They felt that staff were respectful, compassionate and kind.
- During our inspection we observed caring staff interactions, including during an initial assessment, out-patient appointments and home visits. The home visits we observed demonstrated that staff engaged well with the patient and employed excellent communication skills. During the home visit the nurse carried out physical health checks and liaised with the GP regarding ongoing physical health needs. One home visit we observed was specifically for post diagnostic dementia advice. Staff covered a range of issues during the visit, including determining how the patient felt, advice on what allowances they could receive, the groups available, psycho-education on dementia, medicine, the carers' education programme and other external services. We saw that staff were able to adapt their approach to the emotional presentation of the patient and were sensitive to their individual needs.
- The out-patient appointments we observed were inclusive, respectful and supportive. During one appointment we observed that the doctor tended to address the carer rather than the patient. We saw that explanations and rationale were clearly given for treatment decisions and patient choice and preference were given high importance. The doctors gave the patient and carer adequate time to absorb information and participate in their care. During the appointments the doctor discussed any physical health needs, access to psychology and established how often the patient visited their GP. Where the doctor was able to access blood and scan test results, they took the time to go through these in detail with the patient and carer. There was a number of risks discussed, both known and potential including fire and cooking risks.
- We also observed a neuropsychology appointment with a psychologist which was very detailed and thorough. The psychologist clearly explained what the patient could expect from the process and was collaborative and patient centred in style. The psychologist obtained consent at the outset.

The involvement of people in the care that they receive

- People using the service and carers told us they were involved in their care and they had been offered copies of their care plan.
- The trust invited people using the service to participate in interviews for new staff members. Staff gave people using the service a feedback form on how staff performed during the assessment. This took the form of a questionnaire that covered areas such as staff politeness, whether they were on time and introduced themselves when they arrived.
- We saw evidence of the trust's implementation of key changes as part of the 'You said we did' initiative to capture patient feedback and act on the information received. One example of this was the installation of a push button exit system at the Canterbury and Coastal team that people using the service and carers had requested. Based on our observation and feedback from people using the service and carers, the focus of the older adult service line seemed to be firmly on putting the patient first.
- Advocacy posters and leaflets were distributed throughout the teams.

Are services responsive to people's needs?

Good

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

Our findings

Access and discharge

- Since our previous inspection improvements had been made to ensure that the teams effectively met assessment and treatment targets. The service was meeting the local referral to assessment target of four weeks and the assessment to treatment target of 18 weeks. The Sevenoaks team had the highest average time between referral and assessment of 24 days. The Medway team had the highest average time between assessment and treatment at 99 days. There was nobody on the waiting list for allocation of a care co-ordinator across the teams .
- The Shepway team was piloting a new system that enabled an earlier initial assessment of people using the service by support workers so that people using the service were seen within seven days of being referred. Support workers completed the initial assessment which included a memory test using Addenbrooke's cognitive examination, a physical health check and whether the patient had capacity and the ability to consent to treatment. They would then feed this information back to the team. Feedback from staff was that this pilot had meant that people using the service were not waiting as long to receive a diagnosis as much of the information had been acquired ahead of the doctor's out-patient appointment.
- There was a crisis service in place within the trust for older adults with a functional diagnosis such as psychosis or depression, but this was not available for people using the service with an organic diagnosis such as dementia. People using the service with dementia and their carers were advised to contact the trust's single point of access service outside the hours of 9am and 5pm, or contact their GP or attend the accident and emergency service at their local acute hospital. Staff gave people using the service and carers a pack when they entered the service that included a crisis card which had the telephone number for the single point of access number on it. People using the service and carers told us that they had the cards and knew who to contact in an emergency. Crossroads care, a charitable organisation, offered support during a crisis to people using the service with dementia and their carers.
- Staff working as care co-ordinators told us that it was not always easy to get people using the service assessed by the crisis service unless the team doctor made the referral. They found that access to beds was problematic, and that in particular, crisis beds for people with dementia were scarce.
- Each team had a duty system and policy in place. Care co-ordinators within the team were allocated a duty slot each week. Some teams had a separate duty policy and protocol and the duty team structure varied from one to two staff members on duty at any time. Where there were two duty workers, one covered for the other if they had to leave the building to assess a patient elsewhere. In line with trust policy, duty workers screened, evaluated and processed all mental health referrals on the day they were received within 9am and5pm and undertook home visits as required.

  Duty workers liaised daily with the single point of access team to ascertain whether there had been any contact or urgent referrals outside of 9am and 5pm. The duty workers screened urgent referrals and rated, updated patient risks on the Red, Amber and Green risk board and fedback daily to team leaders. It was also the duty workers' responsibility to liaise with GPs regarding medicine conflicts and contact local authority safeguarding teams if any concerns were discovered during the assessment. Duty workers followed the trust's lone worker protocol and contacted staff towards the end of the day if they had not phoned in to the team.
- The single point of access (SPA) service screened all urgent referrals and people using the service not already known to the teams. The SPA service then booked the patient into a duty slot. The SPA team triaged urgent referrals, the majority of routine referrals came via GP practices. People using the service could self refer to the SPA team.
- If people using the service did not attend a booked appointment, they were offered a further three appointments and support workers within some teams would attempt to visit them at home.
- Each team operated a 'drop in' service that varied in frequency between teams of every four to eight weeks' occurrence. The drop in service met the needs of people using the service not under the care of the teams and

Are services responsive to people's needs?

Good

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

following discharge from the service. This service had been well-received by GPs and people using the service who would otherwise have found the process of discharge more distressing.

- There was rapid access to a doctor in person or by telephone the same day and people who used the service told us they could get to see their doctor in between appointments. Doctors had an 'open door' policy for advice and provided cover for each other if they were on leave.

The facilities promote recovery, comfort, dignity and confidentiality

- Overall each team had a good range of rooms and equipment to support treatment and care. Confidentiality was well maintained and we could not hear conversations when standing outside interview rooms.
- There was good provision of accessible information on treatments, local services, the rights of people using the service, who to contact in a crisis, how to complain and how to access advocacy. On admission to the service people using the service and carers were given a pack that contained this information.
- Across the teams we received feedback from staff, people using the service and carers regarding the lack of parking particularly for people with mobility issues. This was an issue identified on the Shepway team's risk register.

Meeting the needs of all people who use the service

- There were adjustments in place for people requiring disabled access. However, the lift at Shepway team was out of order so people using the service were seen by staff on the ground floor instead.
- Information leaflets were available in languages spoken by people who used the service.
- The teams had easy access to interpreters and/or signers. The trust had an interpreting service and could send letters out in different languages.
- Doctors were able to undertake home visits and visit people using the service within care home settings.

Listening to and learning from concerns and complaints

- The service received 23 complaints within the previous 12 months with the Medway team receiving the highest number of complaints at four. All four complaints were either fully or partially upheld. The majority of the complaints fell into the category 'lack of treatment/ care/support with six. In the same period the service received 101 compliments. The Medway team received the highest number of compliments at 42.
- People using the service and carers told us they knew how to complain and received feedback on complaints made. Staff knew how to handle complaints appropriately and most of these were dealt with within the team in the first instance. However, staff directed people using the service and carers to the formal and external complaints process and information on this was also provided within packs when people using the service were admitted to the service.
- We saw one example of how a complaint was dealt with. A patient had complained that they did not feel that the locum doctor they had seen had given them the best advice. The team followed the complaints process and the locum doctor was asked to leave the team. The teams told us that if a complaint comes through about the service, the learning from this would be shared in team meetings. Staff told us that they received information on the outcome of complaints via the trust's complaints office.

Are services well-led?

Good

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

- The trust's values were clearly displayed within the team bases and staff knew and agreed with the trust's values. Staff knew who the senior managers were in the trust and that senior managers had visited their teams. This included visits from the Director of Nursing, the Transformation Director, the Director of Operations and the Chief Executive Officer. The Chief Executive Officer had joined the trust in June 2016 and staff we spoke to felt that this was a positive change.

Good governance

- We saw that since our previous inspection improvements had been made and staff had access to well-structured and effective supervision. However, the service averaged 65% non-medical staff supervision rates for the previous 12 months which fell below the trust target of 100% for clinical supervision compliance. Not all of the teams met the trust target of 90% for appraisals. The average mandatory training rate for staff was 96%, which was above the trust average and systems had been put in place to monitor this and alert staff when supervision was due.
- The teams reported incidents and recorded them appropriately on the trust's incident reporting system. There were opportunities for staff to learn from incidents, complaints and patient feedback. However some staff we spoke to were not confident to describe what constituted an incident. They felt confident to discuss incidents with their line manager to seek guidance on what needed to be reported if they were not sure.
- Staff followed the correct Safeguarding, Mental Health Act and Mental Capacity Act procedures.
- Staff raised risk issues for team leaders to submit to the trust's risk register. However, some items on the risk registers had been on there for some time with no date for when these would be resolved.
- The provider uses key performance indicators to gauge the performance of the team that were evidence based. Performance was an agenda item on team meetings and discussed in the managerial component of staff supervision. Team development plans were also in place.
- The information needed to deliver care was stored securely on the electronic patient care record system and available to staff when they needed it. However, staff we spoke to voiced frustrations about the system and that they sometimes found it difficult to access information quickly. There were different versions of the electronic patient care record system used and staff told us that the system crashed quite often which caused delays in inputting or accessing information.

Leadership, morale and staff engagement

- During the previous 12 months there were no cases where staff were suspended or had supervised practice with the service. None of the staff we spoke to had experienced bullying or harassment. All staff members we spoke to told us they knew the trust's whistle-blowing process and felt able to raise concerns without fear of victimisation.
- We saw evidence of very good team morale, staff described their teams as supportive, confident and experienced. They saw their teams as flexible and that staff helped each other out when necessary. Staff told us they enjoyed working in the teams and felt valued by colleagues and their line managers. However, some staff mentioned that as their teams were very accommodating and willing to 'go the extra mile' there was the possibility of burnout. Some staff told us that the culture within their teams was to work extra hours and not to claim these back. However senior managers we spoke to within those teams were aware of this and were in the process of addressing the issue. There was information on staff counselling and staff support on the walls in staff areas.
- Staff had the option to access external training and they felt that this would be supported by their senior managers. One staff member was completing a masters degree in 'innovation and leadership'. Staff felt they were able to give feedback on services and input into service development. They told us that senior management listened to them and they felt able to make changes.

Are services well-led?

Good

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.

Commitment to quality improvement and innovation

- We saw evidence of participation in research studies including 'Improving the experience of Dementia and Enhancing Active Life' (IDEAL) project which examines how social and psychological factors influence the possibility of living well. The trust's research and development department met with team members to discuss this initiative and staff had been encouraged to tell people using the service and carers about it.
- The trust participated in one accreditation scheme relating to community-based mental health services for older people: the Memory Services National Accreditation Programme with the Royal College of Psychiatrists. The standards included: assessment and diagnosis, pharmacological interventions, signposting to ongoing care management and follow up and psychosocial interventions. Shepway and Canterbury and Coastal teams were already accredited while the other four teams we visited were working towards this accreditation. Shepway had been accredited as excellent.