Kent and Medway NHS and Social Care Partnership Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Community-based mental health services for older people	Shepway Community Mental Health Service for Older People (CMHSOP) Sevenoaks CMHSOP Canterbury and Coastal CMHSOP Medway CMHSOP Maidstone CMHSOP DGS CMHSOP	RXY04 RXY04 RXY04 RXY04 RXY04 RXY04
Long stay/rehabilitation mental health wards for working age adults	The Grove Rivendell Newhaven Lodge Ethelbert Road Tonbridge Road Rosebud Centre	RXY2Y RXYR2 RXYM1 RXY1A RXYIC RXY3H
Acute wards for adults of working age and psychiatric intensive care units	St Martins Hospital Littlebrook Hospital Priority House	RXY03 RXYL2 RXYP8
Wards for older people with mental health problems	Thanet Mental Health Unit St Martins Hospital Frank Lloyd Unit Jasmine Unit Medway Maritime Hospital Littlestone Lodge Priority House	RXYT1 RXY03 RXYF6 RXYJ1 RXYM1 RXYAK RXYP8

Summary of findings

Community-based mental health services for adults of working age	South West Kent Community Mental Health Team (CMHT) Thanet CMHT Medway CMHT DGS CMHT Swale CMHT Single Point of Access Team (SPoA)	 RX213 RX219 RXY04
Mental health crisis services and health based places of safety	Littlebrook Hospital St Martins Hospital Medway Martime Hospital Priority House	RXYL2 RXY03 RXYM1 RXYP8
Community mental health services for people with learning disabilities	Canterbury and Swale Mental Health Learning Disability (MHLD) team Ashford and Shepway MHLD team Maidstone and Malling MHLD	RXY04 RXY04 RXY04
Substance misuse services	Bridge House	RXYF2
Wards for people with a learning disability or autism	Tarentfort centre Littlebrook Hospital	RXYAN RXYL2
Forensic inpatient/secure wards	Trevor Gibbens Unit Littlebrook Hospital	RXYTR RXYL2

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

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 services at this Provider	Good 
Are services safe?	**Requires improvement** 
Are services effective?	**Good** 
Are services caring?	**Outstanding** 
Are services responsive?	**Good** 
Are services well-led?	**Good** 

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

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

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

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

Summary of findings

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Overall summary

We rated Kent and Medway NHS and Social Care Partnership Trust as good because:

- Following this most recent inspection, we rated five of the ten mental health core services as good and three as outstanding. This was a significant improvement on three that were rated good following the March 2015 inspection. Two core services had now moved from requires improvement ratings to good ratings. These were the wards for older people with mental health problems and community based mental health services for older people. Wards for people with a learning disability had moved from a good rating to an outstanding rating. The long stay rehabilitation mental health wards for working age adults had moved from a requires improvement rating to an outstanding rating. We also rated the substance misuse services as outstanding. This service had not been rated during the last inspection.
- Since we last visited in March 2015, the trust had developed and implemented a quality improvement plan. We found during this inspection the majority of actions had been implemented and services had improved along with people's experience. For example, this was evident in the wards for people with a learning disability where improvements had been made in relation to safeguarding service users from abuse and improper treatment and premises and equipment. We also found significant improvements in the wards for older people with mental health problems.
- We observed staff to be caring, kind, compassionate and respectful towards patients, people who use services and their relatives/carers. Staff were dedicated and committed to their roles. We rated four of the ten core services as outstanding for the caring domain. The remaining six core services were rated as good for caring. We found patients were involved in decisions about their care and the involvement of their relatives/carers was encouraged. We found care planning to generally be good.
- Improvements had been made to protect patients from the unsafe management of medicines across the trust.
- The management and monitoring of the physical health care of patients had improved since our last inspection. We found on the acute wards for adults of working age and psychiatric intensive care units registered general nurses were employed to monitor physical health on a daily basis.
- All inpatient wards had weekly activity programmes. The acute and PICU wards had access to therapies seven days a week. The introduction of the therapeutic staffing model had helped increase the number of activities available.
- The trust had a patient advice and liaison service that offered advice and support to people wanting to make a complaint.
- The trust were proactive in their responses to concerns identified and raised during the inspection. The trust were open and transparent and provided prompt updates.
- We received very positive feedback about the leadership of the trust from staff and stakeholders. The chief executive had had a positive impact on the culture of the organisation and staff morale and engagement had improved.Directors and managers demonstrated commitment and enthusiasm about the trust and were passionate about their work. The trust had met the fit and proper persons test.

However:

- At this inspection, of ten core services visited (services for substance misuse were not rated on our last inspection); we rated two as requires improvement. These were acute wards for adults of working age and psychiatric intensive care units and Community-based mental health services for adults of working age. We still had concerns about the acute wards for adults of working age and psychiatric intensive care units. We found one ward was not complying with the guidance on same-sex accommodation. We also found a number of ligature risks that had not been identified in risk assessments

on one ward. A ligature risk is an anchor point which may be used to self harm. We found there were still issues with staffing and some wards had excessive vacancies and relied on bank and agency staffing. Patient risk assessments were not always reviewed or updated following incidents and care plans were not always recovery focussed. Within the community based mental health services for adults of working age staff still had high caseloads. This was an issue we found in March 2015. Across the teams visited there were large numbers of patients waiting to be allocated to a named worker and have their care co-ordinated. The trust was missing the target of 28 days to provide an initial assessment for patients who had been referred to the service.

- We have changed the rating of the forensic inpatient /secure wards from outstanding to a good rating. This is because we found ligature risks on the wards. There were beds on a ward that were not fixed to the floor and posed potential ligature risks. Staff were not sighted on these risks.
- Staff working on the wards for older people with mental health problems were inconsistent in their application of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).
- We found the governance systems in place did not always provide the board with sufficient assurance. For example, there were inconsistent rates of staff supervision and appraisal taking place.
- We found there was no direct sub-committee of the board that related to the Mental Health Act. We were concerned about where governance for the Mental Health Act sat within the trust.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Requires improvement

We rated safe as requires improvement because:

- Whilst improvements had been made in the completion of ligature audits, we found ligature points on some wards that had not been identified. This was particularly evident in the forensic inpatient/secure wards where we found beds on Penhurst ward that were not fixed to the floor and posed potential ligature risks. Staff were not sighted on the risk. We also found on Willow suite, part of the acute wards for adults of working age and psychiatric intensive care units, the risk of ligatures were not identified on risk assessments. However, both issues were escalated to the trust during our inspection and immediate action was taken.
- Improvements had been made with regards to compliance with the Department of Health guidance on gender segregation. However, we were concerned about the management of gender segregation on Cherrywood ward, part of the acute wards for adults of working age and psychiatric intensive care units. A man had been allocated to a bedroom on the female corridor; which caused female patients to feel intimidated due to verbal aggression.
- During the last inspection we found that some wards had high staff vacancy rates. This had led to high usage of agency staff. During this inspection we again found high vacancy rates across the wards visited. However, agency usage was now lower and regular bank staff were utilised more regularly.
- During our comprehensive inspection of the trust in March 2015 we found staff caseloads were too high in the community based mental health services for adults of working age. We found improvements had not been made sufficiently in this area during this inspection. We found examples of staff having caseloads of over 45 patients. Staff told us the size of the caseloads was impacting on the time available to spend with patients planning their care.

However:

- The wards and other sites where care was delivered were generally clean and well maintained across the trust.

Summary of findings

- In March 2015 we found the trust did not take measures to ensure patients were protected against the risks associated with the unsafe management of medicines. We found significant improvement in this area.
- The trust had made improvements with incident reporting and their investigation.
- The trust was meeting the duty of candour requirements.

Are services effective?

Good

We rated effective as good because:

- Across the trust, improvements had been made to ensure that patients had up to date care plans that reflected their needs. The quality of care planning and record keeping was generally high across the trust. Care plans we reviewed in most services were holistic and recovery focussed.
- The trust had prescribing guidelines and psychiatrists referred to these and National Institute for Health and Care Excellence (NICE) guidelines when prescribing medications for psychosis, depression, schizophrenia and bipoloar affective disorder. NICE guidance was also followed in therapeutic programmes available to patients. There was good access to psychological therapies in most areas of the trust.
- The management and monitoring of the physical health care of patients had improved since our last inspection. We found on the acute wards for adults of working age and psychiatric intensive care units registered general nurses were employed to monitor physical health on a daily basis.
- The trust used a number of nationally recognised tools and audits to measure and improve the outcomes of patients and people using their services.

However:

- The rate of supervision and appraisals across the trust was inconsistent. In several areas the trust was not meeting its own target for compliance with supervision.
- The rate of compliance with Mental Health Act training was high at 98%. However, staff only needed to complete the training once and there was no mandatory refresher training available. The trust had developed a strategy with the requirement for registered staff to complete mandatory refresher training every two years from April 2017. There was no sub-committee of the board related to Mental Health Act compliance.

Summary of findings

- We found inconsistencies in the use of the Deprivation of Liberty Safeguards (DoLS).

Are services caring?

Outstanding ☆

We rated caring as outstanding because:

- We rated four of the ten core services as outstanding for this domain. The remaining six core services were rated as good. We observed staff to be compassionate, kind and respectful of patients. We found examples in several services where staff had gone above and beyond in the care they offered to patients.
- Feedback from patients, carers and relatives was positive about staff. We were told staff go the extra mile for patients and we found many examples of this across the trust.
- There was a strong, visible and person centred culture within the trust. Staff were highly motivated and inspired to offer care that was kind and promoted the individual dignity of patients.
- We observed many examples of positive interactions where staff communicated with people in a calm, professional and empathetic manner. Staff recognised and respected patient's needs. Staff took patient's personal, cultural, social and religious needs into account. Patient's individual preferences and needs were reflected in the care delivered.
- Patients and carers were actively involved in their care across the trust. Staff were fully committed to working in partnership with people and made this a reality. Staff empowered patients to have a voice and realise their potential. We saw many examples of this including in the forensic inpatient/secure wards service where ‘my shared pathway’ documentation was being used.
- Across the trust there were opportunities for relatives and carers to become involved in the care in a variety of different ways. Relationships between staff, patients and their carers and relatives were strong, caring and supportive. These relationships were highly valued by staff and promoted at all levels across the trust.
- The trust had several ways and methods for patients and carers to provide feedback about trust services. There were examples of where improvements had been made in response to this feedback.

Are services responsive to people's needs?

Good

We rated responsive as good because:

Summary of findings

- All inpatient wards had weekly activity programmes. The acute and PICU wards had access to therapies seven days a week. The introduction of the therapeutic staffing model had helped increase the number of activities available.
- Patients and carers we spoke to across the trust knew how to make a complaint. Equally staff we spoke with were aware of how to use the complaints procedure. The trust had a patient advice and liaison service that offered advice to people about making a complaint. We found the quality of investigations and the responses sent to complainants were of a good standard.
- The inpatient wards and community sites we visited generally had good facilities. All sites offered access for patients who had mobility issues and appropriate facilities.
- There was a good range of information available to patients both in inpatient and community settings. Information included leaflets about local services, treatments, rights, carers support, how to complain and advocacy.

However:

- We found in the wards for older people there were three wards where it was difficult for patients to access outside space.
- We found inconsistencies between the community services we visited in relation to 'referral to assessment' and referral to treatment times'. All teams in the Community based mental health service for adults of working age were not achieving the trust target of 95% of referrals to be seen within 28 days.

Are services well-led?

Good

We rated well-led as good because:

- The trust were proactive in their responses to concerns identified and raised during the inspection. The trust were open and transparent and provided prompt updates.
- The trust had generally responded to concerns raised during the last inspection, for example the risks associated with unsafe medicines management. , The trust had developed and implemented a quality improvement plan. We found during this inspection the majority of actions had been implemented and services had improved along with people's experience.
- Directors and managers demonstrated commitment and enthusiasm to the trust and spoke passionately of the work being undertaken to develop services.

Summary of findings

- Staff across the trust spoke positively about the board. We were told the culture of the organisation and staff engagement had improved.
- The trust engaged well with the public and patients.
- The trust had met the fit and proper persons test.

However:

- The governance systems in place did not always provide the board with sufficient assurance. For example, there were inconsistent rates of staff supervision and appraisal taking place.
- There was no assurance to the board that related to the Mental Health Act. We were concerned about where governance for the Mental Health Act sat within the trust.

Summary of findings

Our inspection team

Our inspection team was led by:

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

Team Leader: Natasha Sloman, Head of Hospital Inspection, mental health hospitals, CQC

Inspection Manager: Evan Humphries, Inspection Manager, mental health hospitals, CQC

The team included three inspection managers; 16 inspectors; two Mental Health Act reviewers; one assistant inspector; a pharmacy inspector; three experts by experience; support staff and a variety of specialists. The specialists included senior managers, consultant psychiatrists, specialist nurses in mental health and learning disabilities, psychologists, occupational therapists and social workers.

Why we carried out this inspection

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

How we carried out this inspection

When we inspect, 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 the inspection team:

- Requested information from the trust and reviewed the information we received.
- Asked a range of other organisations for information including NHS Improvement, NHS England, clinical commissioning groups, HealthWatch and the Royal College of Psychiatrists.
- Sought feedback from patients and carers through social media and reaching out to patient and carer groups.
- Received information from patients, carers and other groups through our website.
- Held focus groups with the trusts non-executive directors, union representatives, clinical commissioning groups, nurses, health care assistants, black and minority ethnic staff and managers and local authorities.
- Observed a trust board meeting and a quality improvement committee meeting.

During the announced inspection visit from 17 – 19, 25 and 27 January 2017 the inspection team:

- Visited 71 wards, teams and clinics.
- Spoke with 208 patients and people using services and 28 relatives and carers, either in person or by phone.
- Looked at the care and treatment records of more than 335 patients.
- Collected feedback from 62 patients, carers and staff using comment cards.
- Joined 28 patient meetings/ groups.
- Spoke with 54 ward and team managers and more than 415 staff members.
- Attended and observed a minimum of 67 multi-disciplinary meetings, including care reviews, handovers and risk meetings.

Summary of findings

- Held 22 focus groups, both before and during the inspection, attended by over 220 staff, patients, carers, relatives or stakeholders.
- Interviewed 20 senior staff and board members.
- Joined care professionals for 31 home visits and clinic appointments.
- Carried out a specific check of the medication management across a sample of wards and teams
- Reviewed a minimum of 165 medication records
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Requested and analysed further information from the trust to clarify what was found during the site visits.
- Had a tour of the premises at each location.

We visited all of the trust's hospital locations and a sample of community mental health services. We inspected all of the wards across the trust including adult acute services, the psychiatric intensive care unit, the older people's wards, forensic services and long stay rehabilitation wards. We visited all the trusts' health based place of safety under section 136 of the Mental Health Act. We visited a sample of adult community mental health, crisis, older people and learning disability community mental health services.

Information about the provider

Kent and Medway NHS and Social Care Partnership Trust is one of the largest mental health trusts in England. It provides services across the area of Kent and Medway to a population of 1.7 million people.

The trust has a total of 83 buildings on 47 sites that provide mental health, learning disability, substance misuse and forensic services. This includes 16 hospital sites, with 518 beds in total. Ward sizes range from eight to 20 beds per ward. Many services are provided in urban areas such as Maidstone, Medway and Canterbury although the trust provides a number of services across the area in rural locations. The trust was formed in 2006.

The trust provides the following 10 mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units.
- Forensic inpatient/secure wards.
- Long stay/rehabilitation mental health wards for working age adults.
- Wards for older people with mental health problems.
- Wards for people with a learning disability or autism.
- Mental health crisis and health-based places of safety.
- Substance misuse services
- Community-based mental health services for adults of working age.
- Community-based mental health services for older adults.
- Community-based mental health services for people with a learning disability or autism.

The Care Quality Commission undertook a previous comprehensive inspection of Kent and Medway NHS and Social Care Partnership Trust between 16 - 20 March 2015. At that time, we rated the trust as requires improvement. We rated the five domains as follows:

- Safe - Requires Improvement
- Effective - Requires Improvement
- Caring - Good
- Responsive - Requires Improvement
- Well Led - Requires Improvement

The comprehensive inspection in March 2015 was an announced visit and there were a number of actions that the trust was informed they must or should make to improve. During the inspection it was found the trust were not meeting the standards expected with regards to the care and welfare of patients, and how it assessed and monitored the quality of the service at Littlestone Lodge continuing care unit. Warning notices were issued on 30 March 2015 under regulation 9 and 10 of the Health and Social Care Act 2008. A focused unannounced visit was carried out on 21 May 2015 at Littlestone Lodge looking at the safe, effective and well-led questions. Improvements were noted and the warning notice withdrawn. We found

Summary of findings

the trust had taken action, marked improvements had been made at Littlestone Lodge and staff were positive about changes. Other areas of the trust were also informed improvements must be made following the comprehensive inspection in March 2015. These included medicines management, the management of mixed sex accommodation, the environments of seclusion rooms and section 136 suites. We identified that there was some good practice taking place in core services, with some rated as good overall, such as wards for people with a learning disability or autism, mental health crisis services and health based places of safety and community mental health services for people with a learning disability or autism. We also rated the forensic inpatient and secure wards as outstanding. However, improvements were needed in the core services of: acute wards for adults of working age and psychiatric intensive care units, long stay/ rehabilitation mental health wards for working age adults; wards for older people with mental health problems; community based mental health services for older people; and the community based mental health services for adults of working age.

At this inspection we found that the trust had taken action on all areas and the majority of regulatory breaches were now met. Where these had not been met we have taken enforcement action to ensure the trust makes improvements to services. These findings are highlighted later in this report and detailed in the core service reports.

What people who use the provider's services say

We received feedback from people using the service of the trust via 90 comment cards. Of the cards received, 68% were positive in nature, 20% were negative and 6% were mixed in nature. We also received a number of cards that were not relevant due to being blank or not having comments in relation to the trust, site or care received. These cards accounted for 6%.

Overall, the main positive findings were:

- Seven sites had comments that related to caring, helpful and/or friendly staff; Ashford CMHT; Maidstone CMHOP, Fern ward, Bridge House; Allington centre; Rosebud centre; and Cherrywood ward.
- Seven sites had comments around clean and safe environments; Ashford CMHT; Maidstone CMHOP; Fern ward; Bridge House; Allington centre; Rosebud centre; and Brookfield centre;
- Six sites had comments that related to being treated with dignity and respect; Ashford CMHT; Maidstone CMHOP; Fern ward; Bridge House; Allington centre; and Brookfield centre.

The main negative findings were;

- Two sites had comments around poor communication or not being listened to; Chartwell ward and Boughton ward.
- Two locations had comments regarding unfriendly, abusive or rude staff; Chartwell ward and Fern ward.
- One location had comments regarding long waiting times; Ashford CMHT.

We rated four of the ten core services as outstanding for the caring domain. We spoke with 208 patients and people using services across the services we visited. We also spoke with 28 relatives or carers of patients, either in person or by telephone. The vast majority of the feedback we received was positive. Patients, carers and relatives told us staff were friendly, committed, caring, responsive and respectful. Relatives and carers of patients within the forensic service/ secure wards told us they felt involved in their relatives care and attended meetings and ward rounds. Patients in the community based mental health services for adults told us they were always given time, information and the opportunity to consider options about their treatment. We were also told patients regularly had the chance to review their progress with their doctor and care coordinator. The majority of patients on the acute wards for adults of working age and psychiatric intensive care units said they enjoyed the range of activities and felt involved in their care. On the wards for older people carers told us they could not say enough good things about the staff and their honesty and integrity was appreciated. Carers said there was good communication and they were kept informed on a regular basis.

However, we found some improvements were needed in some services. Patients of the mental health crisis services for adults of working age said the pager number they were

sometimes required to call was very expensive. Carers in the community based mental health services for adults told us changes to the organisation of the carers support group in South West Kent CMHT were not positive and they felt less supported.

Good practice

- In the community-based mental health services for older people the service held weekly or monthly joint meetings between team doctors, neuroradiologist and nuclear physicians with access to scans. The nuclear physician in attendance was able to advise on the results of nuclear scans in line with NICE guidance. Teams were able to access scan results at the same time as GPs which reduced waiting times.
- Services across the trust provided a range of support and educational groups for carers including a carer's education programme. In the community based services for older people, there were post-diagnostic support groups such as 'living well with dementia'. Several services the psychology team offered behavioural family therapy for patients and carers. We also saw wards had carer's champions.
- Some services within the trust had introduced a therapeutic staffing model. The model integrated occupational therapists and psychologists into nursing staff teams and provided patients with a wider range of structured activities seven days a week. It focussed on providing patients with increased therapeutic activities whilst ensuring that available staff resources were managed efficiently. Senior management at St Martins Hospital were planning to research the model to see how it had impacted on issues such as patient satisfaction, levels of aggression and staff morale.
- In the acute wards for adults of working age and psychiatric intensive care, the service employed registered general nurses. The nurses monitored patients' physical health daily and alerted doctors to any changes. The service had received feedback from acute services and paramedics that the supporting physical health documentation that was sent with patients had significantly improved. The registered general nurses also supported other staff with training around physical health monitoring, taking an electrocardiogram and interpreting the results, physical health medicine and using and maintaining other physical health monitoring equipment. The service had also worked with an external agency to improve efficiency and clinical outcomes across the service. The service now had a more focussed approach to discharge planning which had resulted in a significant decrease in the use of area private beds.
- The trust were involved and participated in national service accreditation and peer review schemes. These included the electroconvulsive therapy accreditation service (one location was fully accredited), the Community of Communities scheme (two services fully accredited), the Home Treatment Accreditation Scheme (one team accredited), the Memory Services National Accreditation Programme (four teams accredited) and the Quality Network for Forensic Mental Health Services (two services accredited)
- The forensic inpatient and secure wards participated in the 'Safewards' initiative to promote the wards feeling safe and calm. Safewards has a number of modules to complete which includes mutual expectations, calm down boxes and soft words. The service used relational security principles to reduce the need for seclusion on the ward. Relational security is the collective knowledge and understanding staff have of the patients they care for and the environment. It combines four elements of the staff team, other patients, the inside world and the outside world to ensure safe care.
- The wards for people with learning disabilities or autism used preventative approaches and de-escalation with minimal use of all restrictive interventions. All patients had detailed positive behaviour support plans in place and comprehensive physical health assessments. The service also ran a restorative justice therapy programme. Patients and staff in the service also signed up to a 'Respect Charter' which set out the wards visions, values and goals.

Summary of findings

- The Lakeside Lounge café had been implemented at Trevor Gibbons Unit after a suggestion was made during a patient council meeting. Patients had been involved in designing the café. Staff, patients and visitors used the café and patients were able to do work experience and vocational placements. Patients told us how much they enjoyed being involved in the project.
- The forensic inpatient and secure wards had a 'Peak of the week' quality initiative, which identified a particular area of service quality, development or improvement and shared throughout the service.
- There was excellent use of the dementia care mapping toolkit and implementation of 'this is me' life history documentation to provide person-centred care on the wards for older people with mental health problems.
- The community-based mental health services for adults of working age were introducing a trial for the titration of the atypical antipsychotic clozapine at patients' homes. This meant that patients could be monitored at home while in the early stages of treatment rather than have a hospital admission.
- The trust had made a commitment to strengthen and evaluate the peer-supported open dialogue (POD) approach and is now training a second cohort of students. Open dialogue involves regular network meetings between a patient and their family, or peer network, and mental health professionals.
- Staff across the trust were encouraged to submit articles about interventions and skills they were particularly proud of to the quarterly publication called 'Connected'. Staff at Bridge House had published submissions talking about their service and employing staff with lived experience of addiction and using substance misuse services. One of the volunteers had also had an article published describing their journey as a relative of an ex-patient and their role as a volunteer.
- The trust employed peer support workers within the trust. Peer support workers are people who have a lived experience of mental illness. They are based in wards and can offer an understanding to patients through shared experiences. The perspective of a peer support worker offers social, emotional or practical support to patients. Peer support workers also do group work with patients and co-facilitate groups with staff. Nearly all of the peer support workers had used services within the trust previously. The trust had 16 peer support workers and were recruiting more. At the time of the inspection the trust were the second highest employer of peer support workers in England. 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.
- In the long stay rehabilitation mental health wards 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 people who use services make to teams who host a "job taster placement". The nationally recognised 'buddy scheme' was well embedded across the units. Trained mental health patients were mentoring nursing students across the units and were paid to undertake this role. The buddy scheme seeks to empower both patients 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.
- Within the core service reports there are more good practice points noted.

Areas for improvement

Action the provider MUST take to improve

Trust:

- The trust must ensure the governance systems provide sufficient oversight to the board and responsive action around the Mental Health Act.

Summary of findings

Core services:

Community-based mental health services for adults of working age:

- The trust must address the high caseload numbers allocated to individual staff to ensure that all patients are appropriately monitored.
- The trust must review the waiting lists for those patients waiting for initial assessment and those patients waiting for allocation to a named worker to ensure patients receive a service in a timely way.
- The trust must ensure that staff meet its targets for compliance with mandatory training, in particular personal safety, conflict management and cardiopulmonary resuscitation

Acute wards for adults of working age and psychiatric intensive care units:

- The trust must ensure that the service is providing accommodation that adheres to guidance on same-sex accommodation.
- The trust must ensure that all patients have risk assessments that are reviewed regularly and updated in response to changes.
- The trust must take action to ensure all patients, where appropriate, have access to psychological assessment and interventions.
- The trust must ensure that all staff have sufficient understanding of the Mental Capacity Act and its guiding principles.
- The trust must ensure that systems in place to monitor patients using their Section 17 leave are used correctly.
- The trust must ensure that staff have completed mandatory training in line with their targets.

Forensic inpatient/secure services:

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

Action the provider SHOULD take to improve

Trust:

- The trust should ensure there are sufficient systems to monitor the training, appraisal and supervision of staff working across the services to ensure staff receive the appropriate level of support in their work.

Forensic inpatient/secure wards:

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

Mental health crisis services and health-based places of safety:

- The trust should ensure that all staff adhere and follow the requirements in the organisational Lone Working Policy.

Summary of findings

- The trust should ensure that all blind spots within the 136 suites have been identified and mitigated.

Community-based mental health services for older people:

- The trust should ensure that care plans are in place for all people using the service are accessible within the electronic care notes system.
- The trust should address outstanding risk register items that may pose a risk to staff and people using the service.
- The trust should ensure that targets for supervision are consistently met.

Wards for older people with mental health problems:

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

Wards for people with learning disabilities or autism:

- The trust should ensure that staff receive regular ongoing training on the Mental Health Act.

Community-based mental health services for adults of working age:

- The trust should ensure that sufficient numbers of permanent staff are recruited and retained to enable the teams to operate effectively.
- The trust should ensure that all staff receive individual supervision at regular intervals as per the trust's supervision policy.
- The trust should ensure that its target for staff to receive an annual appraisal is met in all community mental health teams.
- The trust should address the waiting times for access to psychological therapies for patients at the South West Kent team.
- The trust should implement the new operational policy for the community mental health teams and monitor its impact on the effective operation of the teams in relation to access criteria, caseloads and appropriate discharges of patients.

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

- The trust 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 trust should review which team is responsible for up-loading care programme approach (CPA) review meeting minutes on to the electronic care record system (RIO). 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.

Acute wards for adults of working age and psychiatric intensive care units:

- The trust should look at ways to reduce the service's reliance on bank and agency staff.
- The trust should put systems in place to ensure that, following incidents of aggressive behaviour or restraint, the care plans for the patients involved are updated to describe how to prevent, manage and de-escalate potential future incidents.
- The trust should ensure staff are receiving regular supervision in line with its own targets.
- The trust should ensure that all patients have care plans that are individualised, incorporate their views and are recovery focused.
- The trust should ensure that documentation relating to patients being secluded is in line with their seclusion policy.

Summary of findings

- Trust managers should ensure that the Mental Health Act is consistently implemented in accordance with the Code of Practice; and that staff working on the acute and PICU wards have sufficient understanding of the Mental Health Act and its Code of Practice to ensure patients are given correct information about their rights and to ensure medication is administered lawfully under the Act.
- The trust should ensure that Mental Health Act documentation is completed in line with the Code of Practice.
- The trust should ensure that outside areas accessible to patients offer comfort and therapeutic benefit.

Substance Misuse Services:

- The trust should review the decision to put locks on bedroom doors so not to compromise the safety and security of the patients' belongings.

Community-based mental health services for people with learning disabilities or autism:

- All relevant documentation about care planning should be filed in the care planning section of the electronic care records and not in the progress note section.
- Work should continue to ensure that people commence psychology treatment within the trust target of 18 weeks.

Kent and Medway NHS and Social Care Partnership Trust

Detailed findings

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 Mental Health Act was mandatory training for staff with a trust target of 85%. At the time of the inspection 98% of staff had completed the training. However, staff only needed to complete the training once as part of their mandatory training.There was no mandatory refresher training available for staff. This meant that not all staff had a working knowledge of the Mental Health Act and associated code of practice (amended in 2015). This may lead to staff not having essential knowledge to work effectively with people at risk to themselves or others. The trust had developed a strategy as part of the Mental Health Act Training Strategy for two year refresher training to be mandatory for all registered staff from April 2017. There was no restriction on staff who wanted to attend further Mental Health Act training if required and a number of staff had completed the training multiple times.
- The trust had a Mental Health Act Policy and Training Manager and two senior Mental Health Act Administrators in post. There was also a Mental Health Act co-ordinator and one full and part time administrator. The Mental Health Act offices provided ward managers with weekly trigger lists. Monthly scrutiny visits, in conjunction with the Associate Hospital Managers, were carried out on each of the three main hospital sites. Staff in services knew how to contact the Mental Health Act office for advice when needed. Ward managers did weekly audits of Mental Health Act procedures.
- There was no sub-committee of the board specifically related to Mental Health Act compliance. We were concerned where governance around the Mental Health Act sat within the trust and needed to be strengthened. However, we did see that a six monthly report on Mental Health Act activity was presented to the Board and the Quality Committee received reports in between.
- The Mental Health Act documentation we scruntised during our visits to wards were generally completed appropriately. However, we found some issues with the recording of section 17 leave. Section 17 of the Mental Health Act allows a responsible clinician (RC) to grant a detained patient leave of absence from hospital. On a number of section 17 forms we reviewed it was not clear where the responsible clinician (RC) should sign and how long the leave granted was valid for. The forms did not always clearly describe the conditions of the leave and it was often stated it was at nurse's discretion. We noted that the forms were not always signed by the patient and that copies of the form were not given to the patient or relevant parties, such as relatives. We also found some isolated issues with section 132 rights where patients had not been read their rights. We also observed on Chartwell ward there was no signage on the door to make informal patients aware of their right to leave the ward.

Detailed findings

Mental Capacity Act and Deprivation of Liberty Safeguards

- During our inspection in March 2015 we issued a requirement notice in relation to the Mental Capacity Act as we found the trust did not ensure the registered person acted in accordance with the Act. We found Deprivation of Liberty (DoLS) applications had been made but this was not a consistent practice across the older people's inpatient services. During a responsive inspection to the Frank Lloyd Unit in January 2016 we also served a warning notice as the unit did not have effective systems or processes in place to manage the use of the Mental Capacity Act or Deprivation of Liberty safeguards applications or implement robust assessments of patients' capacity to consent. During this inspection we found improvements had been made but there was still improvement required in some areas.
- Training in the Mental Capacity Act and Deprivation of Liberty Safeguards was mandatory in the trust. The compliance rate with training was 94%. The trust had a Mental Capacity Act policy and staff knew how to find this.
- Across the trust there was generally good implementation of the Mental Capacity Act. Staff in most teams we visited had a clear knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. However, some staff on the acute wards lacked knowledge and stated the ward consultant took the lead for that area. Records we reviewed indicated that decisions were made in the best interests of patients. On the acute wards there were examples of a best interest meeting having taken place. The patient's family and an independent mental capacity advocate had been involved in these meetings. We saw evidence of decisions where specific capacity assessments were carried out during initial assessments. In most areas where staff had completed capacity assessments they were comprehensive and decision specific. However, in the acute wards we found variance in how this was recorded and to what level of detail in the patient notes and care plans
- Between 1 October 2015 and 30 September 2016 the trust made 179 Deprivation of Liberty Safeguards (DoLS) applications. Of these 117 were granted. The vast majority of the applications were made by the wards for older people with 178. In the wards for older people with mental health problems we found the applications we scrutinised lacked detail. The applications for DoLS were triaged by the local authority and therefore the lack of information provided in the application may result in a delay in assessment. We also found some staff still lacked knowledge around DoLS. Improvement was still needed in this area.
- People using the service had access to an Independent Mental Capacity Advocate (IMCA) and staff facilitated this when needed.

Requires improvement

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:

- Whilst improvements had been made in the completion of ligature audits, we found ligature points on some wards that had not been identified. This was particularly evident in the forensic inpatient/secure wards where we found beds on Penhurst ward that were not fixed to the floor and posed potential ligature risks. Staff were not sighted on the risk. We also found on Willow suite, part of the acute wards for adults of working age and psychiatric intensive care units, the risk of ligatures were not identified on risk assessments. However, both issues were escalated to the trust during our inspection and immediate action was taken.
- Improvements had been made with regards to compliance with the Department of Health guidance on gender segregation. However, we were concerned about the management of gender segregation on Cherrywood ward, part of the acute wards for adults of working age and psychiatric intensive care units. A man had been allocated to a bedroom on the female corridor; which caused female patients to feel intimidated due to verbal aggression.
- During the last inspection we found that some wards had high staff vacancy rates. This had led to high usage of agency staff. During this inspection we again found high vacancy rates across the wards visited. However, agency usage was now lower and regular bank staff were utilised more regularly.
- During our comprehensive inspection of the trust in March 2015 we found staff caseloads were too high in the community based mental health services for adults of working age. We found improvements had not been made sufficiently in this area during this inspection. We found examples of staff having caseloads of over 45 patients. Staff told us the size of the caseloads was impacting on the time available to spend with patients planning their care.

However:

- The wards and other sites where care was delivered were generally clean and well maintained across the trust.
- In March 2015 we found the trust did not take measures to ensure patients were protected against the risks associated with the unsafe management of medicines. We found significant improvement in this area.
- The trust had made improvements with incident reporting and their investigation.
- The trust was meeting the duty of candour requirements.

Our findings

Safe and clean environments

- The services provided by the trust were located across a number of different sites. The majority of mental health inpatient services were provided at Priority house, Littlebrook Hospital and St Martins hospital. There were a number of community sites which provided mental health services across Kent and Medway.
- The inpatient and community sites visited during the inspection were generally well maintained. At the last comprehensive inspection in March 2015 we found a number of wards were in need of refurbishment. We were given assurance that capital plans were in place for the refurbishments. We found most wards had now been refurbished or plans were in place to undertake work. However, we found Willow suite had been due for refurbishment in April 2017 but these plans had been withdrawn and work was not expected to be completed

until 2020. Infection control and poor cleanliness had been raised as an issue at the Trevor Gibbons unit at the last inspection, we found this was no longer an issue at the unit and improvements had been made.

- We also issued requirement notices concerning the section 136 suites at Littlebrook hospital and St Martins hospital. The suites were not of a suitable design and layout to ensure service users were safe and their privacy and dignity respected. We found during this inspection that this requirement notice had been met and improvements made.
- At the last inspection we issued a warning notice because the trust had failed to complete ligature audits at Littlestone lodge for a considerable period of time. This had been followed up in May 2015 and improvements had been made. We followed this up again during this inspection and improvements had continued. We found during this inspection that staff at other inpatient wards generally carried out ligature risk assessments which detailed specific actions to mitigate the risks identified. We did however find beds on Penhurst ward, part of the forensic service, were not fixed to the floor and staff were not sighted on potential ligature risks. This was escalated to the trust during the inspection. An immediate review of the ligature risk assessments was completed and mitigations of risks were updated. The trust also undertook a review of all inpatient bed frames that could potentially be anchor points and developed an options appraisal paper to be considered at the Executive Assurance Committee with recommendations to inform a bed replacement programme. The risk of ligatures that were not identified on risk assessments on Willow suite was also escalated to the trust during the inspection. The trust undertook an urgent ward visit and immediate review. Ligature risk assessments were updated and mitigations added in the acute wards and psychiatric intensive care unit.
- In the majority of inpatient wards there were call alarms so that patients could summon assistance when required or in an emergency. The majority of interview rooms in the community teams we visited were fitted with alarms so staff could summon assistance if required. However, we found the South West Kent community adult team were not routinely carrying personal alarms and were not carrying out drills to practice responding to potential incidents in the interview rooms. We also found on Jasmine ward, in the wards for older adults service, that there were limited personal alarms for nurses.
- During the last comprehensive inspection several inpatient wards across the trust did not comply with the Department of Health guidance on gender separation requirements. We also found some concerns during a focussed inspection of Littlebrook Hospital in July 2016. Significant improvements were found during this inspection and wards were mostly compliant with the Department of Health guidance. The trust had completed a review of mixed sex accommodation standards in November 2016. However, we had concerns about the management of same-sex guidance on Cherrywood ward, part of the acute and PICU service. The ward had been made an all-male environment in December 2016. This decision was reversed after three weeks due to the need to accommodate female patients. The ward was given little notice about the change back to mixed sex accommodation. During our inspection to the ward we found issues with same-sex accommodation. There was a male occupying a room at the end of a female corridor. The patient's poor mental state was causing him to be verbally aggressive to anyone who walked past his room. Female patients told us this was intimidating. We raised this with the trust during the inspection. The trust responded immediately as part of an escalation plan and the patient was transferred to an all-male ward.
- Patient-Led Assessment of the Caring Environment assessments are self-assessments undertaken by teams of NHS and private/independent health care providers and include at least 50% members of the public (known as patient assessors). They focus on different aspects of the environment in which care is provided, as well as supporting non-clinical services such as cleanliness. In the 2016 patient-led assessment the trust scored 99.4% for cleanliness. The trust scored higher than the England average of 98% for 16 of the sites, of these sites, 12 scored 100%.

Safe staffing

- The trust employed approximately 2975 substantive staff. During the 12 month period prior to the end of December 2016, over 480 staff had left the trust. This equated to a turnover rate of 16%. The vacancy rate for

staff was 11% at the time of the inspection and 4% sickness. The vacancy rate for nurses was 19%. The highest number of qualified nurse vacancies was on the acute wards for adults of working age with 24% vacancies. The crisis and health based place of safety teams had the highest nursing assistant vacancies with 36%. Shifts were mostly filled by bank staff who covered 41% of shifts. Agency staff filled 9% of shifts. The trust had implemented initiatives to deal with staff recruitment and retention issues. As an incentive to retain staff some areas increased salaries to match NHS trusts nearer to London. The trust had recently introduced therapeutic staffing into some services. This model integrated occupational therapists and psychologists into staff teams.

- We identified during the last inspection that some wards had high vacancy rates. This had led to high usage of agency staff. During this inspection we again found high vacancy rates across the wards visited. However, agency usage was now less and regular bank staff were utilised to cover vacancies. In the 12 month period prior to September 2016 there were 58580 (24% of all possible shifts) shifts filled by bank staff to cover sickness, absence or vacancies. In the same period 11074 (5% of all possible shifts) shifts were filled by agency staff to cover sickness, absence or vacancies. During the period 8,553 (4% of all possible shifts) shifts were not filled by either bank or agency staff to cover sickness, absence or vacancies. Some wards were still relying on bank and agency staff and had vacancies for nursing staff. We were told agency staff could cancel shifts at short notice and at times shifts went unfilled.
- Bank and agency staff usage was monitored by the trust. There were daily meetings where staffing levels were discussed on wards. If extra staff were required for issues such as patients requiring increased levels of observation or escorted leave this was agreed by senior managers.
- The staff turnover rate for the trust was 16%. The highest turnover rate was the acute wards for adults of working age and PICU with 26% and community mental health services for adults of working age with 20%. The lowest was the community mental health services for people with learning disabilities or autism with 0%.
- The trust monitored fill rates of shifts to compare the proportion of planned hours worked by staff to actual hours worked. Mental health trusts are required to submit a monthly safer staffing report and undertake six monthly safe staffing reviews by the Director of Nursing.
- The trust executives and other stakeholders were concerned about the recruitment and retention issues within the trust. The trust were looking at initiatives and incentives to assist with recruitment.
- During our comprehensive inspection of the trust in March 2015 we issued a requirement notice in relation to the high caseloads of staff in the community based mental health services for adults of working age. We found improvements had not been made sufficiently in this area during this inspection. Trust data showed there were 46 staff in the community teams who were working with caseloads of over 45 patients. Some care co-ordinators we spoke to were holding caseloads of over 60 patients. Staff we spoke to told us that the size of their caseload meant that they had less time with patients planning their care.
- There was sufficient medical cover across the inpatient wards. Staff and patients told us there was no difficulty accessing a doctor out of hours.
- Staff were generally receiving mandatory training and there was a good compliance rate. As of 31 October 2016 the training compliance rate for the trust was 92%. The trust wide compliance target was 85% for all mandatory training. The trust offered 38 training courses that were classed as mandatory. The mandatory training provided by the trust included safeguarding, infection control, equality and diversity, Mental Capacity Act and DoLS, physical interventions and health and safety. The overall compliance rates for some training varied across the trust. For example we found that levels of immediate life support training were low on Chartwell ward (50%) and Cherrywood ward (33%).We also found low levels of compliance with some safeguarding training in the forensic and acute and psychiatric intensive care services for Band 5 staff. This related to a new mandatory training requirement that was established in October 2016 by the trust. The trust had recognised this and introduced a target for staff to complete the training.

Assessing and managing risk to patients and staff

Requires improvement

Are services safe?

- At our last inspection in March 2015 we issued a compliance action to the trust regarding safeguarding services users from abuse. We found evidence on a number of wards for older people that concerns had not been reported to the safeguarding team. We also found safeguarding alerts had not been raised for all recorded safeguarding incidents on learning disability wards. We found during this inspection significant improvements had been made.
- The trust had good overall systems and processes for managing adults at risk. There were multi-agency procedures in place. The trust attended the local safeguarding board with Kent County Council. The Director of Nursing was the board member with oversight of safeguarding and there were a number of individuals within the trust with responsibility for safeguarding. There was an annual safeguarding report that went to the board, with quarterly reports going to the Quality Committee for review. The report was also sent to the local safeguarding adults board. The safeguarding group was chaired by the Director of Nursing and met every six to eight weeks. The trust also had an experienced Head of Safeguarding. There was a team of named and designated nurses who were responsible for safeguarding. The process for reporting safeguarding alerts had been detailed in a flow chart for staff. The flow chart was in services across the trust. All alerts were raised as an incident on the trust's electronic incident recording system. The trust had a page on their intranet dedicated to safeguarding. There was a trust wide safeguarding forum which staff could attend and share good practice.
- Safeguarding training was delivered in house and by using eLearning.
- At the time of the inspection 96% of staff had received level one safeguarding adults training and 99% had received safeguarding children level one training. Training was also available in level 2 and 3 of adult and children safeguarding. The majority of staff we spoke with across the trust had a good understanding and awareness of safeguarding issues, what to report and how to report it.
- Between 1 October 2015 and 30 September 2016 the trust submitted 497 safeguarding referrals. The highest number of safeguarding referrals were for the wards for older people (181) and acute and PICU (137).
- During the inspection we reviewed over 335 care records across all the core services. We found the records generally contained up to date risk assessments. However, there was variability across the services. In the community adult service care records contained a comprehensive assessment of patient needs including historic information and current mental health issues. Staff had also completed risk assessments and were being updated regularly. Conversely in the community older adult service some care plans were missing and not all were recovery orientated. We found some care records in the Crisis service were also not recovery orientated. In the acute and on the psychiatric intensive care service we found some issues with the care records. We reviewed the risk assessment for a patient at Priority House who had mobility issues and found that an assessment around their risk of falling had not been completed. We also reviewed the care records for a patient at Priority House who had Hepatitis C and found there was no risk assessment around the management of infection control issues. We raised this with the trust who immediately responded as part an escalation plan. The patient's risk assessment and care plan were reviewed and updated following escalation. We found 22 care records that contained risk assessments that were not regularly reviewed or updated after incidents. This issue related to 8 out of 20 care records at Littlebrook Hospital; 13 out of 22 care records at Priority House; and one out of 25 care records at St Martins Hospital. Following our comprehensive inspection in March 2015 we told the trust they should ensure that all patients have a risk assessment which is reviewed regularly and updated in response to changes. We found this was still an issue at Littlebrook Hospital and Priority House.
- The wards had observation policies and procedures in place. The observation policy was available on the trust's intranet page. Staff knew how to access the policy. In the forensic service the trust had created an aide memoire for staff to read in conjunction with the observations policy. Observation levels were discussed and reviewed in all the handovers we observed on the inpatient wards. Where there were ward layouts that did not enable staff to observe all parts of the ward clearly, for example on two of the older adult inpatient wards, patients were thoroughly risk assessed to inform staff observation levels.

Requires improvement

Are services safe?

- Between 1 April 2016 and 30 September 2016 there had been 1446 uses of restraint of 550 different patients. Of these, 66 (12%) were in the prone (face down) position and 163 resulted in rapid tranquilisation. The highest use of restraint occurred on the wards for older adults with 911 incidents. This was followed by the acute wards for adults of working age and psychiatric intensive care units with 458. For rapid tranquilisation, 122 occurred on acute wards for adults of working age and psychiatric intensive care units. On the acute wards systems had been put in place that following incidents of restraint care plans were updated and described how to prevent, manage and de-escalate potential future incidents. The use of restraint on acute wards had reduced since the introduction of therapeutic staffing. The wards for older people had a high usage of restraint with 911. We found that all units were reporting incidents that included where level one holds had been needed to provide personal care for patients to ensure their dignity was maintained.
- Between 1 October 2016 and 13 January 2017 there were 58 episodes of patients being secluded across the service. There were 29 episodes on Willow Suite (PICU). The other 29 episodes happened on the six acute wards at Littlebrook Hospital and Priority House with the highest being ten on Amberwood ward.
- Between the same period there were 19 episodes of patients being supported in long term segregation. Eighteen of these episodes occurred at Littlebrook Hospital, with one at Priority House.
- Between 1 April 2016 and 30 September 2016 there were 84 incidents of seclusion and nine incidents of long term segregation. The majority of these (73) took place on the acute adult inpatient wards and psychiatric intensive care units.
- During our previous inspection in March 2015 we found the trust did not take measures to ensure patients were protected against the risks associated with the unsafe use and management of medicines. During this inspection we found the trust had improved in this area. We found examples of good practice in relation to medicines management relating to reconciliation targets and reducing missed doses. There was good availability of a clinical pharmacy service that visited wards and provided training. Patient Group Directions were in date across the trust. Staff had a good awareness of how to report errors. Allergy recording was found to be good. Staff demonstrated a good awareness of the processes around the use of rapid tranquilisation and physical monitoring required after its use. Medicines were stored securely throughout the trust. Spot checks on medicines found them to be within their expiry date in the majority of areas. We also found that waste medicines were disposed of appropriately. We found however in relation to medicines management that fridge temperatures were not always monitored and recorded in some areas, opening dates were not always written on liquid medicines to ensure they were used within the correct expiry date and records for physical monitoring post rapid tranquilisation were not always in place.

Track record of safety

- We analysed data about safety incidents from three sources: incidents reported by the trust to the national reporting and learning system and to the strategic executive information system and serious incidents reported by staff to the trust's own incident reporting system. These three sources were not directly comparable because they used different definitions of severity and type and not all incidents were reported to all sources. For example, the national reporting and learning system did not collect information about staff incidents, health and safety incidents or security incidents.
- Providers were encouraged to report all patient safety incidents of any severity to the national reporting and learning system at least once a month. The most recent patient safety incident report (covering 1 October 2015 – 31 March 2016) stated that for all mental health organisations, "50% of all incidents were submitted to the national reporting and learning system more than 26 days after the incident occurred." For Kent and Medway NHS and Social Care Partnership Trust, "50% of incidents were submitted more than 43 days after the incident occurred". When benchmarked, the trust were in the lowest 25% of reporters of incidents when compared with similar trusts.
- The trust reported 4101 incidents to the national reporting and learning system between 1 September 2015 and 31 August 2016. Most of the incidents resulted in no harm, with 2847 (69%). Self-harming behaviour was the category type with the highest number of

incidents attributed, with 1150 (28%) overall. The number of deaths reported in this period was 72. Self harming and suspected suicides accounted for 52 of the deaths.

- Trusts were required to report serious incidents which include 'never events' (serious patient safety incidents that are wholly preventable). Between 1 September 2015 and 31 August 2016 the trust reported 174 serious incidents. There we no never events reported in this period. The highest number of incidents occurred in the adult community services with 78 (45%). In total 82 of the incidents were related to apparent/actual/ suspected self-inflicted harm meeting serious incident criteria.
- A total of three prevention of future death reports had been sent to the trust since our last comprehensive inspection in March 2015. These reports highlight concerns found by Coroners (at inquests) in the systems or processes of organisations which, if they are not improved, could lead to future deaths. We found the trust had responded to each report with an action plan and areas of learning to take forward.

Reporting incidents and learning from when things go wrong

- In the period 1 September 2015 to 30 August 2016 the trust reported 165 serious incidents through their 'serious incidents requiring investigation' reporting system. Of these, 76 (46%) were related to community-based mental health services for adults of working age, 23 (14%) were related to mental health crisis services and health-based places of safety and 21 (13%) were related to wards for older people with mental health problems.
- The majority of incidents (85%) were unexpected or avoidable death or severe harm of one or more patients, staff or members of the public.
- The NHS safety thermometer measures a monthly snapshot of areas of harm including falls and pressure ulcers. For new pressure ulcers the highest monthly prevalence rate during the 12 month period from October 2015 to October 2016 was 0.85%. Falls with harm ranged from between none, in October 2016, to seven in April 2016.
- The trust had an electronic computer system for recording and reporting incidents. The trust were holding mortality panels three times a week to review incidents. The mortality panel reviewed all incidents and they were investigated using root cause analysis. This enabled the trust to flag incidents quicker and identify themes. For example, the crisis team had a suicide of a patient who was waiting for a bed. The person was living alone and was not being regularly monitored. When there is a risk to self a support worker would now be placed in the person's home for monitoring purposes. The quality of root cause analysis had improved significantly since the last inspection. Within service lines managers were allocated to undertake the root cause analysis. Approximately 200 staff had been trained in root cause analysis and more dates for training had been scheduled following our inspection. There was also a trust wide patient safety meeting. Learning from incidents was shared in this meeting. The patient safety manager visited teams to talk about incidents and learning.
- During our last comprehensive inspection we found the trust had not protected people at risk of inappropriate or safe 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. The systems for learning from incidents were ineffective in the majority of rehabilitation services and at Littlestone Lodge. We found considerable improvements had been made during this inspection. Staff in the rehabilitation wards knew how to recognise and report incidents. There were now flow charts showing the reporting, reviewing and learning process in all rehabilitation units. Incidents were reviewed by service managers on a daily basis. Staff informed the unit managers and service managers within the trust about incidents in a timely fashion so they could monitor the investigation and respond to these. When an incident was reported on the electronic system, the senior management team discussed the incident and analysed recommendations from the serious incident and reported these back to staff. Staff investigating incidents would try to establish the root cause. Managers within services were sent an automated email when an incident was logged on the electronic reporting system to alert them to it. 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.

- Staff told us they received feedback from investigations in regular team meetings. Staff said there was always a debrief session arranged following a serious incident and that a facilitated reflective session would take place. This ensured that staff felt supported and also that lessons were learned from incidents. The trust had a central risk management team who collated data on incidents and provided feedback to wards. This feedback was then discussed with staff at team level during handovers and team meetings. All staff we spoke with had a good knowledge of incidents. Staff were knowledgeable and aware of trust policies relating to reporting risk and incidents. However, staff on Penshurst ward, in the forensic service, told us they recorded serious incidents on the reporting tool and other incidents in a patient's progress notes. This meant that the service was unable to monitor themes or incident numbers and opportunities for learning could be missed.
- We found evidence across the wards and teams visited of learning from incidents. For example on Walmer ward a patient had been tying ligatures frequently. The ward manager arranged specific staff training from the immediate life support trainer with a focus on what ligatures could do to the body and the best responses. Staff told us this helped their confidence in managing situations.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The trust had introduced a number of measures to meet the legal requirements of the duty of candour. The trust had developed and ratified a Being Open Policy. The policy was aimed at all staff working within the trust and set out the infrastructure in place to support openness between trust staff and patients, their families and carers following a patient safety incident. The policy was in conjunction with the trust incident reporting policy and procedure. Following an incident, the trust notified the patient an incident had occurred and provided information related to the incident to provide support. The notification was in writing and agreed with the patient, where appropriate, the further enquiries to be made. The notification also included an apology and gave details of the process and a lead contact. The trust had a number of other measures in place to ensure the incident was investigated and logged appropriately and that the outcome was shared with the patient. Opportunities were available for the patient to be kept updated and offer a meeting to discuss the outcome. The implementation of the Being Open Policy was monitored by the Patient Safety Manager. Feedback from patients following an incident subject to duty of candour were sought to ensure they felt informed, supported and understood the outcome. Reports were discussed at the Quality Committee on a quarterly basis.
- We saw an example of staff on Bluebell ward fulfilling the duty of candour. A patient had been informed that their regular medicine was out of stock and was given a prescribed alternative. Staff then found the medicine and approached the patient to inform them but they were asleep. Staff recorded this in the patient's care records with a plan to inform them in the morning. We spoke to the patient who confirmed they received a full explanation of the incident and were given the opportunity to ask questions. Patients told us that staff would offer them support after incidents.

Anticipation and planning of risk

- All risks clinical and non-clinical were managed through the trust's incident reporting system. Any member of staff could identify a risk and each risk was considered at differing levels throughout the trust. The most serious risks were escalated to the board assurance framework.

Good

Are services effective?

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

Summary of findings

We rated effective as good because:

- Across the trust, improvements had been made to ensure that patients had up to date care plans that reflected their needs. The quality of care planning and record keeping was generally high across the trust. Care plans we reviewed in most services were holistic and recovery focussed.
- The trust had prescribing guidelines and psychiatrists referred to these and National Institute for Health and Care Excellence (NICE) guidelines when prescribing medications for psychosis, depression, schizophrenia and bipoloar affective disorder. NICE guidance was also followed in therapeutic programmes available to patients. There was good access to psychological therapies in most areas of the trust.
- The management and monitoring of the physical health care of patients had improved since our last inspection. We found on the acute wards for adults of working age and psychiatric intensive care units registered general nurses were employed to monitor physical health on a daily basis.
- The trust used a number of nationally recognised tools and audits to measure and improve the outcomes of patients and people using their services.

However:

- The rate of supervision and appraisals across the trust was inconsistent. In several areas the trust was not meeting its own target for compliance with supervision.
- The rate of compliance with Mental Health Act training was high at 98%. However, staff only needed to complete the training once and there was no mandatory refresher training available. The trust had developed a strategy with the requirement for registered staff to complete mandatory refresher training every two years from April 2017. There was no sub-committee of the board related to Mental Health Act compliance.
- We found inconsistencies in the use of the Deprivation of Liberty Safeguards (DoLS).

Our findings

Assessment of needs and planning of care

- During our inspection in March 2015 we issued compliance action against the trust as the trust did not always have up to date care plans for patients that reflected their needs. We found varied detail in quality across the service and generally care plans were not holistic, detailed or specific to patients' needs. Care plans were not updated after a patient had behaved aggressively or been restrained and how to manage and de-escalate potential future incidents. In addition the trust was not always assessing the needs of patients and did not have up to date care plans within the community adults core service. The care planning at Littlestone Lodge was found to be inadequate. We found significant improvement across the trust. These compliance actions had now been met. However, despite progress being made in the updating of care plans after a patient had behaved aggressively on the acute and psychiatric intensive care wards, we still considered further improvements could be made.
- The quality of care planning and record keeping was generally high across all areas of the trust. Care plans we viewed in most services were holistic and recovery focused. We found care plans in the community adult teams addressed a broad range of issues such as psychological needs, housing and participation with community services. Most care plans we reviewed were personalised to the needs of the patient and recorded their views. However, we did observe some variation in the quality and detail. Care planning on the forensic

wards was comprehensive and recovery focused. Staff used the 'My Shared Pathway' care planning tool and plans were person centred and recovery focused. The service also used a 'Have your say ward round' form prior to the meeting. The long stay wards for rehabilitation 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. These goals were incorporated into their care plans. We found care plans on the wards for older people had improved significantly since the last inspection in 2015 and since inspections at the Frank Lloyd Unit in 2016 that had generated requirement notices.

- Care plans were stored on the trusts electronic recording system. During our last comprehensive inspection we found several areas where poor connectivity to the system had caused problems. These issues had been resolved and staff were able to access information readily.

Best practice in treatment and care

- The trust had prescribing guidelines and psychiatrists referred to these and National Institute for Health and Care Excellence (NICE) guidelines when prescribing medications for psychosis, depression, schizophrenia and bipoloar affective disorder. We also observed a psychiatrist explain clearly to a patient how clozaril worked and how monitoring helped to reach the correct therapeutic level. NICE guidance was also followed in relation to options available for patient care, treatment and wellbeing. NICE guidance was also followed in therapeutic programmes. There was good access to psychological therapies recommended by NICE in most areas of the trust. In the rehabilitation wards there was excellent access to a range of psychological therapies. Psychologists, psychology assistants and occupational therapists were part of the multi-disciplinary team. There were detailed psychological assessments and treatment interventions such as cognitive behaviour therapy, cognitive remediation therapy, dialectical therapy, mentalisation and family therapy. The community adult teams offered cognitive analytical therapy, cognitive stimulation therapy (for people using the service with dementia and early onset dementia and post diagnostic counselling groups. The acute and PICU had recently introduced therapeutic staffing on all 10 inpatient wards. This meant allied health professionals were included in staffing numbers. The idea was developed due to difficulties in recruiting qualified nurses and developed into a therapeutic model that provided recovery focus for patients. Staff told us this had been beneficial in a number of ways. However, patients at Littlebrook hospital had a lack of psychological input due to issues in the recruitment of psychologists and occupational therapists. The older adult inpatient wards offered a range of psychological therapies.
- During our previous comprehensive inspection we issued compliance action with regards to physical health and pain management at Littlestone Lodge and Cranmer ward. Significant improvements had been made. We also found physical health plans were not always in place in community settings. This had improved and in most cases patients had physical health checks carried out, teams were working to ensure all patients received them. Patients across the trust generally had good access to physical healthcare and this was well monitored. The acute wards employed a registered general nurse (RGNs) on all wards. RGNs monitored patient's physical health on a daily basis. The introduction of RGNs had had a positive impact on the service.
- The trust used a number of nationally recognised rating scales to monitor patient outcomes. The health of the nation outcome scale (HoNOS) was widely used to measure and assess severity and outcomes. The scale covers a range of health and social care domains and allows clinicians to build up a picture over time of patient response to interventions. The trust used other outcome measures such as the Beck depression inventory, the patient health questionnaire-9, which monitors responsiveness to treatment, generalised anxiety disorder (GAD) outcomes, the model of human occupation (MOHO) and the Glasgow antipsychotic side effect scale. The rehabilitation wards used the recovery star which was well embedded. The star allows patients to measure their own recovery progress.
- Staff across the trust participated in national and local clinical audits to monitor the effectiveness of services provided. The trust were registered for national audit of psychological therapies, prescribing observatory mental health UK topic 13b prescribing for ADHD in children,

adolescents and adults, national mental health commissioning for quality and innovation (CQUIN) cardiometabolic monitoring and interventions for patients, use of sodium valproate for bipolar disorder and the national early intervention in psychosis audit.The trust participated in 39 clinical audit projects that were being undertaken across the trust which included care plans, adherence to medicines management, physical health metrics (including nutritional and hydration needs), prescribing antipsychotic medication for people with dementia and managing bipolar disorder in adults in secondary care. The acute and psychiatric intensive care wards had recently audited the use of rapid tranquilisation against national standards and physical health monitoring of patients following rapid tranquilisation. The forensic wards had completed a clinical audit to improve the cognitive assessment of older adults with an offending history to identify unmet needs.

- The trust had nine quality priorities in place for 2016/17. Each of the nine were different priorities to the previous year. The priorities were as follows: to increase the number of carers attended care programme approach reviews, to work with patients to increase the number of advance care plans/statements/directives recorded on the trust patient information system, to reduce harm from medication incidents, learning from the friends and family test feedback, patient experience of the organisation of care, completion of the triangle of care self-assessment documentation, review of HoNOS outcomes, improve quality of care plans and to improve the provision of clinical supervision.

Skilled staff to deliver care

- Teams across the trust had a wide range of mental health disciplines from a variety of backgrounds including nurses, social workers, occupational therapists, doctors, psychologists and psychology assistants. On the acute and psychiatric intensive care wards physical health nurses were working on the wards to support patients with physical health needs. The substance misuse services had volunteers and some staff with lived experience of using substance misuse services. Patients and staff we spoke to felt this was beneficial to recovery. We saw peer support workers in a number of services including the rehabilitation wards. Peer support workers had lived experience of using mental health services and offer support to patients. However, some areas of the trust had difficulty accessing psychologists. In the crisis teams there were no full time psychologists in any of the teams apart from Maidstone. This was due to a lack of funding for the positions. Jasmine ward in the older people's inpatient service did not have access to psychological therapies. Littlebrook hospital had a lack of psychological input due to issues in the recruitment of psychologists.
- All staff received an induction to the trust and to their local service. Staff we spoke to told us the induction was comprehensive. All bank staff also received an induction to the local service where they would be working. We had raised a concern around staff inductions during a visit to Littlebrook hospital during an inspection in July 2016, there had been significant improvement and this was no longer a concern.
- Staff told us there were opportunities to access additional specialist training to assist in developing their knowledge and skills. For example staff in the Crisis service had completed training to become nurse prescribers. Staff in the community adult teams had completed dementia care mapping course, suicide prevention, cognitive stimulation therapy and a practice educator course delivered by a local college. Staff within the forensic service on Walmer ward had received training on dialectical behaviour therapy which was appropriate to the female patient group. Healthcare assistants told us they were encouraged to develop and some had received phlebotomy training. In the substance misuse service some staff had received training in acupuncture. Patients we spoke to told us this intervention was beneficial and assisted them in feeling calmer and relaxed.
- There was inconsistency in supervision provided to staff across the trust. For example the average rate of supervision in the mental health crisis services and health based places of safety the average clinical supervision rate was 24%. Conversely services such as community based mental health services for older adults had a compliance rate of 91%. During the previous inspection in March 2015 we identified improvements that were needed for staff supervision rates in the Swale community mental health team. We found improvements had been made and compliance at Swale was now 82%, but it was still below the trust

target for compliance. We also found the recording of supervision in a number of services needed improvement. For example in the community adult teams we found supervision was happening more regularly than the trust data suggested. We found appraisal rates across the trust were inconsistent and not all wards and teams were meeting the trust target of 90%.

- Team managers monitored staff performance regularly and at the time of our inspection were managing some cases where performance was being monitored for improvement. Managers told us they were well supported when monitoring capability or performance issues by the human resources staff.

Multi-disciplinary and inter-agency work

- Across the trust there were effective multi-disciplinary work taking place to discuss and support people's needs. During the inspection we observed 67 multi-disciplinary meetings and staff handovers. Meetings and handovers took place with regularity within services. These demonstrated areas of good practice and presented opportunities to discuss work with individuals and their skills, experience and knowledge of each discipline.Information was shared appropriately to ensure continuity and safety across teams. We also observed involvement of external agencies such as the local authority, care homes and primary care services. Within the community older adults teams the service worked well with local GPs. The majority of local GPs participated in the 'shared care protocol' which meant that GPs could prescribe dementia medicine to people using the service. Staff told us that when this was in place it meant that staff caseloads had reduced as the team were able to discharge people using the service to their GP. 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.
- All staff in attendance at multi-disciplinary meetings and handovers were given time to feedback and contribute to discussions. We observed that all staff members' contribution was valued equally. There was mutual respect between professional groups. We observed staff to be respectful when discussing patients and their families and made suggestions about how to work together to assess and plan patient care and treatment.

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

- Mental Health Act training was mandatory for staff. At the time of the inspection 98% of staff had completed the training. However, staff only needed to complete the training once as part of their mandatory training.There was no mandatory refresher training available for staff. The trust had developed a strategy as part of the Mental Health Act Training Strategy for two year refresher training to be mandatory for all registered staff from April 2017. There was no restriction on staff who wanted to attend further Mental Health Act training if required and a number of staff had completed the training multiple times.
- The trust had a Mental Health Act Policy and Training Manager and two senior Mental Health Act Administrators in post. There was also a Mental Health Act co-ordinator and one full and part time administrator. The Mental Health Act offices provided ward managers with weekly trigger lists. Monthly scrutiny visits, in conjunction with the Associate Hospital Managers, were carried out on each of the three main hospital sites. Staff in services knew how to contact the Mental Health Act office for advice when needed. Ward managers did weekly audits of Mental Health Act procedures.
- There was no sub-committee of the board specifically related to Mental Health Act compliance. We were concerned where governance around the Mental Health Act sat within the trust and needed to be strengthened. However, we did see that a six monthly report on Mental Health Act activity was presented to the Board and the Quality Committee received reports in between.
- The Mental Health Act documentation we scruntised during our visits to wards were generally completed appropriately. However, we found some issues with the recording of section 17 leave. Section 17 of the Mental Health Act allows a responsible clinician (RC) to grant a detained patient leave of absence from hospital. On a number of section 17 forms we reviewed it was not clear

where the RC should sign and how long the leave granted was valid for. The forms did not always clearly describe the conditions of the leave and it was often stated it was at nurse's discretion. We noted that the forms we not always signed by the patient and that copies of the form were not given to the patient or relevant parties, such as relatives. We also found some isolated issues with section 132 rights where patients had not been read their rights. We also observed on Chartwell ward there was no signage on the door to make informal patients aware of their right to leave the ward.

Good practice in applying the Mental Capacity Act

- During our inspection in March 2015 we issued a requirement notice in relation to the Mental Capacity Act as we found the trust did not ensure the registered person acted in accordance with the Act. We found Deprivation of Liberty (DoLS) applications had been made but this was not a consistent practice across the older people's inpatient services. During a responsive inspection to the Frank Lloyd Unit in January 2016 we also served a warning notice as the unit did not have effective systems or processes in place to manage the use of the Mental Capacity Act or Deprivation of Liberty safeguards applications or implement robust assessments of patients' capacity to consent. During this inspection we found improvements had been made but there was still improvement required in some areas.
- Training in the Mental Capacity Act and Deprivation of Liberty Safeguards was mandatory in the trust. The compliance rate with training was 94%. The trust had a Mental Capacity Act policy and staff knew how to find this.
- Across the trust there was generally good implementation of the Mental Capacity Act. Staff in most teams we visited had a clear knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. However, some staff on the acute wards lacked knowledge and stated the ward consultant took the lead for that area. Records we reviewed indicated that decisions were made in the best interests of patients. On the acute wards there were examples of a best interest meeting having taken place. The patient's family and an independent mental capacity advocate had been involved in these meeting. We saw evidence of decisions where specific capacity assessments were carried out during initial assessments. In most areas where staff had completed capacity assessments they were comprehensive and decision specific. However, in the acute wards we found variance in how this was recorded and to what level of detail in the patient notes and care plans
- Between 1 October 2015 and 30 September 2016 the trust made 179 Deprivation of Liberty Safeguards (DoLS) applications. Of these 117 were granted. The vast majority of the applications were made by the wards for older people with 178. In the wards for older people with mental health problems we found the applications we scrutinised lacked detail. The applications for DoLS were triaged by the local authority and therefore the lack of information provided in the application may result in a delay in assessment. We also found some staff still lacked knowledge around DoLS. Improvement was still needed in this area.
- People using the service had access to an Independent Mental Capacity Advocate (IMCA) and staff facilitated this when needed.

Outstanding ☆

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 outstanding because:

- We rated four of the ten core services as outstanding for this domain. The remaining six core services were rated as good. We observed staff to be compassionate, kind and respectful of patients. We found examples in several services where staff had gone above and beyond in the care they offered to patients.
- We observed many examples of positive interactions where staff communicated with people in a calm, professional and empathetic manner.
- Patients and carers were involved in their care across the trust. We saw many examples of this including in the forensic inpatient/secure wards service where 'my shared pathway' documentation was being used.
- Across the trust there were opportunities for relatives and carers to become involved in the care in a variety of different ways.
- The trust had several ways and methods for patients and carers to provide feedback about trust services. There were examples of where improvements had been made in response to this feedback.

Our findings

Kindness, dignity, respect and support

- We found staff to be caring across all the services we visited. Staff were compassionate, kind and respectful towards patients. Staff were motivated and committed to their work and supporting people's care. We observed many positive interactions between staff and patients. Staff communicated with people in a calm, professional and empathetic manner at all times. For example, during a home visit with the community older adult team staff covered a range of issues during the visit, including determining how the service user felt, advice on what allowances they could receive, the groups available, psycho education on dementia, medicine, the carers education programme and other external services. We also found examples of where staff members had gone above and beyond for patients. For example, in the forensic service rated as outstanding for caring, we became aware how staff had responded to the dying wishes of a patient with poor physical health. Staff had ensured that the patient's religious and cultural needs were met and had prevented a pauper's burial.
- Feedback from surveys carried out was mixed. The 'friends and family test' was launched in 2013. It asks people who use services whether they would recommend the services they have used, giving the opportunity to feedback on their experiences of care and treatment. The trust scored between 4% and 6% higher than the England average for recommending the trust as a place to receive care between April and September 2016. During each month the trust had scored above 90% with the highest month being 94%. Additionally the trust was below the England average for the percentage of patients who would not recommend the trust as a place to receive care. One of the trusts quality priorities for 2016/17 is learning from the friends and family test feedback. This was being monitored by service line patient experience groups, the trust wide patient experience group and was reported to the Quality Committee and the Board.
- The trust's overall score for privacy, dignity and wellbeing in the 2016 patient-led assessment of the cleanliness and environment (PLACE) score was 92%. This figure was above the national average of 90%. Twelve out of 18 sites scored well in the assessment with Tarenfort centre, Trevor Gibbons Unit and Littlestone Lodge scoring well. Six sites of 18 scored below the England average with a low of 83% at St Martins hospital and Greenacres (Littlebrook Hospital/ Tarentfort Centre).
- The Care Quality Commission survey of patients using community services for 2016 showed that the trust scored 'about the same' as other mental health trusts in eight out of the ten questions. The top performing

scores related to 'organising your care', 'reviewing your care' and 'treatment'. The trust scored worse than the England average in two questions, 'your health and social care workers' and 'overall views and experience'.

- The trust had designed a questionnaire that was audited each month by ward or community team. It was designed to ensure care provided was person centred and took into consideration a range of aspects and as to whether patients' needs had been met, views considered and that care plans were accurate, up to date and shared with the patient. Acute service line (wards) scored 70%, acute service line (crisis resolution home treatment teams) scored 52%, community recovery service line (rehabilitation units) scored 92%, forensic and specialist service line scored 81% and the older adult service line scored 75%.

The involvement of people in the care they receive

- We found examples where patients and carers were involved in their care across the trust. We rated the forensic service as outstanding for caring. The reason for this was because staff delivered high quality care in a number of ways. The 'my shared pathway' documentation was person centred, highly individualised and recovery orientated. Patients completed a 'have your say for ward round' form which included questions about their week, medication, questions the patient would like to ask and what patients would like staff to be aware of. Patients were also actively involved in preparing and cooking food at the Lakeside Lounge café on the hospital site. The café had dedicated days for patient led meals. The café was used by staff, carers and patients. We also rated the rehabilitation wards as outstanding for the caring domain. Patients were involved in their care 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. The poster contained many extremely positive comments from relatives and carers. At the Grove patients suggested getting involved in delivering some of the therapeutic groups. Four patients had been supported by staff to share and teach other patients in a number of group sessions. Patient feedback had 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.

- Across the trust there were opportunities for relatives and carers to become involved in the care. In the acute and psychiatric intensive care service that trust had included three quality improvements relating to carers' involvement. These were to increase the number of carers attending patient reviews, learning from the friends and family test feedback and completion of the triangle of care self-assessment documentation. We found evidence that this service was addressing these areas identified. Priority House had acted on a complaint by a carer and were now giving patients options for when they wanted their reviews. Staff were also allocated to inform carers of when reviews were happening to ensure they had opportunities to attend. The service had audited their compliance to the triangle of care standards. The triangle of care is a therapeutic alliance between patients, staff members and carers that promotes safety, supports recovery and sustains well-being. We spoke with the quality and development lead for St Martins Hospital who told us that some staff were being trained to deliver a family therapy called open dialogue and carers champions on all wards received family inclusive training. All the sites ran carers groups and we heard examples how carers became involved in the running of these.

- Across the trust there were advertised methods for patients and carers to provide feedback about services. The trust had a patient and carer consultative committee which met bi-monthly and was chaired by the patient experience team. The committee provided patients and carers with a forum to share experience of accessing the trust's mental health services and shape improvements in the services. This was well attended by patients and carers, and representatives from the trust's mental health teams. In all wards and teams we visited there was information available for feedback to be provided by patients, relatives and carers. In the forensic service the psychology team offered behavioural family

therapy for patients and carers at the Trevor Gibbons Unit. There was a carers champion on all wards and regular support meetings in place. There were regular carer's events and a monthly carer's forum. Staff used the triangle of care self-assessment on all wards. The service had a dedicated carer information leaflet. The trust had a dedicated family and engagement lead who had conducted a telephone survey to assess carer involvement as part of a supporting carer involvement CQUIN in the forensic service. We saw copies of letters sent to relatives offering support and information.

- Inpatient wards across the trust provided patients with the opportunity to orientate to the ward prior to admission or soon after admission. Patients were also provided with information pack or welcome packs when they first arrived at the wards.
- The trust website was available in different languages on request and could be listened to using 'BrowseAloud'. This enables users of the web site to have content read out loud and provide the required reading support tools. The website encouraged people to feedback about the services. The website also contained detailed information for carers.

Good

Are services responsive to people's needs?

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

Summary of findings

We rated responsive as good because:

- All inpatient wards had weekly activity programmes. The acute and PICU wards had access to therapies seven days a week. The introduction of the therapeutic staffing model had helped increase the number of activities available.
- Patients and carers we spoke to across the trust knew how to make a complaint. Equally staff we spoke with were aware of how to use the complaints procedure. The trust had a patient advice and liaison service that offered advice to people about making a complaint. We found the quality of investigations and the responses sent to complainants were of a good standard.
- The inpatient wards and community sites we visited generally had good facilities. All sites offered access for patients who had mobility issues and appropriate facilities.
- There was a good range of information available to patients both in inpatient and community settings. Information included leaflets about local services, treatments, rights, carers support, how to complain and advocacy.

However:

- We found in the wards for older people there were three wards where it was difficult for patients to access outside space.
- We found inconsistencies between the community services we visited in relation to 'referral to assessment' and referral to treatment times'. All teams in the Community based mental health service for adults of working age were not achieving the trust target of 95% of referrals to be seen within 28 days.

Our findings

Access and discharge

- The trust aimed to make access to services as straightforward as possible. For example in the community based service for older adults there was a single point of access service which screened all urgent referrals and people who were not known to the service so they could be booked into a duty slot. There was a crisis service in place within the trust for older adults with a functional diagnosis such as psychosis or depression, but this was not available for people using the service with an organic diagnosis such as dementia. People using the service with dementia and their carers were given advice of what to do out of hours. In the community based mental health services for adults of working age, staff told us the service was hampered in dealing with referrals due to the service not having clear access criteria. This had led to staff assessing patients whose needs did not match the service. All urgent referrals for CMHTs went through s single point of access team. The service operated 24 hours a day. The referral process then placed each on the relevant pathway and would be responded to as an urgency (within four hours), urgent (72 hour response) or routine (28 days response).
- We found inconsistencies between the community services we visited in relation to 'referral to assessment' and referral to treatment times'. Community based services for older adults were meeting their performance target of 28 days between referral and assessment and 18 weeks from referral to diagnosis. The Medway team had the highest average days for assessment to treatment with 99 days. All teams in the Community based mental health service for adults of working age were not achieving the trust target of 95% of referrals to be seen within 28 days. The average for all teams to achieve the initial assessment of patients referred to the service within 28 days was 61% in November 2016 and 85% in December 2016. The figure for patients commencing treatment within 18 weeks ranged from 69% to 97% in the teams we visited. The trust target was 95%.

Good

Are services responsive to people's needs?

- Between 1 October 2015 and 30 September 2016, the average bed occupancy ranged from 89% – 108%. Bed occupancy means the number of patients accommodated on a ward. There were 35 out of 36 wards where bed occupancy was 85% and above. The ward with the lowest average bed occupancy was Bridge House (substance misuse service) with 72%. The wards with the highest average bed occupancies were the acute wards (100 - 108%), forensic wards (91 - 100%) and the learning disability wards (93% - 98%).Demand for beds was high and we observed on the acute wards when a bed became available it was quickly filled.
- Staff told us on the wards that patients were able to return to their bedroom after returning from a period of leave. This meant the ward did not admit new patients to beds that were filled by patients who were on leave. On the wards for older people we were told overnight leave was not used as beds could be filled. Following weekend leave however patients on the wards for older people had a bed to return to. During our comprehensive inspection during 2015 we told the trust they must ensure delays in finding psychiatric intensive care beds for patients was minimised. The service had sufficiently addressed this issue. During the last comprehensive inspection we also found patients were transferred from acute wards to the rehabilitation wards to ease bed pressures. This had negatively impacted on the safety of the rehabilitation wards. We found during this inspection this had not happened in the 18 month period prior to our inspection and was no longer an issue. We found in all section 136 suites that there were delays due to waiting for an approved mental health professional assessment. This had resulted in people being in places of safety for longer than was required.
- Between October 2015 and September 2016 there were a total of 430 delayed discharges. This equated to 13,356 delayed days. The delays were mainly due to awaiting nursing home placement, followed by awaiting completion of assessment. The service with the highest number of delayed discharges was the acute wards and psychiatric intensive care unit with 138 and the older people's mental health wards with 84.
- There were 868 out of area placements between 1 October 2015 and 30 September 2016. Of this number, 827 patients were placed in beds outside of the trust due to a lack of bed availability. We saw evidence that the trust had worked hard in the six month period prior to the inspection to reduce this figure by considering their discharge planning processes. During the inspection visit there were six female patients placed out of area in psychiatric intensive care unit beds. The psychiatric intensive care unit employed two qualified nurses as outreach workers. Their role allowed them to assess patients who had been referred to psychiatric intensive care unit and then recommend the level of care required. The outreach workers worked closely with the acute wards and supported them to make management plans where patients were waiting for a psychiatric intensive care bed. The workers also kept in contact with locations where psychiatric intensive care patients were placed out of area to ensure they were transferred back to a trust bed as soon as appropriate.

The facilities promote recovery, comfort, dignity and confidentiality

- Services delivered by the trust were from a range of sites across Kent and Medway. We found most sites to be of good quality in terms of environment. However, in the community adults mental health service the South West Kent team felt dark and there were issues of design, such as anterooms and alcoves which could pose potential risk in the interview rooms. In the wards for older adults we found that Cranmer ward only had one room that could be used for therapy and there nowhere for patients or visitors to go for quiet space. On Sevenscore ward there were no activity rooms as they were being refurbished at the time of the inspection. We also found that three of the older adult wards had difficulties accessing outside space. Male patients on Woodstock ward at the Frank Lloyd Unit had to use a lift to access the garden via a female ward. Staff were working hard to facilitate garden access for the male patients; however, they told us it could cause difficulties. On Woodchurch ward in Thanet there was no direct access to the garden area. Patients were required to exit the ward, go through the reception and pass through a further two sets of locked doors. Staff again told us of the difficulty this could cause when facilitating garden access due to the requirement for staff supervision in garden areas to mitigate against the high risk of falls. Additionally on Ruby ward patients had to exit the ward, go through hospital corridors, go down two flights of stairs and multiple locked doors to access the garden area.In the forensic service all wards had access to

outside space apart from Penshurst ward. The area was closed due to building work for the new seclusion room. This was impacting on the amount of fresh air patients were getting. Staff were facilitating outside access via Groombridge ward. We saw on a 'you said we did' board staff had increased the regularity of fresh air breaks following patient concerns. We were also disappointed that the "cage" like area attached to Penshurst intensive care unit (ICU) was going to remain after the refurbishment and building works had been completed. We were told this was due to cost implications. The ICU had access to a courtyard but due to security reasons there was a wire perimeter and ceiling fence. During our last inspection we recommended that the patients in the ICU should have access to an outside area which promoted their dignity and offered a more respectful approach. We raised this during the inspection and were provided an action plan by the service that stated a business case would be submitted in the new financial year to address this. During our inspection in March 2015 we also raised concerns about the size of the main garden area accessible from Penshurst ward was smaller than the other wards despite the patients on the ward being more unlikely to have ground leave due to their level of acuity and need. We were shown plans in the last inspection to increase the size of the garden area, however these had not been implemented in the building work that was being undertaken during our inspection.

- There was a good provision of accessible information in all the community teams reception areas on treatments, local services, rights of people using the service, carers support, who to contact in a crisis, how to complain and how to access advocacy. The teams had access to leaflets in different languages if required. The teams also had access to interpreting and advocacy services. We saw evidence that the contact numbers for such services were on display. On admission to inpatient wards, patients were given welcome packs that included information about the service, how to complain, advocacy services, their rights and ward routines. All patients were orientated to the wards either prior to admission or soon afterwards. The wards also displayed a wide range of information for patients such as the Mental Health Act, how to complain, physical health and well-being and local services.Information was available in other languages if required. Staff were able to access interpreters as required. There was evidence of interpreters supporting patients in issues such as safeguarding, best interest meetings and review meetings.
- Confidentiality was promoted and maintained across all the services and teams we visited. We observed confidentiality being maintained during assessments and home visits that was attended. In all the handovers and meetings we observed staff spoke about patients and their families in a respectful, positive and empathic manner. Patient information was stored securely on the trust's electronic computer system. All staff required a password and an access card to gain entry into the system. Interview rooms in the community teams were sound proofed to ensure the confidentiality of the meetings.
- All wards had weekly activity programmes. On the acute wards and psychiatric intensive care unit patients had access to therapies seven days a week. The introduction of the therapeutic staffing model had helped increase the number of activities available. Priority House and St Martins Hospital offered pet therapy with a weekly pat dog session. We spoke to an occupational therapist at St Martins Hospital who took patients to a local golf driving range at weekends. Activities in other services such as the forensic and rehabilitation wards were reduced at weekends, however, activities were still taking place.

Meeting the needs of all the people who use the service

- The trust published its equality objectives as stipulated by the refreshed quality delivery system. It had a four year plan which set out four goals, these were; better health outcomes, improved patient access and experience, representative and supported workforce and inclusive leadership. The trust had both executive and non-executive director leads for equality and an Equality and Diversity manager who sits within the patient experience team. The equality and diversity manager was responsible for leading the development and promotion of equality and human rights across the entire business of the trust, lead on a number of engagement events and conferences, supported the work of the trust equality and diversity committee and updated the e-learning and training package and delivered training for staff. The trust compliance rate with equality and diversity training was 96%.

Good

Are services responsive to people's needs?

- The trust complied with the Equality Act 2010 and published WRES information on the trust website which provided an overview of their equality and diversity employment monitoring data.It covered age, disability, gender, race, religion or belief and sexual orientation. The data showed 72% of the trusts workforce were female, 5% of the workforce described themselves as having a disability, 20% were from ethnic minority groups, the majority of the workforce was aged between 45 – 55, 69% of the workforce declared a religion or a belief and only 2% of the workforce had declared themselves as lesbian, gay or bisexual while 70% stated they were heterosexual.
- The trust had a Black and Minority Ethnic Network which looked at all performance in relation to race equality and consideration and implementation of professional development initiatives. The group acts as a staff consultancy group for the trust and also has the ability to consider other areas of race equality that may not be covered by their diversity work plan. There were regular meetings of the network who considered issues such as Equality Impact Assessments, ethnicity data collection on employment, ethnicity data related to complaints and disciplinary action and supporting and signposting BME staff and patients.
- The trust also had a lesbian, gay and bisexual and transgender staff network. The 'freedom' network was established in 2010 with the aim to enable, empower and support lesbian, gay, bisexual and transgender staff. The group meet quarterly.
- Staff in the community-based mental health services for older people had a good awareness of local groups to meet the different needs of people and provided information on this. The patients who used the service tended to be predominantly white
- Patients we spoke to across the inpatient services were generally positive about the choice and quality of food provided. However, patients on some of the forensic wards told us the quality of food could be improved. The forensic service at Trevor Gibbons Unit had a patient food survey to explore levels of satisfaction about the catering at the unit. The unit scored above both the trust and England average for food in their PLACE score with 100%. However, at the Allington Centre the score was considerably lower than both the trust and England average with 71.2% (the England average was 92%).In the rehabilitation wards where patients self-catered staff assisted with the planning and provision of their food. All patients received a malnutrition universal screen 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 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. In the older people inpatient wards patients and their carers told us they were provided with a good choice of foods. Meal times were protected. In the substance misuse service we saw the head chef held daily discussions with patients to seek feedback on the quality and range of food available. Menus were changed and informed by patient choice at the service. On all inpatient wards that patients' specific dietary or cultural needs were catered for. The trust's PLACE score for food was 89%, lower than the England average of 92%. However, during the inspection we were given positive feedback about the food available overall.
- The trust supported ward patients with their spiritual and religious beliefs. Chaplaincy services visited the wards on a regular basis. In the forensic service there was a multi faith room for patients containing a variety of spiritual literature (including the Bible, Torah and Qur'an). Prayer mats were available and also a low level sink to facilitate the washing of feet for prayers. At the Allington centre staff supported a patient to attend a local church on a weekly basis so the patient could maintain contact with the pastor at the church in their home area. Patients in the acute wards were also supported by a chaplain who visited the ward and at Littlebrook Hospital there was a pray group and bible class available.
- Inpatient wards and community sites visited generally had good facilities. The inpatient wards provided access and facilities for patients who had mobility issues. The rehabilitation wards had bedrooms available for men and women with full disability access that included adapted toilets and bathroom accessibility. Wards for older people had accessible rooms for patients with mobility issues. Wet shower rooms and assisted baths were available. Staff also had access to specialist equipment including height adjustable beds and a

variety of hoists to support patients with impaired mobility. The forensic wards could accommodate disabled access. One patient we spoke with described how the service had made adaptations to the environment, including the creation of a wet room and new ramps, to facilitate their admission and physical needs. The section 136 suites were able to accommodate people with disability or mobility issues and the door frames and corridors were wide enough for wheelchairs to pass through. Community sites were generally accessible and had adapted toilet facilities. However, in the community older adults service the Shepway team's lift was out of order. People who were using the service were being seen by staff on the ground floor due to this.

Listening to and learning from concerns and complaints

- The trust had received 356 complaints between 1 October 2015 and 30 September 2016, of which 82 were fully upheld, 161 were partially upheld and 93 were not upheld. The core service with the most complaints was community based mental health services for adults with 168. The highest number of complaints for the inpatient wards was acute and PICU with 68. The core service with the fewest amount of complaints was wards for people with learning disabilities.
- Patients and carers we spoke to across all services they told us they knew how to complain and received feedback on complaints made. Staff we spoke to knew how to handle complaints appropriately. Staff told us they would try and resolve complaints locally in the first instance. Where complaints could not be resolved locally staff directed patients and carers to the formal external complaints process. Information on how to make a complaint was displayed clearly in all wards and community locations. Patients were also provided with information on how to make a complaint within the welcome packs they received when admitted to each of the wards.
- The trust had a patient advice and liaison service (PALS). PALS is an information and advice service for patients, relatives, carers and the public to help resolve situations and assist with dealing with any concerns. PALS offered advice to people about making a complaint and handled the initial enquiry before referring it via an investigation form to an associate director of the relevant service line and allocated to an investigator from a different service. The PALS team would try and contact the complainant by telephone to discuss the complaint in more detail and gain further information. Within the patient experience team there was a dedicated joint complaints and serious incident facilitator who oversaw complaints that also had serious incident concerns to ensure that all aspects were progressed and investigated appropriately.
- Complaints were referred to an associate service line director. The trust followed the national process with the investigating officer making contact with the complainant so they could participate in the development of terms of reference and agree a plan with the complainant for overall management of the complaint.The associate director would escalate a complaint to the Director of Nursing or Medical Director depending on the relevance. Staff who investigated complaints received training in customer care.
- The trust had a complaints policy to deal with complaints and concerns received about the care and treatment provided. The policy was developed in line with the NHS Complaints (England) Regulations 2009. Complaints were handled by the patient experience teams.There was a bi-monthly patient experience group, chaired by the Director of Nursing who was the board member with oversight of complaints, which reported into the quality committee and then the Board. Complaint reports and outcomes were reviewed in the quality committee. The trust compiled a six monthly and annual report about complaints to the board.
- We reviewed 12 complaints and how these had been managed. We found the complaints were dealt with in a timely way, with investigations of complaints focussing on key concerns raised by the complainant. Responses to complaints were written by the Chief Executive and were personalised and included a copy of the investigation report so the complainant could see how the complaint was investigated.
- Learning from concerns and complaints was disseminated within services. We saw complaints, the outcomes and any learning discussed in team meetings within services. Learning was disseminated across

Good

Are services responsive to people's needs?

services in a newsletter. However, it was difficult to ascertain how knowledgeable staff were about learning from incidents that had occurred in different service lines.

Good

Are services well-led?

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:

- The trust were proactive in their responses to concerns identified and raised during the inspection. The trust were open and transparent and provided prompt updates.
- The trust had generally responded to concerns raised during the last inspection, for example the risks associated with unsafe medicines management. , The trust had developed and implemented a quality improvement plan. We found during this inspection the majority of actions had been implemented and services had improved along with people's experience.
- Directors and managers demonstrated commitment and enthusiasm to the trust and spoke passionately of the work being undertaken to develop services.
- Staff across the trust spoke positively about the board. We were told the culture of the organisation and staff engagement had improved.
- The trust engaged well with the public and patients.
- The trust had met the fit and proper persons test.

However:

- The governance systems in place did not always provide the board with sufficient assurance. For example, there were inconsistent rates of staff supervision and appraisal taking place.
- There was no assurance to the board that related to the Mental Health Act. We were concerned about where governance for the Mental Health Act sat within the trust.

Our findings

Vision, values and strategy

- The trust had six values which were:

- respect;

- openness;

- accountability;

- working together;

- innovation;

- excellence.

- The trust values were developed by collaborating with staff. There were leadership events to provide a forum for engaging staff to assist in developing the vision. The values have been embedded in the work of the trust. The trust had implemented a values based approach to recruitment and selection. This was both at selection and interview and also through the whole process, from questions to scoring during interview. The values feature in the trust corporate induction for new starters. The values also underpin the trust's mandatory training where trainers would take on the values with training groups. Staff and managers also evidence the behaviours and values during appraisal.
- The visibility and presence of Non-Executive Directors (NEDs) was welcomed in the Quality Committee. NEDs also visited wards and services regularly.

Good governance

- At the last comprehensive inspection of the trust in March 2015 we identified improvements were required in relation to governance processes. We found an over reliance on quantative data, the trust had failed to act on risks identified in a timely manner and medicines practice. Since that time we found improvements had been made. The Quality Committee was established in September 2011 and was well embedded in the Trust governance system. There was a change in Chairmanship in September 2016 and the new chair was keen to reinforce the patient safety focus. There were a number of sub committees that fed into the quality committee, including trust wide patient safety and mortality group, trust wide patient experience group

and the clinical effectiveness and outcomes group. There were a number of other groups that fed into these groups. We found examples of good practice in relation to medicines management in relation to reconciliation targets and reducing missed doses. There was good availability of a clinical pharmacy service.We found however in relation to medicines management that fridge temperatures were not always monitored and recorded in some areas, opening dates were not always written on liquid medicines to ensure they are used within the correct expiry date and records for physical monitoring post rapid tranquilisation were not always in place. We found there was no direct sub-committee of the board that related to the Mental Health Act. We were concerned about where governance for the Mental Health Act sat within the trust.

- We identified during the last inspection that some wards had high vacancy rates. This had led to high usage of agency staff. During this inspection we again found high vacancy rates across the wards visited. However, agency usage was now less and regular bank staff were utilised to cover vacancies. The high use of bank and agency staff was still a concern. The focus of the finance director in the following year will be to reduce this spend. The trust were aware of the concerns over staffing and it was the top risk on their risk register. The trust were implementing a number of initiatives to increase recruitment of permanent staff.
- It was acknowledged by senior members of the board that sometimes there were too many initiatives going on at once so priorities were not always clearly defined and it could become problematic when sustaining improvements. We were also told there were some issues around clinical leadership within the trust, especially involvement of medical staff in leadership. The trust had four service lines all of which had a service director, but not a clinical director.
- At our last comprehensive inspection in March 2015 we identified multiple concerns across a number of core services, five of the nine core services were rated as requires improvement (three were good and one outstanding). Following the inspection the trust devised a Quality Improvement Plan (QIP) to address the areas of concern identified. The QIP had been monitored by the trust board and senior managers and shared with the Care Quality Commission (CQC) on a regular basis. Underneath the main QIP there were also QIPs for each of the individual core services. Following inspections at the Frank Lloyd Unit in January 2016 an improvement plan had also been developed to address concerns that had led to the issuing of a warning notice by CQC. We found in this inspection the majority of actions had been implemented. This had led to improvement to services and people's experience of the service. These improvements are highlighted throughout the report. Improvements were particularly evident in the inpatient wards for older people's mental health. This core service had been subject to enforcement action and issued with a warning notice during the March 2015 comprehensive at Littlestone Lodge (improvements were observed during an unannounced follow up visit in May 2015) and also a warning notice during an inspection of the Frank Lloyd Unit in January 2016 (significant progress was found against the warning notice during follow up visits in March and June 2016). We visited all the wards for older people's mental health during the inspection and found no serious concerns and have rated the core service as "good" overall. However, we did find ongoing concerns in the community based services for adults of working age in relation to the caseloads of staff.
- The trust risk register highlighted eight risks. Five risks were rated as extreme and two as high. The top risk for the trust was the recruitment of staff. There were initiatives in place across the trust to assist with recruitment, for example the 'refer a friend' initiative, secondments of staff through the Open University and increasing salaries in areas close to London trusts. However, this was still an ongoing issue. Financial over spend was also on the trust risk register. The trust had reduced the use of private beds to zero in December 2016. This was helping the trust save substantial amounts.
- We found the governance systems in place did not provide assurance to the board that there was consistency in the rates of staff supervision and appraisal. The trust target for compliance was 100%. We found significant variability in compliance rates across the services we visited. We found a similar situation for staff appraisals and not all wards and teams were meeting the trust target of 90% compliance.
- The trust had reduced a previous back log in overdue serious incidents to two. There was now a focus on

families and the patient safety manager attended closure panels. There was also a learning from experience group. Bulletins were produced within service lines to highlight learning from serious incidents. Some of the bulletins were shared across the organisation. Quality audit programme checks changes had been made following the serious incident investigation.

- Staff were generally receiving mandatory training and there was a good compliance rate. As of 31 October 2016 the training compliance rate for the trust was 92%. The trust wide compliance target was 85% for all mandatory training. The trust offered 38 training courses that were classed as mandatory. The mandatory training provided by the trust included safeguarding, infection control, equality and diversity, Mental Capacity Act and Deprivation of Liberty Safeguards, physical interventions and health and safety. The overall compliance rates for some training varied across the trust. For example we found that levels of immediate life support training were low on Chartwell ward (50%) and Cherrywood ward (33%).We also found low levels of compliance with some safeguarding training in the forensic and acute and psychiatric intensive care services.
- The trust had an excellent awareness of the need to develop and roll out its digital maturity to enable patient access to their records, provide remotes access to EHR for community workers, make progress towards digital prescribing and access to diagnostics to improve safety and effectiveness. There were also clinical dashboards in development to enable continuous quality improvement.

Leadership and culture

- Positive feedback was received about the Chief Executive of the trust from staff and a range of stakeholders. Staff told us the culture of the organisation and engagement had improved significantly since the Chief Executive joined the trust in June 2016. The new CEO had a background in mental health and this gave the board a stronger steer in terms of quality. We were told by staff at all levels of the trust that the new board structure, including the new Chief Executive Officer (CEO) and Director of Nursing, had led to substantial and positive change within the trust. Staff told us they felt more able to raise concerns and could use the green button. The green button was on the staff zone of the intranet page and allowed staff to raise any concerns or issues they may have. The information went directly to the communications team. Staff reported that concerns were acted upon. Staff said the board were more visible, accessible and approachable. The Chief Executive worked a day a month within a core service and participated in domestic duties and other roles. Staff felt this delivered a strong message about the leadership of the trust. We heard examples of where the Chief Executive had telephoned members of ward staff to give positive feedback. This personal approach had made staff feel valued. Staff also told us they felt able to email or approach the Chief Executive and Director of Nursing personally and always received responses. The trust had strong leadership. Leaders and managers were effective. All were passionate, engaging and were open and transparent during discussions with us. Executive directors and non-executive directors were clear about their role and responsibilities. Non-executive directors told us they felt included and involved and their opinions were highly valued. The trust was able to recognise where services needed improvement and acted on issues of escalation during the inspection in an open and transparent way. We raised issues about the seclusion room at Littlebrook Hospital which was immediately decommissioned. Other issues that were escalated were acknowledged and we received assurances on the action to be taken in a timely way.
- We received feedback from clinical commissioning groups and local authorities which was there was clear leadership and a focus on patients and families. Directors and managers we spoke with demonstrated a commitment, dedication and enthusiasm to the work of the trust and spoke passionately about the work that was being undertaken to develop services.
- The commissioning arrangements were complicated with eight clinical commissioning groups (CCG) across the area covered by the trust. Each CCG had different levels of investment and priorities.The relationship between the trust and the CCGs was developing. The CCGs spoke highly of the new Chief Executive and commented on the nursing background. CCGs met operationally with teams and service managers. The CCGs told us the trust had good initiative and ideas but

they were not always carried through to fruition and focus could shift onto other initiatives. The CCGs told us there had been improvement in serious incidents and their investigation by the trust.

- We also received feedback from the local authority, Kent County Council. We were told since there had been changes to the trust board the relationship between the local authority and the trust had strengthened. This relationship had previously been fractured. The Chief Executive attended the partnership board meeting and this had brought the trust and the local authority together. The local authority felt the partnership was working well and everyone was clear about their role and responsibilities with a good governance structure. The local authority told us that staff seconded from the local authority to the trust may not have a voice in such a health orientated service but the relationship between the trust and the council had ensured all views were heard.
- In the NHS staff survey 2015, the trust had eight key findings that exceeded the average for mental health trusts. This included "staff reporting good communication between senior management and staff". The trust was below the average for mental health trusts for five key findings, which included "staff recommendation of the organisation as a place to work or receive treatment" and staff "experiencing harassment, bullying or abuse from staff in the last 12 months". In relation to staff experiencing bullying, harassment or abuse from staff at the trust in the last 12 months, the trust was 6% above the mental health average with a 1% increase in BME staff reporting cases from 2014 to 2015. The results of the 2016 staff survey were due for release shortly after the inspection.
- Opportunities for leadership development existed within the trust. We spoke with staff that had completed leadership courses. Some managers and executives had completed the Nye Bevan programme for the development of senior leaders within the trust.

Staff engagement

- Staff across all the core services we visited spoke positively about the senior team. Staff stated they felt the organisation was changing for the better since the new Chief Executive and Director of Nursing had taken up post. Staff we spoke with felt the Chief Executive was approachable and aware of staff concerns. We observed staff morale to be good within each of the core services we visited.
- The NHS Staff Survey 2015 found that the percentage of staff reporting good communication between senior management and staff was 38%, 6% higher than the England average of 32%.
- The 'staff friends and family test' was launched in April 2014 in all NHS trusts providing acute, community, ambulance and mental health services in England. It asks staff whether they would recommend their service as a place to receive care and whether they would recommend their service as a place of work. The trust had a higher staff response rate than the England average (33% compared to 13%) between 1 April to 30 June 2016. The percentage of staff who would not recommend the trust as a place to receive care was above the England average of 18%, with 24% of staff not recommending the trust. Additionally the percentage of staff who would recommend the trust as a place to work was below the England average with 54%, compared to the England average of 64%.
- The trust recognised the different professional group unions that included Unite, UNISON, the Royal College of Nursing and the British Medical Association. There were monthly meetings of the joint negotiating forum where changes to policies and procedures were discussed. The union representatives were made up of different grades of staff working across the trust. Union representatives worked in their substantive role and union role jointly. The union representatives we spoke with said there were positive relationships with senior trust leadership who were supportive and listened to concerns. Union representatives told us about staffing pressures within the trust. This included the high caseloads in the community teams that was having an impact on staff stress levels and causing low morale. Union representatives also told us the HR disciplinary process could take protracted amounts of time which lead to stress in staff members who were undergoing the process.

Workforce race equality standard

- We reviewed the implementation of the workforce race equality standard during the inspection. The workforce

race equality standard is a mandatory requirement for NHS organisations to identify and publish progress against nine indicators of workforce equality. This is to review whether employees from black and minority ethnic backgrounds have equal access to career opportunities, receive fair treatment in the workplace and to improve black and minority ethnic board representation.

- The trust did not complete the reporting template for refreshed 2016 reporting. The trust used the historical 2015 reporting template. This meant that not all the data that was published is reflective of the 2016 reporting requirements. In a number of instances the 2016 data was utilised, however, it was not presented in the format advised within the NHS WRES Technical Guidance. Consequentially major differences in outcomes within HR matters were not appropriately highlighted in the reporting paper and the Board may not have been appropriately alerted to areas that may require improvement.
- Additionally the 2016 WRES action plan did not appear to have been developed in accordance with NHS England WRES technical guidance.
- The trust did have detailed information on the equality characteristics of the workforce. The overall workforce consisted of 20% BME staff in 2016.The trust reported there were 57 posts in non-clinical areas between Band 8a and senior management. Of the 57 posts, two were occupied by workforce from BME backgrounds at Band 8b level. There was a very high level of BME under representation at Band 8a, 8c and through to senior management. This was a significant under representation of BME staff at these levels. BME staff within the trust were mainly employed within Bands 1 – 3 and were under represented at Band 4 through to Band 7. Within the clinical workforce demographic, BME staff were either very well represented or over represented in Bands 1 – 7. Within Band 8a through to senior management in the clinical workforce demographic, 17 of the 189 posts were occupied by BME staff. The significantly high under representation of BME staff in senior clinical and non-clinical posts would suggest that the leadership team in those parts of the trust are not representative of the overall demographics of the overall workforce.
- The likelihood of white candidates being appointed to roles from shortlisting was 1.85 times more likely than BME candidates. The trust performance against this indicator had worsened from 1.69 times more likely in 2015. The figure of 1.85 was significantly worse than the national average.
- The percentage of BME staff who had experienced harassment, bullying or abuse from patients, relatives and the public had almost trebled from 2014 to 2015.Performance had increased from 21.9% to 64.3% for BME staff. The figure for white staff had also increased from 33.5% to 38.7 during the same period.
- The percentage of BME staff that had experienced harassment, bullying or abuse from staff had increased from 25.8% to 27.4%. The comparative data for white staff showed a smaller increase from 25.9% to 27.6%.
- The percentage of white staff who believed they had experienced discrimination from a colleague or manager was 7.7%. This had increased from 7% in 2015. The comparative data from BME staff had increased from 12.6% in 2014 to 13.8% in 2015.
- Black and minority ethnic staff were 0.27 times less likely to be disciplined when compared to white staff. This figure is a significant improvement from 2015 when BME staff were 1.48 times more likely to be disciplined compared against white staff.
- The percentage of white staff that believed the trust provided equal opportunities for career progression and promotion had increased from 83.1% in 2014 to 84.5% in 2015. During the same period the percentage for BME staff had increased from 79.6% to 80.34%. The overall performance against this indicator was equal to the national sector average.
- The trust have several immediate challenges to overcome before it can demonstrate race equality across the WRES indicators. It was unclear whether a WRES action plan had been developed in consultation with BME staff and the trade unions. It was also unclear if an action plan had been discussed at board level. The trust's published WRES data for 2016 differentiates from that which was submitted by the trust to NHS England in several places.

Good

Are services well-led?

- The inspection team held and facilitated four focus groups for BME staff and BME managers across the trust. The groups were well attended by staff. We were told a BME forum was being established and that staff felt valued by the trust.

Engaging with the public and with people who use services

- Senior managers at the trust demonstrated a commitment to engaging people who use services and their carers. We observed a board meeting prior to the inspection where a standing agenda item was a presentation from patients. We observed strong engagement between trust and patients at the board meeting. The trust had a patient experience group, patient and carer consultative committees and learning from experience group. Feedback we received from patients and carers during a focus group was positive.
- The trust engaged well with patients at local level. The trust conducted regular patient surveys and wards had "you said we did" boards which outlined suggestions from patients and carers and the action the trust had taken in response to these. Patients were involved in decisions about services and also participated in recruitment of new staff.
- The trust employed peer support workers within the trust. Peer support workers are people who have a lived experience of mental illness. They are based in wards and can offer an understanding to patients through shared experiences. The perspective of a peer support worker offer social, emotional or practical support to patients. Peer support workers also do group work with patients and co-facilitate groups with staff. Nearly all of the peer support workers had used services within the trust previously. The trust had 16 peer support workers and were recruiting more. At the time of the inspection the trust were the second highest employer of peer support workers in England.
- The trust ran a number of patient and carers groups. There were consultative committees for patient and carers held in the West, North and East Kent. These groups met bi-monthly or quarterly. The patient and carer consultative committees were opportunities for patients and carers to meet and share experiences of using mental health services in order to support the improvement of service delivery. The meetings were attended by staff from the trust, usually at executive level, to discuss relevant developments and other areas of work. The trust had a very active schedule for patient and carer involvement. The trust also offered various training sessions to carers to support them.

Fit and proper persons test

- The trust met the fit and proper person's requirement and was compliant with the law. This regulation of the Health and Social Care 2014 ensures that directors of health service bodies are fit and proper persons to carry out their roles.
- The trust had a process in place for board members covering five areas; self declaration, enhanced Disclosure and Barring Service (DBS) check, due diligence checks for each Director, annual appraisal including completion of a checklist to ensure individuals meet skill and ability criteria, and amended contracts of employment for individuals making reference to the fit and proper persons test. The trust had a fit and proper persons document which detailed the trust policy and procedures in relation to meeting the requirement.
- We reviewed a sample of personnel files of directors and non-executive directors. The trust had carried out checks of all new and existing directors.

Quality improvement, innovation and sustainability

- The trust demonstrated a commitment to quality, outcome measurement and continuous quality improvement in strategy documents. These showed evidence of many innovations and a great deal of local ownership of improvement initiatives. However, the trust would benefit from targeting some key priorities and ensuring that these are prioritised across each part of the clinical quality governance programmes and arrangements to expedite delivery. We noted the significant involvement of the NEDs in the clinical governance and quality arrangements in relation to the clinical strategy, quality and safety digests, quality strategy and quality accounts.
- The trust had recently introduced an EHR system which had the capacity to provide live data to clinical teams for continuous quality improvement. Services such as the community mental health teams would benefit from an early roll out of this rapid feedback to assist in capacity management. The system provided teams with live data

to help them manage caseloads, plan work force and address safety issues. Teams who had been involved in the first pilots of the system reported the system was hugely beneficial.

- The trust were involved in participation in national service accreditation and peer review schemes. These included the electro convulsive therapy accreditation service (one location was fully accredited), the Community of Communities scheme (two services fully accredited), the Home Treatment Accreditation Scheme (one team accredited), the Memory Services National Accreditation Programme (four teams accredited) and the Quality Network for Forensic Mental Health Services (two services accredited).
- In the community-based mental health services for older people the service held weekly or monthly joint meetings between team doctors, neuroradiologist and nuclear physicians with access to scans. The nuclear physician in attendance was able to advice on the results of nuclear scans in line with NICE guidance. Teams were able to access scan results at the same time as GPs which reduced waiting times.
- In services across the trust there was a range of support and educational groups for carers including a carer's education programme. In the community based services for older people there were post-diagnostic support groups such as 'living well with dementia'. In several services the psychology team offered behavioural family therapy for patients and carers. We also saw wards had carer's champions.
- Some services within the trust had introduced a therapeutic staffing model. The model integrated occupational therapists and psychologists into nursing staff teams and provided patients with a wider range of structured activities seven days a week. It focussed on providing patients with increased therapeutic activities whilst ensuring that available staff resources were managed efficiently. Senior management at St Martins Hospital were planning to research the model to see how it had impacted on issues such as patient satisfaction, levels of aggression and staff morale.
- In the acute wards for adults of working age and psychiatric intensive care unit, the service employed registered general nurses. The nurses monitored patients' physical health daily and alerted doctors to any changes. The service had received feedback from acute services and paramedics that the supporting physical health documentation that was sent with patients had significantly improved. The registered general nurses also supported other staff with training around physical health monitoring, taking an electrocardiogram and interpreting the results, physical health medicine and using and maintaining other physical health monitoring equipment. The service had also worked with an external agency to improve efficiency and clinical outcomes across the service. The service now had a more focussed approach to discharge planning which had resulted in a significant decrease in the use of area private beds.
- The forensic inpatient and secure wards participated in the 'Safewards' initiative to promote the wards feeling safe and calm. Safewards has a number of modules to complete which includes mutual expectations, calm down boxes and soft words. The service used relational security principles to reduce the need for seclusion on the ward. Relational security is the collective knowledge and understanding staff have of the patients they care for and the environment. It combines four elements of the staff team, other patients, the inside world and the outside world to ensure safe care.
- The Lakeside Lounge café had been implemented at Trevor Gibbons Unit after a suggestion was made during a patient council meeting. Patients had been involved in designing the café. Staff, patients and visitors used the café and patients were able to do work experience and vocational placements.Patients told us how much they enjoyed being involved in the project.
- The trust had a 'Peak of the week' quality initiative, which identified a particular area of service quality, development or improvement and shared throughout the trust.
- We saw excellent use of the dementia care mapping toolkit and implementation of 'this is me' life history documentation to provide person-centred care on the wards for older people with mental health problems.
- The community-based mental health services for adults of working age were introducing a trial for the titration

of the atypical antipsychotic clozapine at patients' homes. This meant that patients could be monitored at home while in the early stages of treatment rather than have a hospital admission.

- The trust had made a commitment to strengthen the peer-supported open dialogue (POD) approach and is now training a second cohort of students. Open dialogue involves regular network meetings between a patient and their family, or peer network, and mental health professionals.
- Staff across the trust were encouraged to submit articles about interventions and skills they were particularly proud of to the quarterly publication called 'Connected'. Staff at Bridge House had published submissions talking about their service and employing staff with lived experience of addiction and using substance misuse services. One of the volunteers had also had an article published describing their journey as a relative of an ex-patient and their role as a volunteer.
- The trust employed peer support workers within the trust. Peer support workers are people who have a lived experience of mental illness. They are based in wards and can offer an understanding to patients through shared experiences. The perspective of a peer support worker offers social, emotional or practical support to patients. Peer support workers also do group work with patients and co-facilitate groups with staff. Nearly all of the peer support workers had used services within the trust previously. The trust had 16 peer support workers and were recruiting more. At the time of the inspection the trust were the second highest employer of peer support workers in England.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.
- In the long stay rehabilitation mental health wards 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". 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Core Services Acute wards for adults of working age and psychiatric intensive care units: The trust must take action to ensure all patients, where appropriate, have access to psychological assessment and interventions.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Core services: Community-based mental health services for adults of working age: • The trust must address the high caseload numbers allocated to individual staff to ensure that all patients are appropriately monitored. • The trust must review the waiting lists for those patients waiting for initial assessment and those patients waiting for allocation to a named worker to ensure patients receive a service in a timely way.

This section is primarily information for the provider

Requirement notices

Acute wards for adults of working age and psychiatric intensive care units:

- The trust must ensure that all patients have risk assessments that are reviewed regularly and updated in response to changes.
- The trust must ensure that systems in place to monitor patients using their Section 17 leave are used correctly.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Core services: Acute wards for adults of working age and psychiatric intensive care units: • The trust must ensure that the service is providing accommodation that adheres to guidance on same-sex accommodation. This related to Chartwell ward. Forensic inpatient/secure services • The trust must protect patients and staff against the risks associated with unsuitable premises and equipment, including a review of the bed frames used in the service to reduce the risk of ligatures.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Trust:

This section is primarily information for the provider

Requirement notices

The trust must ensure the governance systems provide sufficient oversight and responsive action around the Mental Health Act.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Core services: Acute wards for adults of working age and psychiatric intensive care units: • The trust must ensure that staff have completed mandatory training in line with their targets. • The trust must ensure that all staff have sufficient understanding of the Mental Capacity Act and its guiding principles. Forensic inpatient/secure services • The trust must ensure that staff complete all mandatory training. Community-based mental health services for adults of working age: • The trust must ensure that staff meet its targets for compliance with mandatory training, in particular personal safety, conflict management and cardiopulmonary resuscitation