

Kent and Medway NHS and Social Care Partnership Trust

Forensic inpatient/secure wards

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)
RXY6L	Trevor Gibbens Unit	Emmetts-Bedgebury Ward	ME16 9PL
RXY6L	Trevor Gibbens Unit	Groombridge ward	ME16 9PL
RXY6L	Trevor Gibbens Unit	Penshurst Ward	ME16 9PL
RXY6L	Trevor Gibbens Unit	Walmer-Bedgebury Ward	ME16 9PL
RXY3P	Littlebrook Hospital	Allington Centre	DA2 6PB

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.

Summary of findings

Where applicable, we have reported on each core service provided by Kent and Medway NHS and social care partnership trust and these are brought together to inform our overall judgement of Kent and Medway NHS and social care partnership trust.

Summary of findings

Ratings

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

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated forensic inpatient and secure services at Kent and Medway NHS and Social Care Partnership Trust as good because:

- The use of seclusion was minimal and staff used least restrictive practice. Staff aimed for a least restrictive environment in the best interests of the patients.
- Staff completed robust and comprehensive risk assessments for patients, which they reviewed regularly. Staff used recognised risk assessment tools designed for forensic services. Risk assessments demonstrated patient involvement and staff working collaboratively with patients.
- There was good physical health provision. Staff used the modified early warning score to monitor and improve the physical health of patients. A male and female GP from a local surgery visited the ward each week. The service employed a dietician to ensure that patients' nutrition and hydration needs were met. However, patients and staff told us there were difficulties accessing dentists for patients.
- There was a comprehensive range of individual and group activities that met the National Institute for Health and Care Excellence guidelines. Patients were involved in planning the weekly activities during weekly community meetings.
- Each team had regular team meetings. Ward managers met regularly to share learning and discuss service development. We saw good, effective team working across the service.
- We observed caring, supportive and positive interactions between staff and patients. Staff demonstrated knowledge and understanding of individual patient needs. Patients told us that staff were non-judgemental, calm and patient. We heard examples of staff going above and beyond their duty to ensure that patients' needs were met.
- Patients were involved in their care planning and care plans were comprehensive and recovery focussed. Staff used the 'My Shared Pathway' care planning tool to ensure person centred care planning. Patients were involved in ward rounds and completed a 'Have Your Say

Ward Round' form prior to the meeting. We saw examples of how the service had responded to feedback from patients on 'You said, we did' boards. The service held quarterly patient forums.

- We observed a placement review panel attended by stakeholders and staff from the service. The meeting had been set up to reduce the number of out of area placements for patients.
- Wards had a range of rooms and equipment to support patients' care and treatment. A patient described how the service had made changes to the environment to accommodate their needs.
- Staff were passionate and committed to their work. All staff reported good morale and feeling supported by their managers. Staff told us that senior managers were visible in the service.
- There was a quality and clinical governance co-ordinator for the service who supported managers with governance to 'allow managers to concentrate on clinical issues. The co-ordinator sent monthly reports about key performance indicators, incidents, training and audits.
- All wards were participating in the 'Safewards' initiative which promoted wards feeling safe and calm. The service had adopted the 15 steps challenge which asks a series of questions to guide first impressions of the ward to improve the quality of patient care.

However:

- We found that the service had acted on most of the recommendations made at the previous inspection. However, building work was still ongoing at the time of our visit which meant that the trust had not addressed all of the issues raised.
- We saw that although building work to protect patients and staff against risks associated with unsafe or unsuitable premises had started, it had not been completed. This meant that the trust was not compliant with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- During our inspection in March 2015, we recommended that the service expedite the approval to extend the perimeter fence on Penshurst ward to include the tennis courts, to increase the size of the

Summary of findings

outside area for restricted patients. However, although building works were taking place, there were still concerns regarding the seclusion room and the outside area at Penshurst.

- We saw limited progress with our recommendation from our inspection in March 2015, to implement the capital works programme for anti-ligature at the Trevor Gibbens Unit. There were multiple risks including one that had not been identified.
- Although there were high levels of staff completing mandatory training, we saw that low numbers of band five staff and above had completed the safeguarding adults level two training.
- Staff told us that only serious incidents were recorded on the electronic reporting tool. Other incidents were recorded in the patient's electronic records. This meant that opportunities for learning and identifying themes could be missed.
- Although staff told us they received regular supervision, the quality of record keeping was inconsistent across the wards.
- The outdoor area for patients on the extra care area on Penshurst ward did not demonstrate dignity and respect.

Summary of findings

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

Are services safe?

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

- The building work for the seclusion room at Penshurst ward was still ongoing. This meant that the trust had not addressed the issues identified at our inspection in March 2015 and were still in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were a high number of ligature points, including the bed frames, in the Trevor Gibbens Unit. There had been limited progress with our recommendation during our inspection in March 2015 to implement the capital works programme to address those risks.
- Compliance with safeguarding training was low for band five staff and above.
- Access to a fire escape at the Allington Centre was obstructed by furniture.
- Seclusion paperwork was completed poorly. The paperwork did not allow staff to complete contemporaneous notes.
- Some staff only reported serious incidents on the electronic recording tool. This meant that opportunities for learning could be missed.
- There was out of date medical equipment on Emmetts and Groombridge wards.
- Whilst the trust didn't keep an emergency medicines list in line with the National Institute for Health and Care Excellence and Resuscitation Council guidelines, they had undertaken a risk assessment that led to that decision.
- Whilst we were told that medicines were reviewed regularly at ward rounds, it was not always possible to tell this from records.

However:

- There was a sufficient number of staff to ensure that ward staff could observe parts of the ward that were out of sight of the nursing office.
- Risk assessments were comprehensive and robust.
- There was minimal use of seclusion.

Requires improvement



Are services effective?

We rated effective as **good** because:

- Staff completed a comprehensive and timely assessment after admission.

Good



Summary of findings

- Care records demonstrated ongoing physical health care for patients. Care records were up to date and demonstrated patient involvement and collaborative working between staff and patients.
- There was a range mental health disciplines involved in patient care. All staff felt able to contribute to the patients care. All staff, including bank, received a comprehensive induction.
- There were regular multi-disciplinary meetings and daily handovers. We observed ward rounds, handovers and care plan meetings were attended by a range of disciplines, which were comprehensive and person centred.
- There were regular team meetings and managers attended monthly meetings to share learning and strategies to develop and improve the service.
- We saw good evidence of good recording and documentation for patients detained under the Mental Health Act.
- There was a range of individual and group activities for patients. There were weekly community meetings where patients were able to raise concerns and contribute to planning the following week's activities.

However:

- Recording of staff supervision was poor on some wards.
- There was no refresher training on the Mental Health Act. It was mandatory for staff to complete Mental Health Act training once only. However, there was no restriction for staff who wanted to attend further training.
- Band four staff did not receive all relevant training to allow them to be competent in their role.
- The detail of supervision notes was inconsistent across the service.
- Capacity to consent documentation was not attached to one prescription card at the Trevor Gibbens Unit.

Are services caring?

We rated caring as **outstanding** because:

- Feedback from patients was very positive about the way staff treated them.
- There was a visible person centred culture. Staff were fully committed to working collaboratively with patients.
- We observed caring and supportive interactions between staff and patients. Staff were knowledgeable about their patients' needs and engaged with clients in a caring and respectful manner. Patients said that staff were fair and respectful and genuinely interested in them as a person.

Outstanding



Summary of findings

- Staff were passionate and motivated to offer kind and compassionate care to patients.
- We heard examples of staff going the extra mile to ensure that patients' needs were met. We heard how staff had responded to a patient's dying wishes so that their cultural and religious needs were met.
- Staff demonstrated a good therapeutic relationship with patients. Staff tailored groups to best meet patient needs.
- All wards had a calm and relaxed atmosphere. Patients told us they felt confident to approach staff.
- Patients were fully involved in decisions about their care and had access to support to do this.
- Patients felt actively involved in their care planning. Patients were involved in planning individual and group activities.
- Patients felt listened to by staff. Patient experience surveys were used with the aim of improving services for patients. The service had introduced a 'have your say for ward round' feedback form and revised the 'my shared pathway' documentation in response to patient feedback.
- Carers told us that staff were caring and they felt involved in their relatives care. Carers attended meetings and ward rounds and felt confident talking to staff.
- Behavioural family therapy for patients and carers was available at the Trevor Gibbens Unit.
- There was a family and engagement lead to develop carer involvement. There was a carers champion on all wards and regular support meetings in place. There were regular carer's events and a monthly carer's forum. The service had a dedicated carer information leaflet.

Are services responsive to people's needs?

We rated responsive as **good** because:

- The service had set up monthly multi agency meetings with stakeholders to reduce the number of out of area placements for patients.
- Staff and patients had created a discharge care pathway flow chart to explain the stages for patients to work towards discharge from the Trevor Gibbens Unit. The wards ran a 'moving on' group for patients who were due to move between wards. This allowed patients to become familiar with the new ward, the staff and other patients there.
- There was a full range of rooms and equipment to support treatment and care. All wards had a clinic room, therapy rooms and activity rooms. Following requests from patients, all the wards at the Trevor Gibbens Unit had received large fish tanks.

Good



Summary of findings

- Patients had key fobs that they wore as wrist bands. These locked their bedrooms and lockable storage in their rooms. Patients found these easy to use and valued the privacy they afforded by having lockable rooms.
- The service had made environmental adjustments to ensure that the needs of a disabled patient could be met.
- Patients had been involved in the design and decoration of a fully equipped multi-faith room.
- Wards had 'You said, we did' boards with examples of changes made following feedback from patients.
- Patients were able to use video calls to stay in touch with family and friends.
- There was a Lakeside Lounge café that had been implemented following a suggestion during a patient council meeting. Patients had been involved in its design and completed work experience and placements at the café.

However:

- There was limited outdoor space for patients on Penshurst ward.
- The outdoor area for patients on the extra care area on Penshurst ward did not demonstrate dignity and respect.

Are services well-led?

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

- Staff were aware of and agreed with the organisation's values. Staff said that the senior managers were visible and told us that they felt supported by them.
- The service had a wide range of policies and procedures and a clear strategy of engagement with stakeholders to improve the service for patients.
- A quality and clinical governance co-ordinator supported the managers. The co-ordinator sent monthly risk highlight reports, activity dashboard information, quality newsletters and learning flyers to managers and staff. Regular quality meetings took place to discuss incidents, learning, audits, person centred care planning and 'peak of the week' quality initiative, which identified a particular area of service quality, development or improvement and shared throughout the trust.
- The manager at the Allington Centre had a clear plan to reduce the level of disruption of the building work for the new seclusion room and extra care area.

Good



Summary of findings

- The service had an ongoing recruitment programme in place and managers used regular bank staff to ensure sufficient staffing levels. The service was innovative in its attempts in recruiting and retaining staff.
- The results of the 2016 survey showed that the forensic service had the second highest return rate in the trust for the staff survey. In 2015, the forensic service had come second in the country for secure services staff engagement score
- We observed an open and supportive culture on the wards. Staff told us they felt able to raise concerns without fear of victimisation and were aware of the whistle-blowing process.

However:

- We did not see evidence of robust arrangements to reduce the level of disruption for patients during the building work on Penshurst ward. Patient numbers had not been reduced and patients had been moved into offices converted into bedrooms. Activity rooms were being used for storage of equipment whilst the work was ongoing, which staff said had impacted on their ability to deliver activities.
- Our inspection identified a range of issues concerning inconsistent planning and where good practice was not shared across wards. This included the quality of staff supervision notes, the low compliance of band five staff and above completing the safeguarding adults level two training and band four staff not receiving sufficient training to ensure competency in their role.

Summary of findings

Information about the service

Kent and Medway NHS and Social Care Partnership Trust provides mental health,

substance misuse, forensic and other specialist services for 1.7 million people in Kent and

Medway across 50 sites.

The forensic inpatient/secure wards provided by Kent and Medway NHS and Social Care Partnership Trust are part of the trust's forensic service line. The Trevor Gibbens Unit (TGU) had four medium secure wards and two step-down wards with locked access. Penshurst ward was the admission and assessment ward and had 16 male beds. Groombridge ward was the sub-acute ward with 12 male beds. Emmetts ward was the rehabilitation ward with 16 male beds. Walmer ward had 12 female beds and covers admissions, assessments and rehabilitation. Walmer-Bedgebury and Emmetts-Bedgebury wards were step down wards with locked access on the hospital site providing six female and four male beds.

The Allington Centre was a 20 bedded service based at Greenacres on the Littlebrook Hospital site in Dartford.

The service provides low secure mental health services for men who have committed, or are at risk of committing, criminal offences. The service was currently configured to provide 15 beds for those service users who are more settled and five beds for those requiring a higher dependency care.

Kent and Medway NHS and Social Care Partnership Trust was last inspected under the new methodology of inspection in March 2015. The rating for the forensic inpatient secure wards was outstanding. However, the Care Quality Commission informed the trust that they must take action to protect patients and staff against risks associated with unsafe or unsuitable premises, to protect patients and staff against identifiable risks associated with poor cleanliness and infection control and to protect patients against the risks associated with the unsafe medicines management on Penshurst ward. The Care Quality Commission also made several recommendations that the trust should take to improve the forensic inpatient secure service.

Our inspection team

The inspection team was led by:

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

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

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

The team that inspected the forensic inpatient/secure wards comprised two CQC inspectors, one CQC inspection manager, a CQC pharmacist specialist, four nurse specialist advisors specialising in forensic inpatient and secure services, two occupational therapist specialist advisors, one psychologist specialist advisor and two experts by experience.

Why we carried out this inspection

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

Summary of findings

How we carried out this inspection

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

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

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

During the inspection visit, the inspection team:

- visited all seven of the wards at the two hospital sites and looked at the quality of the ward environment and reviewed five clinic rooms
- while on the wards, observed how staff were caring for patients
- spoke with 19 patients who were using the service and collected feedback from 2 patients using comment cards
- spoke with the managers for each of the wards

- spoke with 43 other staff members; including doctors, nurses, occupational therapists, psychologists, health care workers, consultant psychiatrists, a pharmacist, a domestic and a security lead for facilities and estates
- spoke with stakeholders including case managers and commissioning groups
- observed a patient community meeting and a daily planning meeting
- attended two ward rounds and attended and observed four hand-over meetings
- attended a referrals meeting and commissioning for quality and innovation meeting
- observed two groups, two individual sessions, two care programme approach meetings and

an admissions assessment

- observed a home visit
- reviewed 22 staff supervision and appraisal records
- reviewed 25 patient care records
- reviewed 48 prescription charts
- carried out a specific check of the medicines management on four wards
- case tracked two incidents reported on the strategic executive information system
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the provider's services say

We spoke with 19 patients all of whom were overwhelmingly positive about the care they had received. Patients told us that staff were always kind, caring, supportive and non-judgemental.

Patients told us they were actively involved in their care planning. One patient said that staff 'are absolutely excellent in all areas and because of this my mood and behaviour has got better since day one'.

Patients said that staff regularly told them about their treatment and their rights. Patients told us that staff explained and discussed treatment including medication.

We spoke with three carers who told us they found staff caring and they felt involved in their relatives care. Carers told us they attended meetings and ward rounds and felt confident talking to staff.

Summary of findings

Good practice

- The wards were participating in the 'Safewards' initiative to promote the wards feeling safe and calm. Safewards has a number of modules to complete which includes mutual expectations, calm down boxes and soft words.
- The wards had adopted the '15 step challenge' which is an initiative to recognise first impressions of the ward and improve patient care.
- The psychology team offered behavioural family therapy for patients and carers.
- The service delivered 'Moving on' groups which supported patients in moving through the service and onto independent living. Staff told us there were plans to write a research paper about the groups.
- The service had a 'Peak of the week' quality initiative, which identified a particular area of service quality, development or improvement and shared throughout the trust.
- The Lakeside Lounge café offered placements and work experience to patients to encourage development and promote independence.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must protect patients and staff against the risks associated with unsuitable premises and equipment, including a review of the bed frames used in the service to reduce the risk of ligatures.
- The trust must ensure that staff complete all mandatory training.

Action the provider **SHOULD** take to improve

- The trust should ensure that any building work causes as little disruption as possible for patients and staff.
- The trust should enable more outdoor space for patients on Penshurst ward.
- The trust should enable the patients on the extra care area on Penshurst ward to have access to an outside area that demonstrates dignity and respect.
- The trust should continue implementing the capital works programme for anti-ligature at both the Trevor Gibbens Unit and Allington Centre.
- The trust should ensure easy access to the fire escapes in the therapy room at the Allington Centre.
- The trust should ensure that seclusion paperwork is relevant and allows staff to complete contemporaneous records.
- The trust should ensure that incidents are recorded correctly so that they can be monitored and to share learning.
- The trust should ensure that out of date stock is removed from the clinic room and that appropriate checks take place.
- The trust should ensure that band four staff receive appropriate training to allow them to be competent in their role.
- The trust should ensure that the quality of supervision notes is consistent across the service.
- The trust should ensure that capacity to consent documentation is attached to prescription cards.

Kent and Medway NHS and Social Care Partnership Trust

Forensic inpatient/secure wards

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Penshurst Ward	Trevor Gibbens Unit
Groombridge Ward	Trevor Gibbens Unit
Emmetts Ward	Trevor Gibbens Unit
Walmer Ward	Trevor Gibbens Unit
Emmetts-Bedgebury Ward	Trevor Gibbens Unit
Walmer-Bedgebury Ward	Trevor Gibbens Unit
Allington Centre	Littlebrook Hospital

Mental Health Act responsibilities

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

We saw evidence of good recording and documentation for patients detained under the Mental Health Act. Staff routinely read patients their rights under Section 132 and recorded to say they had completed this. Appropriate

clinicians discussed consent to treatment with patients in accordance with the Mental Health Act and appropriately recorded this. Staff recorded Section 17 leave well. Audits took place to ensure adherence with the Mental Health Act.

All of the wards had good access to independent Mental Health advocates (IMHAs), who visited the ward regularly and patients could contact them when needed. Information about the IMHA service was displayed on all wards.

Detailed findings

All staff had completed training in the Mental Health Act and Code of Practice. However, staff only needed to complete this training once and there was no refresher training available for staff.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had to complete training in the Mental Capacity Act and Deprivation of Liberty Safeguards every three years. All staff on Groombridge ward had completed the training. There was 98% compliance for staff at the Allington Centre and 97% compliance for staff on Walmer, Penshurst and Emmetts Ward.

Staff applied the five statutory principles of the Mental Capacity Act and assumed patients had capacity unless

they had reason to question this. There were no patients subject to Deprivation of Liberty Safeguards at the time of the inspection. Staff demonstrated an awareness of when this may be applicable.

Where staff had completed capacity assessments, they were comprehensive and decision specific.

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

- The layout of the wards allowed staff to observe most areas of the ward. Risk mitigation plans were in place for areas with a restricted view. We observed good positioning of staff to monitor patients and the ward.
- There were numerous ligature points throughout the Trevor Gibbens unit (TGU). A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Staff had identified the majority of points. However, the metal framed beds on all wards in TGU posed a ligature risk. On Penshurst and Groombridge wards these beds had been fixed, although not securely, and on Bedgebury, Emmets and Walmer wards they were free standing. This added an additional risk that the beds could be stood on one end and provide an above head height ligature point. The beds also had a metal lattice frame where ligatures could be tied if a patient climbed under the bed and out of the view of staff. No staff, including ward managers, were aware of these risks until our inspection team brought these concerns to their attention. It has been in Department of Health Environmental Design guidance for medium secure units since 2011 that “the layout of the bedroom and ensuite, furniture design, fixtures and fittings should not allow patients to conceal themselves in the room”. The trust issued a safety alert to all staff after the inspection team raised this. There were minimal ligatures at Allington Centre, which were all managed appropriately. Ligature cutters were available on all wards and staff were aware of their location.
- The anti-ligature capital works programme shown to us at the last inspection and which we said in our last report should be implemented had made limited progress. For example, only half of the bedroom doors had been replaced on Walmer ward. This meant the doors on Walmer had hinges that weren’t anti-ligature and there was a toilet with a door closure. Some of the doors had been replaced with anti-barricade and closed hinges which was used for new admissions but one corridor had not had the doors replaced. Staff told us this was due to cost constraints in the program. Other risks such as door closures on bedroom doors on Emmetts ward had not been addressed at all. Staff were able to describe mitigation plans of enhanced observations to reduce the associated risks.
- All wards were gender specific except Bedgebury which was divided into two wards. There was separate sleeping and bathroom facilities for male and female patients aligned to Emmetts ward and Walmer ward. There was a women only day room for female patients on Walmer Bedgebury ward. The accommodation complied with the Department of Health guidance on mixed sex accommodation.
- The trust didn’t keep an emergency medicines list in line with the National Institute for Health and Care Excellence and Resuscitation Council guidelines. However, they had undertaken a risk assessment that led to that decision.
- All clinic rooms were clean and well stocked. All clinic rooms except Emmetts had appropriate records to demonstrate that staff were monitoring emergency drugs, resuscitation equipment and fridge temperatures. On Emmetts ward, daily checks for the emergency equipment, defibrillator and emergency equipment were not always completed and we found a syringe to be used as part of resus was out of date. The trust confirmed that the syringe was used to inflate the resus mask and was not used for medical intervention. There was a box of mixed and out of date syringes on Groombridge ward. This was brought to the attention of the manager who arranged for them to be removed. A registered general nurse was responsible for the clinic room on Penshurst ward. It was noted that her dedication to physical health had embedded positive and auditable best practice for patient’s physical health. The clinic room on Allington was clean and tidy with appropriate equipment, including a defibrillator that staff checked regularly.
- There was good medicines management and staff had good knowledge of error reporting procedures and duty of candour. Staff had correctly documented patients’ allergy status and completed medicines reconciliation. However, whilst we were told that medicines were

Are services safe?

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

reviewed regularly at ward rounds, it was not always possible to tell this from records. For example, if patient's medicines were reviewed and stayed the same, there was often no reference to medicines.

- The trust had started to address the concerns with seclusion rooms raised at our last inspection. The trust had decommissioned the seclusion room on Walmer ward and had made it into an extra care area. Staff used de-escalation techniques and aimed for a least restrictive environment in the patients best interests. Allington Centre and Penshurst wards both had building work ongoing at the time of our inspection to build new seclusion rooms and extra care areas. We visited both building sites and reviewed the plans which appeared to be in line with current guidance including the Mental Health Act Code of Practice. Whilst the building work was ongoing, Allington had no seclusion room and had made arrangements with other wards on the Littlebrook hospital site should seclusion be required. Staff told us that the seclusion room on Penshurst ward was still in use until the new extension was completed, despite interim arrangements with other services to use their seclusion room. Although the building work had started, no efforts had been made to mitigate the concerns about the seclusion room we raised two years previously. The seclusion room on Penshurst ward had no ability to regulate the temperature and no clock present for patients in seclusion to be orientated to time. The shower was directly over the toilet and would require a patient to straddle the toilet to use it. The door opened inwards making barricade risks a possibility and the size of less than 15 square meters continued to be of concern. We raised concerns with the service manager who said that the new extra care area, due to be completed in March 2017, would resolve these issues. The manager assured us that a recent audit had recorded the seclusion room having a clock and gave assurance that she would investigate. However, the ward rarely used seclusion. Data provided by the trust demonstrated that the service had used seclusion on only five occasions between October 2015 and September 2016 and had not used seclusion between October and December 2016.
- All wards were clean and well maintained. Domestic staff were observed regularly in ward areas and patients were encouraged and supported to clean their own rooms. Patients said the wards were always clean.

Domestic staff told us that they felt involved and valued by the staff. The domestic supervisor completed a quarterly audit which scored over 95%.The patient led assessment of the care environment scores for the Trevor Gibbens Unit and the forensic services at Littlebrook hospital, which includes the Allington Centre, were above the England and trust average across all relevant measures. Both services scored 100% for ward cleanliness; 97% for condition, appearance and maintenance; and 85% and 92% respectively for disability access.

- Environmental risk assessments were in place and regularly completed. However, the therapy room on Allington was also a thoroughfare with two fire escapes at either end with access to other ward areas. This area was cluttered with tables and chairs which would block easy access to the escapes in an emergency. Staff had not identified these risks. On Walmer ward there was a raised flower bed that could potentially allow access to the roof. All doors to the wards remained locked at all times and could only be opened by staff. Staff wore a fob which gave them access to all areas.
- All patient bedrooms had an alarm to alert staff to an incident or to summon assistance. All staff wore a personal alarm, which was regularly tested. We saw that staff, including security, responded promptly to alarms. There was CCTV in communal areas. The CCTV was not monitored and only used to review incidents if needed.

Safe staffing

- The trust used the Hurst tool to establish safe staffing levels. The planned daily staffing levels for the Trevor Gibbens Unit was between five and nine for the early shift and late shift and three to six for the night shift, depending on the ward. The establishment level for registered nurses for each shift was between two and three for the early shift, between two and three for the late shift and between one and two for the night shift. On Emmetts-Bedgebury ward, there was one registered nurse between 9am to 5pm and an unregistered member of staff outside these times. On Walmer-Bedgebury there was one registered nurse on all shifts. The establishment levels for whole time equivalent staff for each ward were: Emmetts 36; Groombridge 24; Penshurst 41; Walmer 41 and the Allington Centre 41.

Are services safe?

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

- Each ward had staffing vacancies. The ward with the highest nurse vacancy rate was Emmetts with 6%. The Allington Centre had the highest nursing assistant vacancy rate with 8%. There was a 3% vacancy rate for occupational therapists at the Trevor Gibbens Unit. Walmer ward had the highest percentage of staff sickness with 8%. The Allington Centre had the highest turnover of staff with 9%. Staff and managers said the location of Allington ward contributed to the turnover as it was on the border of London and staff in other trusts and services locally received allowances that Allington staff did not qualify for.
- Managers used regular bank staff to fill shifts to ensure continuity for patients. Staff told us that many of the bank staff were permanent members of staff who worked additional shifts as bank staff. There was limited use of agency staff. Ward managers were able to adjust staffing levels to meet patient's needs. Managers told us that due to vacancies, it was not always possible to have two registered nurses per shift, as identified by the staffing tool. However, there was always a minimum of one registered nurse per shift. In an attempt to manage nursing vacancies, the Trevor Gibbens Unit had recently introduced the recruitment of an unregistered band 4 member of staff to support the nurse in charge when a second qualified nurse was unavailable to fill a vacant registered shift. Staff told us that the band four worker was counted as a registered nurse on shifts when a registered nurse was unavailable. Staff told us that there was often only one registered nurse on duty. We reviewed the forensic service workforce plan dated 2014/2015, which identified strategies to improve staff retention and vacancy rates.
- Managers ensured that there was enough staff for escorted leave. Due to building works, patients from Peshurst ward had to use the outside area on Groombridge ward. Staff had allocated specific times to each ward for fresh air breaks so that disruption was kept to a minimum for patients on each ward. Patients had weekly one to ones with their named nurse and more frequently if required. Patients said there were enough staff and activities were rarely cancelled.
- Overall compliance for staff completing mandatory training was high. However, staff on all wards at TGU had not met the trust target for completing safeguarding adults level two training for staff of band 5 and above.

Training levels below 75% were: Groombridge ward; Cardiopulmonary resuscitation and automated external defibrillator 71%; Safeguarding adults (SGA) level two training for band five and above 50%; Emmetts ward; SGA level two training for band five and above 58%; Peshurst ward; SGA level two training for band 5 and above 58%; Walmer ward; Dual diagnosis and drug and alcohol awareness 74%; Fire training yearly 72%; SGA level two training for band 5 and above 62%.

Assessing and managing risk to patients and staff

- The trust provided data on seclusion, long term segregation and restraints between October 2015 and December 2016. During this period, across the service there were five incidents of seclusion, six incidents of long term segregation, 46 incidents of the use of restraint, five of which were in the prone position, none of which resulted in the use of rapid tranquilisation. All incidents of seclusion occurred on Peshurst ward. All incidents of long term segregation occurred on Walmer ward. There were 34 incidents of restraint on Walmer ward for 14 patients. Patients said that they felt safe on all the wards and that they rarely saw restraint. Several patients said that the calm environment was in contrast to other units they had been in. They stated that it was due to the way staff managed them when they were distressed.
- We reviewed 25 risk assessments. We saw evidence of appropriate risk assessment and risk management strategies. Risk assessments were robust and comprehensive and demonstrated staff working collaboratively with patients. Staff regularly reviewed risk and patient's progress. Staff used a structured decision guide called HCR-20 to assess risk for violent behaviour. Staff used a structured assessment of protective factors (SAPROF) form to help identify and reduce the risk of future violent behaviour. We reviewed a SAPROF which was detailed and demonstrated patient involvement. Staff used the short term assessment of risk and treatability tool which considers 20 areas to record a patient's vulnerabilities and strengths. Risks are rated as low, medium and high and a risk formulation and management plan. This included early warning signs of risk and signs of relapse. We saw that staff reviewed risk regularly including multi disciplinary meetings and ward rounds.

Are services safe?

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

- Blanket restrictions were minimal and included locked access to the wards and contraband items. Staff explained the rationale for restrictions to patients and reviewed decisions where appropriate.
- Staff used therapeutic observations for patients. The trust had created an aide memoire for staff to read in conjunction with the observations policy. Staff kept a photo of the patient and their likes and dislikes in the observation folder.
- Walmer ward had an extra care area (ECA) which was used for patients at high risk of suicide. The ECA was referred to as the 'Sanctuary'. The philosophy for using the ECA was to provide intensive individualised care for patients in a calm, safe and low stimulus environment. Staff closely monitored patients who used the sanctuary. There were no restrictions for patients in the sanctuary and staff did not prevent patients from leaving the area. There was some debate amongst the clinical team as to how staff should record the use of the sanctuary. We spoke to a patient that had used the ECA and told us that they found the environment calming and helpful. The use of least restrictive environments was actively encouraged on all wards.
- Seclusion was rarely used on Penshurst ward, however when it was, staff were not completing all the paperwork to show that there had been regular reviews. There were gaps or omissions on four out of five seclusion records reviewed. Staff were not putting dates and times in or recording violence. There was a lack of detail showing the decision making process. For example, one record showed a patient threatening staff 15 minutes before the seclusion was terminated, with no explanation for the seclusion ending. Staff stated that the boxes were not big enough to complete full entries. Patient debrief sections for the end of seclusion were blank on all the forms reviewed. Staff were also not monitoring or recording the temperature in the seclusion room. When this was raised with the service, they informed us that a print out of the temperature during the seclusion would be attached to the paperwork the following day as it was only available from the security manager. However, this would not address the reason temperature is recorded on seclusion forms, which is to ensure a patient is comfortable in the room and adjust the temperature if required whilst they are still in seclusion. The new seclusion rooms being built would give the staff the ability to monitor temperature. If seclusion was longer than 24 hours the trust paperwork did not allow continuation sheets so new paperwork had to be started. This meant that the time of reviews by doctors and nursing staff would not follow at the correct intervals, as initial assessments would have to be completed again. The service had recognised this problem and requested that they help the trust governance department review and change the paperwork, but this had not been agreed.
- Staff demonstrated an understanding of safeguarding and an awareness of the trust's safeguarding policy. There was a safeguarding vulnerable adult's protocol for the Trevor Gibbens Unit. Staff had met the trust target for completing level one safeguarding children and adults training. However, staff from all wards at TGU had not met the trust target for completion of safeguarding adults level two training for band five staff and above. Data provided by the trust showed that staff had made 18 adult safeguarding referrals to the local authority between October 2015 and September 2016. The service had a social work safeguarding lead who staff could contact for support.
- A local pharmacist attended the wards each week to complete a weekly stock check and order session on the wards. We reviewed 48 prescription cards which were signed and in good order. There was evidence of staff completing high dose monitoring of medicines for patients. Three patients were prescribed more than one anti-psychotic, but none were over the British National Formulary limits. All relevant documents were attached to the cards although capacity to consent information was not available on three cards at the Trevor Gibbens Unit. Medication charts in Allington were well ordered with T2 consent to treatment forms attached to the cards with the renewal of section dates noted on the charts. Second opinion appointed doctor T3 certificates were attached to the charts when appropriate.
- A drug dog visited the wards intermittently to check for illegal substances, there were clear procedures in place for this.
- All wards had a room for patients to see families and children. The families rooms had been decorated to make as homely and non-clinical as possible.

Are services safe?

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

Track record on safety

- There were three serious incidents requiring investigation reported in forensic inpatient/secure wards between 1 September 2015 and 30 August 2016. The service had two incidents recorded on the strategic executive information system between 1 September 2015 and 31 August 2016. We case tracked each incident and saw that the trust had investigated each incident and completed learning reviews and action plans. The service had completed a thematic learning review to identify common themes and share learning because of one of the incidents.

Reporting incidents and learning from when things go wrong

- Staff were aware of the incident reporting policy and knew how to report. Staff used the electronic incident reporting tool to report incidents. However, staff on Penshurst ward told us they tend to record serious incidents on the incident reporting tool and record other incidents in a patient's progress notes. This meant that the service could not monitor themes or numbers of incidents and opportunities for learning could be

missed. Staff discussed incidents during handovers, team meetings and supervision. Staff and patients were debriefed after an incident. We observed a third staff support session led by a clinical forensic psychologist following an incident. The quality and clinical governance coordinator sent a monthly quality newsletter to the wards which included information about new guidelines and a learning flyer with information that shared learning about incidents.

- There was evidence of learning from incidents. For example, on Walmer ward, a patient had been tying ligatures frequently. The ward manager arranged specific training for staff from the 'immediate life support trainer' that focussed on what ligatures could do to the body and the best responses. Staff said this helped in their confidence in managing the situations. There had also been changes to the protocol for patients on unescorted leave made as a result of an incident concerning a patient not returning from leave. We observed staff agreeing actions to manage an incident during a ward round.
- Staff were aware of their duty of candour to patients and were open and transparent in discussing incidents.

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

- The service had introduced the 'My Shared Pathway' person centred care planning in 2012 as part of a commissioning for quality and innovation. In 2016, in collaboration with the trust database team, staff had designed a new care plan that was specific to the forensic service.
- We reviewed 25 care records which were comprehensive and detailed. Care plans were meaningful and recovery focussed. A multi-disciplinary team completed initial assessments when patients were admitted to Penshurst, Allington and Walmer wards. Care records were up to date and demonstrated regular reviews had taken place. Staff updated care records during ward rounds. The patient's record was displayed on a large screen so that everyone could see what was written. All care plans had relapse, risk and contingency plans. Patient's views were incorporated into their care plans; however patient strengths were not always fully explored through the patient's views.
- There was evidence that patients received a physical health assessment on admission. Records demonstrated that staff monitored patients' ongoing physical health care. However, on Emmetts ward we noted that staff had not monitored a patient's blood glucose level, in line with recommendations recorded on the patient's prescription card. The inspection team raised this with the manager who confirmed they would act on this information.
- Care records were stored on the trust's electronic recording system which was available to all teams. Staff printed a hard copy of patients' my shared pathway care plan, which was kept in the patient's file in a locked cabinet. A copy of the patient's files was transferred when a patient moved wards to ensure continuity of care.
- reach the correct therapeutic level. A pharmacist provided support to ensure the patient had a good understanding. Staff also explained information about the reasons for a second opinion under the Mental Health Act to ensure the medication was appropriate and required by the patient. The service completed an audit of controlled drugs which identified any actions required and blank box audits. Staff completed audits and associated action plans had been put in place around improving prescribers' prescription writing. This has also led to review of the prescribing policy.
- There was a wide range of individual and group therapeutic activities for patients in line with NICE guidance. Activities included; walking, swimming, cooking, relaxation, table tennis, music group, poetry groups, lyrical group, gardening, art and moving on groups. Psychology sessions included: sex offender treatment programme interventions, reasoning and rehabilitation, managing emotions, offending behaviour, arson and substance use treatment programme. Staff also supported the use of restorative justice, with two patients currently engaging in this to address their offending behaviour.
- A consultant psychiatrist framed one patient's delusional belief system in a very respectful way during a meeting that did not reinforce or agree with the belief system, but acknowledged that it was real for the patient and that it was something that they disagreed on as to whether it was a mental illness or not. This allowed the patient to speak freely due to the way the challenge to their delusional belief system was presented in a non-confrontational manner.
- Patients had good access to physical health care. A patient with heart difficulties felt well supported by staff who gave them effective advice and encouragement to manage his condition. A male and female GP from a local surgery visited the ward each week. Staff used the modified early warning signs (MEWS) and health of the nation outcome scales to assess and monitor the physical health and social functioning of patients. Registered nurses countersigned MEWS that had been completed by unregistered staff. The registered general nurse on the wards provided physical health care for patients. The service had access to a dietician who

Best practice in treatment and care

- We saw evidence that medication was prescribed and monitored in line with the National Institute for Health and Care Excellence (NICE) guidance. For example, we observed a psychiatrist explaining clearly to a patient how clozaril worked and how monitoring helped to

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supported patient's nutrition and hydration needs. However, during our inspection we became aware of a patient who was experiencing difficulty in accessing a dentist, despite staff efforts to arrange an appointment.

- The service completed regular audits. We saw a clinical audit to improve the cognitive assessment of older adults with an offending history and identify unmet needs. The trust had designed an audit to measure the quality of the care plans. Staff audited two to three care records each month, dependent on the number of patients on the ward. We saw a patient satisfaction survey for psychological therapy evaluation. All responses indicated that patients were satisfied with the psychological interventions offered on the forensic inpatient and secure wards. The evaluation included recommendations to develop and improve the interventions provided. The quality and clinical governance manager sent managers results of the monthly audits. Every three months, managers received information about areas of best practice and areas for improvement identified during the audit.

Skilled staff to deliver care

- There was a full range of mental health disciplines at the Trevor Gibbens Unit and Allington Centre. Teams consisted of nurses, nursing assistants, occupational therapists, psychologists, social workers, dietician, ward doctors and consultant psychiatrists. Staff were experienced and qualified, with clearly defined roles. Staff attended weekly reflective practice sessions. Nursing assistants completed a care certificate workbook. Band four staff supported the nurse in charge on all of the wards at TGU when a second qualified nurse was unavailable to fill a vacant registered shift. The trust provided documents concerning training for band four staff. However, staff told us that they had not received care plan training or report writing training, which was part of their role. All staff, including bank, completed a comprehensive induction programme.
- We reviewed 22 staff supervision records. All staff said that they received regular supervision; however recording was poor on several wards. The trust had a standard signing sheet for supervision that was completed on all five wards but this did not match the records in staff members' personal files. The storage of records varied on each ward. We found a significant

- difference in the quality of records between the wards. On Groombridge ward, recording was mixed. At the Allington Centre, records were kept between the supervisor and staff member, which meant that the ward manager and team leaders did not have access to them. Staff were able to produce these on request and they were recorded appropriately. On Penshurst ward there was no recording of individual supervision. Records were only kept if a member of staff was on probation or under performance management. Senior staff on the ward recognised this was an issue, explaining this was due to having two team leader vacancies and that the ward manager had just returned to the ward. On Walmer ward, staff told us they were receiving both individual supervision and also group supervision led by psychologists. Recording of individual supervision was low with only one recorded in December 2016, three in November 2016 and six in October, out of 37 staff. Attendance at the group supervision was patchy with only eight staff attending over four different dates. The supervision records that were in place were not fully completed. This meant there was no way to ensure that staff development needs and concerns were being acted on. However, supervision records on Emmetts ward were exemplary. Records were mainly typed and had clear records of the supervision including actions. These were then tracked in future supervisions to show that they were addressed. At the Allington Centre, regular bank staff were given supervision, with contracts in place and supervision records for three bank staff that showed clear expectations of them on the ward and how they were achieving this and any support required.
- Data provided by the trust showed that Emmetts and Groombridge ward had completed all staff appraisals. Penshurst, Walmer and Allington Centre had completed 94%, 93% and 86% respectively. We reviewed 22 staff appraisals which were all completed and up to date. In all appraisals reviewed, a comprehensive record considered both performance and development. The needs of the member of staff were clearly identified. For example, one record showed actions to support a member of staff with dyslexia. Staff said that appraisals were supportive and focussed on their needs.
 - Staff received support to access specialist training. Staff on Walmer had received training in dialectical behavioural therapy, which was appropriate for the

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female patient group. Healthcare assistants said they were encouraged to develop and several had completed phlebotomy training to meet the needs of the service. However, staff told us that there had been significant cuts to the training budget which would affect funding for future courses.

Multi-disciplinary and inter-agency team work

- There were regular multi-disciplinary meetings and daily handovers. Staff told us handovers were more comprehensive following the introduction of a comprehensive handover form. We observed ward rounds, handovers and care plan meetings attended by a range of disciplines, which were comprehensive and person centred. Staff were able to provide input and feedback about a patient's progress in multi-disciplinary meetings and ward rounds. There was clear respect between professional groups and their contribution to patient care.
- We observed a care programme approach meeting at the Allington Centre. The whole clinical team attended the meeting, with apologies from the psychologist due to training. This included a pharmacist who explained the medication treatment programme to the patient. We observed a multi-disciplinary referrals meeting attended by staff from the Trevor Gibbens Unit, the Allington Centre and an external mental health provider. We observed a mental health placement review meeting attended by consultants and stakeholders, which aimed to reduce the patients' length of stay. Ward managers attended a monthly performance management meeting to share good practice and consider ways to develop the service. Senior managers attended a monthly governance meeting to review the effectiveness of the service and areas for improvement.
- The service line lead for social work and safeguarding had developed links with the local authority, college and community services to enable a smooth transition for patients.

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

- All staff had completed training in the Mental Health Act 1983 and Code of Practice, in November and December 2016. However, staff only needed to complete the training once as part of their mandatory training. There was no refresher training available for staff.

- Staff demonstrated a good knowledge and understanding of the Mental Health Act. There was evidence of staff providing patients with information about their treatment and options. Patients said that their rights were explained to them in a way that they understood. Staff recorded reading patients their rights under section 132 and patients we spoke with confirmed this. Based on feedback from our inspection in March 2015 and from Mental Health Act reviewer visits, the trust had introduced a Mental Health Act capacity to treatment audit to monitor appropriate use of the Mental Health Act.
- Staff recorded section 17 leave. However, we did not see any monitoring of patient's leave that had been cancelled or rescheduled.
- Responsible clinicians had recorded consent to treatment in line with legislation in all care records reviewed. However, we saw that consent to treatment had not been attached to three of the 38 prescription cards reviewed.
- We saw information about the local Independent Mental Health Advocacy (IMHA) service displayed in all the wards. IMHA's visited the wards regularly and patients could contact them to arrange an appointment in between visits. All patients had a folder in their rooms which contained a range of information including their rights under the Mental Health Act and the IMHA service.
- A Mental Health Act reviewer had made five visits to the Trevor Gibbens Unit since the comprehensive inspection in March 2015. The trust had submitted action plans in response to four of these visits.

Good practice in applying the Mental Capacity Act

- Staff demonstrated a good understanding of the Mental Capacity Act. We saw that staff had recorded capacity assessments in patients' notes. Staff presumed that patients' had capacity unless there was reason to consider otherwise. All staff on Groombridge ward had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was 98% compliance for staff completing the training at the Allington Centre and 97% for staff on Penshurst, Emmetts and Walmer wards.

Are services effective?

Good 

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- There were no patients subject to the Deprivation of Liberty Safeguards. Staff were aware of when this may be applicable and who they should contact for advice.
- Staff supported patients to be involved in decision making regarding their care and treatment.

Are services caring?

Outstanding



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

Our findings

Kindness, dignity, respect and support

- Staff demonstrated care and compassion when interacting with patients. Staff were knowledgeable about their patients' needs and engaged with clients in a caring and respectful manner. We observed that patients were confident to approach staff and ask questions and engage in conversation with staff. Patients said that staff were fair and respectful and genuinely interested in them as a person. They said that staff spoke in an encouraging way. One patient gave an example of when they relapsed with substance misuse, the staff remained non-judgemental, patient and calm in how they worked with them. Staff told us they tried to be more patient centred regarding care rather than ward dependent.
- We spoke with 19 patients who were all positive about the care and treatment from staff. Comments included 'staff are absolutely excellent in all areas'.
- We observed two groups and a one to one session where staff demonstrated a good therapeutic relationship with patients. Staff tailored groups to best meet patient needs.
- All wards had a calm and relaxed atmosphere. Staff encouraged patients to attend activities although respected their wishes if they did not want to take part.
- During the inspection, we became aware how staff had responded to the dying wishes of a patient with poor physical health. Staff had ensured that the patient's religious and cultural needs were met and had prevented a paupers burial. The actions that staff took to ensure this were to ensure the dignity of this patient went far beyond what would normally be expected.
- The Trevor Gibbens Unit scored 97% for privacy, dignity and wellbeing on the patient led assessment for the care environment. This was considerably higher than both the trust and England average which was 91.9% and 89.7% respectively. However, the Greenacres site, where the Allington Centre is based, scored much lower than the trust and England average with 83%.

The involvement of people in the care that they receive

- All patients received orientation to the wards and had a dedicated portfolio in their rooms. The portfolio contained comprehensive information about the ward. Patients who were moving to step down wards, visited the ward on a number of occasions prior to transfer in order to familiarise themselves with the ward.
- All patients told us they were actively involved in their care planning. Patients completed a 'have your say for ward round' form which included questions about their week, medication, questions the patient would like to ask and what patients would like staff to be aware of. Patients told us staff had offered them a copy of their care plan. We saw patient involvement in care planning in all records reviewed. Patients told us they were involved in designing the activities for the wards, both for their personal programmes and the wider group.
- We observed two care programme approach meetings which demonstrated good interaction with the patient and patient involvement. Staff demonstrated respect and dignity for patients during ward rounds, actively encouraging patient involvement in decision making.
- Staff were able to show care plans documenting how they provided person centred care for people in relation to their prescribed medicines. There was a referral system in place for patient's to book an extended consultation with the pharmacist about their medicines, as and when they needed.
- During care programme approach meetings, the electronic care records were shown on a large screen so that everyone, including the patient, could see the care plan and what was being written. Care plans were updated during the meetings with the objectives, clinical progress and what the patient wanted to achieve. The patient's views were checked at each stage, including the way that issues were being recorded.
- Patient experience surveys were used with the aim of improving services for patients. The service had introduced a 'have your say for ward round' feedback form and revised the 'my shared pathway' documentation in response to patient feedback.



Are services caring?

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

- Patients were actively involved in preparing and cooking food at the Lakeside Lounge café on the hospital site. The café had dedicated days for patient led meals. The café was used by staff, carers and patients whose leave allowed them to leave the ward.
- Patients were aware of the advocacy service. Patients' advocates could attend meetings. We saw posters displayed on all wards and information was provided in patients' portfolios.
- We spoke with three carers who told us they found staff caring and were involved in their relatives care. Carers told us they attended care programme approach meetings and ward rounds and felt confident talking to staff.
- There were weekly community meetings on all wards where patients were able to raise any concerns and help plan activities for the following week. Staff and patients reviewed previous issues and actions taken. Patients said they felt listened to by staff during the meeting and took appropriate action. We observed a daily planning meeting at the Allington Centre which demonstrated polite and respectful interactions between staff and patients. There was a quarterly patients' forum. 'You said, we did' boards had examples of staff responding to feedback from patients.
- The trust had a dedicated family and engagement lead who had conducted a telephone survey to assess carer involvement as part of a commissioning for quality and innovation to support carer involvement. We saw copies of letters sent to relatives offering support and information. The psychology team offered behavioural family therapy for patients and carers at the Trevor Gibbens Unit. There was a carers champion on all wards and regular support meetings in place. There were regular carer's events and a monthly carer's forum. Staff used the triangle of care self-assessment on all wards. The service had a dedicated carer information leaflet.

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

- All six forensic wards had bed occupancy over 85%. Groombridge ward had the highest bed occupancy with 100% and the lowest was at Penshurst ward, Bedgebury ward and the Allington Centre with 91%. The ward with the highest average length of stay across the period was the Allington Centre with an average of 1074 days. The ward with the lowest average length of stay across the period was Penshurst with an average of 536 days. The bed occupancy rates include patient leave. A well run weekly referrals meeting scrutinised bed occupancy.
- The service worked with commissioners and local providers to make sure that patients stayed within Kent or were returned home. We observed a placement review panel attended by representatives from the Trevor Gibbens Unit and stakeholders. The meetings took place monthly and had been arranged as part of a commissioning for quality and innovation to reduce the number of out of area placements used for patients. The meeting scrutinised referrals and repatriation for out of area treatment.
- Patients said that the use of section 17 leave was recovery orientated and varied. For example, patients were encouraged to join local groups to build up their engagement with the community to prevent isolation on discharge. This included local clubs, churches and other activities. Section 17 leave also had a focus on physical health for some patients with access to gyms and other activities such as golf. There was also a focus on skills and employment, particularly at Allington, where patients could access courses with local training providers.
- Patients were not moved between wards during an admission. Patients moved wards when staff had assessed it appropriate to do so to meet the needs of the patient. We observed a 'moving on' group which was attended by a social worker. The group considered patients moving through the wards at the Trevor Gibbens Unit and onto greater independence. There was only readmission within 28 days in the past year. This patient was readmitted to an adult acute ward.

- There was a total of two delayed discharges in forensic wards between 1 October 2015 and 30 September 2016, one each in Allington Centre and Walmer Ward.
- Staff, patients and ex patients had created a discharge care pathway as part of the work carried out by the 'Focussed on Services Improvement Together' expert by experience group. The purpose of the document was to help patients identify where they are in their treatment and next steps. Staff had developed close working relationships with external agencies and providers to ensure a smooth transition into the community for patients. Staff considered housing as part of discharge plans.
- We observed a home visit with a consultant who maintained contact with discharged patients who may have experienced difficulty transferring to community teams. Staff from the patient's accommodation attended the visit to ensure good multi disciplinary working and support for the patient to avoid readmission into hospital.

The facilities promote recovery, comfort, dignity and confidentiality

- The main reception was comfortable and welcoming with information about the service available. This included prominent displays of previous inspections.
- There was a full range of rooms and equipment to support treatment and care. All wards had a clinic room, therapy rooms and activity rooms. Following requests from patients all the wards at TGU had received large fish tanks. Bedgebury ward was set up as a pre-discharge unit, with patients on both the male Bedgebury Emmett and the female Bedgebury Walmer having comfortable lounges with access to the whole site on ground leave. Patients were encouraged to do their own laundry with open access on Emmetts and Walmer wards and supervised access on Allington, Groombridge and Penshurst wards. There was an activities hall which patients used for a range of sports activities. There was a small farm which provided vocational opportunities for patients to help look after the animals. On Emmetts and Walmer there were kitchens available for patients to cook their own meals, which they were encouraged to do. On Emmetts a patient was observed cooking a spaghetti bolognese unsupervised. On Allington, Penshurst and

Are services responsive to people's needs?

Good 

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

Groombridge, patients were assisted by staff to cook when their risks allowed them. On Allington this could also include cooking for others on the ward. On Bedgebury, patients were encouraged to be independent and cook for themselves and the group.

- Each ward had a family room available for patients to see visitors.
- The service had responded to recommendations during our previous inspection about private phone calls. There were flyers next to the pay phones informing patients that they could request an alternative room to make a call. Mobile phones were restricted items and were not allowed on the wards apart from Bedgebury ward where patients were allowed them as part of their pre-discharge plans. Patients with unescorted leave could ask staff for their phones when they went on leave. Patient use of mobile phones had been discussed at patient safety meetings and were to be introduced on a case by case basis. There were management plans in place where staff had concerns about patients using phones. For example, staff would dial the number for the patient and would monitor calls made.
- All the wards had access to outside space, apart from Penshurst, which was closed due to the building work for the new seclusion room. This had an impact on the amount of fresh air that patients could access as staff had to escort patients to Groombridge ward to access the garden there. However, we saw from a 'you said, we did' that staff had increased the frequency of fresh air breaks. Walmer ward had the most pleasant outside space with plants and seating areas in two separate gardens. Patients were involved in the maintenance and planting of those areas. The other wards outside spaces were functional, although Groombridge had an impressive mural on one of walls, which had been purchased by money raised by the 'Couch to 5k' walk in 2016. Due to cost implications, the "cage" like area attached to Penshurst extra care area was going to remain following the refurbishment and building work for the seclusion room. The extra care area had access to a small courtyard which due to security reasons had a wire perimeter and ceiling fence. It was one of the recommendations in our last report that the patients in the extra care area should access an outside area which is conducive to their dignity and shows them a more respectful approach. However, an action plan submitted

by the service after we raised this during the inspection recorded that a new business case would be submitted in the new financial year to address this. The Penshurst main garden area was also being reduced due to the building work. We had raised concerns in our last report that the garden area then was smaller than all the other wards despite Penshurst patients being more unlikely to get ground leave due to the level of acuity of their needs. There had been plans shown at the last inspection to increase the garden area, but these had not been implemented in the building work that was being undertaken at the time of this inspection.

- The meals brought to the wards were cook / chill, which is where the food had been pre-cooked and quickly chilled so that they could be reheated. The meals were on a two to three week rotation. We received mixed feedback about the quality of the food. Patients told us there was a choice of food; however the quality could be improved. We saw a patient and ward staff food survey to explore levels of satisfaction for catering services at the Trevor Gibbens Unit. The Trevor Gibbens Unit scored above both the trust and England average for ward food, achieving a full 100%. However, Greenacres, where the Allington Centre is situated, scored considerably lower than both the trust and England average for ward food with 71%, compared with the England average of 92%. Patients had access to hot drinks, although the water temperature was set in accordance with the secure care pathway.
- Patients were able to personalise bedrooms. Patients had key fobs worn as wrist bands. These locked their bedrooms and lockable storage in their rooms. Patients found these easy to use and valued the privacy they afforded by having lockable rooms and the freedom of movement they allowed. The fobs were also programmed with the level of access to ward areas that had been risk assessed. However, we noted that some of the vision panel windows were thumb operated. This meant that anybody could open the panel and look into a patient's bedroom. We noted that many of the vision panels on the bedroom doors could not be operated from the patients' bedroom meaning that patients were unable to close the panel for privacy.
- All wards had a full therapeutic activity programme, although the number of activities reduced at weekends. Activities included art, cooking, horse riding, walking

Are services responsive to people's needs?

Good 

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

and sports. We observed a cooking session where we noted a good rapport and 'hands off' support of the patient complete this task. The patient demonstrated good hygiene awareness and progress in developing independent skills and confidence. Patients had access to a sports hall at the Trevor Gibbens Unit where they could take part in activities including badminton, football and volleyball. The wards had created small gym areas for patients who were unable to leave the wards. We observed an '80 days around the world' activity on Groombridge ward, which was an initiative by staff to cook a meal, dress up and explore the culture of different countries in the world. Each ward had a laptop and patients had supervised access to the internet, if it had been agreed with the clinical team. Patients could ask staff to use 'skype' to contact families and friends. Staff monitored and risk assessed patients' usage of the internet and sites visited. Staff told us that the three vacancies for occupational therapists had affected the availability of activities, but they tried to ensure the impact was minimal. Staff facilitated a regular programme of community activities, including trips to the cinema, tennis, snooker, golf, bowling and football. We saw an example of staff supporting a patient to complete their master's degree.

- The Lakeside Lounge café had been implemented at the Trevor Gibbens Unit after a suggestion was made during a patient council meeting. Patients had been involved in designing the café. Staff, patients and visitors used the café and patients were able to do work experience and vocational placements. Patients told us how much they enjoyed being involved in the project.

Meeting the needs of all people who use the service

- We saw that the wards could accommodate disabled access. One patient described how the service had completed physical changes to the environment, including the creation of a wet room and new ramps, to help facilitate their admission and meet their physical health needs. An occupational therapist in the service also worked with them to address accessibility into the community on issues with their wheelchair.

- Patients had access to interpreters who were involved in their care planning and ward rounds. Staff had access to leaflets in languages other than English. Staff asked patient's about their diversity needs during the admission process to ensure that their needs were met.
- We saw a multi faith room for patients which contained a variety of spiritual literature including the Bible, Torah and Qur'an. Prayer mats were available and opposite the room was a toilet which had a low-level sink installed to facilitate the washing of feet for prayers with a shoe locker outside. Patients had helped design and decorate the room. On Allington staff supported a patient to attend a local church weekly and maintain contact with his pastor at the church in his home area. This included an escorted leave to an event at the church to maintain links, as he wanted to return there following discharge. A specialist chaplain offered religious and spiritualist support to the patients of all faiths and of none. The chaplain could put patients in touch with leaders of the major world religions and led a worship service every Sunday for all wards.

Listening to and learning from concerns and complaints

- The service received 12 complaints between 1 October 2015 and 30 September 2016. One complaint was fully upheld, five were partially upheld, five were not upheld and one was still under investigation. Four complaints related to staff attitude, three of which related to Penshurst ward. The ward with the highest number of complaints was Allington with five, four of which had either been fully or partially upheld. No complaints had been referred to the ombudsman during this period. We case tracked three complaints and saw that the service had responded promptly and had offered meetings with the patient. Managers actively addressed concerns raised.
- Patients told us they knew how to complain. Each ward had a weekly community meeting where staff encouraged patients to raise any concerns. A copy of the complaints process was in the patients' portfolio in their room and displayed on the ward. All wards had a 'you said, we did' board displayed with examples of changes made following concerns or suggestions made by patients.

Are services responsive to people's needs?

Good 

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

- Staff were aware of the complaints process and gave examples of how complaints had been managed. Staff received feedback and acted on the findings of investigations into complaints. Complaints were discussed during team meetings and via the quality newsletter.
- The service received 23 compliments between 1 October 2015 and 30 September 2016.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The trust's vision and values were displayed at the entrance to the wards. Staff were aware of and agreed with the organisations values. Staff at all levels told us they felt very much a part of the forensic service line. Staff knew who the senior managers were and told us that they felt supported by them. Ward managers had regular contact with the service manager and said they felt supported. Staff were positive about the clinical lead and director for the forensic service.

Good governance

- On Allington Centre there had been a clear plan by the service manager to address the disruption of the building work for the new seclusion room and extra care area. Patient numbers had been reduced and arrangements with other wards for seclusion had been made if required. There had been a plan to minimise disruption at the TGU. However, the trust had not shared this with staff whilst waiting for confirmation of dates the seclusion room would be unavailable. This meant that on Penshurst ward, patient numbers had not been reduced and patients had been moved into offices converted into bedrooms. Activity rooms were being used for storage of equipment whilst the work was ongoing, which staff said had impacted on their ability to deliver activities.
- The service had robust governance systems in place for training, staffing, audits and activities. We saw that mandatory training levels were high for the forensic service. However, we saw low compliance for band five staff and above completing the safeguarding adults level two training. The trust had recognised this and introduced a target for staff to complete the training.
- Staff told us they received regular supervision, however, the quality of supervision notes was inconsistent between the wards. Only Emmetts ward had detailed and comprehensive supervision notes.
- The service had a wide range of policies and procedures and a clear strategy of engagement with stakeholders to improve the service for patients.
- Managers had regular contact with senior managers and the quality and clinical governance co-ordinator (QCGC). The QCGC acted as the point of contact for data

collection, complaints, risk, incidents, audits and learning so that ward managers could concentrate on patients, staff and the ward. The QCGC sent managers a monthly activity dashboard report and risk highlight report. Ward managers told us they had sufficient authority and support.

- The service had an ongoing recruitment programme in place and managers used regular bank staff to ensure sufficient staffing levels. The service attended local universities, held recruitment open days, used social media, offered part time workers the opportunity to increase their working hours and contacted former employees in an effort to improve recruitment. The trust had developed an exit questionnaire to identify how retention could be improved. The service had developed the health care worker pathway and introduced the role of a band four worker to support the registered nurse on shift in an attempt to manage difficulty in recruiting registered nurses. The service held regular team away days to develop and improve the service.
- Staff maximised the amount of time spent working with patients as opposed to admin tasks. Staff told us that the skill mix was appropriate and supportive.
- We reviewed minutes of meetings including business unit performance, clinical governance, quality meetings, trust briefing, patient health and safety and a patient experience meeting. The minutes demonstrated performance monitoring, patient safety and experience, clinical governance, sharing learning and strategies to develop the service.

Leadership, morale and staff engagement

- The Service had the highest staff survey return rate for clinical services in the trust. In 2015, the forensic service had come second in the country for secure services staff engagement score. The service line director had arranged staff focus groups to discuss the results of the survey. We saw an action plan that addressed key issues from the staff survey which included adding compliments as a standing agenda item to team meetings.
- All staff were enthusiastic and told us they enjoyed working in the forensic service. Staff reported high levels of job satisfaction and morale. Staff felt supported by managers and other members of the team. Ward

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managers were visible on the ward and accessible to staff. Staff said they felt comfortable to raise concerns with their line managers who listened and acted on them. We observed an open, transparent and supportive culture on the wards.

- Staff told us they felt able to raise concerns without fear of victimisation and were aware of the whistle-blowing process. Staff were aware of the 'green button' which was on the trust intranet home page. This allowed staff to submit concerns in confidence directly to the trust. Staff felt this was a useful tool but did not feel they had to use it due to the open approach of their managers. There were anonymous suggestion boxes around the service. Staff said that suggestions left in these did get a response.
- We saw opportunities for career development. This included the opportunity for staff who were not registered nurses to support the nurse in charge and fill registered shifts where a second qualified was not available. The service supported staff to complete degrees. Managers told us they supported career progression and valued teams. All ward managers told us they had enough authority to do their job and develop the service. Managers told us they felt supported by senior managers.
- Staff felt able to provide feedback on services and input into service development during team meetings.
- We saw that a number of staff in the service had been nominated for, and received awards at the annual trust awards ceremony.

Commitment to quality improvement and innovation

- The service participated in the Quality Network for Forensic Mental Health Services which adopts a multi-disciplinary approach to quality improvement in medium and low secure forensic services.

- The wards were participating in the 'Safewards' initiative to promote the wards feeling safe and calm. Safewards has a number of modules to complete which includes mutual expectations, calm down boxes and soft words.
- The service had adopted the '15 step challenge' which is an initiative to recognise first impressions of the ward and improve patient care.
- Staff and patients from Groombridge ward had completed a 'Couch to 5k' walk to improve patient's physical wellbeing. Money raised had been donated back to the service which had been used to improve wards.
- The service delivered 'Moving on' groups which supported patients in moving through the service and onto independent living. Staff told us there were plans to write a research paper about the groups.
- The service had introduced 'Peak of the week' which was a quality initiative, which identified a particular area of service quality, development or improvement and shared throughout the trust.
- The psychology team offered behavioural family therapy for patients and carers.
- The service used relational security principles to reduce the need for seclusion on the ward. Relational security is the collective knowledge and understanding staff have of the patients they care for. It combines four elements of the staff team, other patients, the inside world and the outside world to ensure safe care.
- The service completed regular clinical audits to develop and improve the service.
- The Lakeside Lounge café offered vocational placements and work experience to patients to encourage development and promote independence. There were plans to run alcoholics anonymous groups there in the near future.
- There was service user and carer involvement including a patient council, community meetings and a family engagement and liaison lead.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The trust did not protect patients and staff against the risks associated with unsuitable premises and equipment, namely the seclusion room on Penshurst ward.

This was in breach of regulation 15: Premises and equipment

Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust did not ensure that staff providing care and treatment to patients had completed all relevant mandatory training.

This was in breach of regulation 12: Safe care and treatment