Good

Kent and Medway NHS and Social Care Partnership Trust

Mental health crisis services and health-based places of safety

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXY3P	Littlebrook Hospital	Crisis Resolution Home Treatment Team and 136 Suite	DA2 6PB
RXY03	St Martins Hospital	Crisis Resolution Home Treatment Teams and 136 Suite	CT1 1AZ
RXY6Q	Priority House	Crisis Resolution Home Treatment Team and 136 Suite	ME16 9PH
RXY2X	Medway Maritime Hospital	Crisis Resolution Home Treatment Team	ME7 5NY

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

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Overall summary

We rated Mental health crisis services and health-based places of safety as good because:

- Staff managed risk well. All services had up to date risk registers and ligature audits. All staff had received recent training in safeguarding and all staff that we talked with were aware of the safeguarding reporting process. Staff received a de-brief from a psychologist after every serious incident to support their wellbeing and promote learning. Within all the crisis resolution home treatment teams, there were good medicines management practices, teams were supported by the hospital pharmacist who completed regular audits and reconcilliations.
- Mandatory training was 89% compliant, against the target of 85%.
- The teams were made up of a full discipline of mental health professionals including psychiatrists, nurses, support workers and occupational therapists.
- The teams felt fully supported and had direct management from an operational and clinical lead and all sites had access to a consultant psychiatrist when needed.
- We witnessed staff involving people in their treatment decisions by completing care plans with the patients and patients were given an information pack after assessment informing them of treatment and support services, how to complain and access to advocacy.
- The services had good working relationships with other organisations including the Police and Local Authorities.
- There were effective handovers and multi-disciplinary meetings in order to share information and issues constructively.
- Staff were very positive about the values of the trust and were very passionate about the teams they worked in and the client group.
- All 136 suites were accessible for people with disability or mobility issues.
- All services had access to a Mental Health Act Adminstrator.
- After every serious incident, patients were well managed and staff received a de-brief from a psychologist.

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 health-based places of safety were clean, secure and well maintained, enabling a person to feel safe.
- All staff carried personal alarms that would alert all wards of the hospital if triggered so that assistance was provided promptly.
- The caseloads were manageable in relation to the staff numbers and reviewed daily.
- All health-based places of safety had ligature risk assessments which were comprehensive with clear risk ratings dependant on a number of clearly identified factors.
- Risk assessments contained a clear level of risk, detailing both current and historical risk.
- We saw evidence of a robust system in place for recording incidents.

However:

- During the home visits we witnessed very few staff following the lone working policy, which meant that they were not adhering to the trust policy and putting themselves at risk.
- All the bedrooms in the health-based places of safety had blind spots, this had not been identified or mitigated on any risk registers.

Are services effective?

Good

We rated effective as good because:

- We saw effective multi-agency working with the police and psychiatric liaison teams.
- The teams worked alongside support, time and recovery workers who completed and monitored all physical healthcare and supported the patients with benefits, housing, employment and offered support for carers needs.
- All teams held twice daily handovers and weekly multi-disciplinary meetings to discuss and review caseloads and allocate visits.
- All health-based places of safety kept clear and concise records of all people brought into the place of safety in accordance with the Mental Health Act Code of Practice recommendations.
- The places of safety had a clear and comprehensive standard joint operational policy.

Are services caring?

Good

We rated caring as good because:

Summary of findings

- People using the service told us they had been treated with kindness by all the staff and they had been respectful of their feelings.
- We observed the knowledge that staff had around individual patients and their needs.
- We saw staff very respectful of patients homes when visiting.
- Patients were able to feedback on the services they received through many different forums.

Are services responsive to people's needs?

Good

We rated responsive as good because:

- Teams met the trust targets relating to the time patients were seen from point of referral to assessment to treatment.
- There was a clear referral criteria as part of the operational policy that all teams adhered to.
- Staff are allocated between 4-6 visits per shift in order for them to be able to provide the time needed with patients and have suitable time to travel.
- Interpreters were easily accessible through the hospital.

Are services well-led?

Good

We rated well-led as good because:

- The trust had a clear joint health-based places of safety working protocol that all staff adhered to.
- All health-based places of safety had local risk registers that were regularly reviewed and updated.
- Managers felt they had the authority and autonomy to manage their teams effectively.

Summary of findings

Information about the service

The crisis resolution and home treatment teams are a specialist teams of mental health professionals who provide short term support to people experiencing a mental health crisis. They aim to prevent admission to a hospital by providing treatment and support to a person in their own home.

Kent and Medway have five crisis resolution and home treatment teams:

Dartford – based in Littlebrook Hospital, Dartford and covers the Dartford, Gravesham and Swanley area.

North East Kent – based in St Martins' Hospital, Canterbury and covers the north east of the county including Thanet.

South East Kent – based in St Martins' Hospital, Canterbury and covers the south east of the county including Ashford.

West Kent – based at Priority House, Maidstone and covers West Kent.

Medway – based at Medway Maritime Hospital, Gillingham and covers Medway and Swale.

A health-based place of safety, sometimes known as a 136 suite, is a place of safety for those people detained under section 136 of the Mental Health Act. They are taken to the place of safety by the police from an area where the public have access, if they believe that the person is suffering from mental health issues following concerns that they are at risk of harming themselves or others due to their mental state. Once in the suite, the individual is assessed by mental health professionals to establish if treatment is needed.

Kent and Medway have three health-based places of safety, two of the suites have two rooms available:

Littlebrook Hospital, Dartford has a 136 suite that offers an assessment room, this suite is used for adults and under 18s (Sussex Partnership Foundation Trust use the suite for under 18's only, Kent and Medway NHS and Social Care Partnership do not use the suite for under 18's).

St Martins Hospital, Canterbury has a 136 suite with two assessment rooms for adults.

Priority House, Maidstone has a 136 suite with two assessment suites for adults. This suite is also shared with Medway.

CQC inspected the crisis resolution home treatment teams and health-based places of safety as part of a previous comprehensive inspection of Kent and Medway NHS and Social Care Partnership Trust in March 2015. Following that inspection, we rated this core service as good overall.

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 the mental health crisis services and health-based places of safety comprised of a CQC inspector, a CQC pharmacist specialist, two nurse specialist advisors, a occupational therapist specialist advisor and a psychologist specialist advisor.

Summary of findings

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients, carers and staff at focus groups.

During the inspection visit, the inspection team:

- visited all five of the crisis resolution home treatment teams at the four hospital sites.
- visited all three health-based places of safety .
- spoke with 15 patients who were using the service.
- spoke with four carers.
- spoke with eight of the managers or interim managers responsible for operational and clinical management of the crisis resolution home treatment teams.
- spoke with 32 other staff members; including doctors, nurses, occupational therapists and support workers.
- spoke with seven staff from agencies and departments that work alongside the teams including the police, pharmacy, approved mental health professional (AMHP) and psychiatric liaison service.
- attended and observed four hand-over meetings and one multi-disciplinary meeting.
- attended and observed nine home visits.
- looked at 25 treatment records of patients with the crisis home treatment team.
- looked at 30 HBPOS records.
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We interviewed people in their own homes, over the telephone and while they were awaiting assessment, we were told that staff were very supportive, friendly and empathetic and seemed to understand what patients were going through.

The main themes that come from talking to the people using the service and their families and carers were:

Staff were really helpful.

They were given good advice regarding health and living skills.

They were always treated with dignity and respect in their own home.

The teams always explained everything clearly and made sure the person/ carer understood.

People/ carers can access the service easily.

People felt able to feedback and felt included in their treatment.

People/ carers reported always seeing different staff, and rarely seeing the same staff twice, but that all were really nice.

Summary of findings

The pager number was very expensive to use.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff adhere and follow the requirements in the organisational Lone Working Policy.
- The provider should ensure that all blind spots within the 136 suites have been identified and mitigated.

Kent and Medway NHS and Social Care Partnership Trust

Mental health crisis services and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Crisis Resolution Home Treatment Team and 136 Suite	Littlebrook Hospital
Crisis Resolution Home Treatment Teams and 136 Suite	St Martins Hospital
Crisis Resolution Home Treatment Team and 136 Suite	Priority House
Crisis Resolution Home Treatment Team	Medway Maritime Hospital

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.

The figures submitted by the trust stated that 99% of staff had received training in the Mental Health Act within this core service, meeting the trust target of 85%. Maidstone crisis resolution and home treatment team were the only unit not to have 100% compliance, achieving 94%.

All record keeping in the places of safety were in line with the Mental Health Act Code Of Practice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

The figures submitted by the trust stated that 99% of staff had received mandatory training in the Mental Capacity Act within this core service, meeting the trust target of 85%. Maidstone crisis resolution and home treatment team were the only unit not to have 100% compliance, achieving 94%.

There were no Deprivation of Liberty Safeguarding Applications (DoLS) related to this core service between 1 October 2015 and 30 September 2016.

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

Mental Health crisis services

Safe and clean environment

- The crisis resolution and home treatment team were based in offices on hospital sites and did not see patients there. Some teams had access to private interview rooms if a patient presented to the service in crisis but otherwise all teams treated patients off site.

Safe staffing

- Each crisis resolution and home treatment team had direct support from an operational lead and clinical lead. The managers of the crisis resolution and home treatment teams also had management responsibility for the 136 suite on their hospital site.
- The establishment figures for staffing the crisis resolution and home treatment teams varied in each location dependant on caseloads and the geographical area the team covered. North East Kent had two vacancies, South East Kent two, Dartford two, Maidstone five and Medway was fully staffed at the time of inspection. Total vacancies overall for the core service (excluding seconded staff) was 6%.
- The average caseload for the majority of the crisis resolution and home treatment teams were 25, although this varied and was assessed daily. At the time of inspection, the caseloads were:

Dartford – 21

North East Kent – 23

South East Kent - 21

Maidstone – 27

Medway – 57

- The average length of time that a patient would stay on the caseload was two weeks.
- There was access in all sites to a consultant psychiatrist as and when needed.
- As of 31 October 2016 the mandatory training compliance for this core service was 89%. Fire warden training was the course with the lowest compliance rate - 47% of staff had undertaken this training. Fewer than 75% of staff had completed the training in medicines calculation and cardiopulmonary resuscitation.
- For the period between 1 October 2015 and 30 September 2016, there was 3% staff sickness overall for this core service, with South East Kent crisis resolution and home treatment team having the highest percentage with 6%.

Assessing and managing risk to patients and staff

- Within all the crisis resolution home treatment teams, there were good medicines management practices, teams were supported by the hospital pharmacist who completed regular audits and reconcilliations. Staff told us that managers were in discussion with pharmacy in order for a pharmacist to attend regular multi-disciplinary meetings.
- Staff informed us of how they identified abuse and gave examples of when alerts had been made in the past. All staff we spoke with were able to talk us through the process of what they would do and everybody was able to name the safeguarding leads within their own teams and the trust. For the period between 1 October 2015 and 30 September 2016, this core service made 21 safeguarding referrals. As of 31 October 2016 all the mandatory safeguarding training was at 100% compliance for this core service.
- Of the 25 care records we reviewed, 20 risk assessments contained a clear level of risk, detailing both current and historical risk. Patient clinical risk was R.A.G. rated dependent on level by red, amber and green. All of the teams offices contained a white board with the current risk level stated per patient. The white board also contained information for staff as to whether this patient should not be seen by a lone worker or if not safe to be seen by female workers. The white board was updated after every team handover and multi-disciplinary meeting.
- All teams were aware of the lone working policy and were able to talk us through the process when working

Good

Are services safe?

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

alone. However during the home visits we witnessed very few staff following the lone working policy of calling into the team before and/or after the appointment, which meant that they were not adhering to the trust policy and putting themselves at risk.

Track record on safety

- There were a total of 23 serious incidents requiring investigation recorded in this core service between 1 September 2015 and 30 August 2016.
- Nine of these reported incidents had occurred in patients' homes.

Reporting incidents and learning from when things go wrong

- Staff informed us that all teams work in accordance with the serious incident debriefing protocol.
- We were told by staff that after any serious incident, everyone is de-briefed by the hospital psychologist.
- We saw evidence that all incidents were discussed at the regular team meetings, with some teams having this as a permanent agenda item.
- There was a robust system in place for recording incidents. Staff were able to explain how incidents were managed and recorded, and the reports that we reviewed demonstrated this.

Health-based places of safety

Safe and clean environment

- All three of the health-based places of safety were clean and tidy and the furnishings were in a good state of repair. All suites were cleaned daily and we saw this evidenced on the cleaning rotas.
- All staff and visitors were made aware of the place of safety protocol before commencing any assessments to ensure that they were safe while on site.
- All health-based places of safety had closed circuit television (CCTV), which was monitored by staff in the office. However staff were unable to tell us what they would do if a power cut rendered the CCTV unworkable as there was no other way for one member of staff to clearly observe patients in all areas safety.
- Staff carried personal alarms while working, when triggered these would alert all staff within the hospital of an issue. We witnessed two alarm drills to look at the response time to an incident. In Maidstone staff from the ward attended the place of safety within one minute. In Canterbury it took over 5 five minutes for staff to attend after the alarm had been triggered, which could put patients and staff at risk.
- All the bedrooms in the health-based places of safety had blind spots that could have allowed a patient to hide unseen by staff. This had not been identified or mitigated on any risk registers although staff completed thorough risk assessments on all patients and regularly carried out observations.
- At Maidstone the exit door from the health-based place of safety garden into the public hospital car park opened automatically when the fire alarm sounded. This meant that anyone in the garden area at the time of the alarm was able to abscond. Staff told us this was due to the exit door also being a fire door and it had always been like it, they mitigated the risk by staff always accompanying the person into the garden and as soon as a fire alarm sounded, access to the garden was stopped.

Safe staffing

- The managers of the crisis resolution and home treatment teams had management responsibility for the health-based place of safety on their hospital site.
- There was access in all sites to a consultant psychiatrist as and when needed.
- The health-based places of safety in Dartford and Canterbury were staffed by the crisis resolution home treatment teams, who made sure that they always had an extra nurse and support worker on the rota to cover in order for visits to not be affected. Patients told us that they had never had a visit cancelled by the teams.
- The staffing protocol for all the health-based places of safety stated that when one person was detained there would be one nurse and one support worker. For the health-based places of safety that had two people detained then the staffing would be a minimum of one nurse and two support workers. The managers revised the staff shifts in order to ensure that this protocol was always met.
- Maidstone health-based place of safety was permanently staffed by agency who did not always have

Good

Are services safe?

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

knowledge of the suite or the hospital. We witnessed one agency staff member having to constantly ask senior staff what to do and how to do things while we were in the suite.

Assessing and managing risk to patients and staff

- We found that all health-based places of safety had ligature risk assessments which were comprehensive with clear risk ratings dependant on a number of clearly identified factors.
- For this core service, between the period of 1 October 2015 and 30 September 2016; the use of seclusion was used six times in total , with Maidstone reporting five and Dartford one. There were 34 incidents of restraint used, with 26 reported at the Canterbury 136 suite and eight at Maidstone. There were 17 incidents that resulted in rapid tranquilisation, with 15 reported in the Canterbury 136 suite and two at Dartford.

Track record on safety

- There were a total of 23 serious incidents requiring investigation recorded in this core service between 1 September 2015 and 30 August 2016, none of these were recorded within any of the health-based places of safety.

Reporting incidents and learning from when things go wrong

- Staff informed us that all teams work in accordance with the serious incident debriefing protocol.
- We were told by staff that after any serious incident, everyone is de-briefed by the hospital psychologist.
- We saw evidence that all incidents were discussed at the regular team meetings, with some teams having this as a permanent agenda item.
- There was a robust system in place for recording incidents. Staff were able to explain how incidents were managed and recorded, and the reports that we reviewed demonstrated this.

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

Mental Health crisis services

Assessment of needs and planning of care

- All staff used the RIO system which is an electronic system that allowed information on patients to be stored securely. The care plans were completed in paper form with the patient and once agreed and signed, the care plan was scanned and stored electronically with the patients records.
- Clinical staff told us that the RIO core assessment did not have any area to detail a patient's alcohol or substance misuse. There was a separate section for recording this on RIO, however, it was not in the core assessment which made it difficult to highlight or inform staff during multi-disciplinary meetings, as you would have to read through the whole assessment in order to find this information.
- We reviewed 25 care records, all had completed initial care plans but they were not recovery orientated and we were unable to find confirmation in 15 care plans if a copy had been offered or given to the patient.

Best practice in treatment and care

- Support, time and recovery workers worked alongside the crisis resolution and home treatment teams. They completed all physical healthcare assessments, took bloods, attended doctors appointments with patients and also worked to address concerns or issues around benefits, housing, employment and carers needs.
- Staff told us that these workers were good and a great resource to the team and we witnessed wellbeing assessments being done and found their knowledge level and skill to be incredibly high.
- The trusts proportion of admissions to acute wards gate kept by the crisis resolution and home treatment team was above the national 95% target, achieving 100% from October 2014 to September 2016.

Skilled staff to deliver care

- All crisis resolution and home treatment teams had a good compliment of mental health disciplines including nurses, consultant phychiarists, support workers and occupational therapists. However there was no full time psychologists in any of the teams except for Maidstone. Staff told us that this was because there was no funding available within the trust for this.
- Staff told us that there were opportunities for specialist training, with staff already completing training to become nurse prescribers.
- At the time of inspection, the overall appraisal rate for this core service was 75%, therefore not meeting the trust target for appraisals of 90%.The breakdown of appraisal rates per team were:

South East Kent – 95%

North East Kent – 90%

Maidstone – 70%

Dartford – 65%

Medway – 45%

- However during the inspection, we saw that these figures had improved and all teams had an overall appraisal rate of 100%.
- Between 1 October 2015 and 30 September 2016, the core service average clinical supervision rate was 24%. The trust target for clinical supervision was 100%. This was not achieved by any of the sites within this core service. Clinical supervision rate % averaged across the 12 month period per team:

Maidstone – 32%

Dartford – 27%

North East Kent – 25%

South East Kent – 22%

Medway – 16%

- However local managers were aware of this issue and were addressing it and at the time of the inspection all teams had completed supervision for all staff.

Multi-disciplinary and inter-agency team work

- All crisis resolution and home treatment teams held weekly multi-disciplinary meetings, with Medway holding three a week due to their larger caseload.
- The multi-disciplinary meeting we observed was led by the consultant psychiatrist and each patient was

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.

discussed in full including an update of risk level before a joint discussion with members of the team on further treatment. Everyone in attendance appeared very knowledgeable about each patient and the electronic care records were updated during the meeting.

- Dartford and East Kent had excellent working relationships with Kent Police and had officers based within their hospitals as part of the police mental health liaison team. Staff told us that it had helped with information sharing, making the teams feel safe and gaining better understanding into each others roles. The police told us that they were hoping to understand mental health better in order to stop the same people coming into the 136 suites and get them the help they needed.
- The crisis resolution and home treatment teams all worked very closely with the hospital psychiatric liaison service, which worked within the emergency department and were often a source of referral. The psychiatric liaison teams were funded differently across the county with different operating hours. We were told that there were daily handover regarding patients allowing for good communication and information around risk and behaviours to be shared.
- All crisis resolution and home treatment teams held twice daily handover meetings within their teams to discuss the caseload and scheduled visits for the day, we attended one for each team and found that they all ran very differently as they did not work to any specific structured handover system or process. Medway and east Kent discussed each patient and appeared very knowledgeable about the clinical issues, with excellent medical input from the consultant and review of risk. However this was not the example set by all of the teams. The east Kent crisis resolution and home treatment teams had daily telephone meetings with the local community mental health teams to discuss referrals and share information. However staff in other areas where this was not being done told us that their local community mental health teams did not have the time or staff to do this.

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

- As of 31 October 2016, 99% of staff within this care service had received training in the Mental Health Act. Maidstone crisis resolution and home treatment team were the only unit not to have 100% compliance, achieving 94%.
- Each crisis resolution and home treatment team had a Mental Health Act administrator working alongside them. Staff told us that this helped with communication and they were very supportive.

Good practice in applying the Mental Capacity Act

- As of 31 October 2016, 99% of staff within this core service had received training in the Mental Capacity Act. Maidstone crisis resolution and home treatment team were the only unit not to have 100%, achieving 94%.
- There were no Deprivation of Liberty Safeguarding Applications (DoLS) related to this core service between 1 October 2015 and 30 September 2016.

Health-based places of safety

Assessment of needs and planning of care

- All staff used the RIO system which is an electronic system that allowed information on patients to be stored securely. The care plans were completed in paper form with the patient and once agreed and signed, the care plan was scanned and stored electronically with the patients records.

Best practice in treatment and care

- All staff working in the health-based places of safety completed the section 136 register as each person attended the place of safety. They collected data on age, gender, ethnicity, date and time of arrival, time doctor and mental health professional (AMHP) contacted, time assessed by doctor and AMHP, time police departed. It also detailed where the person had come from and circumstances, the outcome of the assessment and how long the person was in the place of safety in total.
- This information monitored themes around the health-based places of safety and identified issues regarding a persons length of stay if over the maximum recommendation of 72 hours.

Skilled staff to deliver care

- There was always a nurse and support worker working within the health-based places of safety when a person

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.

came to the place of safety. When there were two people in the health-based place of safety then the staff on shift would be one nurse and two support workers. At Maidstone during the inspection we saw two nurses and one support worker on shift providing support for the two people in the suite at the time.

- The staff had access to the consultants on call, additional mental health professionals, the police liaison and the ward staff when required.

Multi-disciplinary and inter-agency team work

- Dartford and East Kent had excellent working relationships with Kent Police and had officers based within their hospitals as part of the police mental health liaison team. Staff told us that it had helped with information sharing, making the teams feel safe and gaining better understanding into each others roles. The police told us that they were hoping to understand mental health better in order to stop the same people coming into the health-based places of safety and get them the help they needed.
- The trust and the local police both worked within the joint operational policy.

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

- All health-based places of safety kept clear and concise records of all people brought into the place of safety in accordance with the Mental Health Act Code of Practice recommendations.
- The places of safety had a clear and comprehensive standard joint operational policy.
- We were told by the people awaiting assessment in the health-based places of safety that they had their rights under the Mental Health Act explained to them as soon as they came into the suite.
- As of 31 October 2016, 99% of staff within this core service had received training in the Mental Health Act.
- Between April and December 2016 the approved mental health professional (AMHP) did not complete the 136 assessment in the place of safety within the Mental Health Act 1983 Code of Practice recommendation of 3 hours in 118 out of 395 episodes in East Kent and in 98 out of 235 episodes in Dartford.

Good practice in applying the Mental Capacity Act

- As of 31 October 2016, 99% of staff within this core service had received training in the Mental Capacity Act.
- There were no Deprivation of Liberty Safeguarding Applications (DoLS) related to this core service between 1 October 2015 and 30 September 2016.

Good

Are services caring?

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

Our findings

Mental Health crisis services

Kindness, dignity, respect and support

- On the home visits we attended, we witnessed all staff treating patients and their carers with kindness and compassion and were respectful of the peoples home environment.
- The patients and carers we spoke to informed us that the teams were so thoughtful and caring and they felt supported and listened to.
- During the handover and multi-disciplinary meetings we attended, we observed the knowledge that staff had around individual patients and their needs.

The involvement of people in the care that they receive

- During the home visits, we witnessed staff completing care plans with the patients.
- Patients told us that they felt involved in their care plan and were able to offer feedback and felt listened to.
- Carers told us that the staff supported them and kept them involved.
- We saw that each crisis resolution and home treatment team had a lot of information that they supplied to carers and patients families, this included carers information booklets, carer champion contacts, invitations to carers consultative committees and support groups.
- Patients were able to feedback on the services they received through the friends and family test, patient experience feedback forms and feedback boxes that could be found around the hospital.

Health-based places of safety

Kindness, dignity, respect and support

- We witnessed all staff treating patients in the health-based places of safety with kindness and compassion.
- The patients and carers we spoke to informed us that the teams were so thoughtful and caring and they felt supported and listened to.
- We spoke to people who were awaiting assessment in the health-based places of safety, they said they had been treated with kindness by all the staff and they had been respectful of their feelings.

The involvement of people in the care they receive

- Patients were able to feedback on the services they received through the friends and family test and patient experience feedback forms.

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

Mental Health crisis services

Access and discharge

- All teams made contact with the patient within four hours of receiving a referral.
- In order for staff to spend enough time with each patient and for the visits to run on time and not be rushed, staff were allocated between 4 to 6 visits per shift.
- The patients we spoke with told us that they had never experienced a home visit appointment being cancelled or postponed. There was no evidence that cancelled or postponed appointments were noted on care records.
- The protocol for discharging patients to their local community mental health team seemed dependant on the area, as the majority of teams informed us that a referral was only made to the community team if the individual needed it. However the Dartford team stated that all discharges were referred to the community team. We were unable to get clarification regarding this during the inspection.
- Patients and carers told us that they struggled to use the pager system to contact the crisis teams in East Kent as its charges were very expensive at 36 pence a minute. This was acknowledged during the inspection and the East Kent CRHTs then advised patients that they could call the Single Point of Access Team, free of charge, who would alert the CRHTs to call the person back.

The facilities promote recovery, comfort, dignity and confidentiality

- The crisis resolution and home treatment teams were based in offices on hospital sites but did not see patients there. By treating patients in their own homes and off sites, we saw that they were respectful of the patients homes and aware at all times of a patient's confidentiality around neighbours and family members present.

Meeting the needs of all people who use the service

- During the initial assessment with the crisis resolution home treatment team, the patient received an information pack. These packs contained information on the team, local services and their right to complain and how to do it.
- Staff told us that they were able to access interpreters if required and also many staff were available within the trust who spoke a variety of languages.

Listening to and learning from concerns and complaints

- Patients told us that they all received a leaflet about how to make a complaint. We saw these leaflets in the patient information packs.
- We saw the trust policy for listening and responding to complaints and the complaints flowchart and managers talked us through the procedure for when a complaint is received.
- The core service received 26 complaints between 1 October 2015 and 30 September 2016:

42% of complaints related to lack of treatment, care or support.

12% of complaints related to disinterested or uncaring behaviour from staff.

11% of complaints related to out of hours crisis arrangements.

Total complaints upheld – 6

Partially upheld – 10

Not Upheld – 8

Under investigation – 2

Health-based places of safety

Access and discharge

- In all the health-based places of safety there were delays due to waiting for an AMHP assessment to be completed. This resulted in people being held in the places of safety over the Mental Health Act 1983 Code of Practice recommendation of 3 hours.

The facilities promote recovery, comfort, dignity and confidentiality

Are services responsive to people's needs?

Good

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

- Every person bought into the place of safety had access to a clean, secure, private room with a bed and private bathroom or en-suite.
- All people arriving at the health-based places of safety, dependant of risk and behaviour were offered clean, warm bedding and a shower.
- We witnessed people awaiting assessments in the health-based places of safety being offered hot drinks and food throughout their stay.
- There was no garden or secure outdoors area at the health-based places of safety in Dartford or Canterbury so people being assessed at the unit were unable to get fresh air during their stay.
- The Canterbury health-based place of safety did not have a clock so people awaiting assessment were unable to know the time of day or how long they had been there.

Meeting the needs of all people who use the service

- Staff told us that they were able to access interpreters if required and also many staff were available within the trust who spoke a variety of languages.
- All health-based places of safety were able to accommodate people with disability or mobility issues as door frames and corridors were wide enough for a wheelchair and all suites were on the ground floor with step free access.

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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

Mental Health crisis services

Vision and values

- Everyone we spoke to during our inspection believed in the work of the trust and its values.
- Staff we spoke to informed us that they had not met or seen the chief executive of the trust but knew who she was as her photograph was on all the leaflets, posters and staff bulletins.

Good governance

- As at 31 October 2016 the training compliance for this core service was 89%, above the compliance target for the trust of 85%. Nine out of 28 training courses had below target compliance resulting in 259 staff not completing all of their mandatory training.
- Staff felt confident reporting incidents and 23 serious incidents were recorded by this core service between 1 September 2015 and 30 August 2016.
- The trust participated in clinical audits that demonstrated all treatment practices were in line with the National Institute for Health and Care Excellence (NICE) guidelines.
- The overall appraisal rate for this core service was 75%, below the target of 90%.
- The core service average clinical supervision rate was 24% between 1 October 2015 and 31 September 2016. The trust target for clinical supervision was 100% therefore this core service did not meet the target.

Leadership, morale and staff engagement

- Local managers appeared very knowledgeable around their staff teams and staff felt very supported and respected. Managers felt they had the authority and autonomy to manage their teams effectively.
- All staff knew the whistleblowing policy and felt confident in raising any concerns they might have to their direct managers.
- Overall sickness rate for core service between 1 October 2015 and 30 September 2016 was 3%. All teams had very low sickness rates and managers felt able to performance manage staff if sickness levels rose.
- We were told by all staff that they enjoyed working in their teams and that everyone supported each other and loved working with this client group.
- Each team followed the trust operational policy but all appeared to work in silo and we could find no evidence of good or best practice being shared.

Health-based places of safety

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