

Kent and Medway NHS and Social Care Partnership
Trust

Community-based mental health services for adults of working age

Quality Report

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

Date of inspection visit: 17 – 20 March 2015
Date of publication: 30/07/2015

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	Highlands House, SW Kent Access and Recovery Teams	TN1 2JN
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ	Thanet Community Mental Health Team	CT12 6NT
RXY04	Farm Villa (Trust HQ), Hermitage Lane, Maidstone	Swale Community Mental Health Team	ME10 4DT.

Summary of findings

Kent, ME16 9QQ

RXY04

Farm Villa (Trust HQ), Hermitage
Lane, Maidstone
Kent, ME16 9QQ

Maidstone Community Mental
Health Team

ME14 1EY

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
The five questions we ask about the service and what we found	6
Background to the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Good practice	10
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	13
Action we have told the provider to take	25

Summary of findings

Overall summary

We gave an overall rating for community mental health services as requires improvement because:

- The high numbers in caseloads meant that staff could not ensure that all patients were being appropriately monitored to ensure they were not at risk.
- There was a shortage of nursing staff in the community services. The trust was using high numbers of agency and bank staff. Staff said this impacted on service delivery and was a cause of concern.
- The patients' records did not identify their involvement, or their relative/carer, in the care planning procedures. Not all risk assessments were up to date within the records read.
- Staff, where applicable, managed medicines well in the community. Medical services at Thanet and Maidstone required improvement to ensure they had processes in place to manage the recording, unsafe use and storage of medicines.
- Consent to care and treatment was not consistently uploaded onto the electronic system. This meant that staff reviewing the records may not have up to date information to support patients' needs.
- The services did not monitor the outcomes of patients who did not attend the clinics. This meant the services did not have a clear overview of patients who may be at risk.
- The trust management had ensured that learning from serious incidents was shared with staff. This meant that these staff members had the benefit from the results of investigations into the incidents.
- The training records showed that most staff had completed their mandatory training. All outstanding and refresher training had been identified and updated electronically to staff with due dates.
- Most staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). When staff assessed the mental capacity of a patient to consent to care and the sharing of information, the assessment was thorough.
- Despite the work pressures, staff were compassionate, sensitive and kind to people who use the service.
- The services were aware of the diverse needs of the people who used the service and provided a range of support as required.
- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held regular governance meetings where quality issues such as complaints, incidents and audits were discussed.
- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines.

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 high number of caseloads meant that staff could not ensure that all patients were being appropriately monitored to ensure they were not at risk.
- There was a shortage of nursing staff in the community services. The trust was using high number of agency and bank staff. Staff said this impacted on service delivery and was a cause of concern.
- Staff, where applicable, managed medicines well in the community. Medical services at Thanet and Maidstone required improvement to ensure they had processes in place to manage the recording, unsafe use and storage of medicines.
- Concerns about patients were appropriately escalated if their condition deteriorated.
- Equipment was regularly checked. The environments were visibly clean and equipment had “I am clean” stickers. Staff followed the trust policy on infection control.
- Staff told us they were encouraged to report any incidents which were discussed at weekly meetings. There was consistent feedback and learning from incidents reported. This meant that these staff members had the benefit from the results of investigations into the incidents.
- Handovers were well structured within the teams. Staff had been trained and knew how to make safeguarding alerts.

Requires improvement



Are services effective?

We rated effective as requires improvement because:

- The patient's records did not identify their involvement or their relative/carer in the care planning procedures.
- Consent to care and treatment was not consistently uploaded onto the electronic system. This meant that staff reviewing the records may not have up to date information to support patients' needs.
- The services did not monitor the outcomes of patients who did not attend the clinics. This meant the services did not have a clear overview of patients who may be at risk.
- Clinical staff completed comprehensive assessments in a timely manner.
- Multidisciplinary working was evident to co-ordinate patient care.

Requires improvement



Summary of findings

- Most staff demonstrated a good understanding of the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Patients had access to advocacy services when required.

Are services caring?

We rated caring as good because:

- Staff were caring and compassionate to patients' needs and treated patients with dignity and respect. Staff were kind and respectful to people and recognised their individual needs.
- Staff had a good understanding of how they would deliver care to people who used the service.
- People who used the service told us staff were supportive and caring.
- Patients were encouraged to participate in recovery groups across the community services.
- Patients contributed and created the Headlines magazine.
- The Tunbridge Wells team had introduced the "buddy" system. This was a scheme where people who use the service act as "buddies" to students.
- The trust had created a 'buddy app', (a digital short message service (SMS)) which supports therapy services. Patients use text messaging to keep a daily diary of what they are doing and how they are feeling.
- Patients in Thanet could access the 'live it library' which was located in the reception area of the community services. The library was an online resource of stories from people who have experienced or are experiencing mental health issues and can be accessed across the trust. We saw this in use during our visit.
- The trust had introduced the "patient portal." This was a secure online website and gave people who used the service access to their personal health information.

Good



Are services responsive to people's needs?

We rated responsive as good because:

- Most patients had been seen within the four week referral to assessment time. The services had achieved their target of 18 week referral to treatment time.
- The services had a success rate of 100% of patients attending their first assessments.
- Urgent referrals were prioritised with contact made mostly with the person the same day.

Good



Summary of findings

- The services were able to provide a range of different treatments and care. People could access a range of therapeutic interventions.
- There was support for people with complex needs and reasonable adjustments were made to the service. Staff were able to refer any issues or concerns to the community psychiatric nurse and the learning disability lead.
- The services were aware of the diverse needs of the people who use the service and provided a range of support as required.
- Staff knew how to support people who wanted to make a complaint.
- Bed occupancy was higher than the national average. This impacted on patients who were placed out of area. This proved difficult to care co-ordinators to maintain regular contact and the attendance of clinical meetings and reviews.
- We saw the service had acknowledged that discharge planning was an area of concern. Staff attended teleconferences to review and facilitate discharge.

Are services well-led?

We rated well-led as good because:

- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held monthly clinical governance meetings where quality issues such as complaints, incidents and audits were discussed. Staff told us they were able to speak openly about issues and incidents, and felt this was positive for making improvements to the service.
- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines. Staff said they were encouraged to develop new ideas and to make continuous improvement in the service provided.

Good



Summary of findings

Background to the service

Kent and Medway NHS and Social Care Partnership Trust (KMPT) was formed on 1 April 2006 following the merger of East Kent NHS and Social Care Partnership Trust and West Kent NHS and Social Care Trust. The Trust provides a wide range of services across Kent and Medway. KMPT provides services to a population of over 1.7 million people aged 18 and over.

The main focus is on mental health services, but other services include forensic mental health, learning disability, substance misuse and a range of specialist services. KMPT has a total of 48 registered locations.

Our inspection team

The team who inspected this service comprised of CQC inspector and three specialist advisors with specialist community mental health nursing backgrounds.

Why we carried out this inspection

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

How we carried out this inspection

To 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.

We carried out an announced visit between 17 and 20 March 2015.

During the inspection visit, the inspection team:

- Visited seven patients in their home and observed how staff were caring for people who use the service. This was with the approval of the person who uses the service;
- Spoke with seven people who were using the service and two relatives;
- Spoke with the locality managers for each of the services;
- Spoke with 28 other staff members; nurses, therapists and psychologists; and
- Attended a multidisciplinary team (MDT) meeting and two one to one assessment appointments.

We also:

- Looked at 32 treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider's services say

We spoke with a carer who was very positive about their experience and the care their relative had received. We

saw feedback from patients at Thanet who said the “entrance is always clean, tidy and never cluttered.” Another patient said that staff were “always smiling” and made you “feel welcome.”

Good practice

- The administration team at Thanet had started a 'keeping staff well' project which looked at staffs' mindfulness and healthy eating practices.
- In the reception area of Tunbridge Wells we saw a Headlines magazine. This was a magazine written by people who use the services. Items included information on therapies available, the patients' charter and benefits update.
- The Tunbridge Wells team had introduced the 'buddy' system. This was a scheme where people who use the service act as 'buddies' to students.
- The trust had created a 'buddy app' (a digital short message service (SMS)) which supports therapy services. Patients use text messaging to keep daily diaries of what they are doing and how they are feeling.
- Patients in Thanet could access the 'live it library' which was located in the reception area of the community services. The library was an online resource of stories from people who have experienced or are experiencing mental health issues and can be accessed across the trust.
- The trust had introduced the “patient portal.” This is a secure online website and gave people who used the service access to their personal health information.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **MUST** take to improve:

- The trust must review the caseloads allocated to staff to ensure that all patients are appropriately monitored.
- The trust must ensure that care planning includes discharge planning and that service users' health checks are carried out in line with trust policy and national guidelines across CMHT teams.

- The trust must ensure that consent to treatment is clearly recorded. The trust should ensure that risk assessments are reviewed regular, up to date and recorded accurately.

Action the provider **should** take to improve:

- The trust should review the management of medicines to ensure there are processes and procedures regarding the recording, storage and unsafe use of medicines at Thanet CMHT.
- The trust should ensure that people are actively involved in planning their care across CMHTs and that this is recorded in their records.

Kent and Medway NHS and Social Care Partnership Trust

Community-based mental health services for adults of working age

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Highlands House, SW Kent Access and Recovery Teams	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ
Thanet Community Mental Health Team	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ
Swale Community Mental Health Team	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ
Maidstone Community Mental Health Team	Farm Villa (Trust HQ), Hermitage Lane, Maidstone Kent, ME16 9QQ

Mental Health Act responsibilities

Mental Health Act responsibilities

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

The documentation in respect of the Mental Health Act (MCA) was generally of an acceptable standard and completed appropriately. There were copies of consent to treatment form within the records read.

Staff explained patients' rights to them and this was recorded. Most staff had a good understanding of the provisions of the Mental Health Act and Code of Practice.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

Some staff had received training in the use of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated good understanding of how the legislation applied to their day to day work with patients.

However, many staff had not had training recently and some staff were unaware of the Deprivation of Liberty safeguards or recent legal judgements affecting patients without the capacity to consent to treatment.

Are services safe?

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

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

Summary of findings

We rated safe as requires improvement because:

- The high number of caseloads meant that staff could not ensure that all patients were being appropriately monitored to ensure they were not at risk.
- There was a shortage of nursing staff in the community services. The trust was using high number of agency and bank staff. Staff said this impacted on their ability and was a cause of concern.
- Staff, where applicable, managed medicines well in the community. Medical services at Thanet and Maidstone required improvement to ensure they had processes in place to manage the recording, unsafe use and storage of medicines.
- Not all risk assessments had been reviewed and updated.
- Concerns about patients were appropriately escalated if their condition deteriorated.
- Equipment was regularly checked. The environments were visibly clean and equipment had 'I am clean' stickers. Staff followed the trust policy on infection control.
- Staff told us they were encouraged to report any incidents which were discussed at weekly meetings. There was consistent feedback and learning from incidents reported. This meant that these staff members had the benefit from the results of investigations into the incidents.
- Handovers were well structured within the teams. Staff had been trained and knew how to make safeguarding alerts.

Thanet told us that if the panic alarm was activated this rang in a separate room as not to disrupt and alarm the other patients. Staff said all panic alarms were responded to by clinicians.

- The community nursing teams used the NHS safety thermometer (a tool used at the point of care to measure harm and the proportion of patients that are harm-free). The safety thermometer looked at the incidence of pressure ulcers, falls and urinary tract infections. Analysis of the results was displayed for teams to see and discuss at team meetings.

Safe environment

- We saw the services' environments were clean and well maintained. All the clinical areas inspected had access to appropriate soap and hand washing facilities. We observed that stored equipment had 'I am clean' green stickers on them.
- The infection control audit showed that the community services were 91% compliant which was an increase of 6% from the previous audit.
- The medicine refrigerators showed that the temperatures were recorded daily and was within the required range. We saw that one of the fridges at Thanet could not guarantee the recorded temperature was accurate. We were informed that this had been reported and a new thermometer had been ordered. There were no medicines stored within the fridge.

Reporting incidents and Learning from incidents

- Staff knew how to report incidents on the trust's electronic reporting system and how lessons were learnt from root cause analysis. Staff reported good incident reporting and said feedback was cascaded during team meetings, supervision and regular newsletters. This meant that most staff had knowledge of incident learning across the trust. Staff were able to describe incidents they would raise for example, aggressive behaviour.
- We saw that incidents had been investigated appropriately and any lessons learnt had been shared through the trust's corporate governance structure.
- The locality managers said they acknowledged all central alerting system (CAS) notifications. We saw the

Our findings

Track record on safety

- We saw interview and clinic rooms across the services were fitted with close circuit television (CCTV) and alarm systems. Some rooms at Tunbridge Wells had dual aspect doors to aid staff and patient safety. Staff at

Are services safe?

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

last alert regarding re-tractable needles which had not been tested properly. They said they reviewed the alerts and reported back to the risk and safety team, where applicable.

Assessing and managing risk to patients and staff

- Most staff were able to demonstrate how they would report safeguarding concerns in all areas visited. Staff said they were able to discuss any issues with the safeguarding team. They confirmed they had been given self-help material to support their safeguarding referrals.
- We reviewed the training records provided by the team leader. The records showed that staff had completed their safeguarding vulnerable adults and children's training. Also included were staff's refresher training due dates.
- Safeguarding information was not stored on the trust's clinical information system (RIO). The community services had a dedicated drive which all staff had access to. All safeguarding concerns were reviewed by the senior management.
- Safeguarding issues were considered and actions were noted during handover and risk forum meetings. Specific tracking notes were made to monitor people most at risk.
- At Thanet the local authority safeguarding officer attended monthly team meetings and were able to update and prompt client cases where appropriate. At Tunbridge Wells we saw monthly safeguarding activity reports completed by the safeguarding co-ordinator and submitted to the mental health division management team.
- The mental health safeguarding performance report for February 2015 showed that 52% (149 cases) had been open for less than six months and 25% (71 cases) had been open between six and nine months. The remainder (62 cases) had been open for longer than 18 months. All current cases were either being investigated or managed or in the process of closure. We saw the actions identified which included staff training around the changes in safeguarding to ensure this was in line with the Care Act.
- We looked at 32 records and saw staff undertook a risk assessment of every patient at initial triage/assessment. We found that only nine of the records had been updated regularly.
- The records identified that staff responded promptly to the sudden deterioration in a patient's health. We saw completed early warning system (EWS) forms in the records read.
- We saw that medicines were stored properly at all the locations visited. We observed that medicines prescribed for another person had been given to someone else. Staff said this was usual practice whilst they waited for the medicines to arrive. This was brought to the attention of the locality manager. During our visit, the locality manager provided us with an action plan regarding the identified risks associated with the unsafe use and management of medicines at Thanet.
- We saw the FP10 prescription pads were kept in a safe in the locations visited. However, the key to the safe at Maidstone was kept in an unlocked drawer. This was brought to the attention of the locality manager who said they would invest in a key box for the safe storage of medicines keys.
- We reviewed the recording and signing out of medicines at Thanet. We saw that not all patients' medicines were recorded. We saw clients whose medicines had been received but not dispensed. On conducting a review of the medicines we found that they were not within the premises. We found no stock check to account for these medicines.
- We saw the trust's lone working policy. Staff said they notified their colleagues if they were visiting people who used the services' alone. We saw the services had notice boards which were used to identify staff to who were either in or out of the buildings.

Safe staffing

- Staff confirmed they had very high caseloads, which were confirmed at both Thanet and Maidstone. We saw the caseload averaged between 50 and 60. Staff said they could not effectively monitor the people on their list and was dependent on the weekly team meetings to review the cases.
- There are no national tools to calculate staffing requirements within community mental health teams.

Are services safe?

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

The trust had completed the Hurst Tool to reflect the daily operations of the community team. The report showed that the trusts' safe staffing levels for community services had been set on population demands with the average caseload being identified as between 20 and 30.

- Some staff at Thanet and Maidstone confirmed their caseloads had increased dramatically and said not all patients had been allocated a care co-ordinator.
- We saw the enhancing quality through safer staffing levels report by KMPT for March 2014. The report identified the potential risk to patient safety which could be compromised due to poor staffing levels and how this would impact on the quality of care provided.
- All staff we spoke with, from the management team to health care assistants, recognised nursing recruitment as a major safety risk to the service. It was captured on the directorate risk register. The managers told us of

various measures, such as open recruitment days they had attended in an effort to decrease the vacancy factor. Staff were aware of these initiatives and were supportive of them. There was general agreement that recruitment and retention of staff was seen as a priority by the trust.

- We reviewed the current and previous staff rotas and these showed us that there was sufficient staff on duty to meet the needs of the people in this service. We found that where gaps had been identified within the duty rotas this had been covered by the use of bank and/or agency staff. We saw that additional staff were used when the needs of people required this.
- The community services' locality managers said that caseloads were reviewed at weekly meetings, multi-disciplinary meetings and during supervision. Staff confirmed they worked well as a team and supported each other where required.

Are services effective?

Requires improvement 

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

Summary of findings

We rated effective as requires improvement because:

- The service demonstrated that care was provided in accordance with evidence based national guidelines. National guidelines and pathways were used extensively to ensure best practice. However, the patient's records did not identify their involvement or their relative/carer in the care planning procedures.
- There were completed paper records regarding the consent to care and treatment, this had not been uploaded onto the electronic system. This meant that staff reviewing the records may not have up to date information to support patients' needs.
- The services did not monitor the outcomes of patients who did not attend the clinics. This meant the services did not have a clear overview of patients who may be at risk.
- Clinical staff completed comprehensive assessments in a timely manner.
- Multidisciplinary working was evident to co-ordinate patient care.
- Most staff demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and their assessments of mental capacity were detailed.
- Patients had access to advocacy services when required.

- We saw the trust's action plan following the community services' care plan audits. Areas covered included; one to one sessions with staff regarding the importance of putting start and end dates on care plans and to ensure that patient's views were recorded on the care plans.
- Staff recognised how important it was to keep the information up to date on the system. However, they told us that due to connectivity problems, shortages of staff and the time taken to complete records online they often had difficulty updating the information and had to spend long hours in the office completing records. Some staff said it could take up to three hours to complete an initial assessment on the electronic system.
- The community services displayed a dashboard which was discussed at team meetings monthly. We saw the dashboard for the community services showed that 100% of patients received a seven day follow up of the care programme approach (CPA) and 96% of patients had received a 12 month review.
- The mental health minimum data set (MHMDs) contained records about NHS services delivered to people with severe and enduring mental health problems. The records showed the trust as 99% compliant.
- The trust had identified physical health checks as an area of concern. For example, we saw that 42% of patients at Thanet and 47% at Swale had completed health checks. The trust had introduced an improving physical health check guidelines for staff to follow. Staff told us they were now completing the Glasgow anti-psychotic side-effect scale (GASS) during initial assessments with follow up physical health checks such as blood pressure and pulse checks being undertaken later.

Our findings

Assessment and delivery of care and treatment

- Staff were able to show how they provided care and treatment to both patients and carers in line with the National Institute for Health and Clinical Excellence (NICE) guidelines. However, the records read did not identify the involvement of patients in partnership with their health and social care professionals. For example; out of 32 records we found only five of the patients' care plans had identified the patient's, their relative or carer's involvement in the care planning process. We found variances in the review of care plans and found care plans at Swale dated 2011 and 2012 with no evidence of a review.

Best Practice in treatment and care

- The trust used the health of the nation outcome scales (HoNOS), for working age people. This was completed at the start and end of each episode of care and identified historical and current risks using a cluster tool.
- The trust had a 'did not attend' (DNA) policy. The locality managers said that all reasonable attempts were made for patients to attend which included follow-up phone calls. They said they did not log or monitor the outcomes and were unaware of the level of DNA across the services.

Are services effective?

Requires improvement 

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.

- The trust's electronic system enabled staff to tick a box regarding the consent to information sharing. There was no electronic system regarding the consent to care and treatment. The paper records seen showed that consent to care and treatment had been signed. However, we saw there was not a robust system in place for the uploading of the information onto the electronic system. We saw that only nine of the records seen had their consent to care and treatment uploaded onto the system. The locality managers confirmed they were aware of the problem and were monitoring the uploading of the consent documentation.

Staff skill

- We reviewed the training records provided by the locality managers. The training records showed that most staff had completed their mandatory training with the exception of breakaway techniques and moving and handling.
- The training department provided the locality managers with an update of any training outstanding which could be addressed with the staff concerned.
- We saw that agency staff unfamiliar to the service received an induction to the service. Checks were in place to ensure that any agency staff used had received the required training prior to being booked to work shifts.
- Most staff had received regular one to one clinical supervision and had received an annual appraisal in the last 12 months. Staff described receiving good support from their line managers. The services' records showed that 82% of staff had received their appraisals and supervisions across the service.
- The trust offered a 'job taster programme'. This is a 12 week placement programme within the trust supported by the job taster co-ordinator and the identified person in the host site. The locality managers said this was very successful and hoped that it would affect staff recruitment.
- Staff at Tunbridge Wells said they had received training in the new Care Act. They were able to describe the patient's eligibility of a needs assessment to manage every day activities such as looking after themselves.
- The managers said they monitored staff performance regularly and undertook spot checks, for example,

medicine and records management. We saw examples of action plans which had been implemented. This meant that the managers were able to address any issues promptly and effectively.

- The administration team at Thanet had started a 'keeping staff well' project which looked at staffs' mindfulness and healthy eating practices. Some staff said they had utilised the project and found it to be very good.
- The trust had introduced the 'duty of candour and what it means to patient' leaflet. This included details of how staff would comply with the new act and what the trust had done to ensure that duty of candour takes place.
- Senior staff were able to tell us of the new duty of candour regulations. They said the trust was committed to being open and transparent in their approach to safe care. They said they were incorporating the new duty of candour regulations during team meetings to ensure this was cascaded to staff.

Multi-disciplinary working

- Staff in the community teams told us that multidisciplinary working was good. Staff felt able to consult with their colleagues. Specialist nurses were available to provide consultation when required. Community nursing teams and the specialist nurses worked well together and on occasions conducted joint visits which they felt were beneficial to the needs of the patients.
- We attended a multidisciplinary meeting which was chaired by a senior social work lead. The meeting included therapists, social workers and community psychiatrist nurses. We observed that each team member's role was respected in terms of information sharing about patient care. The meeting discussed urgent referrals and allocations. We saw the meeting provided the opportunity for peer support/advice from colleagues regarding complex cases.
- Multidisciplinary teams met once a month at the risk forum, which discussed safety issues within the community services for example, safeguarding investigations. Staff said they had the input of the teams' psychologists regarding complex cases when required.

Good practice in applying the MCA

Are services effective?

Requires improvement 

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.

- Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knowledge of Deprivation of Liberty Safeguards (DoLS).
- The records showed that patient's assessments of mental capacity and best interest were detailed. Patients had access to an independent mental capacity advocate (IMCA) when required. IMCA's could speak to patients on issues relating to for example, health care and accommodation.
- The documentation in respect of the Mental Health Act 1983 (MHA) were of an acceptable standard and completed appropriately.
- Staff explained patients' rights to them at regular intervals and this was recorded. Most staff had a good understanding of the provisions of the Mental Health Act and Code of Practice.
- The records showed that staff within the community services visited had received their Mental Health Act training and there were clear procedures in place regarding their use and implementation on the notice boards.

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

Are services caring?

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

Summary of findings

We rated caring as good because:

- Staff were caring and compassionate to patient's needs and treated patients with dignity and respect.
- Staff were kind and respectful to people and recognised their individual needs.
- Staff had a good understanding of how they would deliver care to people who used the service.
- People who used the service told us staff were supportive and caring.
- Patients were encouraged to participate in recovery groups across the community services.
- Patients contributed and created the Headlines magazine.
- The Tunbridge Wells team had introduced the 'buddy' system. This is a scheme where people who use the service act as "buddies" to students.
- The trust had created a "buddy app" (a digital short message service (SMS)) which supports therapy services. Patients use text messaging to keep a daily diary of what they are doing and how they are feeling.
- Patients in Thanet could access the 'live it library' which was located in the reception area of the community services. The library is an online resource of stories from people who have experienced or are experiencing mental health issues and can be accessed across the trust.. We saw this in use during our visit.
- The trust had introduced the 'patient portal' (a secure online website) and gave people who used the service access to their personal health information.

- During our visit to a patient's home we observed staff providing emotional support to a person who was distressed. They spoke calmly whilst respecting the person's dignity.

Involvement of people in the care they receive

- During our visits in the community we saw carers were invited to attend discussions with their relatives. The meeting provided the carer and their relative the opportunity to discuss issues for example, information regarding their new medicines. Carers were offered the opportunity of a carer's assessment.
- During our visit, we asked a patient if they had received a copy of their care plans. They said they were not aware of their care plans and would like to have copies.
- We saw one patient we visited was involved in social activities. The records showed a good recovery approach with the patient identifying and establishing their own goals.
- Patients were offered a variety of therapies and were encouraged to participate in recovery groups across the community services. Examples included stress and anger management groups. Staff said these were well attended. Staff at Maidstone said they had identified the need for individual women's and men's groups and were avidly encouraging involvement.
- Staff at Tunbridge Wells ran a 'service user involvement group' which met monthly. The aim of the group was to be proactive to changes to the service which focused on care plans and looking at how patients felt about meeting with the psychiatrist. The group had created a questionnaire relevant to them for example; do you feel listened to. Referral to the group was via the community psychiatric nurse (CPN). Staff said this was very popular and they had received good feedback.
- In the reception area of Tunbridge Wells we saw a Headlines magazine. This is a magazine written by people who use the services. Items included information on therapies available, the patients' charter and benefits update.
- Patients were encouraged to join the mental health action groups (MHAG's). The group provided a local forum for mental health information, support and expertise across Kent. Areas identified were people being discharged without notice. We saw the action plan which included the drafting of a standard discharge letter for consideration by the trust. We saw literature on notice boards across the service identifying MHAG.

Our findings

Kindness, dignity, respect and compassion

- We observed staff being warm and kind towards patients. Patients and carers were treated with kindness and respect. Staff showed compassion towards patients and carers in all aspects of their work with them.

Are services caring?

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

- The Tunbridge Wells team had introduced the 'buddy' system. This is a scheme where people who use the service act as 'buddies' to students. Buddies meet with their students for up to five one hour sessions where different aspects of their mental health difficulties and experiences are shared.
- The trust had created a 'buddy app' (a digital short message service (SMS)) which supports therapy services. Patients use text messaging to keep a daily diary of what they are doing and how they are feeling, helping to spot and reinforce positive behaviours. This system also enabled care co-ordinators to send reminders for appointments and review day to day issues patients may encounter.
- Patients in Thanet could access the 'live it library' which was located in the reception area of the community services. The library is an online resource of stories from people who have experienced or are experiencing mental health issues and can be accessed across the trust. We saw this in use during our visit to the Thanet.
- The trust had introduced the 'patient portal' (is a secure online) website and gave people who used the service access to their personal health information. Patients would be given their own login and were able to choose who saw the information if the need arose.
- We saw that feedback from patients had been listened to when they requested high-backed chairs in the reception area at Thanet community services.
- Friends and family test (FFT) results were displayed within the community services. We saw the trust's audit which showed that 89% of patients said they had been involved in what was important to them. We saw that only 50% of the patients said they had been provided with information regarding new medicines.

Are services responsive to people's needs?

Good 

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

Summary of findings

We rated responsive as good because:

- Most patients had been seen within the four week referral to assessment time. There were 90 patients across the service waiting for their assessments. The service had achieved their target of 18 week referral to treatment time.
- The services had a success rate of 100% of patients attending their first assessments.
- Urgent referrals were prioritised with contact made mostly with the person the same day.
- The services were able to provide a range of different treatments and care. People could access a range of therapeutic interventions.
- There was support for people with complex needs and reasonable adjustments were made to the service. Staff were able to refer any issues or concerns to the community psychiatric nurse and the learning disability lead.
- Staff knew how to support people who wanted to make a complaint
- Bed occupancy was higher than the national average. This impacted on patients who were placed out of area. This proved difficult to care co-ordinators to maintain regular contact and the attendance of clinical meetings and reviews.
- We saw the service had acknowledged that discharge planning was an area of concern. Staff attended teleconferences to review and facilitate discharge. It was difficult to identify discharge planning within the records read.

- The community services liaised closely with social workers, patients' families and allocated care co-ordinators from their home areas.
- Staff said that if people with a known complex needs entered the services they would work alongside the community psychiatric nurse (CPN) to provide the support suitable to the needs of the person.
- Patients were able to access the community services from nine to five. The out of hours, bank holidays and weekend services were provided by the crisis team.
- We looked at the four week referral to assessment time for the community services. We saw that 79% of patients had been seen within the allocated time at Thanet whilst 100% of patients had been seen at Swale. The locality managers said that there were 90 patients within the community services waiting for assessments. The trust had a target rate of 95% for the 18 week referral to treatment time. We saw the community services had achieved this target and was at 96%.
- Patients received a text message to remind them of their first assessment. Staff within the community services said this was very positive, and the records showed that they had achieved a success rate of 100% for attendance.
- Staff said that bed management was difficult and they had to admit patients out of the area, for example, Bedford. The trust records showed that the bed occupancy was 92% which is higher than the national average of 89%.
- The occupation therapists told us they used the mental health recovery star model. The mental health recovery star is designed to capture evidence whilst supporting people who use the service. This enabled staff and therapists to discuss important issues and to assess peoples' skills to live independently. Examples included shopping and cooking skills.
- The records showed that people's nutritional risk and needs were assessed. Staff could make referrals to the speech and language therapists and dieticians as required.
- Urgent referrals were prioritised with contact made with the person the same day. Should they be unable to contact the person the procedure was to contact their GP and follow that up with a letter.

Our findings

Access, discharge and transfer

- Some patients were admitted to services located in different parts of the country for example; Potters Bar and Bedford. We saw that staff had made efforts to ensure that family contact was maintained where appropriate. Care co-ordinators said that people located out of the area caused issues with the attendance of reviews and meetings.

Are services responsive to people's needs?

Good 

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

- The notice boards within the community services provided up to date information to staff. This included community treatment order (CTO) review dates and care plan approach (CPA) reviews. We saw that Tunbridge Wells had received a 95% target rate.
- Patients had access to the system training for emotional predictability and problem solving (STEPPS) group. This was a 26 week programme for people with a diagnosis of borderline personality disorder. We observed an assessment of a patient into the STEPPS programme. The interview was well structured with relevant questions for inclusion. We saw staff explained each stage and ensured the patient's understanding. We saw this was conducted in a calm, relaxed professional manner which was client centred.
- Patients had access to stairways' (the next step in group treatment for clients with a borderline personality disorder after STEPPS). The treatment ran every two weeks for one year.
- We were informed that discharge planning started soon after admission. However, it was difficult to identify the commencement of a patient's discharge planning inside the records read. Discharge was sometimes delayed due to a lack of suitable accommodation for people to move on to or funding for specialist placements.
- Staff at Thanet community services were involved in a pilot task force project. This was a multi-agency team made up for example; the police, fire brigade, midwifery, children and family and mental health teams. Staff said the input from the mental health team was one afternoon per week and had proved beneficial to the community. Staff said they had completed joint visits with members of the other teams and facilitated assessments when required.
- Staff at Swale said they used the 15 step challenge to support patients. The 15 steps challenge is a series of questions and prompts to help patients gain an understanding of how they feel about the care provided and how their confidence could be built. This meant the

trust had enabled the patients' voice to be heard and used to highlight what was working well and what might be done to increase patient involvement in the planning of the service.

Meeting the needs of all people who use the service

- The facilities provided by the community services promoted recovery, dignity and confidentiality. We saw that all areas that patients had access to were clean and tidy. The furniture was in good condition and comfortable. The areas were well decorated and the furnishings were well maintained.
- We saw literature within the reception areas which included; how to complain, advocacy services and physical health issues and treatments. There were information leaflets, if required, in a different language.
- The community service had made the necessary adjustments to ensure disabled people had access to the service provided.
- We saw good signage for people who may have difficulty communicating. This included the use of pictures and symbols.
- Patients' diverse needs such as religion and ethnicity were recorded and we saw these were being met for example through access to religious services.

Listening to and learning from concerns and complaints

- Information was available for patients to report any concerns, complaints and/or compliments. There were systems for complaints to be investigated and complainants to be given a response. Staff said they knew how to support people and carers to make complaints if required. Patients were referred to the patient advice and liaison service (PALS) if they were unable to resolve the issue locally.
- The manager at Maidstone said the majority of their complaints revolved around overpromising for example, the length of time to see a psychologist. This was confirmed in the records seen.
- Feedback and lessons learnt from complaints were discussed at team meetings. This was confirmed by staff spoken with and in the team meeting minutes seen at Thanet, Swale and Tunbridge Wells.

Are services well-led?

Good 

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

Summary of findings

We rated well-led as good because:

- There was positive awareness among staff of the values and expectations for patient care across the trust.
- The service held monthly clinical governance meetings where quality issues such as complaints, incidents and audits were discussed. Staff told us they were able to speak openly about issues and incidents, and felt this was positive for making improvements to the service.
- Staff told us they felt there was effective team working across professional groups in the community service.
- Innovation was encouraged from all staff members across all disciplines. Staff said they were encouraged to develop new ideas and to make continuous improvement in the service provided.

Our findings

Vision and strategy

- We saw the trust's vision and values on display within the community services. Staff were aware of the trust's vision and values which included the involvement of patients in the planning of their care and ensuring staff listened to patients concerns by respecting their views.
- We saw the clinical strategy on display on the staffs' notice board. Areas identified included; the provision of community services close to home and the expansion of specialist services where appropriate. The trust's clinical strategy incorporated the progress in addressing the needs of people with complex needs. The trust's aim was to improve the quality and dignity in the services provided. This included a better physical environment and increased understanding and involvement of patients, their relatives and/or carers.
- Staff shared their views about the service openly and constructively. They were caring and passionate about the service and the care they provided to people who use the service.

Good Governance

- Senior clinicians felt they were able to influence strategy during local governance meetings. They said the clinical commissioning group (CCG) were rarely present at policy/direction meetings but they could feed their views to the trust board via the managers. They said this was beneficial in monitoring and addressing concerns.
- Clinical governance meetings took place which cascaded into divisional meetings. The minutes showed us that these were comprehensive and any actions arising had been addressed.
- The managers were aware of the training completed by their staff team. There were staff resources available to deliver and monitor staff training on and off site. Staff were also able to access training via e-learning.
- Staff were able to attend a training course in mindfulness. This was developed within the trust to help staff monitor and manage their mental health and well-being.
- Staff had received annual appraisals and regular supervision. This was confirmed by those staff we spoke with.
- Staff at Tunbridge Wells reported problems in accessing a computer as they were 'hot desking'. They said this led to issues in obtaining notes and making referrals to the crisis team. The administration team said they often had difficulty in locating staff who were hot desking.
- Staff reported issues with accessing the trusts' computerised system. They said that the information technology (IT) staff were very supportive and were able to resolve most issues.
- Staff at Thanet and Maidstone said they felt stressed because of the shortage of staff and having to deal with the complexity of patients.

Leadership, morale and staff engagement

- Regular team meetings took place and staff told us they felt supported by colleagues and managers. Daily clinical leads meetings were held in the morning to review any issues.
- Staff spoke highly of the leadership within their teams. They said that senior managers and clinicians were visible and approachable to staff and patients. Staff told us they felt that managers listened and acted on any issues raised and could discuss any concerns with them.
- The managers said that they felt supported and enabled to manage poor staff performance and/or competencies.

Are services well-led?

Good 

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

- The managers said there were low levels of sickness in the service and said staff could be referred to occupational health services where applicable.
- Whilst there were challenges with recruitment and retention of staff for the services; evidence was seen that the provider was taking action to pro-actively recruit and retain staff.
- One staff member said they had been encouraged to partake in the approved mental health professional (AMHP) training. They said the training was supported by the trust. An AMHP is a person who is authorised to make certain legal decisions and applications under the Mental Health Act 1983.
- Results of the 2014 NHS Staff survey showed that staff experiences had improved. We saw that staff experiences had improved in work-related stress, improvements at work and structured appraisals. Areas where the trust scored worse included; working extra hours, the receiving of job-relevant training, learning or development in last 12 months and staff agreeing that their role made a difference to patients.

Commitment to quality improvement and innovation

- Staff at Tunbridge Wells worked alongside the local authority on the Horizon project. The Horizon project

works with young people enabling them to gain vocational and personal skills and accredited qualifications by helping them back into school, further training or work. Skilled trainers and/or key workers provide one to one intensive support by building confidence and supporting people to overcome barriers to learning for example, behavioural or emotional issues or poor literacy and numeracy. The locality manager said they had many successes and were able to describe a patient who had achieved and maintained a permanent job through the Horizon project.

- Staff at Thanet community services were involved in a pilot task force project. This was a multi-agency team with input from the mental health team once a week. Staff said they task force had proved beneficial to the community and they had completed joint visits and facilitated assessments when required.
- The Swale community centre team had recognised that their reception area was unwelcoming and overloaded with information. We saw the team had installed a power point presentation of all leaflets available. We saw this in use during our visit. Patients visiting said it was easier to listen to the information than reading leaflets.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities)
Regulations 2010 Staffing

We found that Kent and Medway NHS and Social Care Partnership Trust had not ensured that the caseloads of staff across CMHT did not exceed its own established levels. The trust must ensure that sufficient numbers of suitably qualified, skilled and experienced staff are employed to ensure the care of all service users on staff's case loads are safe and appropriately managed.

This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities)
Regulations 2010 Care and welfare of people who use services

We found that Kent and Medway NHS and Social Care Partnership Trust were not always assessing the needs of patients and have up to date care plans across CMHT. For example patients physical health needs had not always been assessed, risk assessments were not updated regularly and they did not reflect the service user's consent to treatment.

This was in breach of regulation 9 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) and

9(3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.