

Good 

Kent and Medway NHS and Social Care Partnership
Trust

Wards for older people with mental health problems

Quality Report

Trust Headquarters, Farm Villa
Hermitage Lane, Maidstone, Kent ME16 9QQ
Tel: 01622 724100
Website: www.kmpt.nhs.uk

Date of inspection visit: 17-20 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)
RXYT1	Thanet Mental Health Unit	Sevenscore Ward	CT9 4BF
RXYT1	Thanet Mental Health Unit	Woodchurch ward	CT9 4BF
RXY03	St Martins Hospital	Cranmer Ward	CT1 1AZ
RXYF6	Frank Lloyd Unit	Hearts Delight Ward	ME10 4DT
RXYF6	Frank Lloyd Unit	Woodstock Ward	ME10 4DT
RXYJ1	Jasmine Unit	Jasmine Ward	DA2 8DA
RXY2X	Medway Maritime Hospital	Ruby Ward	CT1 1AZ
RXYAK	Littlestone Lodge	Littlestone Continuing Care Unit	DA2 6PB
RXY6Q	Priority House	The Orchards Ward	ME16 9QQ

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

Summary of findings

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 social Care Partnership Trust and these are brought together to inform our overall judgement of Kent and Medway NHS 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	6
Information about the service	9
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	10
What people who use the provider's services say	11
Good practice	11
Areas for improvement	11

Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14

Summary of findings

Overall summary

Summary of findings

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

Are services safe?

We rated safe as good because:

- Staff undertook environmental risk assessments regularly and acted to mitigate risk identified by these assessments.
- Wards, including, were clean and well equipped. Staff followed infection control procedures
- Staff carried out risk assessments on every patient when admitted to the service, and updated these regularly.
- Staff were given specific training in managing challenging behaviours with older people. Procedures and policies were in place to manage these situations.
- Although getting extra staff was difficult, managers told us that they were able to request additional staff to meet the care needs of the patients.
- Staff reported incidents. Managers had put monitoring systems in place to review and investigate incidents. They ensured that lessons learnt were shared with staff through a variety of methods.

However:

- All the wards apart from Jasmine had high staff vacancies and all relied heavily on agency members to complement staff numbers. Staff were under considerable stress, which we were told impacted on other aspects of their role. The trust was aware of the situation and was continuing with its ongoing staff recruitment drive and strategies to address this.
- There was no training given for agency staff by the trust specific to their role and only an initial induction given at the start of a person's shift on some of the wards they were working.
- On Jasmine ward there were limited alarms for staff, this was acknowledged during our inspection and management told us they were reviewing the alarms system.

Good



Are services effective?

We rated effective as good because:

- Care plans were completed on admission and reviewed regularly. Care plans were holistic, and included medical, nursing, therapeutic, social, and physical health care needs. Care plans were reviewed regularly within multi-disciplinary meetings.

Good



Summary of findings

- Staff made robust arrangements to ensure that patients' physical healthcare were met. The wards had good access to physical health care, there were physical health care leads on the ward and wards could refer to specialists when needed.
- There was a range of activities available for patients, such as well-being group, arts and crafts and community projects.
- Wards had staff trained in dementia care mapping and the teams worked together to look at ways to improve patients quality of life.
- Staff were appropriately skilled to deliver care and there was a range of staff disciplines that contributed to the ward. Staff received regular supervision sessions and annual appraisals.
- Regular audits were completed to monitor the use of the Mental Capacity Act.

Are services caring?

We rated caring as good because:

- We observed staff being very respectful, caring and discreet on our inspection with their involvement with patients and carers.
- There was a strong commitment to put patients at the centre of the service, involving and empowering them was clearly embedded in the culture of the organisation.
- The feedback from patients, family members and carers was positive.
- There were family and carer champions on the wards and carers stated that they were contacted regularly with updates.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Beds were available to people living in the local catchment area. Patients had a bed to return to when they had been out on leave.
- Ward environments were dementia friendly and promoted meaningful interaction between patients and staff.
- The patients and carers we spoke with all knew how to make complaints. Details of this were within patient welcome packs. Staff knew how to deal with complaints appropriately.
- Patients were able to personalise their bedrooms and this was important to them and their families.

However:

Good



Summary of findings

- On, Woodchurch and Ruby wards, there was difficulty for patients to access open outside space. Staff on the wards worked hard to ensure the gardens were accessed regularly, however extra staff were needed for this to occur. This meant that not all patients could regularly access fresh air.

Are services well-led?

We rated well-led as good because:

- The trust had included the findings from previous CQC inspections of older persons inpatient services and its own quality audits in its board assurance framework. It had them implemented action plans to address the areas of concern.
- Staff were enthusiastic about their work and felt supported by the ward managers.
- The service had a positive, open and inclusive culture, which centred on improving the quality of care for patients. There was a strong commitment for quality improvement and innovation across the service.
- Staff knew and agreed with the values and vision of the trust and there was a commitment centred on improving the quality of care patients received.

Good



Summary of findings

Information about the service

The wards for older people with mental health problems provided by Kent and Medway NHS and Social Care Partnership Trust offer care for those who require both organic and functional services. An organic disorder is a mood disorder characterized by those that involve the emotions of a person, such as Dementia, Alzheimer's. A functional mental illness has a predominantly psychological cause and includes conditions such as depression, anxiety, bipolar. We inspected nine older inpatient wards over seven locations in the Kent and Medway area.

Sevenscore and Woodchurch were 15 bedded mixed sex wards both based at Thanet Mental Health Unit.

Sevenscore was for men and women with complex functional and organic needs, which included dementia. Woodchurch is an acute admission ward.

Cranmer ward, based at St Martins Hospital, provided care to 15 men and women with both organic and functional conditions. Cranmer ward was expected to close at the end of last year, there was no further information available to us on our inspection but we understand the plan is still to go ahead with the closure of the ward.

The Frank Lloyd unit was a 30 bedded continuing care unit across two wards for men and women with a diagnosis of dementia and associated needs. The number of beds had been reduced recently from 40 to 30 ensure there were enough staff to deliver patient care. Woodstock was for male patients and Hearts Delight was for female patients

Jasmine ward at the Jasmine Unit on the Darent Wood hospital site provided care for 15 men and women with both organic and functional health problems.

Ruby ward, based at the Medway Maritime hospital, was a 14 bedded mixed sex admission ward for those with both a functional and organic mental illness.

Littlestone continuing care unit was a 16-bedded unit for people with a diagnosis of dementia and was situated on the Littlebrook Hospital site.

The Orchards was a 16-bedded mixed gender ward based at Priority House on the Maidstone Hospital Site. This ward was for patients with both a functional and organic illness.

CQC last inspected this core service in March 2015 when it rated as requires improvement for safe, effective, responsive, well led and good for caring. CQC raised concerns and identified actions the provider must take to improve,

- Governance arrangements, poor governance on Littlestone Lodge and other procedures such as medicine and care plan audits failed to identify poor practice and that the level of care was inadequate.
- The trust was asked to ensure it complied with Department of Health gender separation requirements.
- Safeguarding incidents must be referred to in a timely manner particularly on Cranmer, Woodstock and Littlestone lodge
- The trust to ensure the administration of and storage of medications on all wards with the exception of Orchard ward was in line with national and local guidelines.
- That staff are competent in applying Mental Health Act, Mental Capacity Act and Deprivation of Liberty safeguards on Jasmine and Cranmer.
- All wards to monitor and complete ligature risk assessments.
- To ensure patient pain management, and physical health needs are responded to on all wards.

Following a Mental Health Act review visit on 25 November 2016, the Frank Lloyd unit CQC undertook an unannounced inspection 17 and 18 January 2016 and 2 February 2016 and issues a warning notice was issued. This was for inconsistencies the provider showed regarding the threshold and process for reporting safeguarding incidents. There were follow up visits on 17,

Summary of findings

22 March and 22 June 2016 to assess compliance against the warning notice. We noted significant improvements during the follow up visits. CQC made an unannounced visit to Littlestone on 21 May 2015.

Our inspection team

The inspection team was led by:

Chair: Dr Geraldine Strathdee, CBE OBE MRC Psych
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 wards for older people with mental health problems comprised three CQC inspectors, a CQC pharmacist specialist, four nurse specialist advisors, three psychologists and one expert by experience.

Why we carried out this inspection

We inspected this core service as part of our on going comprehensive mental health inspection programme. We inspected this service to find out whether the trust had made improvements to inpatient wards for older people

with mental health problems since our last comprehensive inspection in March 2015. These previous concerns are highlighted under the section information about the service.

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 held.

During the inspection visit, the inspection team:

- visited all nine of the wards across seven locations and looked at the quality of the ward environment and observed how staff were caring for patients

- spoke with 39 patients who were using the service and their family members
- spoke with the managers or acting managers for each of the wards
- spoke with 51 other staff members; including doctors, nurses, psychologists, occupational therapists and pharmacists
- Observed lunchtimes and communal areas
- attended and observed four hand-over meetings, a ward round, three therapy groups, a dementia toolkit meeting and a review and community meeting
- collected feedback from 15 patients using comment cards
- looked at 45 treatment records of patients
- carried out a specific check of the medication management on all nine wards and
- looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

Patients, families and carers were mostly positive about their experience. They said staff were caring and felt their needs were respected. Carers spoke about there being very good communication and being informed and updated on a regular basis.

A number of patients with complex mental and physical health needs were unable to tell us their experiences. Therefore, we used different methods, including observation to help us understand their experiences. We observed positive and kind interactions between patients and staff. Patients were able to request their needs through communication methods established showing symbols and picture cards.

Carers stated that staff supported their loved ones to continue to access outpatient appointments for physical health care needs by escorting them to these.

Patients and carers said staff were very busy and identified that more staff were needed but added that they were always greeted warmly when they went to the ward.

For some of the patients, carers said staff went to great lengths to maintain patients' independence by taking them into the community to visit shops and go to the bank.

Patients and their carers were involved in making decisions about their care treatment. Carers told us they attended ward rounds and were given clear explanations about ongoing treatment, progress and plans.

Many carers said they could not say enough good things about staff and that staff honesty and integrity was appreciated.

Good practice

- There was excellent use of the dementia care mapping toolkit and implementation of 'this is me' life history documentation to provide person-centred care.
- Wards provided a high quality environment for patients living with dementia with personalised bedrooms, own front door into their bedrooms, appropriate flooring and artwork along the hallways.
- All wards had a strong commitment to carers with nominated carer champions.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure the continuation of staff recruitment drive and strategies to address the staff shortages.
- The provider should ensure completion of the review of alarms and address the lack of alarms for staff on Jasmine ward.
- The provider should look at garden access and explore ways they may be able to address ease of access for three wards.
- The Provider should ensure that training for agency staff is current and up to date.

Kent and Medway NHS and Social Care Partnership Trust

Wards for older people with mental health problems

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Sevenscore Ward	Thanet Mental Health Unit
Woodchurch Ward	Thanet Mental Health Unit
Cranmer Ward	St Martins Hospital
Hearts Delight Ward	Frank Lloyd Unit
Woodstock Ward	Frank Lloyd Unit
Jasmine Ward	Jasmine Unit
Ruby Ward	Medway Maritime Hospital
Littlestone Continuing Care Unit	Littlestone Lodge
The Orchards Ward	Priority House

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.

We reviewed Mental Health Act documentation on Sevenscore and Woodchurch wards at Thanet mental health unit, The Orchards ward at Priority House and Hearts Delight and Woodstock at The Frank Lloyd Unit as part of our inspection to the older people's service.

Detailed findings

- We looked at detention records on the wards where patients were detained under the Mental Health Act (MHA). Paperwork in relation to patient's detention, capacity assessments and section 132 rights were in order and updated appropriately.
- Staff were aware, on all wards, that they could contact the trust Mental Health Act administrator and that they were available for guidance, training and support to the staff on the wards.
- Regular audits took place to ensure that the MHA was being applied correctly.
- Patients were informed of their rights under the MHA on admission and routinely thereafter.
- We found that section 62 (emergency treatment) had been applied correctly on Woodchurch and each episode of treatment had a new assessment of capacity.
- Staff told us that patients had access to an independent mental health advocate (IMHA) to support them whilst they were detained and that the advocate dropped in weekly and kept regularly contact with ward managers. An IMHA is an independent advocate who is specially trained to work within the framework of the MHA to support people to understand their rights under the Act and participate in decisions about their care and treatment. However, on Orchards ward there was no information with regard to the IMHA service available on the ward.
- On some care plans that we reviewed they had not updated when sections of MHA changed.
- Staff training records indicated that staff received training on the Mental Health Act and there was a 100% compliance with the course

Mental Capacity Act and Deprivation of Liberty Safeguards

- There were 175 Deprivation of Liberty Safeguards (DOLS) applications made in the last 12 months. The highest number of applications was made from Sevenscore with 37 and Orchards with 37.
- There was evidence through our conversations with staff that mental capacity assessments were undertaken but not always documented by staff. Staff were able to speak knowledgeably about best interest meetings and why they were being held.
- The quality of DOLS applications were lacking in content. The applications stated that the Patient lacked capacity but gave no detail about this and what the patient needed.
- Staff had received training on the Mental Capacity Act (MCA). Staff carried around with them prompt cards referring to the principles of the MCA. The wards now had DOLS champions

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

- Some of the ward layouts did not enable staff to observe all parts of the ward clearly. Cranmer and Sevenscore ward layouts were particularly problematic. The ward managed blind spots on Cranmer by patients mainly being in one communal area or being placed on one to one observations and on Sevenscore by having staff stationed at three key areas on the ward. All wards thoroughly risk assessed each patient and staff levels of observations on patients were informed by this. During shifts staff completed general observations and walked around all areas of the wards periodically. Blind spots were identified on all wards, were managed by daily assessment of risk, and increased observations in those areas. The wards did not have seclusion rooms but identified a quiet space
- Ward managers and staff were able to describe the ligature risks present on each ward and there were risk management plans in place to lessen the risk.
- The Mental Health Act code of practice and the Department of Health set out clear criteria about sleeping areas and accommodation within a hospital setting and guidance on same sex accommodation. The wards at Frank Lloyd unit, Hearts Delight, Woodstock were now single sex as were Ruby ward. On the wards that were, not single sex - Cranmer, Sevenscore, Jasmine, Littlestone, Woodchurch and The Orchards - the bedrooms were zoned into male and female and bathrooms were designated for male or female use only. Woodchurch and Jasmine had female only lounges. For Woodchurch ward, there was only one bath for the whole ward and male patients had to walk past the only female shower room to access it. To mitigate this, the ward ensured close staff observation and someone being in the designated area the whole time and the patient was escorted to and from the bathroom.
- All wards we inspected were visibly clean and well maintained, the corridors were clear and clutter free. Woodchurch ward had damp problems that led to paint peeling off some walls. This had been an on-going issue

and had been logged with maintenance for repair. We saw the cleaning rotas and environmental check files were kept on all the wards and these were all up to date. In the patient led assessments of the care environment (PLACE) all sites scored above the England average for ward cleanliness, with four sites scoring 100%. PLACE assessments are self-assessments undertaken by the NHS and independent/private healthcare providers, which the public take part in as assessors.

- There was a fully equipped clinic room on each ward. Clinic rooms were well organised, equipment was clean and well maintained. Emergency medicines were available and checked regularly to ensure they were within date and fit for use.
- Liquid hand gel was available on all wards. Staff spoke to us about the control and prevention of infection and good hand hygiene to ensure that people who use the service and staff were protected against the risk of infection.
- Staff carried personal alarms to call for assistance. Nurse call alarm systems were in place in individual bedrooms, bathrooms, toilets. There were intruder alarms. The only exception to this was Jasmine ward where there were limited alarms for nurses, this was acknowledged and management said they were installing a new personal alarm system for nurses. There had been no incidents reported as a result and risk assessments were updated regularly and patients reviewed daily to mitigate against any risk.

Safe staffing

- Ward managers planned and reviewed the staffing skill mix to ensure patients received safe care and treatment. Each ward had a minimum number of qualified and unqualified staff on duty. Staffing was determined by the number of patients on the ward, their assessed needs and the resources required to meet these. Staff spoke of the shortage of staff and how this caused considerable stress and worry. This was also a concern raised with us by patients and carers.
- There were a total of 15 vacancies for qualified staff over the nine wards we visited and 11 vacancies for unqualified staff. Jasmine ward was the only ward not

Are services safe?

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

carrying vacancies. We were told it was often difficult to recruit agency staff, shifts would be cancelled at short notice by agency staff, and there was a reliance on permanent staff to fill these shifts. There had been 767 shifts not filled by agency staff from 1 October 2015 - September 2016. Figures provided over a 12 month period prior to 30 September 2016 showed three out of the nine wards had qualified nurse vacancies that were higher than the trust average of 15%. The highest being 25%.

- Staff rotas were managed on a central computer system. Senior managers periodically looked at these to decide on staffing numbers. Beds were recently reduced on some wards (Hearts delight, Woodstock and Cranmer) in order that safe staffing could be maintained. This was in response to where patients needed extra care. Managers told us that there were at least two qualified staff per shift. At the times when there was only one qualified, managers and deputies covered shifts. The wards had additional therapy staff, some of the occupational therapy staff were included in the safer staffing numbers. However, where occupational therapists were used in the staffing numbers on wards, some staff explained that this took them away from offering therapeutic activities as their time was taken up providing personal nursing care.
- Managers told us that they were able though to request additional staff to meet the care needs of the patients. We were told leave, activities were rarely cancelled due to shortage of staff, and at these times, the regular staff (occupational therapists) would support, as would managers. One to one time was given to patients and we observed staff eating with patients on some wards.
- Across the service, all staff we spoke with confirmed there was enough staff on shift to carry out any personal care and physical healthcare safely. Some wards now also employed registered general nurses on their staff teams.
- The majority of staff were trained in the management of violence and aggression for older adults. We reviewed records that confirmed those that were not trained were booked onto upcoming training. However, we were told this was not the case for agency staff. We were told that training was given by the agencies themselves but it was unclear as to what was provided. Wards tried to use

agency staff that were familiar with the ward but this was not always possible. Agency staff were orientated to the ward and there was an induction folder on wards for temporary staff to refer to.

- There was sufficient medical cover provided over a 24 hour period and in an emergency. There were weekly ward rounds that took place and frequent visits in the week from the pharmacist who liaised with patient GP's and families.
- Training information demonstrated staff had received and were up to date with their mandatory training and those that were not were booked on courses coming up. There were eight courses out of 31 below the trust target. Fire warden training was the lowest with a 71% compliance rate. Staff that had not completed their mandatory training were scheduled to attend. All training was electronically tracked and flagged as an issue if not completed and addressed individually through supervision.

Assessing and managing risk to patients and staff

- Risk assessments were carried out on every patient when admitted to the service. We saw that risk assessments were reviewed in the daily handovers and updated following any incidents. Some of the wards held weekly focus groups where individual patients were discussed in detail, with the support of a psychologist. Psychological interventions were discussed and explored further, with care plans and risk assessments updated accordingly.
- Staff we spoke with demonstrated awareness of de-escalation and spoke about different approaches they used to de-escalate and distract distressed or agitated patients. All wards had an emphasis on de-escalation rather than using control and restraint, which was seen as a last resort. Different examples were given over the wards about how they try to work with challenging behaviours. The responses varied from operating a traffic light system and how escalating behaviours are identified and prevented. On some wards, there was access to psychology support and a weekly focus group where individual patients would be discussed in detail. In all cases, teams discussed incidents and individuals at team meetings and daily handovers, identified triggers and early warning signs.

Are services safe?

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

- The service reported 911 episodes of restraint between the period of 1 October 2015 and 30 September 2016. This was explored further during the inspection and we found that all units were reporting incidents that including level one holds which were needed to provide personal care for patients to ensure the dignity of patients was maintained. Staff we spoke with stated they could not remember a time when they had to use seclusion. An example was given when the ward had an agitated patient that they tried to isolate in a corridor area on one to one observation. This provided a low stimulus environment to try to reduce the patient's agitation and limit the risks to other patients. Some of the wards had de-escalation rooms.
- Ward staff recognised that one of the biggest risks to the patient group was the risk of falls. Falls assessments were regularly completed. Completed assessments were comprehensive, and included information on footwear, medicines and blood pressure as possible contributory factors to falls risk. On Hearts Delight and Woodstock ward, the flooring was in the process of being changed due to identifying that glittery flooring was a contributory factor for older persons falling. All wards had falls prevention plans and used a discreet stars system to indicate risk of falling. This system was displayed on patient boards and on bedrooms to aid staff identifying patients at risk.
- Staff were trained in the safe moving and handling of patients. There was equipment available on all wards we visited for staff to use in the transfer of patients.
- Staff had received safeguarding training. 93% had completed the training as of 31 October 2016. Staff had a good understanding around identifying safeguarding concerns and ensuring they were reported in a timely manner. Staff felt confident that if they did raise concerns they would be listened to and action taken. There were safeguarding leads for all the wards. Staff were able to give examples of safeguarding referrals they had made and where protection plans were in place.
- There were systems in place to ensure that patients consistently received their medicines safely and as prescribed. We saw appropriate arrangements in place for obtaining and reconciliation of medicines. The ward pharmacist visited the wards regularly and we saw evidence that the prescription charts had been

screened and appropriate clinical interventions had been made. The trust had systems in place to monitor the quality of medicines management. Regular audits took place and medicine incidents were reported where necessary.

- We observed appropriate medicines management on all wards. On records, we reviewed covert medication plans were in place and best interests meetings had been documented for people who needed to have their medicines administered. Records were regularly reviewed by pharmacists, and medication charts checked, medicines were also reviewed in the weekly ward rounds. Advice was sought from the pharmacist about the safety and efficacy of crushed tablets.

Track record on safety

- There were 21 serious incidents reported over the last 12 months with the highest number relating to slips/trips and falls (16). Investigation and review processes were in place and as a response, actions were put in place such as changing the flooring at Hearts Delight and Woodstock. Staff demonstrated a good awareness of falls and how to manage the risks posed.

Reporting incidents and learning from when things go wrong

- The trust had a central risk management team who collated all the data regarding incidents and fed back to wards. Any learning that came from incidents was fed back to staff in handovers and team meetings.
- Staff we spoke with had a good knowledge of incidents and spoke with openness and transparency about managing safety and risk on their wards. Arrangements were in place for de-brief sessions to take place for both staff and patients following a serious incident. De-briefs ensure that staff and patients are provided with appropriate support.
- On all the wards we found that staff were aware of the trust policies for reporting risk and staff had a good understanding of how and when to report incidents and that these were reported on an electronic system. All staff could report risks, which were monitored by ward managers.
- Staff were aware of duty of candour and the need to be open and transparent when an incident occurred. The duty of candour is a regulatory duty that relates to

Are services safe?

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

openness and transparency and requires providers of health and social care services to notify clients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.'

- Patients and carers we spoke with stated that staff were very honest and spoke to them following an incident sought to respond and apologise following an incident.

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 looked at 45 care plans during the inspection. Care plans were completed on admission with an initial plan and then reviewed 7 days later. They included crisis contingency and discharge planning. Following this, they were reviewed regularly and audited by managers and by the auditing team in the trust. An Abbey Pain Score was completed on admission for all patients. This assessment tool was developed to use with patients that have dementia and those who cannot verbalise. Staff recorded physical health using a modified early warning system (MEWS) tool and these charts were monitored daily. Each ward had a physical health care lead.
- There was a holistic approach to assessing, planning and delivering care and treatment to patients. The care records we viewed confirmed that patients had a comprehensive assessment of their needs upon admission that fully assessed their physical health, medical history, mental health, nursing, risks and social needs.
- All care records were logged on an electronic recording system. There were paper records kept of care plans and risk assessments in the office so bank staff could have access to this information. The office was locked at all times.

Best practice in treatment and care

- Staff participated in a number of clinical audits. These included care plans, physical health and nutritional needs. Most of the wards offered psychological therapies as recommended by NICE. Staff planned and delivered care and treatment in line with current evidence-based guidance, standards and best practice. We saw there were a range of activities available such as well-being groups, arts and crafts, exercise classes and music groups. Some of these were delivered by staff specifically employed to deliver these groups, for example a music therapist. At the weekends, some wards had access to transport to take patients out. Staff organised taking patients shopping at these times.

- There was active psychological support particularly on Cranmer ward, and the continuing care units, to offer reflective practice for staff.
- Wards had staff trained in dementia care mapping and the teams worked together looking at areas of improvement, concentrating on areas such as "this is me" care plans.
- The wards had good access to health specialists when required, such as dieticians, physiotherapists, speech and language therapists and tissue viability nurses.
- The staff routinely completed Health of the Nation Outcome Scales (HONOS), which is a recognised rating scale to assess and record outcomes for patients. There are 12 scales that are used to rate older mental health patients, together they rate various aspects of mental and social health. It covered aspects such as behavioural disturbances, problems relating to physical health and problems with activities of daily living.
- Patients' nutrition and hydration needs were assessed and monitored comprehensively. Staff had a good awareness of individual nutritional needs such as the type of diet required and how this affected patients overall wellbeing.

Skilled staff to deliver care

- Most of the wards had a complement of staff from a range of disciplines that included mental health nurses, registered general nurses, psychologists, pharmacists, doctors, physiotherapy and occupational therapists. Only Jasmine ward did not have access to psychological therapies.
- Staff were appropriately qualified and competent to carry out their work. Managers encouraged staff to develop within their role further by attending specialist training, such as dementia mapping.
- All unqualified staff completed the care certificate as part of their induction training.
- All wards had champions or leads for particular areas of care such as food and carers. The continuing care wards would refer to admiral nurses. These specialist dementia nurses
- Staff confirmed that they received regular supervision sessions and annual appraisals to discuss their learning and development, work performance and any issues

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.

they had about their role at the service. Staff on most wards also received group reflective practice to discuss key issues with their workload and areas of improvement and development. We were shown records on the wards that identified supervision was up to date and if not a reason was identified. However, the data information provided by the trust stated that between 1 October 2015 and 31 September the supervision rate was 48% and appraisals 65%. Across the wards for older people, an improvement plan was implemented with regard to supervision of staff and managers who we spoke with were aware of this.

Multi-disciplinary and inter-agency team work

- There were daily multi-disciplinary meetings, in addition to handovers between nursing shifts where patients' progress and care was reviewed. Staff held daily handovers to discuss each patient on the ward and any incidents from the previous shift. Focus groups were held weekly on most wards to take time to discuss individual patients in detail. Within this meeting, risks were reviewed in order to identify changes and agree management plans.
- We observed four handovers and multi-disciplinary meetings and found these to be effective in sharing information about patients and reviewing their progress. Staff were respectful when discussing patients and families and their lives and how they might work together effectively to assess and plan people's care and treatment.
- Staff worked closely with patients' care coordinators in their local areas to facilitate effective discharge planning and follow-up care. A regular report is sent to the bed manager on patient's current progress and future care plans. For some of the wards there was regular contact with the crisis team and support to patients on leave.

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

- Mental Health Act training was mandatory and all wards were 100% compliant. The way this was delivered differed on each ward between E-learning and on site classroom learning with a trained senior staff member.

- We scrutinised the Mental Health Act paperwork in detail on Sevenscore, Woodchurch, Hearts Delight, Woodstock and Orchards ward as part of our inspection to the older people's service. On most wards all detention paperwork; capacity assessments and section 132 rights was generally in good order. However, on Woodchurch three out of four care notes reviewed did not have Approved Mental Health Professional reports. These are reports completed by the qualified professional about the Mental Health Act assessment on patients.
- Capacity and consent to treatment were mostly being assessed and recorded on admission. Consent to treatment and section 132 rights were found in most cases to be given and regularly given thereafter. A reminder was sent to wards weekly by the trusts central Mental Health Act administrator to do this.
- Staff knew how to contact the Mental Health Act Office for advice when needed and ward managers did weekly audits of Mental Health Act procedures. As at 31 October 2016, 100% of staff were trained in the Mental Health Act.

Good practice in applying the Mental Capacity Act

- Staff were able to give examples of the Mental Capacity Act and examples of when a best interest decision would be made. Wards had Deprivation of Liberty Safeguards (DOLS) champions. As at 31 October 2016, 96% of staff had Mental Capacity Act training.
- There were 178 Deprivation of liberty safeguards (DOLS) applications made between 1 October 2015 and 30 September 2016. The highest number of applications was made from Sevenscore ward with 38 and Orchards ward with 37. The lowest numbers of applications were on Woodchurch with two. The service had a number of breached DOLS. The DOLS team triaged all applications so would prioritise on the detail given.
- There were regular audits undertaken to monitor the use of the Mental Capacity Act and Deprivation of Liberty Safeguards.

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

- Throughout our inspection, we observed all patients being treated with care, compassion, kindness, dignity and respect by staff. Staff interactions with patients and families were professional, sensitive and appropriate at all times. Staff spoke to people in a respectful tone and with warmth, giving patients enough time to understand and respond. Staff showed compassion in their work and asked questions that showed they were taking an interest in what patients were doing.
- Staff demonstrated an understanding and a real commitment to delivering good care and the importance of recognising patients as individuals with different needs.
- The feedback from patients, family members and carers was very positive. Patients spoke about how very kind and caring staff were, supporting them with their individual needs even when they recognised staff were busy. Carers said they could not praise the staff highly enough. They told us that time was taken to clearly explain diagnosis and staff contacted them regularly to update on the current situation. Carers stated staff listened to their views and respected them and were told about the complaints procedure. They had accessible information leaflets on how to complain.

The involvement of people in the care that they receive

- Carers were keen to express how professional staff were and the importance to them that staff were honest and presented with integrity. In the PLACE survey scores, five sites scored above the England average for privacy and dignity, with three scoring above the trust average of 91.9%. For the remaining three wards, the lowest score was Cranmer at 83%.
- All the wards had a welcome pack, which introduced patients to the ward they were admitted to and gave useful information to help patients understand the ward schedule, useful contacts and details on how to complain.

- Patients received personalised care that was responsive to their needs. Where able, patients were involved in their care planning and risk management. Staff we spoke with on the wards providing dementia care said that involving some patients in their care could be challenging due to the patients cognitive levels. Where this was the case staff worked closely with relatives and carers to develop the plan of care.
- Carers were telephoned weekly on some wards with an update on a person's care and an update of their current situation. On most wards, there was a family and carer champion who was clearly identified and carers were given an information leaflet, inviting carers to make themselves a drink when they visit and explaining why there were particular rules in place.
- Wards had information posters and literature on advocacy services available to patients. However, on Orchards ward there was no information available for independent mental health advocacy services.
- Managers also spoke about the triangle of care that was used, this is a self-assessment tool used by mental health providers, which assesses teams/wards performance. It is guide developed in collaboration with the Carers trust to meet the needs of people with dementia
- On some wards, there were weekly community meetings for patient feedback and on others, staff spoke about talking to patients on a one to one basis to ask for their opinions about the service they were receiving. Other wards conducted exit surveys when a patient was about to be discharged.
- There were large display boards on all wards giving details of the day's activities, the date and which staff were on duty. There were easy write boards for patients, carers, and staff to make comments.
- The trust had regular Carers forums of which senior management attended. Carers fed back information and concerns from these and at trust meetings and were involved in discussions and decisions about core services. Carers had been involved in the interview process of senior management.

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

- The average bed occupancy levels across all nine older people's wards over a 12 month period from 1 October 2015 to September 2016 was over 85%. Bed occupancy levels are the rate of available bed capacity and indicate the percentage of beds occupied by patients. The bed occupancy levels for the wards were as follows; Woodchurch, Cranmer and Ruby ward 98%, The Orchards, Jasmine ward 97%, Frank Lloyd Unit Hearts Delight and Woodstock 94%, Littlestone Continuing Care Unit 92% and Sevenscore Ward 89%.
- Discharge planning was an active part of care and treatment. Staff worked closely with and had good links with community teams within the trust, local social services and providers of various older persons residential homes.
- Between 1 October 2015 and 30 September 2016, there were 41 out of area placements. In this period, the trust received 11 patient placements from other trusts to wards within the service. Beds were available to people living in the local catchment area. Referrals to the service were received from local GP's, community mental health teams, accident and emergency departments and care coordinators.
- Patients had a bed to return to when they had been out on weekend leave. However, some wards commented that they did not use overnight leave for patients as their bed could get used. Patients were not being moved due to managing bed shortages. There were a total of 84 delayed discharges over a 12 month period between 1 October 2015 and 30 September 2016. Delays were due to a lack of suitable nursing homes to meet the patient's needs and delays in care packages being arranged for those patients returning to their own home. From the continuing care units carers spoke about them not wanting their loved ones to move on as they were so settled and cared for. Staff acknowledged and recognised that this was a difficult time and that they were working alongside carers, patients and providers to prepare and support a move as slowly and sensitively as possible.

The facilities promote recovery, comfort, dignity and confidentiality

- Most wards provided a full range of therapeutic rooms and equipment to support treatment and care. Ward environments were dementia friendly and promoted meaningful interaction between patients and staff. For example, appropriate colour schemes, matt flooring, signage that was clear and the use of wall art. However at Cranmer ward there was only one room that could be used for therapy and there was nowhere patients or visitors could go for quiet space, it was difficult to offer one to one sessions because of this. On Sevenscore ward, there were no activity rooms as they were being refurbished. However, many activities such as group exercise we observed were taking place in the general communal area.
- Patients had a full activities programme, which they could attend, this was clearly displayed, and this started with a morning meeting for all patients so everyone knew what was happening for the day. Activities offered were relaxation, reminiscence, art therapy. Staff offered activities at the weekend, film evenings, and board games.
- There were three wards where access to outside space was problematic. Male patients on Woodstock ward at the Frank Lloyd Unit had to use a lift and access the garden via a female ward. Staff worked hard at trying to make sure this was facilitated, but staff spoke of difficulties when patients requested to go to the garden. On Woodchurch ward at Thanet there was no direct access to their garden. Patients were required to exit the ward, into a reception area and then pass through two further locked double doors. Again, staff commented on the difficulty in facilitating patient access, as the gardens had to be fully supervised due to the high risk of falls. Additionally, on Ruby ward, patients had to exit the ward environment, through the main hospital corridors, down two flights of stairs and multiple locked doors to access their garden which also presented multiple slips and falls risks. We were informed this was being monitored and reviewed.
- Patients had access to drinks and snacks 24/7. The PLACE scores for food on four wards scored above the

Are services responsive to people's needs?

Good 

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

England average of 92% for ward food, with Littlestone continuing care unit scoring 100%. In our conversations with patients and carers, all spoke positively about the food and the variety of menu choices.

- Patients were able to personalise their bedrooms on all wards. This was particularly evident on the three continuing care units. Photographs patients from the past, their work and families were displayed and when we spoke with patients this was highlighted as very important to them.
- In April 2015, the trust introduced a no smoking policy. This meant that patients who wanted to smoke had to do this away from the hospital site. It was felt for those with mobility problems and for those who were very agitated this was a very difficult policy to adhere to. Staff spoke about the difficulties of this and the concern that this impacted on patients' comfort and dignity. This also caused additional problem when the wards were short staffed.

Meeting the needs of all people who use the service

- Staff told us how they were able to access interpreters if required. Information leaflets were available and displayed on the ward.
- Accessible rooms were available across the service for patients with mobility issues. Wet shower rooms and assisted baths were available. Staff had access to specialist equipment, such as height adjustable beds, and a variety of hoists to support patients with impaired mobility.
- Patients and their carers told us that they were provided with a choice of foods. Meal times were protected and staff ate alongside patients so assistance could be given with eating if required. Patients' specific dietary needs were accommodated such as pureed and soft diets and patients preferences were responded to such as gluten free, halal.

- Patients had access to Chaplaincy and they attended wards to deliver services. There was support for patients from different faiths and we were told by staff and patients how they were supported to attend places of worship for their particular religions.

Listening to and learning from concerns and complaints

- The patients we spoke with all knew how to make complaints. Details of the complaints procedure were within the patients welcome packs and information given to carers. Most wards had a "you said we did" board. This detailed the actions taken in response to suggestions, comments and complaints from patients and carers.
- 13 complaints were received over the 12-month period prior to the inspection. Three of these were fully upheld or partially upheld and two were not upheld. Jasmine and Woodchurch received the most complaints, with five.
- Staff knew how to handle complaints appropriately. Staff said that they would try to resolve complaints locally at ward level in the first instance. If a complaint could not be resolved, they would be escalated to the ward manager and service manager.
- Complaints were dealt with openly and transparently. Complaints and concerns were taken seriously and this was an agenda item at staff meetings. Managers said that these were brought to staffs attention at these meetings and looked at in more detail at reflected practice and staff focus groups. Carers told us about concerns they had brought to the staff team such as wishing to be visit occasional at meal times, there was a prompt reply and flexible approach in responding to this request.
- The trust had a patient experience team where complaints could be referred to and investigated further if required. As part of this, a patient and/or carer would be given a named worker to work through the complaint with them and provide feedback and actions.

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

- Staff knew and agreed with the values and vision of the trust and that there was a commitment centred on improving the quality of care patients received. Throughout our inspection, we saw that staff embedded the values of the trust in all aspects of their work and there was an open culture with staff putting the patients at the heart of the service. Staff spoke about the importance of good practice and being accountable for their work and the importance of teamwork in making a difference to patient's lives.
- Staff told us that ward managers were accessible and supportive. They were dedicated to establishing good quality, effective care and introducing innovative ways of working. Staff said they knew who senior staff were however, wards varied in their comments about there being a visible presence.

Good governance

- Each ward manager had information on the performance of his or her service. This included data on the compliance of staff with mandatory training, the completion of staff supervision and appraisal meetings, staff sickness rates and the completion of audits on aspects of the service, such as the Mental Health Act, care planning, medicines, health, safety, and cleanliness.
- Staff were clear about their roles, responsibilities and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Permanent staff received appropriate training, supervision and their work performance was appraised. Managers were welcoming of the real drive for change coming from the chief executive and director of nursing.
- Staff shifts were covered but there was a reliance on staff working extra hours themselves and staff did not always feel acknowledged by senior management. It was highlighted by most wards that acquiring permanent qualified staff continues to be difficult. However, the wards and the trust were trying alternative initiatives to address the problem. For

example, the Orchards ward was holding an open recruitment day. The Frank Lloyd Unit managed their rotas as one single unit now as opposed to two different wards, which meant they could manage the right numbers of grades and experience more effectively.

- The wards completed key performance indicators (KPIs) monthly; these were used to measure the unit's performance on areas such as re-admission rates length of stay, health care checks

Leadership, morale and staff engagement

- Staff we spoke with said that they felt supported by their managers and peers. There was a strong team support and enthusiasm and this was actively encouraged. On Littlestone continuing care unit there had been much improvement since the last inspection. Staff on all wards said they were aware of the whistleblowing process and felt able to raise concerns if they wanted. Staff were openly aware of the new management structure.
- There was an uncertainty surrounding Cranmer ward's future and staff reflected that they felt there was a lack of communication from senior management in the trust regarding plans for the ward. Due to this, staff demonstrated low morale and uncertainty in their roles. Staff also commented that they were concerned for the patients and carers and the effect for them.

Commitment to quality improvement and innovation

- In response to offering further support to staff, group supervision and reflective practice had been introduced on most wards and on all wards a forum where staff can discuss incidents and reflect on patients care. Wards had introduced champions for many aspects of patients care, such as a physical health care lead, carers champion.
- The trust collected much data through regular audits on the wards. This helped inform managers on their wards of their performance in relation to staffing, patient care, training, and treatment interventions that help support the care and treatment of patients. Some staff stated that they recognised the importance of this but that completing these tasks takes them away from patient care, which was their priority.

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.

- The trust board assurance framework had identified from previous inspections from CQC and quality audits that the wards older people was at high risk and needed improvement. In response, the trust put together action plans to respond to areas of concern.