

Kent and Medway NHS and Social Care Partnership  
Trust

# Community mental health services for people with learning disabilities or autism

## 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)
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	East Kent Community Forensic Psychology Service	DA2 6PD
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	Dartford, Gravesend and Swanley MHL D	DA2 6PD
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	South West Kent MHL D	TN9 2NA

# Summary of findings

RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	Canterbury and Swale MHL	CT1 3HH
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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 Good.

# 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?

Requires improvement 

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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# Summary of findings

## Overall summary

We gave an overall rating for the community mental health services for people with learning disabilities or autism of **good** because:

- Incident reporting and learning from incidents was apparent across teams. Staff had been trained and knew how to make safeguarding alerts.
- People referred to teams were seen by a service that enabled the delivery of effective, accessible and holistic evidence-based care.
- Staff demonstrated their commitment to ensuring people received robust care by being proactive and committed to people using the service, despite the challenges they faced at times because of limited resources.
- There was strong leadership at a local level and service level across most of MHLD teams that promoted a positive culture within teams.
- There was a commitment to continual improvement across the services.

# Summary of findings

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

### Are services safe?

We rated safe as **good** because:

- Incident reporting and learning from incidents was apparent across teams.
- Staff had been trained and knew how to make safeguarding alerts.

However, there was a difference in how the lone working system was operating across the teams. This meant that in some teams, if there were an incident other staff in the team would not be alerted to it and so would not be able to offer effective support or take steps to ensure staff safety in a timely manner.

Good



### Are services effective?

We rated effective as **good** because:

- People referred to teams were supported by a service that enabled the delivery of effective, accessible and holistic evidence-based care.
- Assessments across the teams were multidisciplinary in approach. Care plans were detailed and personalised and assessments were timely.
- NICE guidance were followed when prescribing medication. The MHLDT teams had good links with other relevant services to ensure the particular needs of people were met.
- The majority of staff we spoke with demonstrated a working knowledge of the application of the Mental Capacity Act (MCA) 2005 legislation and their responsibilities within this.

Good



### Are services caring?

We rated caring as **good** because:

- Staff with whom we spoke demonstrated compassion and genuine feeling about the people they supported.
- Staff showed they knew people who used services well and the feedback received from patients and carers regarding how they had been involved and informed about the care they would be offered was positive.
- The views of patients and families were gathered through the use of surveys.

Good



### Are services responsive to people's needs?

We rated responsive as **requires improvement** because:

Requires improvement



# Summary of findings

- Some waiting lists and times for treatment were long, for example, waiting times of up to a year for psychology.
- Staff demonstrated their commitment to ensuring people received robust care by being proactive and committed to people using the service, despite the challenges they faced at times because of limited resources.
- All teams had access to meeting rooms where people could meet with staff in private. Most rooms were well-maintained and appropriately furnished.
- Staff across teams demonstrated sensitivity and understanding of the cultural and religious needs of the population they served. Staff would try to resolve issues raised locally where possible.

## Are services well-led?

We rated well-led as **good** because:

- There was strong leadership at a local level and service level across the MHLTD teams visited, promoting a positive culture within teams.
- We saw a number of changes had taken place and the changes within MHLTD teams were heading in a positive direction.
- meetings were taking place. Most staff across teams said they felt well supported by management and enjoyed working in the trust.
- There was a commitment to continual improvement across the service line.

**Good**



# Summary of findings

## Information about the service

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has seven mental health and learning disability community teams (MHLD), a community forensic psychology service for people with learning disabilities in East Kent and Canterbury psychological and behavioural support team.

These MHLD covered the following locations:

- South West Kent
- Dover, Deal and Thanet
- Medway
- Ashford and Shepway
- Canterbury and Swale
- Maidstone and Malling
- Dartford, Gravesend and Swanley

## Our inspection team

The team that inspected the MHLD community teams and the forensic psychology service included

- 1 CQC inspector,
- 1 Psychologist
- 1 Consultant Psychiatrist.

## Why we carried out this inspection

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

## How we carried out this inspection

To get to the heart of 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 we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited three of the MHLD teams providing community services across various sites in Kent and looked at the quality of the environment and observed how staff were caring for people using the service

- spoke with 10 people who were using the service or their families
- spoke with the managers or acting managers for each of the teams
- spoke with 10 other staff members; including nurses and psychologists.
- interviewed the service manager with responsibility for these services
- attended and observed some visits in the community with patients, their families and service providers

We also:

- looked at eight care records of people receiving support from different MHLD teams
- 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

Overall people and their families described good support from the teams and feeling involved in the development of care plans and decision making. They said they were always asked for consent to share information with external bodies including with GPs. They said they received good information about the support available and where they had been on a waiting list contact was maintained throughout.

The views of people and families were gathered regularly by the service through the use of surveys and groups held for them. Feedback had been used to inform changes to service development.

## Good practice

- East Kent offered the community forensic psychology service. This worked to support allied professionals and organisations to work with offenders, in particular sexual offenders with a learning disability and provided access to advice and consultation from a professional in mental health.
- There was strong evidence of learning from incidents and staff members taking ownership of learning regardless of where the incident occurred. The seven location teams worked together to record risk, investigate incidents and disseminate the learning and actions.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The trust should ensure that suitable lone working practices are in place. There was a difference in how the lone working system was operating across the teams. This meant if there was an incident other staff in the team would not be alerted to this and therefore not be able to offer effective support or take steps to ensure staff safety in a timely manner.
- The trust should review its provision of psychology to the learning disability and autism service. Some waiting lists and times for treatment were very long, up to a year for psychology.

## Kent and Medway NHS and Social Care Partnership Trust

# Community mental health services for people with learning disabilities or autism

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
East Kent Community Forensic Psychology Service	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ
Dartford, Gravesend and Swanley MHDT	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ

#### Mental Health Act responsibilities

#### Mental Capacity Act and Deprivation of Liberty Safeguards

The majority of staff with whom we spoke demonstrated a working knowledge of the Mental Capacity Act 2005 and their responsibilities within this.

# 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

## Summary of findings

We rated safe as **good** because:

- Incident reporting and learning from incidents was apparent across teams.
- Staff had been trained and knew how to make safeguarding alerts.
- Staff managed medicines well.

However, there was a difference in how the lone working system was operating across the teams. This meant that in some teams, if there were an incident other staff in the team would not be alerted to it and so would not be able to offer effective support or take steps to ensure staff safety in a timely manner.

- Staff were required to keep their diary electronically on the RIO system. This ensured sickness cover could be made available as required. This was being well implemented from evidence of staff diaries on RIO. The organisational chart provided included five psychiatry vacancies and one psychology vacancy across the seven locality teams. We were informed there was an active recruitment process to fill posts.
- The use of agency staff was very low. If agency staff were used it was from an approved agency. The trust expected agency staff to have fulfilled training in line with the trust's mandatory requirements before they were allowed to work in the service. The impact on the team and workload due to any vacant posts were regularly monitored by the service manager.

## Assessing and managing risk to patients and staff

- There was a difference in how the lone working system was operating across the teams. In some teams we were informed of a 'purple folder' system, by which a staff member concerned about their safety in the community could call the team and any mention of a purple folder would alert of the risk. The majority of staff with whom we spoke were not aware of the system. This meant there was a risk if an incident occurred as other staff would not be alerted and therefore not be able to respond in an appropriate / timely manner. The majority of visits were conducted in the community in people's homes.
- We looked at the medicines management systems. Medicines were prescribed only and were not stored on site. For example, in the three MHL D visited prescribed medication was routinely reviewed at the person's care review or more often when needed.
- Individual risk assessments were carried out and generally updated across the teams. From the evidence good care was being delivered with patients trigger points being identified and management plans in place to support them.
- Staff worked closely with patients when developing crisis plans and managing crisis needs. From the evidence patients had crisis plans, with good details of

## Our findings

### Safe and clean environment

- The rooms used for meeting with patients were not fitted with alarms. This meant there was a risk if there was an incident; other staff within the building would not be alerted and therefore not be able to respond in an appropriate / timely manner. If a patient come to the building, staff were expected to undertake a risk assessment, discuss any concerns about safety with senior staff members and agree how safety for both the patient and staff would be managed.

### Safe staffing

- KMPT had recently made a number of changes in the way services were organised to ensure people were offered more support in the community including the development of specialist nursing posts. There were active recruitment processes for the identified vacancies.
- The service review of MHL D identified the need to recruit two new specialist nursing roles to develop the multidisciplinary team; recruitment to these posts was taking place. Prior to this the teams were made of psychiatry and psychology disciplines only.

# Are services safe?

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

individual need. Patient records were reviewed and updated regularly. Carers gave positive feedback regarding their involvement with the crisis planning and the positive outcome for their relative.

- KMPT has closed one of the learning disability inpatient unit, which resulted in not enough in patient beds being available locally. To manage this three additional preferred providers for inpatient services were identified in the south east of England to which referrals were made should a person's mental health deteriorate. We were informed the use of these providers and outcomes for patients would be reviewed. Care plans included assessment of physical health needs and these were reviewed. We were informed of good partnership working with GPs in relation to information sharing and prescribing medication.
- Safeguarding training was mandatory for all staff members and refreshed annually. Staff were able to discuss what constituted a safeguarding concern and how to make a referral to the local authority safeguarding team or escalate to their manager as appropriate. The training records indicated staff were up to date with training. Senior managers reported a high level of confidence in their staff teams in relation to safeguarding knowledge and implementation.

## Track record on safety

- We were consistently informed by staff members, from each of the MHLDD services visited, of a serious untoward incident involving a young person on the waiting list for Canterbury and Swale MHLDD. This was being investigated, but learning from the incident had been shared with staff members prior to the full publication of the investigation and actions. There was good evidence of learning from adverse events.
- All staff knew how to report incidents and safeguarding concerns and senior managers reported the team were highly knowledgeable regarding matters of safeguarding. Staff members gave examples of matters they had reported and the following discussions at MDT

meetings. Records for incident reporting were maintained. There were low levels of safeguarding and incidents, but the staff members could demonstrate their knowledge regarding keeping patients safe.

## Reporting incidents and learning from when things go wrong

- Incidents were reported as required and we were shown the records for all the services visited. We were informed by the service manager there were efforts made to work with patients who reported a concern to ensure they felt they were listened to and the matter resolved. Informal concerns were recorded in progress notes.
- Staff members were aware of the trust process for investigating incidents and cascading the information and learning through bulletins and emails. There was good evidence that learning from incidents took place within the teams during MDT meetings. This information was available to all staff members.
- There were good procedures in place for feedback and discussion regarding incidents which occurred within the service and across the three services visited. This included the MDT, debrief sessions, discipline meetings across the seven locations and supervision. Staff members reported they felt encouraged to discuss incidents and learning in formal supervision and could access informal supervision as required. It was evident information was shared and staff members were keen to discuss outcomes and learning.
- The report regarding the recent serious incident was not yet published, but we were informed by the service manager there were changes being implemented as a result. These were in relation to how referrals were triaged when they are received and how the services worked in partnership with other agencies, in particular CAMHS, during the transition process from children to adult services.
- Staff received support after a serious incident. This included debrief meetings and the opportunity to discuss the incident both in reflective practice sessions and on a one-to-one basis with senior members of staff. Staff members reported they made use of support in supervision and felt well supported.

# 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.

## Summary of findings

We rated effective as **good** because:

- People referred to teams were supported by a service that enabled the delivery of effective, accessible and holistic evidence based care.
- Assessments across the teams were multidisciplinary in approach. Care plans were detailed and personalised and assessments were timely.
- NICE guidance was followed when prescribing medication. The MHLTD teams had good links with other relevant services to ensure the particular needs of people were met.
- The majority of staff we spoke with demonstrated a working knowledge of the application of the Mental Capacity Act (MCA) 2005 legislation and their responsibilities within this.

## Our findings

### Assessment of needs and planning of care

- People referred to the MHLTD and East Kent forensic psychology team were seen by a service that enabled the delivery of effective, accessible and holistic evidence based care.
- Assessments were completed in a timely manner and the care plans were detailed, personalised and holistic. There was good detail about the presenting issues and how this was impacting on the patient, their family or carer.
- Records showed risks to physical health were identified and managed effectively. Risks were identified on first assessment and updated as and when changes occurred. There were good links with GPs and we saw GP letters uploaded onto the electronic system.
- Care plans were up to date and person centred. There was evidence efforts were made to make these 'easy read' or accessible for the individual patient. Care plans included good information about holistic needs and the emphasis was on recovery. Carers reported inconsistent experiences of receiving a copy of the care plan. However, those who had not received a copy stated they were aware of the support being provided and were happy with the service.

- Patient records, policy and procedures were stored electronically on RIO and the service intranet respectively. All staff members had access to a computer when required. Information in paper format was stored securely but efforts were made to limit the use of paper records.

### Best practice in treatment and care

- The MHLTD and East Kent forensic mental health psychology service used a number of measures to monitor the effectiveness of the services provided. They conducted a range of audits on a regular basis. Feedback was used to inform changes.
- NICE guidance was followed for prescribing medication. Additionally, staff could access local prescribing guidelines via the trust intranet.
- Outcome measures were used across teams to monitor a person's progress in a systematic way. Clinicians used routine outcome measures including the health of the nation outcome scales (HoNOS).
- Good information about physical health needs was included on initial assessment and staff reported good relationships with local GPs and KMPT community learning disability teams, including regular joint meetings with the teams at which the full holistic needs of the patient was discussed. Monitoring of patients on antipsychotic medication was completed by the psychiatrist and there was evidence this was being completed and properly recorded. Carers reported positive experiences of holistic support that took in to consideration many factors for their family member when providing care and this included health needs.

### Skilled staff to deliver care

- The forensic service was facilitated by psychologists, as required for the type of interventions the service delivers. They worked closely with other involved professionals and agencies including probation, KMPT community learning disability teams, families and carers. The MHLTD services were historically staffed by psychiatry and psychology. We were informed the KMPT response to the Winterbourne Concordat resulted in an increase in funding for community services. Following a review of staffing and the work of the teams the need to include specialist nurses was identified. Recruitment was in process and we spoke with a specialist nurse,

# 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.

new in post, who explained her role was to work closely with patients to try and reduce the need for inpatient referrals. Staff reported this was a positive and necessary improvement for patients and the development of services. The MHLDT teams worked closely with KMPT community learning disability team where patients had access to further disciplines such as social work and occupational therapy. This was evident in the minutes from joint meetings and in discussion with staff members.

- Staff were given a corporate and local induction. There was a wide range of mandatory and statutory training available. Supervision sessions were held monthly and staff reported that senior team members were approachable and made themselves available to talk through any issues. Training records for all services were up to date. Mandatory training reports were received by Clinical leads to enable them to monitor those people they supervised.
- Specialist training was available and staff reported they could discuss training needs in supervision, this was included in their PDR and those staff members who completed training were encouraged to share learning with the team.

## Multi-disciplinary and inter-agency team work

- There were weekly MDT meetings in each service; these were well attended by staff from all disciplines. The time was protected for staff. Staff members reported the meetings were well chaired, useful and supportive. Meetings were held jointly with KMPT colleagues from the community learning disability team to ensure patients receiving support from both services received holistic and joined up support and to aid information sharing.
- There was evidence of good working relationships and information sharing with other organisations including the crisis team, probation, inpatient services, GPs and KMPT community learning disability team. Carers were positive about the support received and in one instance this did include effective joint work between inpatient and an MHLDT team. South West Kent MHLDT had recently moved and was co-located with mainstream mental health services. It was reported this had a positive impact on the ability to have discussions as to the most suitable service to meet the needs of individual patients.

- There was good evidence of strong working relationships with primary care and social services. This was evident on the patient records and care plans. There was a recent serious incident in relation to a referral from CAMHS that raised issues regarding the handover from children services. It had been identified there was a need to improve this pathway and the working relationships with the CAMHS and other children's services.

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

- Consent to treatment was recorded on the patient records and this was monitored by senior clinicians. Staff felt well advised and supported by management regarding the implementation of the MHA and the code of practice.
- There was evidence patients had their rights under the MHA/CTO explained to them. Patient records indicated when staff members had spoken to patients about their rights and staff were aware this should happen in every case. Where a mental capacity assessment had been completed there was an accompanying progress note giving details regarding the information provided to the patient, where the assessment was completed and who was involved.
- Patients had access to the IMHA service. Leaflets were provided to patients.

## Good practice in applying the Mental Capacity Act

- The majority of staff with whom we spoke demonstrated a working knowledge of the application of capacity and consent. We saw examples across the teams and had discussions with staff about complex scenarios.
- Staff have mandatory training on the MCA and the centrally collated records demonstrated this was up to date. In discussion staff were able to demonstrate an understanding of the MCA and the five statutory principles. Records of completed mental capacity assessments contained good detail and clear decision making.
- The MCA policy was on the staff intranet which staff could access and staff were able to tell us this and show us the policy.
- Patient records contained thorough details of capacity issues and assessments carried out. Staff members

# 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.

demonstrated good understanding of mental capacity and when patients might have needed to be assessed. There was evidence in the minutes this was discussed at the MDT and the team supported one another.

- Patient records included best interest assessments where capacity assessments had been carried out with

regard to patient wishes and preferences, and the involvement of family members. We received good feedback from carers about how they had been involved in the assessment and decision making.

- Staff told us they could speak to their clinical lead and service manager regarding any queries about the MCA. The service manager demonstrated excellent knowledge in discussion, as did the clinical leads.



# Are services caring?

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

## Summary of findings

We rated caring as **good** because:

- Staff with whom we spoke demonstrated compassion and genuine feeling about the people they supported.
- Staff showed they knew people who use services well and the feedback received from patients and carers regarding how they had been involved and informed about the care they would be offered was positive.
- The views of patients and families were gathered through the use of surveys.

## Our findings

### Kindness, dignity, respect and support

- Staff we spoke with showed they knew about the patients who used services. They demonstrated compassion and genuine feeling about the patients they supported. Kind and respectful interactions were observed on a number of occasions between staff and patients during community visits.
- When staff spoke to us about people and their families, they showed a good understanding of their individual needs. We saw MDT meeting minutes and found across teams staff reflected the wishes and views of the people they were discussing.
- Patients and their families told us about the good support they received from the teams and feeling involved in the development of care plans and decision making. They said they were asked for consent to share information with external links including with GPs and schools.

- The service adhere to the trust's policy on confidentiality. Carers informed us they felt their information was treated confidentially.

### The involvement of people in the care that they receive

- The views of patients and families were gathered through the use of surveys and groups held for people and families. Feedback from service user groups had been used to inform changes and service developments.
- With a few exceptions there was evidence of patient involvement in care planning and participation in CPA reviews. This was noted on the patient records and carers informed us they felt they and those they cared for were involved and listened to.
- We saw evidence of families involved in care and best interest assessments. During an observed visit to a patient living in a residential placement a strong working relationship between the member of staff and the provider was evident, as was knowledge of the patient's family relationships. It was agreed further work was required to support the family to better understand current support needs, which evidenced strong understanding of the need to support families
- Patients were given information about advocacy during initial assessment to the service and could ask for advice about how to access advocacy services. However, there appeared to be low numbers of people using advocacy support and it was assumed in many cases the family or carer took this role. More could be done to promote knowledge of advocacy and ensure patients could access suitable support.



# Are services responsive to people's needs?

Requires improvement 

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

## Summary of findings

We rated responsive as **requires improvement** because:

- Some waiting lists and times for treatment were long. For example, waiting times of up to a year for psychology
- Staff demonstrated their commitment to ensuring patients received robust care by being proactive and committed to the patients using the service, despite the challenges they faced at times because of limited resources.
- All teams had access to meeting rooms where patients could meet with staff in private. Most rooms were well-maintained and appropriately furnished.
- Staff across the teams demonstrated sensitivity and understanding of the cultural and religious needs of the population they served.
- Staff would try to resolve issues raised locally where possible.

## Our findings

### Access and discharge

- The forensic service had a target of four weeks from referral to assessment and 18 weeks to receive intervention. In the majority of cases these targets were met. We saw that the time on the waiting list varied between the teams. We were informed of waiting times of up to a year for psychology, which could put patients at risk. Staff members told us there had been improvements made in some localities resulting in considerably reduced waiting times. This included working with referring partner organisations to ensure referrals being made were appropriate. Effort was made to mitigate the risk to those on a waiting list through maintaining contact and reassessing if circumstances changed. Carers confirmed they had been informed about waiting times and contact was maintained.
- The forensic and MHLD services had strong triage systems able to prioritise referrals and ensure assessment of urgent referrals. In the majority of cases the waiting list was for psychology and was managed by

the psychology teams, but this was discussed at MDT meetings. Staff members were able to explain this process and were confident it worked well in minimising risk and responding to urgent need.

- The forensic service had clear eligibility guidelines, defined in a care pathway document and was made available to patients.
- Basic information regarding eligibility for the seven MHLD services was available on the KMPT website and the services visited did have further information available on request. Staff informed us the services were not intended as an alternative to mainstream services and where patients were able to access the mainstream they would be enabled to. This decision could be made on an individual case basis to ensure the best outcome for the patient and so as not to exclude people who needed care and treatment. Carers informed us they had been provided with good information about the eligibility for the service at the time their referral was made.
- Staff members spoke of enabling people to make choices about the care they received which included refusing care. They showed good understanding of how distressing the diagnosis of mental health difficulties could be and how different people required a different approach to make it easier for them to engage with the service when they were distressed.
- Staff members informed us there very few patients did not attend appointments. However, the teams followed up those that didn't attend. Patients were contacted to find out the reason for non-attendance and offered a new appointment. None of the services operated policies offering a maximum number of attempts to make contact before 'closing' the contact. Decisions about closing a case when the patient has not engaged were made on an individual basis and usually involved the MDT.

### The facilities promote recovery, comfort, dignity and confidentiality

- The buildings were clean, welcoming and staffed during working hours. There was a good selection of leaflets and information available for patients. The rooms used for consultations or patient meetings were clean and comfortable. They were private and maintained dignity and confidentiality.

# Are services responsive to people's needs?

Requires improvement 

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

- There were a number of noticeboards in the receptions and a well stocked areas for leaflets of the three MHLDT teams visited.

## Meeting the needs of all people who use the service

- The majority of the service buildings were accessible to wheelchairs and if not it was possible to arrange to meet with patients at other venues if they wished to. The majority of patient appointments and visits took place in the community or in their homes and the needs of those with a disability were being met.
- We saw leaflets in languages other than English and were informed by staff more could be ordered as required. There was good evidence on client records of the use of local Interpreting services when required.

## Listening to and learning from concerns and complaints

- The carers and patients knew how to complain about the service and told us they would speak to their named worker in the first instance or contact the service manager. Leaflets were available in accessible formats and staff provided this information during the initial assessment.
- There had been very few complaints in the previous 12 months, but staff did have a good understanding of how they should respond to a complaint. Staff informed us formal complaints were very rare. Staff felt they responded informally to patient concerns in the first instance and this prevented issues becoming a complaint.

# 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.

## Summary of findings

We rated well-led as **good** because:

- There was strong leadership at a local level and service level across the MHLd visited, promoting a positive culture within teams.
- We saw a number of changes had taken place and the changes within MHLd were heading in a positive direction.
- Meetings were taking place. Most staff across teams said they felt well supported by management and enjoyed working in the trust.
- There was a commitment to continual improvement across the service line.

- There were mechanisms in place for the shared learning from incidents, complaints and feedback such as the MDT meeting and the monthly business meeting. Staff members across the services were well informed of a recent serious incident, the investigation and resulting actions.
- Key performance indicator data was managed by the service manager and clinical leads. Information relating to specific targets and development needs were shared with the team and staff given time to discuss, share their own feedback and plan together.
- Staff members discussed risks for patients on their caseload in supervision and business meetings. The clinical leads suggested items to the service manager who would discuss with the senior team regarding inclusion on the risk register.

## Our findings

### Vision and values

- KMPT had recently made changes in staffing to ensure services were consistent across boroughs and holistic needs could be met. These changes were being implemented and staff members spoke positively about the impact this would have in meeting the needs of people using the service and their families.
- Staff we spoke with reflected the values of the trust. They were committed, innovative and produced alternative solutions to problems such as long waiting lists. Service delivery was patient focussed and delivered in line with NICE guidelines and recommendations.

### Good governance

- There was mandatory training in place for all staff and the majority of staff members were up to date. Records were maintained centrally and clinical leads receive a monthly training record email for those they supervise.
- Staff received an annual appraisal and the majority of staff had their appraisal within the allotted timeframe or a date had been agreed. Staff supervision was supposed to happen on a monthly basis. However, it did not always happen; senior staff members were aware of this and managed this locally with individual staff members to ensure people were supported.

### Leadership, morale and staff engagement

- There was strong leadership at a local level and service level across the MHLd promoting a positive culture within teams, including managing long term sick leave.
- Staff described the whistleblowing process and would seek to speak with their manager or senior staff if they had concerns. Staff members stated they felt they would always be encouraged to do this but did know where to go if they did not feel able to do this.
- Staff spoke highly of managers and their wider teams. There were some high caseloads and pressure on teams, but overall they were confident in the ability of the service they worked for to cope with the demand and complex nature of the work.
- Staff feedback was encouraged in the team meeting and the business meeting. Staff members reported they felt invited to give feedback. We heard examples of service developments of which staff members were proud and had been able to lead on, including the development of group psychotherapy in Ashford.

### Commitment to quality improvement and innovation

- There was a commitment to continual improvement across all services.
- An audit of the waiting lists was completed in November 2014 and it was identified problems were mainly due to staff resources. This was recognised at a senior level and

# 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.

this information fed in to the wider service review. New roles were developed for specialist mental health nurses to ensure there was equal access to psychology and psychiatry in all of the MHLD teams.

- It was recognised staff members had found it difficult to protect time to participate in research and a group was formed, led by the psychology team in South West Kent to discuss research opportunities and take it forward. The focus would be on service user involvement.