

Outstanding



Kent and Medway NHS and Social Care Partnership  
Trust

# Long stay/rehabilitation mental health wards for working age adults

## 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)
RXY03	Rosebud Centre	Rosebud Centre	ME19 5HT
RXY2Y	The Grove	The Grove	CT11 9SH
RXY1A	11 Ethelbert Road	Ethelbert Road	CT1 3ND
RXY1C	111 Tonbridge Road	Tonbridge Road	ME16 8JS
RXYR2	Rivendell	Rivendell	CT13 0JX
RXYM1	Medway Maritime Hospital	Newhaven Lodge	ME7 5NY

# Summary of findings

RXY04	Trust Headquarters	Horizons	ME16 9QQ
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This report describes our judgement of the quality of care provided within this core service by Kent and Medway NHS and Social Care Partnership Trust. Where relevant we provide detail of each location or area of service visited.

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

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Outstanding



### 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 the long stay/rehabilitation mental health wards for working age adults as outstanding because:

- All six of the rehabilitation units were clean, well maintained, and without exception patients told us that they felt safe.
- The service model optimised patients' recovery, comfort and dignity. The patients' care plans were robust, recovery focussed and person centred. There was a clear care pathway through the service with associated treatment and therapy options. The recovery star approach was firmly embedded and used in all of the rehabilitation units. Some units used this as the basis for planning care needs. There was a varied, strong and recovery-orientated programme of therapeutic activities available every week in each of the units. Patients had an excellent level of access to a wide variety of psychological therapies either on a one to one basis or in a group setting. All patients and staff told us that the ability to self-cater enabled them to gain vital knowledge and skills in preparation for their discharge and more independent living.
- There were enough suitably qualified and trained staff to provide care to a very good standard. Staff had the skills to deliver high quality care and treatment. Throughout the rehabilitation units the multidisciplinary teams were consistently and pro-actively involved in patient care and everyone's contribution was considered of equal value.
- Staff managed risk well. They made and recorded robust risk assessments. Staff were confident in how to report incidents. They told us about changes they had made to service delivery as a result of feedback following incidents. Lessons learnt were shared across all of the rehabilitation service.
- There was evidence of best practice in the application of the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA). All staff we spoke with had a good understanding of the MHA, the MCA, Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. The majority of the units cared for people detained under the MHA, where units had no patients currently detained, we looked at records retrospectively.
- The staff were kind, caring, passionate about their work and involved patients fully in decisions about their care. We saw good, professional and respectful interactions between staff and patients during our inspection. Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection. Patients told us that they were the priority for staff and that their safety was always considered. The atmosphere throughout the units was very calm and relaxed. Staff were particularly patient focussed and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff ask a patient to wait for anything, after approaching staff. We saw evidence of initiatives implemented to involve patients in their care and treatment. Patients told us that the staff across the rehabilitation service consistently asked them for feedback about the service and how improvements could be made. The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. We saw that staff took these ideas into account and used them when they could.
- All staff had good morale and they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure the objectives of the trust and the service were achieved.
- Governance structures were clear, well documented, followed and reported accurately. There were controls for managers to assure themselves that the service was effective and being provided to a good standard. Managers and their teams were fully committed to making positive changes. We saw that changes had been made to maintain improvements in quality through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and we saw evidence that the service learnt from when things had gone wrong.
- We inspected these services previously in March 2015 and not all the essential standards were met. The

# Summary of findings

rehabilitation wards were rated as inadequate in the safe domain. During this inspection visit we found that considerable improvements had been made in these areas and the essential standards had now been met.

However:

- The provider should consider the skill mix of qualified and non-qualified posts as staff commented that there is little career progression opportunity from Band 5 to Band 6 nurses and from Band 3 to Band 4 support workers.
- The provider should consider whether all staff should wear personal alarms at all times on the wards.
- The provider should review which team is responsible for up-loading care programme approach review meeting minutes on to the electronic care record system. Currently the community mental health teams are responsible and the compliance % is under target. The staff at the rehabilitation units have expressed an interest in taking this task over to ensure the target is met.

# Summary of findings

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

### Are services safe?

We rated safe as good because:

- All six of the rehabilitation units were clean, well maintained, and without exception patients told us that they felt safe.
- There were enough suitably qualified and trained staff to provide care to a very good standard.
- We found that patients' risk assessments and care plans were robust, recovery focussed and person centred. The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery. Staff considered and met the needs of patients at all times.
- Staff were confident in how to report incidents and they told us about changes they had made to service delivery as a result of feedback, following incidents. Lessons learnt were shared across all of the rehabilitation service.

However:

- The provider should consider the skill mix of qualified and non-qualified posts as staff commented that there is little career progression opportunity from Band 5 to Band 6 nurses and from Band 3 to Band 4 support workers.
- The provider should consider whether all staff should wear personal alarms at all times on the wards.

Good



### Are services effective?

We rated effective as outstanding because:

- Patients had an excellent level of access to a wide variety of psychological therapies either on a one to one basis or in a group setting.
- There was evidence of best practice in the application of the Mental Health Act (MHA) and Mental Capacity Act (MCA). All staff we spoke to had a good understanding of the MHA, the MCA and Deprivation of Liberty Safeguards (DoLS) and the associated Codes of Practice. Where units had no patients detained we looked at records retrospectively.
- Skilled staff delivered care and treatment. Throughout the rehabilitation units the multidisciplinary teams were consistently and pro-actively involved in patient care and everyone's contribution was considered of equal value.
- The assessment of patients' needs and the planning of their care was thorough, individualised and had a strong focus on recovery.

Outstanding



# Summary of findings

## Are services caring?

We rated caring as outstanding because:

- The staff were kind, caring, passionate about their work and motivated and we saw good, professional and respectful interactions between staff and patients during our inspection.
- Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection. Patients told us that they were the priority for staff and that their safety was always considered.
- The atmosphere throughout the units was very calm and relaxed. Staff were particularly patient focussed and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff ask a patient to wait for anything, after approaching staff.
- Evidence was available of initiatives implemented to involve patients in their care and treatment. Patients told us that the staff across the rehabilitation service consistently asked them for feedback about the service and how improvements could be made. The service was particularly responsive to listening to concerns or ideas made by patients and their relatives to improve services. Staff took these ideas into account and used them when they could.

**Outstanding**



## Are services responsive to people's needs?

We rated responsive as good because:

- The service model optimised patients' recovery, comfort and dignity. The recovery star approach was firmly embedded and used in all of the rehabilitation units. Some units used this as the basis for planning care needs
- There was a clear care pathway through the service with associated treatment and therapy options.
- All patients and staff told us that the ability to self- cater enabled them to gain vital knowledge and skills in preparation for their discharge and more independent living.
- There was a varied, strong and recovery-orientated programme of therapeutic activities available every week in each of the units.

**Good**



## Are services well-led?

We rated well-led as outstanding because:

**Outstanding**





# Summary of findings

- All staff had good morale and that they felt well supported and engaged with a visible and strong leadership team, which included both clinicians and managers. Staff were motivated to ensure the objectives of the trust were achieved.
- Governance structures were clear, well documented, followed and reported accurately. There were controls for managers to assure themselves that the service was effective and being provided to a good standard. Managers and their team were fully committed to making positive changes. changes had been made to maintain improvements in quality through the use of audits. The service had clear mechanisms for reporting incidents of harm or risk of harm and the service learnt from when things had gone wrong.

However:

- The provider should review which team is responsible for uploading care programme approach review meeting minutes on to the electronic care record system. Currently the community mental health teams are responsible and the compliance % is under target. The staff at the rehabilitation units have expressed an interest in taking this task over to ensure the target is met.

# Summary of findings

## Information about the service

The rehabilitation wards for adults of working age provided by Kent and Medway NHS and Social Care Partnership Trust were part of the community recovery service line. The wards admitted patients who could not be discharged directly from acute inpatient wards to independent or supported accommodation due to ongoing complex needs. Most referrals came from acute inpatient services. The wards were able to detain patients under the Mental Health Act. The units had an expected length of stay of one year however there was flexibility for patients to stay longer to continue to receive treatment on the units if required.

The wards are provided across the county in a variety of hospital and community settings in both urban and rural locations. The East Kent community rehabilitation team (Horizons) is made up of five smaller teams covering the East Kent area only.

In December 2016 the Davidson unit closed.

The Rosebud Centre, in Leybourne is a facility with 10 beds for men and women, sited in a rural location. The unit had been temporarily moved from Dartford for the preceding two years and there were no current plans to move the unit back to Dartford.

The Grove is a facility with eight beds for men and women, in Ramsgate, in a Victorian house in a residential area.

11 Ethelbert Road is a facility with 10 beds for men and women, in a Victorian house in central Canterbury.

Rivendell is a facility with 10 beds, for men only and is in the small village of Eastry near Sandwich.

111 Tonbridge Road is a seven bedded facility for men and women located in a Victorian house in Maidstone. In addition there is a self-contained two bedded facility on the grounds, called the Coach house.

Newhaven Lodge is a facility with eight beds for men and women and is set in the grounds of the Medway Maritime hospital.

The Horizons team is made up of five smaller teams, who support up to 25 patients per team, living in either supported community accommodation or independent accommodation, across East Kent. During this inspection we carried out telephone interviews only with some patients and staff. We did not carry out any site visits or cover all the key lines of enquiry.

We inspected these services previously in March 2015 and not all the essential standards were met. The rehabilitation wards were rated as inadequate in the safe domain. The trust was given four actions it must take relating to the long stay/rehabilitation wards which were:

- The trust must ensure that following incidents the care plans for the patients are updated to describe how to prevent, manage and de-escalate potential future incidents. The trust must ensure that learning from serious incidents is shared across the rehabilitation service and must support staff to understand and use lessons to improve services.
- The trust must ensure that ligature risk assessments are carried out as a matter of routine for all wards and appropriate steps are taken to reduce ligature points and manage ligature risk for all patients.
- The trust must ensure it provides care in accordance with the Department of Health's same-sex accommodation requirements.
- The trust must ensure that the storage and recording of medication, including self-medication processes, is safe and secure and must ensure that staff follow its policies for the safe management and administration of medicines.

During this inspection visit we found that considerable improvements had been made in these areas and the essential standards had now been met.

## Our inspection team

The inspection team was led by:

Chair: Dr Geraldine Strathdee, Consultant Psychiatrist and Clinical lead, mental health intelligence network, PHE

# Summary of findings

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 rehabilitation wards for adults of working age comprised of two CQC inspectors,

three nurse specialist advisors, one consultant psychiatrist and a psychologist, who all specialised in care for adults of working age. In addition a CQC professional from headquarters shadowed the inspection team.

## Why we carried out this inspection

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

## How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about the location and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all six rehabilitation units, looked at the quality of the environments, and saw how staff were caring for patients
- spoke with 33 patients who were using the six rehabilitation units
- carried out telephone interviews with, three patients, one relative and four staff using and working in the East Kent community rehabilitation teams, called Horizons

- attended five patient therapeutic activity groups
- spoke with the service director, assistant director, clinical lead and two service managers who were the senior management team with responsibility for this service
- spoke with all the unit managers or their representatives
- spoke with 48 staff members, including doctors, nurses, health care assistants, psychologists, occupational therapists, peer support workers (workers who have lived experience of using mental health services), volunteers, ancillary staff and student nurses
- received feedback from 14 relatives
- spoke with three external health and social care professionals
- attended and observed six multidisciplinary clinical meetings
- looked at 36 treatment records of patients and 40 medication records

looked at policies, procedures and other documents relevant to the service.

## What people who use the provider's services say

We spoke with 33 patients and 14 of their relatives using the inpatient wards and three patients and one of their relatives using Horizons. All of the comments were very positive and highly complimentary about care provided across all six units and Horizons. Patients said staff were

very professional, respectful, caring and kind towards them. All of the patients we spoke with felt actively involved in choosing and making decisions about their care, therapy and treatment. All of the patients and relatives we spoke with commended the staff for their

# Summary of findings

kindness and were very happy with the care provided across all six of the rehabilitation units. Comments made included, “The staff are fantastic, they hold such hope for patients all the way along our recovery journey”, “The staff here are so skilled and I would say very well trained” and “The staff here are passionate about their work and really respectful” and “This organisation embraces employing people who have used mental health services,

how good is that?” Another person said, “I have never been treated as anything other than an equal by the staff here. I have felt able to be completely honest and I know I am not going to be judged.” One relative said, “Staff look after us relatives too, nothing is too much trouble for them.” Another relative said, “This is a nurturing and safe environment which helps in recovery and promotes feelings of positiveness and self-belief in ones abilities.”

## Good practice

- The peer support worker at Newhaven Lodge had written a book about their journey to recovery called, ‘Behind closed doors’. It was a pictorial and descriptive account of their experiences of using mental health services over several years. Patients we spoke with commented positively about the book and one patient said, “She is truly inspiring, what a role model and so honest about her journey.”
- Across all of the units work and education were given a high profile. We met with a number of volunteers working in the units and they told us how important this work opportunity was to them. At Tonbridge Rd we met the volunteer running the woodwork group, supporting patients to make bird boxes, insect boxes and a meditation area in the garden. The volunteer told us they used their lived experience of using mental health services to communicate with patients, “Instilling hope and understanding and enabling others to learn new skills and re-establish old skills.” Additional volunteers worked at the unit in the garden, facilitating walking groups and washing cars.
- Staff told us about the job taster programme where patients and ex-patients are given the opportunity to work in a placement on one of the units. We met staff who had completed this programme. A certificate of achievement was issued after the completion of the placement to recognise the, “hard work, dedication and positive contributions that service users make to teams who host a job taster placement.”
- Peer support workers were in paid employment in all of the units. These workers had all had lived experience of using mental health services. We spoke with most of the peer support workers in each of the units and they told us how supported and encouraged they had been by other staff and how inspired patients had been by their achievements. Most of the peer support workers had completed the job taster programme and had a period of volunteering in the units before applying for the paid positions of peer support workers.
- The nationally recognised ‘buddy scheme’ was well embedded across the units. Trained mental health service users were mentoring nursing students across the units and the service users were paid to undertake this role. The buddy scheme seeks to empower both service users and the students by increasing understanding of mental health through partnership and as experienced by service users. Students we spoke to could not speak highly enough about their positive experience of this scheme.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should consider the skill mix of qualified and non-qualified posts as staff commented that there is little career progression opportunity from Band 5 to Band 6 nurses and from Band 3 to Band 4 support workers.
- The provider should consider whether all staff should wear personal alarms at all times on the wards.
- The provider should review which team is responsible for up-loading care programme approach review meeting minutes on to the electronic care record system. Currently the community mental health teams

## Summary of findings

are responsible and the compliance % is under target. The staff at the rehabilitation units have expressed an interest in taking this task over to ensure the target is met.

## Kent and Medway NHS and Social Care Partnership Trust

# Long stay/rehabilitation mental health wards for working age adults

### Detailed findings

#### Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Rosebud Centre	Rosebud Centre
The Grove	The Grove
Ethelbert Road	11 Ethelbert Road
Tonbridge Road	111 Tonbridge Road
Rivendell	Rivendell
Newhaven Lodge	Medway Maritime Hospital
Horizons	Trust Headquarters

#### Mental Health Act responsibilities

Over 98% of staff had received training on the Mental Health Act, including the revised Code of Practice. Staff were able to confidently talk to us about the Mental Health Act, their responsibilities with the application of the Act and patients' rights under the Act. We looked at 12 care record files of patients who were or had been detained

under the Mental Health Act and they were in order and easy to navigate. The Mental Health Act 1983 documentation was present and available in the files we looked at. There was evidence in the files to show that patients were regularly informed of their rights under Section 132 of the Mental Health Act.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

Over 90% of staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients. Where appropriate patients had a mental capacity assessment relating to care and treatment. There were no current Deprivation of Liberty Safeguards

applications or best interest assessments pending. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

# Are services safe?

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

\* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

## Our findings

### Safe and clean environment

- All of the rehabilitation units had multiple blind spots and this presented some challenges for clear observation of the patients. Staff managed these challenges through individually risk-assessed observation levels. All of the staff we spoke to said there were sufficient staff available to enhance the observation of patients should they be assessed as being at risk of self-harming.
- We had concerns in our inspection visit in March 2015 about the ligature risk management system and the staffs' knowledge about this. The purpose of carrying out a ligature point assessment is to identify, assess and evaluate the risk to inform decisions and actions to reduce or remove the risk of self-harm or suicide through strangulation or hanging. On this inspection we found that considerable improvements had been made. All of the units had updated ligature risk assessments which were detailed and these were updated every few months or immediately if a new risk had been identified. In the risk assessments, identified risks were mitigated by, for example, enhanced patient observation. All of the units had a number of fixtures and fittings that patients could use to harm themselves by tying a ligature to. These were identified in the ligature audits as high, medium or low risk and unit plans to manage these risks had been inserted. Ligature cutters were available in accessible areas of all the units. All staff we spoke with were able to confidently discuss their unit's ligature risk assessment and the plans in place to manage these risks.
- During our last inspection in March 2015 we had concerns that premises did not meet the requirements of the Department of Health, on two units, with regard to same sex accommodation. On this inspection improvements had been made with clear zoning of the male and female areas in all of the units with the exception of Rivendell which was an all-male unit. Patients of either gender did not have to cross into the other's area to use bathrooms or access bedrooms. The buildings complied fully with national guidance on mixed sex accommodation. In all of the units, lounge areas were available for women however these were multi-functional rooms which could also be used as small meeting rooms. None of the patients or staff raised any issues or concerns about the female lounges and women told us they had priority use of the rooms, if they wanted to use them.
- Not all of the rehabilitation units had a clinic room. Where they did not, medication and emergency equipment was stored safely and securely in the office areas. Emergency resuscitation equipment including oxygen, defibrillators and suction machines were available in all of the units. Staff checked the medical equipment regularly to ensure it was fit for purpose and safety testing was up to date on devices we checked. Emergency drugs were available in the offices or clinic rooms for those units which had them. Staff were trained in life support techniques as part of their mandatory training, this enabled them to be able to use the emergency equipment and respond appropriately to medical emergencies.
- Equipment for taking weight, height measurements and blood pressure were available across all of the units. Staff calibrated the machines and documented the outcomes as required.
- Staff followed good infection control practice including hand washing.
- All of the units were clean and furnishings and fixtures were well maintained and in good repair. All of the units had funding for dedicated housekeeping staff although two of the units had a housekeeping staff vacancy and were recruiting into the position. Cleaning records were complete and up to date. Cleaning schedules were available and followed. Newhaven Lodge and Rosebud had both received a cleanliness compliance score of 99% and were issued with a certificate of compliance from the infection prevention and control team.
- Staff undertook environmental risk assessments monthly and evidence was available of work carried out as a result, for example the development of fire management plans in all of the units and maintenance work to support the Department of Health single sex



# Are services safe?

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

accommodation guidance. The environmental risk assessment work was audited as part of a wider compliance audit carried out monthly. Daily and weekly checklists were completed by staff to ensure risks were managed in the general environment, clinic rooms and medication cabinets, emergency equipment and money handling.

- Rivendell and Newhaven units were the only two premises with emergency alarm systems built in. We tested the alarms and they were responded to promptly. There were no alarm systems in any of the other units. Staff and patients had the option of wearing a personal alarm should they wish to do so however we did not see any staff or patients wearing alarms. Staff told us that the level of risk assessed with seeing known patients in these buildings was comparatively low and there had not been any incidents where alarms had been identified as required in the learning from incident processes. The provider should consider whether all staff should wear personal alarms at all times on the wards.

## Safe staffing

- There were 37 qualified nursing staff working across the units, 37.5 unqualified staff and additional multidisciplinary staff and ancillary staff. There were low levels of staff vacancies across the units with 1.8 %. There had been a period of several months when no substantive posts were recruited into. This had been in preparation for the closure of the Davidson unit in December 2016 and the subsequent re-deployment of staff. In November 2016, 23% of the overall staffing complement was made up of agency and bank (temporary) staff which is a high figure but explained by the preparation to re-deploy staff into the units from the Davidson unit. There were no occasions in the preceding three months when a shift had not been filled. All temporary staff were bank or agency staff who in the main were familiar with the services. The providers own staff covered a large number of the available shifts. The sickness rate was 7%, higher than the trust target of 3%. Staff turnover rate was 9%.
- There were peer support workers and volunteers working in each of the units. A peer support worker is a paid employee who is recruited specifically as they have lived experience of using mental health services.
- All staff told us there were sufficient staff to deliver care to a good standard and the staffing rotas indicated that there were sufficient staff on duty. During each day shift, the units had at least one nurse and one health care assistant at work, however information on the rota showed that there were generally more staff on shift. The unit managers and the multidisciplinary team members were working in addition to the minimum number of staff on each shift. We looked at the staffing rotas and saw that there were sufficient staff on each shift.
- Arrangements were in place to provide effective administrative support and processes to enable clinical staff to spend their time in direct contact with patients. This meant staff had time released to be able to prioritise the care and treatment of their patients.
- Staff were available to offer regular and frequent one-to-one support to their patients. There were enough staff on each shift to facilitate patients leave and for activities to be delivered. Staff and patients told us that activities were rarely cancelled due to staffing issues. Patients told us they were offered and received a one-to-one session with a member of staff every day. Information from the patients' daily records showed that this was the case.
- All of the units had adequate medical cover over a 24 hour period, seven days a week. Out of office hours and at weekends, on call doctors were available to respond and attend the units in an emergency. Medical cover from the locality mental health crisis teams was available in an emergency. Consultant psychiatrists were identified to provide cover during the regular consultants' leave or absence.
- Staff told us that the senior managers were flexible and responded well if the needs of the patients' increased and additional staff were required. We saw a number of examples during our visit of extra staffing being requested and agreed. For example, the mental state of one patient had deteriorated and extra staffing had been requested and agreed to enable observation to be enhanced. Another example was for an extra staff member to facilitate escorted leave with one patient who was attending a hospital appointment for a physical healthcare procedure.
- More than 90% of all staff had completed mandatory training throughout the year.

# Are services safe?

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

## Assessing and managing risk to patients and staff

- There were no seclusion room facilities in any of the units. There had been no incidents of restraint, involving any patient, in the year before our inspection. Should restraint be required the service referred patients to a more secure hospital setting. There were no incidents of long term segregation in any of the units.
- We reviewed 36 care records across all of the units. The trust used an electronic care record system with a built in risk assessment template and associated documentation. Staff carried out a comprehensive risk assessment for patients on their admission. From this assessment a care plan was generated in full consultation with the patient. Patients, where they had wanted to and had consented to, had been actively involved in the risk assessment process. Staff undertook risk reviews at least fortnightly in full multidisciplinary care reviews and following any incidents or safeguarding concerns. Risk formulations and management plans were comprehensive, up to date and relevant.
- During our inspection in March 2015 we had concerns that the units were regularly used to accommodate acute patients to 'sleep out' from the acute wards when there were no beds available on the acute wards. This meant that staff had little knowledge of the risks for these patients or how risks could be managed and reduced. During this inspection we were advised that no acute overnight admissions had taken place for the preceding 18 months. This was the case and all staff we spoke with confirmed this.
- Staff kept blanket restrictions across all of the units to a minimum. All patients had free access into and outside of the premises, they had codes to any keypads which locked any doors.
- Staff told us that, where they identified particular risks, they safely managed these by putting in place relevant measures. For example, the level and frequency of observations of patients by staff were increased as necessary. Individual risk assessments we reviewed took account of patients' previous risk history as well as their current mental state.
- Patients told us without exception that they felt safe at all of the units. The relatives we spoke with said they felt the patients were safe in all of the units.
- We spoke with staff about protecting their patients from abuse. All the staff we spoke with were able to describe what constitutes abuse and were confident in how to escalate any concerns they had. All staff had received training in safeguarding adults and children at risk and were aware of the organisation's safeguarding policy. In the last year one safeguarding concern was raised. This is a comparative low level of reporting however staff assured us that all concerns had been raised with the trust's safeguarding lead and the local authority. The trust had an appointed safeguarding lead clinician.
- During our inspection in March 2015 we had concerns that the provider had not protected people against the risks associated with the unsafe use and management of medicines. Staff were not following the trust policies and procedures in the storage and recording of medication, including self-medication. During this inspection visit we found that considerable improvements had been made.
- We checked the management of medicines on all of the units and looked at 40 medication administration records. There were no errors or omissions in recording. The medicines were stored securely in the clinic room on five of the units and in the office on one unit. Daily checks were made of room and refrigerator temperatures to ensure that the medicines remained suitable for use. All medicines needed were available.
- We looked at the ordering process and saw the process for giving patients their regular medicines and we heard from patients about the information they were given. All medications checked were in date. There were good processes and procedures in place on all of the units in relation to medication reconciliation. This is where the unit staff would contact general practitioners before and on admission, to confirm what medication and dosages the patient was taking so that these medicines could continue while the patient was attending the service. This meant patients were provided with their prescribed medicines promptly. The provider used a pharmacist to advise and audit the medicine management system. Staff gave patients information about medicines.
- Staff discussed medicines in a multidisciplinary care review. Staff discussed changes to the patients' medicines with them and provided leaflets with more information. This happened during our inspection. Several patients were on self-medication, at varying stages, and care plans were available for these patients.

# Are services safe?

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

and they were relevant and updated. All of the patients we spoke with were familiar with and had been involved in developing these care plans. All of the patients had secure and locked medicine cabinets in their bedrooms where they stored their medicines if they were on a self-medication care plan.

- Staff used clear protocols for patients to see children from their family. Each request was risk assessed thoroughly to ensure a visit was in the child's best interest. There were meeting rooms available for visitors outside of the immediate bedroom areas.

## Track record on safety

- The provider reported two serious incidents (level 4) requiring investigation in the preceding 12 months, one was a fall down stairs at the Grove and the other was a patient absconding from the Grove. The trust carried out reviews into the two incidents which we reviewed. Managers had reviewed and changed a number of processes after the reviews. In particular the process for assessing risk was reviewed.

## Reporting incidents and learning from when things go wrong

- During our inspection in March 2015 we had concerns that the provider had not protected people at risk of inappropriate or unsafe care. There was not an effective system to ensure that all staff were aware of when and how to report incidents and how to ensure incidents were minimised in the future. Systems for learning from incidents were ineffective.
- During this inspection visit we found that considerable improvements had been made. Staff knew how to recognise and report incidents. Flow charts showing the reporting, reviewing and learning process were publicised in all of the units. All incidents were reviewed by the service managers, on a daily basis. Staff told the unit managers and service managers within the trust about incidents in a timely manner so that they could monitor the investigation and respond to these. Once an incident was reported, on the electronic system, the

senior management team discussed the incident and analysed recommendations from the serious incidents and reported these back to staff. Staff investigated all incidents to try to establish the root cause.

- We looked in detail at 14 incidents and tracked them back to the patients' care records. In all cases patients and staff had received a debrief session following the incidents to immediately address any lessons to be learnt.
- Staff told us that they received feedback from investigations in regular team meetings and that they learnt key themes and lessons and developed action plans if they needed to make changes. Staff said there was always a debrief session arranged after a serious incident, and that a facilitated, reflective session would take place to ensure, as well as learning lessons, that staff felt adequately supported.
- The senior management team circulated a monthly learning review bulletin to staff with incident summaries for both the rehabilitation services and wider trust services, along with emerging themes. The bulletin was called, 'learning, listening, and improving'. All staff we spoke to knew about the bulletin and the key messages contained within it. There was a section detailing key lessons for learning in order to prevent reoccurrence of the incident. For example, all managers had received training on RIDDOR which is the reporting of injuries, diseases and dangerous occurrences regulation which requires organisations to report serious incidents. Managers were able to confidently discuss these regulations and the importance of incident reporting. In another example, teams were asked to always develop a care plan if a patients' physical health deteriorated or gave cause for concern.
- The provider was open and transparent with patients in relation to their care and treatment. This is known as their duty of candour and sets out some specific requirements that providers must follow when things go wrong with care and treatment. This included informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. All incidents were discussed with patients across all of the units.

# Are services effective?

Outstanding



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

## Our findings

### Assessment of needs and planning of care

- We looked at 36 care records across all of the units. The records were all completed to a high standard and demonstrated good practice.
- Staff assessed patients' needs and delivered care in line with the patients' individual care plans. All patients received a thorough physical health assessment, by a doctor and nurse on admission to the units, and staff identified and managed risks to physical health. All staff we spoke to were very confident in their ability to assess physical health care needs and provide robust care and treatment plans. All staff were familiar with the trust's physical health and examination policy. We saw in the patients' care records that these checks had taken place. Every patient had received a modified early warning score assessment which is an assessment covering six physiological areas, such as temperature and blood pressure readings and scores a patient's risk of physical health problems. All patients received an electrocardiogram (ECG) and comprehensive blood screening. An ECG is a test that checks for problems with the electrical activity of the heart. A number of nurses were trained in phlebotomy which meant that blood tests could be taken on site.
- At Tonbridge road a well-being clinic was held every week by one of the nurses. During the clinic patients received cardio metabolic risk assessments as well as health education, for example concerning diabetes, diet and exercise, smoking cessation and the management of medication. Each unit completed a nursing metric which provided additional assurances that physical health care assessments were being carried out in each of the units. In December 2016, the month before our inspection visit the units had achieved a 94% compliance rate to the questions asked. The metric was a series of questions, filled out by staff, asked about each patient's physical health care needs every month. This work was overseen by the trust's quality committee, a sub-committee of the trust board.
- Care plans were personalised, holistic and recovery focused. The process focused on a patient's strengths and goals. This enabled a consistent approach during assessment, implementation and evaluation of patient's care and treatment. Some of the units used the outcome of the recovery star assessment to initiate and update care plans. This meant that self-reported areas of lesser strength were developed into goals agreed by the patient, and incorporated into their care plans.
- Patients told us that they had signed and received a copy of their care plans. Patients we spoke with told us that they were involved in the care planning process and that the plans were recovery focussed. We saw many examples of staff applying this individualised approach to patients. The clinical meetings we attended discussed the patients as individuals with unique needs. All patients, without any exception told us they were fully involved in every aspect of their treatment and all decisions concerning their care plans.
- All care records were stored securely and were available to staff when they needed them, the care records were all well-ordered.
- The providers' target for up-loading the care programme approach review meeting minutes on the electronic care record system was 95%. The community mental health teams were responsible for carrying out this administrative task. The performance dashboard showed 91.5% compliance at November 2016. Staff had suggested one solution to achieve the target would be for the rehabilitation staff to up-load the review meeting minutes and outcomes themselves.

### Best practice in treatment and care

- Staff used National Institute for Health and Care Excellence (NICE) guidance when prescribing medicines, in relation to options available for patients' care, their treatment and wellbeing, and in assuring the highest standards of physical health care delivery. NICE guidance was also used in the delivery of the therapeutic programme, which included nationally recognised treatments for patients with needs associated with their illness.
- The care programme approach was used as the overarching model to care delivery. This enabled patients' needs to be assessed, their treatment and therapy to be planned, co-ordinated, delivered and reviewed. Multidisciplinary team members held six monthly care programme approach reviews in conjunction with patients, in addition, all patients received a progress review of care at least every two

# Are services effective?

Outstanding



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weeks. Patient satisfaction surveys were carried out before and after each review meeting to ensure the process was patient friendly and was helpful for patients.

- Models of care were clearly detailed and available for patients and staff to follow. For example, the recovery star was well embedded and used by all of the units. The recovery star is a nationally recognised model of care and is an outcome measure which enables patients using the service to measure their own recovery progress with the help of staff. Patients took part in group work to develop the recovery star themes and individual recovery stars were developed with patients over time. Information leaflets were widely available. All patients we spoke with were very familiar with the care pathway they were on and what their treatment and therapy programme was.
- Patients had an excellent level of access to a wide variety of psychological therapies either on a one-to-one basis or in a group setting as part of their treatment. Psychologists, psychology assistants and occupational therapists were part of the multidisciplinary team and were actively involved in patient care and treatment. We looked at evidence of detailed psychological assessments and treatment interventions such as cognitive behaviour therapy, cognitive remediation therapy, dialectical therapy, mentalisation, family therapy, wellness recovery action plans and the recovery star. Therapeutic groups included, for example, assertiveness training, social skills training, managing on a budget, managing anger, learning cognitive behavioural skills, learning mindfulness skills, raising self-esteem, developing coping skills, music therapy, self-reflection, developing creative skills and interests and healthy living. In addition, therapeutic staff were assisting a patient to undertake a journey by train as this had been planned as part of his recovery care needs.
- Staff assessed patients using the Health of the Nation Outcome Scales. These covered twelve health and social domains and enabled clinicians to build up a picture over time of their patients' responses to interventions. Staff used other nationally recognised assessments and outcome measures such as, the Beck depression inventory, the patient health

questionnaire-9, which monitors responsiveness to treatment, generalised anxiety disorder outcomes, the model of human occupation and the Glasgow antipsychotic side effect scale.

- Staff participated in clinical audits to monitor the effectiveness of services provided. All staff participated at least weekly, in reflective practice sessions. They continually evaluated the effectiveness of their interventions. Audits carried out included a regular person centred audit to ensure patients were fully involved in all aspects of care planning. In addition audits were carried out to ensure the electronic records were complete through the use of a checklist. The quality and completeness of the records was looked at during every staff supervision session. Audits were available which looked at patients' risk assessments and crisis relapse and prevention plans. Every month an audit was carried out to identify how many blank boxes were on each patient medication record. In December 2016 the units had no blank boxes on any record therefore achieving 100% compliance with this audit.
- Staff representatives from all of the units had participated in a 'deep dive' audit of one another's units looking at the five key questions asked by the Care Quality Commission. We looked at the audits and the associated action plans for all of the units.

## Skilled staff to deliver care

- The staff across the units came from various professional backgrounds, including medical, nursing, occupational therapy and psychology. Staff were experienced and qualified to undertake their roles to a high standard. Peer support workers were employed across all of the units. Peer support workers had lived experience of using mental health services.
- Staff told us that they would appreciate the opportunity for career progression for qualified and non-qualified posts. Staff said there is little career progression opportunity from Band 5 to Band 6 nurses and from Band 3 to Band 4 support workers.
- All staff received a thorough induction into the service. The care certificate standards were used as a benchmark for health care assistants.
- Staff received appropriate training, supervision and professional development. Staff were encouraged to attend additional training courses. For example, staff at the Grove had received training on working with



# Are services effective?

Outstanding



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patients with a personality disorder. Staff in all of the units had received specific training on using the Recovery Star approach. Staff had undertaken courses, for example, in counselling, psychological therapies, physical healthcare conditions and family work. We met three qualified staff members who had lived experience of using mental health services and had participated in the job taster programme. All three had subsequently been supported by the trust and staff working in the units to undertake and successfully complete their professional qualification in nursing.

- All staff we spoke to said they received individual and group supervision on a regular basis as well as an annual appraisal. 72% of staff had received regular supervision. All staff participated in regular reflective practice sessions where they were able to reflect on their practice and incidents that had occurred on the wards. We noted that 92% of all staff had received an appraisal. The appraisals included objectives that incorporated the trust key values. The revalidation of the medical staff was up to date.
- Senior managers told us they were performance managing a small number of staff for capability issues at the time of our inspection, and were well supported by their human resources staff.

## Multi-disciplinary and inter-agency team work

- A fully integrated and well-staffed multidisciplinary team worked across the units. Regular and fully inclusive team meetings took place. We observed care reviews and staff handover sessions and found all of them to be highly effective.
- Staff had space and time to feedback and add to discussions in meetings. Everyone's contribution was valued equally.
- We observed interagency working taking place, with staff creating strong links with primary care (doctors, pharmacists, physiotherapists, podiatrists, dieticians) and housing organisations being particularly positive examples. At Rosebud, we spoke with a community physiotherapist who had been asked to assist with a mobilisation assessment of one of the patients following surgery.
- Staff and patients at Rivendell had developed positive partnerships with local community resources to enhance the unit's therapeutic activities. In conjunction with the Grove, the units had established a joint

voluntary work group at a local nature reserve. In addition both units had joined a local cookery school and Rivendell also had a volunteer work group at a local heritage centre renovating a wind mill.

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

- Over 98% of staff had received updated training on the Mental Health Act, including the revised Code of Practice. Staff were able to confidently talk to us about the Mental Health Act, their responsibilities with the application of the Act and patients' rights under the Act.
- We looked at 12 care record files of current and previous patients who had been detained under the Mental Health Act. The files were in order and easy to navigate. The Mental Health Act 1983 documentation was present and available in the files. There was evidence in the files to show that patients were informed of their rights under Section 132 on a monthly basis.
- There was active involvement of an independent mental health advocacy service and that information about the service was advertised on information boards in communal areas.
- Staff encouraged patients to contact the Care Quality Commission if they chose to about issues relating to the Mental Health Act. This was contained in the information folders given to all new patients.
- The Mental Health Act administrator monitored requirements and compliance with the Act and Code of Practice, daily. Six monthly audits were carried out on accuracy of consent certificates (known as T2 and T3 forms), medication charts and section 17 leave documentation.
- There was evidence of timely managers' hearings at the point of patients' section renewals. These were undertaken prior to the patient's section renewal date.
- Copies of up-to-date section 17 leave forms were kept in files accessible in the nurses' offices. The forms were comprehensive, clearly detailing the levels, nature and conditions of leave. The forms were regularly reviewed and updated. There was good recording of who had been given copies of the section 17 leave forms.
- Assessments of patients' capacity to consent to treatment were available, at the point that T2

# Are services effective?

Outstanding



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certificates were issued and reviewed. We found that both T2 and T3 certificates were reviewed in line with the provider's policy. These certificates show that patients detained under the Mental Health Act had the proper consent to treatment in place.

## Good practice in applying the Mental Capacity Act

- Over 90% of staff had undertaken Mental Capacity Act training. There was a Mental Capacity Act policy in place and staff told us about the principles and how they applied to their patients.
- Where appropriate patients had a mental capacity assessment relating to care and treatment. Capacity assessments were routinely undertaken to identify the patients' ability to manage their finances. There were no current Deprivation of Liberty Safeguard applications or best interest assessments pending.

# 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

- All of the patients we spoke with complimented staff providing the service throughout the units. One patient told us, "The staff here genuinely care about patients and they want us to recover." Professional, responsive and respectful staff supported patients consistently. Another patient told us, "Without the staff I would not be where I am now, volunteering and planning to apply for a paid job, amazing progress really and it's down to their care and support." A qualified member of staff with lived experience of using mental health services said, "I have been supported by staff throughout my journey to this point. Words cannot describe the impact their influences have had on me and my recovery. The staff have held unshakable hope and optimism for me and my desires and I have accomplished so much in life."
  - Patients we spoke with told us that staff were available for them at all times. One patient commented that staff, "Are so responsive and genuinely care about patients, we are always at the centre of their thinking." staff spent a significant amount of their time with patients both inside and outside of all of the units. We spent time with staff and patients inside and outside of the units and we saw the compassion and care shown to patients by staff. Patients told us that staff were consistently respectful towards them. For example, one patient told us that staff would go above and beyond their roles to assist them. The patient described how they had returned to full time education at University and that this had only been made possible by the staff' "Constant and enduring nurturing of me." All of the patients said the staff could not do anymore to meet their needs and they worked hard and had patients' best interests and welfare always as their priority. During our inspection, we saw a lot of positive interaction between staff and patients in all of the units. Staff spoke to patients in a friendly, professional and respectful manner and responded promptly to any requests made for assistance or time. At Tonbridge road, one member of staff had individually invited all of the patients to the, 'creative minds' group as opposed to advertising the group more generally. Patients told us this gave them a sense of really feeling welcomed to the group.
  - Staff showed patience and gave encouragement when supporting patients. We observed this consistently throughout the inspection. Patients told us that they were the priority for staff and that their safety was always considered. One patient become distressed and agitated and staff intervened gently and in a kind and pleasant way. The intervention calmed the patient considerably who was then able to continue with the task they had been carrying out.
  - The atmosphere throughout the units was very calm and relaxed. Staff were particularly patient focussed and not rushed in their work so their time with patients was meaningful. Staff were able to spend time individually with patients, talking and listening to them. We did not hear any staff ask a patient to wait for anything, after approaching staff. All patients said they had regular one to one time with staff during the day and night. One patient said, "There are 'no them and us' relationships here, this means we are genuinely equal and mutually respectful to one another."
  - All of the units' staff had worked with patients to develop a, 'respect charter' which was a set of statements agreed about working together with respect, dignity and compassion.
  - We saw an example of how the staff continually strived to create a positive and productive environment called the, 'quote of the week' at Newhaven Lodge. Patients and staff looked at positive quotes and chose one together which was then put up on a wall for all to see. Patients told us they had started to think more positively. One patient said, "I am no longer stuck in thinking negatively."
  - All staff we spoke with had a very in-depth knowledge about their patients including their likes, dislikes and preferences. They were able to describe these to us confidently, for example, preferred routines for patients.
- ### The involvement of people in the care that they receive
- Staff told us confidently about their approach to patients and the model of care practiced across all of the units. They spoke about enabling patients to be as well as possible in order to resume their lives back in the community at the earliest possible opportunity. staff were non-judgemental towards their patients and empowered them to encourage their involvement.





# Are services caring?

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

- All patients had carried out some initial visits to the units before being admitted. At Rosebud, the patients identified for possible transfer were assessed by Rosebud staff at the unit itself. Patients received a comprehensive welcome pack on admission to the units. The welcome pack gave detailed information to patients. This included information about health needs, the multidisciplinary team, care and treatment options, medication and physical health needs, arrangements for health records and care plans. We found the folder helped to orientate patients to the service and patients we spoke to had received a copy and commented on it positively.
- There was evidence of patient involvement in the care records we looked at and all patients had signed a copy of their care plans. Staffs' approach was person centred, highly individualised and recovery orientated. We also saw that patients reviewed their care plan at least once every other week with the multidisciplinary team. Patients told us they were fully involved with every aspect of their treatment and care planning. We attended six care reviews and saw that patients were fully involved in discussions about their care and treatment
- Local advocacy services were advertised widely on notice boards and in patient welcome packs.
- Patients told us that their families were included in their care planning. We spoke with 14 family members who told us they had been encouraged to be actively involved in the care and treatment of their relatives. One relative told us that, "My relative has made so much progress since they have been here. Such a successful place and it is all down to the wonderful staff." Another relative said, "We receive regular feedback from the team and we are routinely invited to care review meetings." A member of staff from each of the units was identified as the, 'carers champion' and co-ordinated good communication with relatives and friends. In addition each unit had an information board for carers which included, for example, information on how to raise a concern. Information leaflets were made available to relatives and friends and regular coffee morning/information sessions were available at all of the units. The trust had developed a friends, family and carer partnership charter which laid out the commitments the trust's services would deliver in ensuring they worked closely and in partnership with families and friends.
- Staff discussed patients' views and wishes with them. During our inspection, this happened in the multidisciplinary care review meetings we attended.
- Patients could become involved through a number of initiatives. Each unit held a daily planning meeting where patients discussed the routines for the day and allocated staff and patients to carry out tasks and achieve goals throughout the day. Each week the units held a business meeting where suggestions could be made of how to improve the services or where patients could raise any concerns they had. The provider used patient reported measures to assess how effective the treatment and therapy programmes were. At Newhaven Lodge visitors were encouraged to write some feedback on a large poster about their experience of the unit. Comments included the unit being particularly, "Supportive, caring, compassionate, welcoming and inspiring." The trust carried out a monthly friends and family test, asking how likely a patient would be to recommend the services to family or friends if they needed similar care or treatment. Over 90% of patients asked in December 2016 said they were likely or extremely likely to recommend the services. Every patient in the units was given a satisfaction survey to fill out twice each year.
- We looked at many examples of staff acting on patients' suggestions to improve services. This showed us how staff encouraged patient feedback and responded positively and quickly to implement those changes. At the Grove patients suggested getting involved in delivering some of the therapeutic groups. Four patients (current patients and those recently discharged) had been supported by staff to share and teach other patients in a number of group sessions. Patient feedback had so far been exceptionally positive. At Rosebud there was a large display entitled 'You said-We did' this was illustrated with pictures of therapeutic goals patients wanted to spend time on and the evidence that it had taken place.

# Are services responsive to people's needs?

Good 

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

## Our findings

### Access and discharge

- The average bed occupancy for the units was 95% for the previous 12 months. Referral of patients to the units was mainly through referrals from the acute wards, the forensic services and the community mental health teams. The average length of stay in the units was 322 days (10.5 months). This was within the wards expected average length of stay of one year.
- Beds were not used when patients were on leave and no overnight acute admission beds were used in any of the units in the 18 months prior to our inspection visit. At 11 Ethelbert Road, three patients were on leave having completed a recovery programme and self-medication regime. A bed was held for each of these patients until the multidisciplinary team decided upon discharge.
- Representatives from the multidisciplinary team assessed potential patients prior to admission to the units and they told us that they were given sufficient time to complete the assessment. Risk was assessed thoroughly pre admission to ensure that patients did not require a higher level of security and containment than the units were able to offer.
- Over the three month period from October to December 2016, 27 patients were discharged from the units. Nine patients were discharged to independent accommodation, eight patients to supported accommodation, five to residential care and five returned to acute wards (one patient has since returned to a rehabilitation unit).
- There were 11 delayed discharges from the units since in the previous year, due to waiting for suitable accommodation in the community.
- Patients spoke to us about their discharge plans and told us how staff were helping them to achieve these plans. At Rivendell move on plans were discussed and agreed from the point of admission.
- All of the units offered a six week follow up service for patients who had been discharged. Staff would visit patients in their new accommodation and patients were welcome to visit the rehabilitation units or ring through at any point should they need support or to raise a

query. Patients who had been discharged were encouraged to consider volunteering at the units and also put in touch with the job taster programme, should they be interested in this.

- The trust had set up a working group with the clinical commissioning groups in Kent and other key stakeholders such as a third sector housing organisation, to identify patients placed in longer term out of area rehabilitation placements (OATs). At the time of our inspection some 60 patients from Kent were in OATs placements. A dedicated senior nurse post had been resourced to assess all patients for potential return to Kent to either one of the rehabilitation units or supported living accommodation. The first assessed cohort of six patients had successfully returned to Kent with a further six returners planned. Not all patients in OATs placements would be assessed as suitable to return to Kent however it was thought at least 40 patients would be suitable over the coming year. The lead consultant for the rehabilitation services was also involved in assessing patients and supporting the senior nurse.

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

- The units had a variety of well furnished rooms for patients to use including quiet lounges. Lounge areas were available for women; however, these were multi-functional rooms which could also be used as small meeting rooms. None of the patients or staff raised any issues or concerns about the female lounges and women told us they had priority use of the rooms, if they wanted to use them. A selection of interview and group rooms were available. All of the units had communal kitchen areas. All of the units had garden areas.
- Patients were able to make private phone calls and had access to their own mobile phones.
- Patients could access laptops and the internet in the units.
- All of the units were self-catered and staff assisted patients in the planning of and the provision of their food. All patients received a malnutrition universal screening tool assessment (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to

# Are services responsive to people's needs?

Good 

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

develop a care plan. Staff assisted patients to plan, budget, purchase and prepare their food. Healthy eating educational and skills based sessions were available in all of the units.

- Patients had access at all times to hot and cold drinks and a variety of snacks in communal kitchen areas. A well equipped kitchen area for patients to store and prepare their own food was available in all of the units.
- Patients' bedrooms were personalised, with for example their photos and personal items on show. Patients could access their bedrooms at any time. Patients were able to securely store all of their possessions in their bedrooms, and held keys to their bedrooms.
- There was an activity and therapy programme running all week from Monday to Sunday. Patients told us that the activities available were offered flexibly and according to the interests and wishes of the patients. The activities at weekends were less structured and for example at Tonbridge Road 'boredom box activities' were also made available. There were dedicated therapy staff providing this programme and staff engaged in these activities. We joined a number of these activities during our inspection visit. Alongside the therapy and treatment programmes, additional activities were available. At Newhaven Lodge a diversity group ran a 'virtual walkabout' and patients chose different countries to learn about facts about the county, the culture, beliefs, religion, traditions and how people with disability experience health services. Healthy eating sessions were held across all of the units. 'Out and about' groups were held at each of the units with patients enjoying pursuits in the community such as bowling, picnics, lunches out, museum visits and other 'tourist' activities. At 11 Ethelbert Road, creative arts were being practised which included painting in watercolours on canvas and clay modelling which could be fired in a kiln. Patients told us they really enjoyed the printing and designing of t-shirts and bags at Tonbridge Road. At the Grove a dog belonging to a staff member had been accredited as a 'Pets as therapy' (PAT) dog. Patients commented positively about the beneficial effect, 'Hugo' had had on their mental state.

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

- Rosebud unit had two bedrooms available for men and women with full disability access on the ground floor and this included adapted toilet and bathroom accessibility. In addition Newhaven Lodge had two accessible bedrooms available for women.
- Staff told us that information could be made available in different languages as required by patients using the services. Information was available on interpreters.
- There was a lot of information available on treatments, therapy, local services, patients' rights and how to complain. The information boards in all of the units were displayed creatively and contained relevant and updated information for staff, patients and relatives. All units had photographs of the staff to show patients who they were and what their roles were (Including Hugo, the PAT dog at the Grove)
- Welcome packs of all of this information were available for patients. Some of the units personalised information packs, others made a pack available in each bedroom. The welcome packs were very detailed and contained all the information required about the various care pathways and treatment options available.
- Patient information leaflets on equality and diversity were available on all of units. Examples were given showing patients how their individual and unique needs could be raised and met. Examples were sited of how patients' needs could be supported with their religion, ethnicity, race, traditions, sexuality, disabilities and food preferences.

## Listening to and learning from concerns and complaints

- There were five complaints in the year prior to our inspection and the provider partially upheld all of them. This showed us that the provider was fair and transparent when dealing with complaints.
- Copies of the complaints process were on display in communal areas of the units and in the unit welcome packs. Patients we spoke with all knew how to make a complaint, this included how to contact the Care Quality Commission should the patients wish to do so.
- Staff confidently described the complaints process and how they would handle any complaints. Staff told us

# Are services responsive to people's needs?

Good 

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

they tried to deal informally with concerns and to do this promptly in an attempt to provide a timely resolution to concerns. Informal complaints were logged and tracked as well as formal complaints.

- Staff met regularly to discuss learning from complaints. This informed a programme of improvements and training, for example, improving communication between staff and carers in relation to care planning. This prevented misunderstandings so that all parties could work together towards therapeutic aims and improved communication between organisations which is essential to ensure a timely and effective discharge.

- A community meeting was held every week and patients set the agenda. A member of the management team attended each week. Managers were responsive to suggestions made by patients. For example they agreed to ex-patients returning to run therapeutic groups with current patients to instil, "Hope for the future and show us that there is a road to successful recovery" said a patient who told us about this initiative.

# Are services well-led?

Outstanding



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 provider's vision, values and strategies for the service were evident and on display on information boards throughout the units. Staff we spoke to understood the vision and direction of the organisation. Staff at every level felt very much a part of the service and were able to discuss the philosophy of the units confidently. Staff told us that the purpose of the units was to offer and deliver high quality treatment and therapy programmes to patients to aid their recovery.
- The units' senior management team had regular contact with all staff and patients. The senior management and clinical teams were highly visible and staff said that they regularly visited the services. All staff and patients knew who the senior management team were and felt confident to approach them if they had any concerns.
- Staff commented on the high quality support they received from ancillary services such as housekeeping, maintenance and general administration.

### Good governance

- We looked at a series of clinical quality audits, human resource management data and data on incidents and complaints. The information was summarised and presented monthly in a key performance indicator dashboard. This meant that the management team were able to receive assurance and apply clear controls to ensure the effective running of the service. Staff received their mandatory training, supervision and appraisals. There were sufficient staff available on every shift in each unit to deliver good care to patients. Clinical audits were regularly carried out to ensure treatment and therapy was effective. Staff were confident that they learnt from incidents, complaints and patient suggestions and feedback.
- Managers carried out daily quality walk arounds where they assessed the environment, documentation, patient welfare and patient experience. We spoke to patients who told us that they were encouraged by staff to participate in making suggestions towards improving many aspects of the service.
- All of the units had implemented 'the productive mental health ward', also known as 'releasing time to care'. This

is an approach which helps staff explore the important processes which affect the unit. Its overall aim is to free up staff time so that more time can be spent with patients and the quality of care given can be improved. It supports the staff team to design the way that they organise and deliver care, using their knowledge and experiences of the ward and its processes, to look for areas of waste which can be reduced or eliminated and to identify ways that time can be re-prioritised. Therapeutic staffing was practiced across the units, in addition to nursing staff other disciplines for example, occupational therapy and assistant psychology staff worked on the rehabilitation units.

- The senior clinical staff told us they felt they had the autonomy and authority to make decisions about changes to the service. They commented that they felt very well supported.
- Staff showed us the strategic and operational risk register. Staff told us that they were able to submit items of risk for inclusion on the risk register. The risk register had inclusions from all the heads of department, which showed us risks were escalated appropriately from all areas of the service.

### Leadership, morale and staff engagement

- A recent away day for representatives from each of the units had been held during the preceding six months to discuss the provider's business plan and the vision and values. Staff told us they understood what was expected of them in their jobs, they felt supported by their line managers and felt they could safely raise concerns at work. They understood how their work helped to achieve the service objectives. All of the staff we spoke with were highly satisfied working at the units. The senior management team held monthly leadership forums where unit managers came together and discussed, for example, the quality of service provision and service developments.
- The units held regular team meetings and all staff described morale as exceptionally good with their senior managers being highly visible, approachable and supportive. Topics recently covered included managing and learning from incidents, duty of candour, care



# Are services well-led?

Outstanding



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.

planning and positive risk taking. Staff were asked regularly about what they thought the services did particularly well and what the services could do to improve.

- Staff were encouraged to provide articles about interventions and skills they were particularly proud of in the quarterly publication, 'Connected'. A number of the units had made submissions, such as Newhaven Lodge talking about the experience of having someone on a job taster programme placement.
- Sickness and absence rates were 7% as of November 2016. The trust target rate for sickness was 3%.
- Staff said they felt very well supported in dealing with any concerns they had about any adverse behaviour from either fellow staff or patients.
- Staff were aware of the whistle blowing process. There was a policy, which the provider would follow for the investigation of concerns. No whistle blowing alerts had been received by the Care Quality Commission in the preceding year.
- Staff told us they felt the units were, "Great places to work", they felt supported and valued by the management teams. They described their morale as being high.
- Staff were able to confidently describe the importance of transparency and honesty and their duty of candour.
- All of the staff we spoke with expressed their pride in the strong element of team working across the units.

## Commitment to quality improvement and innovation

- Staff participated in clinical audits to monitor the effectiveness of services provided. They evaluated the effectiveness of their interventions. This work was overseen by the quality committee and the quality improvement team, which provided an overall review of quality, safety and effective clinical services.
- The units had not applied for 'AIMS rehabilitation accreditation' however senior managers told us this was their intention. AIMS rehabilitation is a quality network for rehabilitation services which works with services to improve the quality of service provided to patients.
- The peer support worker at Newhaven Lodge had written a book about their journey to recovery called,

'Behind closed doors'. It was a pictorial and descriptive account of their experiences of using mental health services over several years. Patients we spoke with commented positively about the book and one patient said, "She is truly inspiring, what a role model and so honest about her journey."

- Across all of the units work and education were given a high profile. We met with a number of volunteers working in the units and they told us how important this work opportunity was to them. At Tonbridge Road we met the volunteer running the woodwork group, supporting patients to make bird boxes, insect boxes and a meditation area in the garden. The volunteer told us they used their lived experience of using mental health services to communicate with patients, "Instilling hope and understanding and enabling others to learn new skills and re-establish old skills." Additional volunteers worked at the unit in the garden, facilitating walking groups and washing cars.
- Staff told us about the job taster programme where patients and ex-patients were given the opportunity to work in a placement on one of the units. We met staff who had completed this programme. A certificate of achievement was issued after the completion of the placement to recognise the, "hard work, dedication and positive contributions that service users make to teams who host a job taster placement." Peer support workers were in paid employment in all of the units. These workers had all had lived experience of using mental health services. We spoke with most of the peer support workers in each of the units and they told us how supported and encouraged they had been by other staff and how inspired patients had been by their achievements. Most of the peer support workers had completed the job taster programme and had a period of volunteering in the units before applying for the substantive position.
- The nationally recognised 'buddy scheme' was well embedded across the units. Trained mental health service users were mentoring nursing students across the units and the patients were paid to undertake this role. The buddy scheme seeks to empower both service users and the students by increasing understanding of mental health through partnership and as experienced by people who use services. Students we spoke to could not speak highly enough about their positive experience of this scheme and the wider opportunity of working on the rehabilitation units.