Kent and Medway NHS and Social Care Partnership Trust

Inspection report

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Ratings

Overall trust quality rating	Good
Are services safe?	**Requires Improvement**
Are services effective?	**Outstanding**
Are services caring?	**Outstanding**
Are services responsive?	**Good**
Are services well-led?	**Good**

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

We carried out this unannounced, comprehensive inspection of the acute wards for adults of working age and psychiatric intensive care units (PICU), forensic inpatient or secure wards, and wards for older people with mental health problems of this trust as part of our continual checks on the safety and quality of healthcare services. At our last inspection we rated the trust as good overall.

Following this inspection, we rated the trust good overall. In addition, we rated each of the key questions. We rated safe as requires improvement; responsive and well-led as good, and we rated effective and caring as outstanding.

During this inspection we inspected three of the Trust's core services and rated all three as good.

We also undertook an inspection of how 'well-led' the trust was. We rated the trust as good.

Kent and Medway NHS and Social Care Partnership (KMPT) is a large mental health trust that provides mental health, learning disability, substance misuse and specialist services to approximately 1.8 million people across Kent and Medway. The trust works in partnership with Kent County Council and works closely with the local unitary authority in Medway. The trust is one of the largest mental health trusts in England and covers an area of 1,450 square miles. The trust has an annual income of £195 million and employs approximately 3,500 staff who work across 66 buildings on 33 sites. The trust provides services around key urban centres including Maidstone, Medway and Canterbury and more rural community locations. The trust services are commissioned by the Kent and Medway clinical commissioning group, and by NHS England, and by the Kent, Surrey, Sussex provider collaboratives.

The trust provides a range of mental health services including acute, rehabilitation and forensic in-patient services for working age and older adults. The trust provides community based mental health services such as outpatient and community clinics. The trust provides services for people experiencing mental health crisis such as crisis and home treatment teams and health-based places of safety.

The trust provides the following services

Our findings

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

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe as requires improvement; responsive as good, and we rated effective and caring as outstanding. We rated 'well-led' for the trust overall as good.
- We rated acute wards for adults of working age and psychiatric intensive care units as good. This had improved from the rating of requires improvement given at our last inspection. We rated wards for older people with mental health problems as good. This rating was unchanged since our last inspection. We rated forensic inpatient/secure wards as good. The rating for this service had gone down from the outstanding rating given at our inspection in October 2018. In rating the trust overall, we included the existing ratings of the nine previously inspected services not inspected during this inspection.
- Since the last inspection the trust had appointed a new chair and five new non-executive directors. The trust had also recently appointed a new executive director of nursing to take up post in 2022.
- The non-executive directors (NEDS) and executive directors provided high quality, effective leadership. Non-executive board members had a wide range of skills and experience. They all had experience as senior leaders in a range of organisations and brought skills such as a knowledge of finance, organisational development, legal, fire service, research, real estate, human resources, working in partnership and transforming services. The non-executive directors were well supported and provided appropriate challenge to the trust board.
- There were regular board visits to services by executives and non-executives. These visits had continued during the COVID-19 pandemic in virtual form, to ensure they remained connected with frontline staff.
- The trust leadership demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed. The trust leadership had demonstrated an ability to adapt at a fast-changing pace during the COVID-19 pandemic. The trust's use of information technology had been expanded quickly during the pandemic. A new public crisis line was created and many community teams began more flexible working including extended opening times into weekends and evenings.
- The trust had a clear vision and a set of values which staff understood. The trust had a three-year strategy which had been refreshed in 2020. Leaders were well sighted on the ambition of the new strategy and there was a focus on aligning the strategy with both local and national priorities.

Our findings

- The board was supported by six other committees including the audit committee. There were clear lines of accountability and governance arrangements in place to provide ward to board assurance. The board met regularly and had a clear agenda for discussion. Committee discussions were robust and provided escalation when required. The board regularly discussed board assurance, quality, safety, workforce delivery, strategy, transformation, finance and commissioning.
- There was a range of mechanisms in place for identifying, recording and managing risks, issues and mitigating actions. Individual services maintained their risk registers which were submitted to the trust's electronic risk management system. All staff had access to the risk register and were able to escalate concerns when required. Staff concerns matched those on the risk register.
- The trust continued to be financially stable and had strong financial expertise among the executives and non-executive directors (NEDS). The trust had an underlying deficit and was working with NHS England and other system partners to address and reduce this.
- The trust had responded positively to previous inspection findings in 2019 and findings from focused inspections in 2020 and 2021. Most of the required improvements from these inspections had been met.
- The board were committed to equality and inclusion. There was an active focus on equality, diversity and inclusion represented at board level. The trust had set itself a goal to become an anti-racist organisation. There were several staff networks who met regularly. These included Black Minority Ethnic (BME) staff network, LGBT+ staff network, the Faith network, and Disability networks.
- The trust was implementing a new engagement pool and engagement council for the users of the trust services to be more fully engaged and broaden the scope of patients' representation.
- Trust executives were working with other providers in the strategic development of mental health services within the Integrated Care System (ICS). The trust leadership placed system and partnership working within Kent and Medway as a key objective. The ICS Mental Health Learning Disabilities and Autism Board was chaired by the chief executive officer (CEO) of the trust.
- Patients told us that staff treated them with compassion and kindness. They said that staff respected patients' privacy and dignity. Patients said staff were attentive, non-judgemental and caring.
- The low secure services had implemented an anti-racism strategy. A number of working groups were set up to lead in different areas including; embedding a culture which promoted equality, developing a patient group to explore the impact of racism and to look at ways of being anti-racist allies.
- The acute wards for working age adults were part of the armed forces network (a multi-organisational group including mental health clinicians and armed forces agencies) and had recently completed a piece of work around the things to consider if a veteran was in a mental health setting.

However:

- Several of the trust capital projects had experienced slippage due to insufficient leadership oversight and a lack of project management experience within the estates and facilities function. This had also led to a slow response to essential maintenance and repair across several core services. The trust leaders were open about this and were now aware of the issues and taking action. Additional oversight had been put in place; project management skills and experience had been brought into the estates and facilities directorate to ensure appropriate management of contract performance with the out-sourced maintenance company and a more flexible 'handyman' service had been established to quickly address low-level maintenance and repair issues.

Our findings

- Despite these developments there were still outstanding maintenance, refurbishment and repair issues on all core services we inspected. The outstanding issues had been logged on the trust system by staff, but repairs had not been completed. The specific issues are described in the core service reports. They included a broken shower, a seclusion room awaiting repair before it could be used, a ward awaiting non-slip flooring, upgrading of vistamatic windows, and the safe provision of hot water for hot drinks for patients on several wards.
- Patients experiencing functional mental health concerns on Jasmine ward, reported that they did not always feel stimulated or engaged. We also found on Jasmine ward intermittent patient observations were not always carried out in line with the trust policy and there was not clear evidence that patients were involved in their care planning.
- Some staff we spoke with across several teams expressed concerns about speaking up and raising concerns to senior leadership. Some staff said they were reluctant to speak about their concerns because of fears of reprisals, or because they felt that their concerns would not receive a response from the senior team.
- Whilst the trust had a workforce strategy and was succeeding in the recruitment of international nurses, trust-wide there were a high number of vacancies with an overall staff vacancy rate of 15% against a target of 11.85%. Staff retention rates had declined across 2021 reaching 81.8% against a target of 87.3%
- The trust had an explicit commitment to equality and inclusion, however, the workforce race equality (WRES) data showed an increasing amount of racial bullying and harassment experienced by BAME staff. This had now increased to 42.9% from 35.6% in 2017.
- We received mixed feedback from patients regarding the food provided by the wards. Some patients were happy with the food provided, however others told us that the food portions were small and not of good quality. We observed staff prepare a cook chill meal on the forensic wards, and we could see portion sizes were small, with a small tray of chips identified for six patients as part of their lunchtime meal. The preparation of the food was carried out by the ward nursing staff and had a significant impact on their clinical time.

How we carried out the inspection

We used CQC's interim methodology for monitoring services during the COVID-19 pandemic including on site and remote interviews by phone or online.

We inspected all of the trust's mental health wards for older people which were open at the time of inspection, we inspected all the trust's adult inpatient wards and psychiatric intensive care units (PICU) with the exception of three adult wards at Little Brook Hospital, we inspected both the trust's forensic services at the Trevor Gibbens Unit and Allington Centre.

During the mental health wards for older people inspection, the inspection team:

- undertook a tour of all six wards across five locations to look at the quality of the ward environments. At the time of inspection Orchards ward was temporarily located at Littlestone Lodge and was due to return to a newly refurbished ward in December 2021.
- looked at 31 care records across all six wards
- looked at 48 prescription charts and inspected clinic and treatment rooms across all six wards
- attended and observed multi-disciplinary team (MDT) handover meetings on Woodchurch ward, Ruby ward, Sevenscore ward, Heather ward and Jasmine ward

Our findings

- spoke with 39 members of staff including a volunteer, nurses, healthcare assistants, occupational therapists, occupational therapy assistants, administration staff, ward managers, deputy ward managers, junior doctors, matrons, a consultant, and pharmacists
- observed a group activity on Orchards, Ruby and Jasmine wards
- spoke with 11 patients across three of the six wards
- spoke with 15 carers/ relatives across five of the six wards
- reviewed a range of policies, procedures and other documents relating to the running of the service

For the adults of working age and PICUs inspection, the inspection team:

- visited seven wards at the three sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 11 patients who were using the service both in person and via telephone calls
- spoke with 3 carers
- spoke with the ward managers for each ward
- spoke with 2 matrons
- spoke with 41 other staff members; including Deputy ward managers, speciality doctors, a consultant, a deputy chief pharmacist, an inpatient senior practitioner, nurses (including a student nurse and nurse apprentice), occupational therapists (including a lead occupational therapist, occupational therapy assistant and an occupational therapy student), healthcare assistants, a psychologist and an assistant psychologist, and a peer support worker.
- attended and observed a bed management meeting, and two handover meetings
- reviewed 10 incident records
- looked at 35 care and treatment records of patients
- carried out a specific check of the medicine management on all wards and 39 prescription charts
- looked at a range of policies, procedures and other documents relating to the running of the service
- reviewed community meeting minutes for all wards

For the forensic inpatient/secure services inspection, the inspection team:

- visited five wards across two hospital sites, looked at the quality of the ward environment, management of the clinic rooms, and observed how staff were caring for patients
- spoke with 21 patients and carers of people who were using the services
- spoke with the manager and/or matron of each ward
- spoke with 27 other staff members including nurses, clinical practice leads, a physical health lead nurse, social therapists, support workers, occupational therapists, psychologists, consultant psychiatrists, a clinical pharmacist, an assistant pharmacy technical officer, and a speech and language therapist
- spoke with six senior members of staff including the medical lead for forensic services, the head of nursing, the head of psychology services, the sexual safety lead for the service, and the drugs and alcohol lead for the service

Our findings

- reviewed 22 care and treatment records of patients
- carried out a specific check of the medication management on Allington, Emmetts and Groombridge wards
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that staff treated them with compassion and kindness. They said that staff respected patients' privacy and dignity. Patients said staff were attentive, non-judgemental and caring. Patients also reported staff provided help, emotional support and advice when they needed it. Patients said staff treated them well and were responsive to their needs.

We received mixed feedback from patients regarding the food provided by the wards. Some patients were happy with the food provided, however others told us that the food portions were small and not of good quality. One patient told us that food was sometimes served cold and most patients told us that salad is not regularly included, despite feedback from patients for more of this.

Outstanding practice

We found the following outstanding practice:

Trust

- As part of its participation and involvement strategy, the trust was implementing a new engagement pool and engagement council for the users of the trust services to be more fully engaged and broaden the scope of patients' representation. The Council had thirteen standing members who were self-nominated and selected from the engagement pool. The engagement pool was a wide range of service-users, carers and the public who have signed up to work with the trust on service development and improvement. At the time of inspection over 100 people had volunteered and been trained to become members of the engagement council. The council had yet to commence meetings.

Acute wards for adults of working age and psychiatric intensive care units (PICU)

- The service was part of the armed forces network and had recently completed a piece of work around the things to consider if a veteran was in mental health settings. The trust had a variety of armed forces link workers and an armed forces champion who were involved in rolling out a training video across the trust. Link trainers were clinical staff who had the appropriate skills to support veterans and local NHS teams when the veteran was in crisis or was admitted to a mental health inpatient ward.

Wards for older people with mental health problems

- Staff used several occupational therapy interventions that were innovative tools designed to improve the quality of life, care and treatment for patients living with dementia. They included doll therapy, where lifelike dolls or soft toy animals were used to promote feelings of relaxation and pleasure to help people who are withdrawn, distressed or

anxious. Staff used an age simulation suit to help their awareness of the impairments of older people and this was used during manual handling training. They also gave patients "playlists for life" which is a playlist of personal music which assisted people living with dementia to connect with the past through songs which held importance and meaning for them.

Forensic inpatient and secure wards

- The low secure services were piloting the implementation of the anti-racism strategy. A number of working groups were set up to lead in different areas including; embedding a culture which promotes equality, developing a patient group to explore the impact of racism and look at ways of being anti-racist allies, improve staff support procedures following incidents of racism, including closer working with the police and develop restorative practices to build connections and respond to racism. This initiative supported the trust intention to become an anti-racist organisation, and also sought to create a culture in this core service which would reduce the frequency of BAME staff experiencing racist bullying and harassment from patients and carers.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

We told the trust that it must take action to bring services into line with one legal requirement. This action related to one service.

Trust wide

- The trust must have an effective estates and facilities response to repairs and maintenance concerns in patient areas, and must ensure that these are addressed in a timely way once identified by staff or patients in these areas. (Regulation 15 (1)(e) HSCA (RA) Regulations Premises and equipment).

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

- The trust must ensure that the outstanding maintenance issues on Fern ward, such as the overflowing drain and communal showers, are rectified in a timely way. (Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment)
- The trust must ensure that all patients on Fern ward are able to lock their bedroom doors in order to keep their belongings safe. (Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment)

Wards for Older People with Mental Health Problems

- The trust must ensure intermittent observations are being carried out in accordance with trust policy on Jasmine ward. (Regulation 12(b): Safe care and treatment)
- The trust must move forward urgently to implement its plan to replace the flooring on Jasmine ward to ensure patients are safe. (Regulation 12(d): Safe care and treatment)

Our findings

- The trust must ensure all patients have routine access to hot water to make hot drinks on all wards, who are risk assessed as safe to do so. (Regulation 12(e): Safe care and treatment)
- The trust must have a plan to address all the issues identified on Jasmine ward, including ward environment, activities and involvement of patients and carers in care plans, with appropriate oversight and leadership at ward level. (Regulation 17(2a and 2b): Good governance)

Action the trust SHOULD take to improve:

Trust wide

- The trust should ensure there is sufficient management oversight and project management resources available to deliver its capital projects. This includes financial and senior leadership oversight to ensure that slippage in planned costs is kept to a minimum.
- The trust should ensure that there is sufficient monitoring of outsourced functions, such as maintenance and food provision, and review contract performance informed by the feedback from patients and frontline staff.
- The trust should actively encourage staff to speak up, and have appropriate means to support this, including the implementation of the new Freedom to Speak UP provision for staff in 2022. This includes ensuring there is an open and transparent culture in which staff can raise their concerns to senior leaders without fear of retribution and reprisal.
- The trust should consider a more ambitious target and more concentrated focus to improve WRES outcomes and reduce the frequency of BAME staff experiencing bullying and harassment from patients, carers and the public.

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

- The trust should ensure that the patient monies protocol is being followed on Fern ward.
- The trust should consider how maintenance issues are recorded and monitored on the wards at St Martin's, to ensure outstanding actions are completed.
- The Trust should ensure that patients receive updated copies of their care plans.
- The trust should ensure that all outstanding face to face training such as CPR and AED Practical, immediate life support, moving and handling patient and physical interventions are completed in line with trust policy.

Wards for Older People with Mental Health Problems

- The trust should ensure improvements are made to the general ward environments on Sevenscore, Jasmine, and Woodchurch wards to ensure they are decorated to a good standard and fit for purpose.
- The trust should ensure the ramps in the outdoor spaces on Heather ward and Woodchurch ward are repaired and have appropriate safety markings.
- The trust should ensure patients on Ruby ward can routinely access fresh air and healthy snacks.
- The trust should ensure they review the blanket restrictions in place on several wards regarding patients holding keys to their bedroom doors.
- The trust should ensure that all patients who require physiotherapy and individual psychological therapies receive these in a timely way.

Our findings

Forensic inpatient and secure wards

- The trust should ensure that the programme for the replacement of vision panels in doors is accelerated.
- The trust should ensure that it makes explicit in its admission criteria for Emmetts ward that the ligature risks on the ward are managed by the individual risks of the patient group and that the ward is suitable to have high levels of managed ligature risk.
- The trust should consider how it improves its response times for localised maintenance works
- The trust should resolve the issue with the quality of patient food and the impact the regeneration of food on the ward has on clinical staff's time.

Is this organisation well-led?

Our rating of well-led stayed the same. We rated it as good.

Leadership

The chair, non-executive directors and executive directors provided high quality, effective leadership. The trust executive team had the appropriate range of skills, knowledge and experience to perform its role and deliver mental health and learning disability services. The trust board consisted of the chair, chief executive, seven non-executive directors (NEDs) and five executive directors. The board had clear areas of responsibility and accountability. The executive directors had the support needed to undertake their roles.

Since the last inspection in November 2018, there had been some changes to the trust board. The trust had appointed a new chair, and five new non-executive directors had joined the trust in August 2020. The trust had appointed a new Director of Nursing to start in March 2022 following the departure of the current post-holder in December 2021. The trust had recently appointed two new directors to the senior management team for digital transformation and for quality improvement to ensure it had the right skills and experience to achieve its ambitions.

The NEDs had the appropriate range of skills, knowledge and experience. They all had experience as senior leaders in a range of organisations and brought skills such as a knowledge of finance, organisational development, legal, fire service, research, real estate, human resources, working in partnership and transforming services.

All board members had lead areas including non-executive directors who chaired specific committees or were leads on areas of work. For example, one non-executive director led the Audit and Risk Committee. The NEDs sat on each other's committees. Emerging themes could be identified and discussed in each of the committees they sat on and routinely in regular meetings that took place between the chair and all NEDs. Feedback was shared between the NEDs and executive team.

Succession planning was in place throughout the trust and leadership development opportunities were available.

Fit and Proper Person checks were in place. The trust had an appropriate process for carrying out their duties in respect of the Fit and Proper Person Regulation. Information held by the trust was compliant and there was a yearly check and update process in place. However, the information was spread across several trust systems which was a challenge to maintain easy oversight and ongoing monitoring.

Our findings

The trust board and senior leaders across the trust displayed integrity in carrying out their roles. The trust executives and non-executive directors were professional and demonstrated a high level of commitment to ensuring people who use services and their families received the best care and treatment as possible.

The trust board demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed. The trust leadership had demonstrated an ability to adapt at a fast-changing pace during the COVID-19 pandemic. This included developing the single point of access service (SPoA) to offer a crisis phone line open to the public, and community mental health teams offering services on evenings and weekends. Leaders spoke with insight about the need to continue to work with external partners to meet the needs of the local population

Board members visited teams across the wide range of trust services regularly to meet staff and review services. This had slowed somewhat during the pandemic, but board members had completed virtual visits during this time, and all board members had a schedule of visits for face to face visits in place since pandemic restrictions had eased. Board members and NEDs told us they felt it was important to remain connected with frontline staff at such a pressurised time.

Directors and senior staff from across the trust whom we met all said the board members were open and challenged each other professionally and openly. We observed this when we attended the board meeting prior to the inspection with the NEDS tempering the optimism of some board discussion with realism and appropriate challenge.

The chief pharmacist was supported by a senior pharmacy team and had regular meetings with the chief medical officer. Medicines optimisation was integrated into the trust governance committee structure. The chief pharmacist had access to other members of the executive team like the executive director of nursing. Pharmacy staff including the medication safety officer worked closely with the governance team including the medical devices safety officer to manage alerts and recalls.

Pharmacy staff undertake a scheduled programme of audits and clinical review. These include the safe and secure storage of medicines including controlled drugs, administration records (blank box audit) and participation in Prescribing Observatory for Mental Health – (POMH-UK)

Vision and Strategy

The trust had developed a clear vision and values in collaboration with key stakeholders: ‘to provide brilliant care through brilliant people and delivering quality care through partnerships’. The trust vision and values were displayed throughout the trust and on the trust’s website.

The trust strategic aims for 2020-2023 were:

To work with partners across Kent and Medway to deliver brilliant care through brilliant people

Quality: consistently deliver outcomes that matter to people through understanding quality of care that is underpinned by a mature approach to quality improvement

Use our expertise to lead and partner: partner effectively with other organisations in Kent and Medway to design and implement innovative primary and community care models for mental health, learning disability and substance misuse

Integration: support the integration of mental and physical health services across Kent and Medway to deliver seamless car for our service users and carers and support delivery of the NHS Long Term Plan

Our findings

The trust vision included:

Respect: we value people as individuals, we treat others as they would like to be treated

Working together: we work together to make a difference to our service users

Open: work in a collaborative, transparent way

Innovative: we find creative ways to run efficient, high quality services

Accountable: we are professional and accountable for our actions

Excellence: we listen and learn to continually improve our knowledge and ways of working

Staff knew and understood the current vision and values of the trust. Values were embedded in the services we inspected. Staff were able to describe how they related to their area of work.

The trust launched a new three-year strategy in 2020. The strategy had been developed to align with national and local work for increased integration across health and care systems as referenced in the NHS Long Term Plan, and also to recognise and reflect the impact that COVID-19 had had on ways of working, collaboration across services and to build on positive developments such as the use of technology during the pandemic.

The trust was proactively working with other providers to facilitate the strategic development of mental health services within the Integrated Care System (ICS). The trust was actively involved across a wide range of workstreams and in ensuring that mental health and learning disability services achieved a parity of esteem and equity in resources. The trust chief executive had taken a lead role and chaired the newly formed Mental Health and Learning Disabilities and Autism Improvement Board within the new integrated care system. This brought together local commissioners, providers, clinical leaders and local authorities to focus on transformation projects across Kent and Medway and placed mental health and learning disabilities at the centre of the integrated system.

Culture

Generally, staff were proud to work at the trust and demonstrated a passion for delivering high quality patient care. Staff put patients at the centre of everything they did. However, some staff we spoke with felt that there were issues that were not being addressed by the senior team, and some did not feel confident about speaking out in the organisation about concerns that they had.

The trust recognised staff success through awards and nominating work for national awards. The trust had developed, during the pandemic, a KMPTProud mechanism to recognise and celebrate the achievements of the trust staff. Staff could also nominate colleagues and teams for the trust annual awards which contained 10 categories including clinical, support and innovation.

The trust had a Freedom to Speak Up Guardian (FTSUG) which at the time of inspection was an internal post which reported to the Director of Workforce. The postholder had developed a network of 27 FTSU champions across the

organisation to support staff with raising concerns. The organisation also had a 'Green Button' which staff could use to raise concerns remotely via the trust's electronic systems. Key themes identified by the FTSU Guardian included inter-staff relationship challenges, issues with staffing numbers, the rationale behind trust decision-making and unfair treatment on grounds of race.

Some staff we spoke with said they were confident to use the trust's FTSU processes. However, some black, Asian and minority ethnic staff (BAME staff) we spoke with and other clinical leaders were less confident using the trust FTSU processes. Some staff said that they felt there was no point in speaking up as there was insufficient follow-up and response to their issues by the trust if they did so. Others expressed some reluctance to speak up about their concerns because of fear of reprisals. Some staff we spoke to were uncomfortable talking about the senior leadership team and feared this would have negative consequences for their role or the service

As the current postholder was leaving the organisation, the trust had reviewed the FTSU function and had commissioned this the function to be delivered by an external agency starting in early 2022.

Staff Survey 2020

The trust was completing the staff survey for 2021 at the time of inspection. The trust target for staff completion of the survey for 2021 was 68% and it achieved 67.6%. The trust had focused attention on the 2021 survey, encouraging staff to complete this, as previous uptake from staff had been lower at 61%.

The trust scored comparatively with other similar providers in ten key themes in the 2020 NHS Staff Survey. The themes included equality, diversity and inclusion, health and wellbeing, immediate managers, morale, quality of care, safe environment, safety culture, staff engagement and team working.

The survey scores were however lower than benchmarked averages for similar providers in the areas of BAME staff experiencing bullying from patients, carers and members of the public; staff feeling recognised and valued for their work; recommending the trust as an employer and not intending to leave the organisation, and feeling safe to speak up within the organisation. The trust had developed an action plan to respond to these areas which was last reviewed in November 2021 and all actions were scheduled to be completed by March 2022.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) became compulsory for all NHS trusts in April 2015. To comply with the WRES, trusts have to show progress against nine measures of race equality in the workforce.

According to the trust WRES data, the number of black and minority ethnic (BAME) people in the trust workforce was 24.7% which was a growth of 5% in the last three years, and is higher than the average for the NHS South region at 20.1%. The largest group of BAME staff were working in Band 2 roles (55%) and in very senior manager roles (54%). The trust board ethnicity was 20% BAME which was higher than the mental health provider benchmark of 7.5%.

The number of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public had increased to 42.9% from 35.6% in 2017. The trust had set a target for this to reduce to 35.6% over two years. The likelihood of BAME staff experiencing the trust disciplinary process had increased and was four times more likely than white staff. BAME staff experiencing discrimination in the workplace was 15% against 6.4% for white colleagues.

Our findings

It was the trust's intention to become an anti-racist organisation. Following an analysis of the WRES data the trust had put in place actions to take the next steps towards racial equality. They included an early resolution policy to reduce numbers of staff going through the disciplinary process, trust-wide discussion on what an ant-racist organisation means, and deliver positive action workshops to support job applications. The low secure services were piloting the implementation of the anti-racism strategy which could be rolled out to other services in time.

The trust produced an annual Equality, Diversity and Inclusion (EDI) annual report. The report for 2020/21 outlined four targets for inclusion which included a new equality impact assessment process, a reverse mentoring programme, accessibility information as standard training for frontline staff and a working group to improve the capture of demographic information. In February 2021 the trust launched a joint initiative with Kent Police to tackle hate crime and violence against KMPT staff, referred to as Operation Cavell.

Workforce Disability Equality Standard (WDES)

The trust had measured itself against the WDES standards. The WDES is a set of standards that aims to improve the experiences of Disabled staff in the NHS. From April 2019, all NHS trust had to measure themselves against ten data standards.

A total of 7% of the KMPT workforce shared that they identified as disabled on their staff record. Staff working in agenda for change (AfC) Band 6 roles had the largest proportion of disabled staff. The number of disabled staff feeling that the trust had made adequate adjustments had risen by 7.9% in the last 12 months to 84%.

Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public was 35% which was 4% higher than the benchmark for mental health providers.

A total of 24.5% of disabled staff experienced harassment, bullying or abuse from colleagues in contrast to 13.6% of non-disabled colleagues.

People who were disabled were just as likely to be appointed from shortlisting than non-disabled people against this key national workplace disability equality standard (WDES) measure.

The trust had rolled out disability awareness training to all staff and worked with the trust disAbility staff network to introduce a staff wellness passport. A WDES action plan was being developed with the involvement of the staff network. The trust was developing a managers' handbook to assist them with the right information to support staff with disabilities.

Staff Networks

As part of the trust's work around equality, diversity and inclusion there were four established staff networks. The networks were focused on the promotion of diversity in the workplace. The networks were comprised of peer groups of staff who used the networks as a safe space for peer engagement and support as well as a forum for providing feedback to the trust senior leadership on areas and opportunities for improvement.

The networks in the trust were:

Our findings

BAME Network: a staff network for black, Asian and minority ethnic staff and allies. The network had an executive level sponsor and was the largest staff network in the trust. The network chair had addressed the trust Board re the trust agenda to eradicate all forms of racism in the organisation, and ensure equity.

disABILITY Network: a staff network to promote disability awareness open to staff with or without a disability. The network had 58 members and was involved in reviewing the trust's policy on disability related sickness and reviewing the well-being passport.

LGBT+ Network: a staff network to empower and support LGBT+ staff and allies. The network had been involved in Pride months, LGBT History month and working to increase trans awareness.

Faith Network: a staff network to promote understanding and good relations between all religions and beliefs and inclusive of all religions and beliefs.

The networks by and large met every two months and had a small budget to use for resources and activities. All networks had a senior trust sponsor.

Staffing

Vacancies

The overall staff vacancy rate for all roles was 15% against a target of 11.85%. This position had worsened since November 2020 when the vacancy rate was 12.7%.

Staff retention rate for all roles was 81.8% against a target of 90%. Staff retention had declined since the earliest data reported in June 2021 of 87.3%.

The trust board had identified workforce recruitment and retention as one of the trust's key risks. The trust had taken initiatives to respond to recruitment and retention issues and progress of these was monitored and reviewed at trust board level. A nurse apprenticeship scheme was in place and the trust was recruiting nurses internationally with nine nurses starting employment in November 2021 which would increase to a total of 21 nurses by March 2022.

Staff Sickness

The overall staff sickness was 5% in October 2021. This was 1% above the trust target of 4%. A 0.75% portion of the staff sickness was due to sickness caused by COVID-19.

Mandatory training compliance

The trust set a target of 90% for all staff completion of mandatory and statutory training. Overall, the trust target of 90% had been met for training. The trust overall completion rate was 93%.

Appraisal

All staff had the opportunity to discuss their learning and career development needs at an annual appraisal. At the time of the inspection the trust appraisal rate was 99% (including medics).

Our findings

Managers across the trust addressed poor staff performance where needed. The trust had policies and procedures in place for managing staff capability and performance concerns.

Supervision

At the time of inspection the trust compliance for staff supervision was 80%. During the core service inspections, staff we spoke with said that they received regular supervision.

Governance

The trust had effective structures, systems and processes in place to support the delivery of its strategy including sub board committees, executive-led assurance committees, directorate governance meetings and team meetings. Leaders regularly reviewed these structures. Board members understood their portfolio, remit and were able to challenge each other appropriately.

The board was supported by six sub-committees: Audit and Risk Committee, Quality Committee, Finance and Performance Committee, Mental Health Act Committee, Workforce and Organisational Development Committee, and Remuneration and Terms of Service Committee.

The NEDs were clear and well sighted on their areas of responsibility. They chaired board sub-committees and had Executive Leads who had defined areas of responsibility. They worked to ensure there was an appropriate level of communication between the sub-committees and the trust board.

The trust board met every two months. We observed a trust board meeting in the week before the well-led inspection. The board meeting was conducted in a warm, welcoming and professional way. The public board meeting opened with a personal story from a patient or carer's perspective which was used to inform the board. Patients, carers, staff members and the public could attend the public board via video-link as the board had been meeting virtually since the outbreak of the pandemic.

There was clear evidence of benchmarking the trust against peer organisations for the workforce metrics which was good practice and could be expanded to include other categories. Similarly, there was evidence of co-production in board papers between the board, staff and patients.

The board agenda covered board assurance, strategy and development, operational assurance and governance. Standing items included the board assurance framework, an action log and reports from the chair and the chief executive. The board reviewed an Integrated Quality and Performance Report (IQPR) at each meeting. The IQPR contained reports on current operational performance data from team level measured against expected performance. This key performance information was reviewed and discussed including an analysis of those areas where performance lay outside targets.

The trust had an established Board Development Programme, with the next session being in December 2021. This was to be externally facilitated and focused on honing trust performance as a unitary board. However, the external review of the trust board had been postponed in 2020 due to the number of personnel changes in the board. The external audit of board effectiveness was due to be rescheduled in 2022.

There were items on the agenda for the private board meeting which could have been heard at the public meeting such as the presentation on learning from serious incidents.

Our findings

Although standards of papers were generally good, there were a few areas where board papers fell short of good standards of governance in that papers were not numbered or lettered to correspond to the agenda item, often the 'overview of paper section' was a contents list rather than an overview, and there was inconsistency with the headings on cover sheets. We noted that a substantial item tabled with slides had not been included on the agenda for the board meeting we attended. These elements would enhance the understanding of participants and board attendees.

Complaints and compliments

The trust had received 437 complaints in the last year and 1642 compliments. Of the complaints, 12 (3%) were completed beyond the agreed response date and extended following conversation with the complainant, the remainder were completed on time.

Management of risk, issues and performance

The trust developed robust financial plans in line with national requirements and aligned to the organisation's overall strategy. The trust had a strong recent track record of delivering its financial plans, managing cash, capital and revenue effectively, however the trust was working with system partners to address an underlying deficit of £6 million, and had a target to reduce the annual spend on agency staff by £2 million.

Financial risks were recognised by the trust and partners in relation to the management of capital projects which had led to slippage in financial targets. We saw on the core services inspections that staff were struggling to get timely responses to basic maintenance needs, and repairs to equipment, that could impact on patient wellbeing. The trust recognised these concerns within the estates and facilities function. The trust was addressing how insufficient management oversight, including experienced project management, had contributed to this and an investigation into how this occurred was underway. The trust had appointed additional project management resources and the board had oversight of the issues, including reforming and monitoring the performance of the contract with the outsourced maintenance provider.

The Board Assurance Framework (BAF) had been reviewed and was now presented in a new template and this was reviewed at the trust board and actions from it where allocated to the appropriate board committees. The BAF aligned with the key corporate risks and listed trust risks under nine categories which described the risk, the controls in place, the top five assurances and planned actions and milestones. The BAF was used to provide assurance to the Board that there was a system of internal control in place to manage key risks. The new format BAF was comprehensive with clear governance arrangements around it. It was reviewed at board meetings and discussed at sub-board committees.

Arrangements were in place for identifying, recording and managing risks, issues and mitigating actions. Risks were identified, assessed and managed at all levels of the organisation. The risk management process in place set out the key responsibilities and accountabilities to ensure that risk was identified, evaluated and controlled. Risks were escalated as necessary. Services maintained their own risk register which was submitted to the trust's electronic risk management system. All staff had access to the risk register and were able to effectively escalate concerns as needed. Staff concerns matched those on the risk register.

Key trust performance risks identified with NHSE/I included poor performance in meeting demand for memory assessments within dementia services. A strategy had been developed to improve this. Trust performance in achieving the physical health checks for people with severe mental illness (SMI) was below target, and recruitment and retention of staff was a significant workforce risk. These risks and the plans to address these were on the trust risk register and plans had been developed in collaboration with commissioners.

Our findings

The trust had outsourced the provision of meals to patients in its inpatient services. We heard mixed reviews from patients about the portion-size and quality of the food, especially in the wards where patients had a longer stay. Food was delivered to each ward and then reheated before serving. It was the task of nursing staff to carry out the reheating and monitor the temperature of all items before serving to patients. We observed that this was a time-consuming task which placed pressure on the ward team and removed staff from clinical roles.

Pharmacy staff including the medication safety officer worked closely with the governance team including the medical devices safety officer to manage alerts and recalls.

The trust had made improvements investigating and learning from serious incidents. The absence of detail and clarity of root cause analysis reports had been highlighted at the last well-led inspection. Since then the trust had created and developed a central investigation team to investigate and report on serious incidents. The reports we reviewed were consistent and of good quality with the involvement of carers and family within the investigation process identified.

Information Management

The trust was aware of its performance through the use of key performance indicators and other metrics. Information was in an accessible format, timely, accurate and identified areas for improvement. Team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care.

Since the last inspection the trust had continued to develop its clinical quality audit tool 'CliQ check'. The information was now available for team leaders and managers via a dedicated app. The CliQ audit system produced reports across a range of patient care indicators. Teams where performance was outside trust targets were given high impact actions to work on to improve performance.

The trust had guidance and processes in place to support information management. Staff were trained to understand recording processes and received information through the trust's reporting system.

Since the last inspection the trust had increased the use of digital technology which had been deployed during the COVID-19 pandemic. The trust had recently appointed a director for digital transformation. The trust was working towards a clinical technology strategy based on ten objectives developed in consultation with patients carers and staff. They included developing a culture of continuous digital improvement, cyber security, user-centred design of new systems, easy access to data and systems that support research and audit.

The trust also had in place an informatics strategy to improve the collection, quality and sharing of key trust information.

The trust was working in partnership with other agencies in the county to develop a Kent and Medway integrated health and social care record (KMCR). The record could be accessed by GPs, local authorities, and other NHS and mental health providers. The expectation was that the shared information would assist clinical decision-making and reduce the need for patients to repeat their information to different parts of the system providing care and treatment.

Leaders submitted notifications to external bodies as required.

Engagement

Our findings

The trust utilised a number of communication methods such as the intranet, newsletters and a quarterly trust magazine, 'Connected', to ensure staff, patients and carers could access the most up to date information. There were opportunities for patients, carers and staff to feedback on the service.

The trust had a participation and involvement strategy. Since the last inspection the trust was implementing a new engagement panel and engagement council for the users of the trust services to be more fully engaged and broaden the scope of patients' representation. The Council was formed from senior staff, service users, carers and members of the public. At the time of inspection 100 people had volunteered and been trained to become members of the engagement council.

The trust was a member of the Triangle of Care for both inpatient and community services. There were carers champions across all the trust teams whose role was to help promote carer awareness to their colleagues as well as being a designated point of contact for carers.

There were initiatives for staff to have easy access to the chief executive by messaging directly 'Tell Helen', and also for members of the public to do the same through 'Hello Helen'. The trust also had a weekly 'thank you' email to staff and a weekly well-being themed message. However, we heard mixed messages from staff as to whether the senior team were as sufficiently visible at ward and team level. Some staff commented that the senior leaders engagement was primarily via electronic communications, email and intranet, and that some messages from the senior team during the COVID-19 pandemic had focused on staff adapting to home-working rather than the experience of staff working directly with patients every day.

The trust was pro-actively engaged with the wider health economy and system locally. The trust had worked hard to support staff to manage during the pandemic and also extended this welfare offer to partner agencies. During the COVID-19 pandemic the trust had assisted an acute trust in Medway to meet the demand for inpatient beds by releasing one of its mental health wards for older people, which was located in the acute trust's hospital, to be used by the acute trust.

The staff networks provided staff with support and engagement opportunities with peer groups who shared the same protected characteristics.

Learning, continuous improvement and innovation

The trust had placed quality improvement (QI) as a core part of its strategy for 2020-2023. There was a small team of three within the QI department and oversight of the QI strategy sat with the trust Chief Medical Officer. The trust recognised that there was work to do to embed an understanding and confidence within the organisation of quality improvement approaches and methodology. To date the trust had completed five QI projects, with 15 others underway. All projects had a local rather than trust-wide focus. At the last well-led inspection the trust had yet to form a QI strategy, senior leaders confirmed that there was still much work to do to deliver the QI ambitions currently including better communication and training for staff, and having QI champions at trust board level.

NHS trusts can take part in accreditation schemes that recognise services' compliance with standards of best practice. Accreditation usually lasts for a fixed time, after which the service must be reviewed. The trust had a range of services accredited with national organisations including:

AIMS Rehab- A quality network for mental health rehabilitation services: accreditation for 111 Tonbridge Road, and Brookfield Centre

Our findings

MSNAP- Memory Services National Accreditation Programme: seven community mental health teams for older people

Community of Communities: Ash Eton community and Brenchley Unit

QNFMHS- The Quality Network for Forensic Mental Health Services Trevor Gibbens Unit, Allington Centre and Tarentfort Centre

ECTAS- The Electroconvulsive Therapy Accreditation Service: Maidstone ECT service

PQN- Perinatal Quality Network: Kent and Medway Mother and Infant Mental Health Service and Rosewood Mother and Baby Unit

Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ➔➔ Feb 2022	Outstanding ↑ Feb 2022	Outstanding ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health	Requires Improvement	Outstanding	Outstanding	Good	Good	Good
Overall trust	Requires Improvement ➔➔ Feb 2022	Outstanding ↑ Feb 2022	Outstanding ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services of adults of working age	Requires improvement Mar 2021	Good Mar 2019	Good Mar 2019	Requires improvement Mar 2021	Requires improvement Mar 2021	Requires improvement Mar 2021
Substance misuse services	Good Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ➔➔ Feb 2022	Good ↑ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Wards for people with a learning disability or autism	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017
Long stay or rehabilitation mental health wards for working age adults	Good Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017	Good Apr 2017	Outstanding Apr 2017	Outstanding Apr 2017
Forensic inpatient or secure wards	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ↓ Feb 2022	Good ➔➔ Feb 2022	Good ↓ Feb 2022	Good ↓ Feb 2022
Wards for older people with mental health problems	Requires Improvement ↓ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022	Good ➔➔ Feb 2022
Mental health crisis services and health-based places of safety	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community-based mental health services for older people	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community mental health services for people with a learning disability or autism	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Overall	Requires Improvement	Outstanding	Outstanding	Good	Good	Good

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Forensic inpatient or secure wards

Good ↓

Is the service safe?

Good → ←

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped and well furnished, most wards were well maintained and fit for purpose. However, Emmetts ward and Walmer ward whilst homely and safe appeared tired and in need of refurbishment.

Safety of the ward layout

Across all wards at the Trevor Gibbons unit and the Allington centre there were regular annual ligature assessments taking place and focussed ligature audits when required. The wards had a strong culture of ligature awareness and the staff knew of the high risk areas of the wards and how to manage them.

Emmetts ward had multiple ligatures across the ward but the reason that these had not been removed was due to the patients being close to discharge and so ligature risk was managed by the individual risks of the patient group. When we reviewed the individual risk assessments for the patients, we could see that in the nursing assessment the risk of ligature was not always easily identified. We identified this with the clinical team at the Trevor Gibbons Unit and they took immediate action to identify a separate risk indicator for ligatures with guidance to the MDT to consider if the patient would be suitable in this environment.

The layout of the wards allowed staff to observe most areas of the ward. Risk mitigation plans were in place for areas with a restricted view. We observed good positioning of staff to monitor patients and the wards.

All wards displayed staff pictures and details of daily staffing levels. Notice boards contained all the information patients were likely to need, such as details of advocacy services, menus, how to complain and ward activities.

All wards were gender specific and the accommodation complied with the Department of Health guidance on mixed sex accommodation.

Staff had easy access to personal infrared transmitter alarms and patients had easy access to nurse call systems. The alarms for all wards were centrally managed and were given out from a reception area where it was each individual staff member responsibility to check the alarm was working using a wall mounted testing station.

Maintenance, cleanliness and infection control

Staff made sure cleaning records were up-to-date and the premises were visibly clean, other than some marks on the walls and ceiling of the seclusion facilities. Staff followed the infection control policy, including handwashing and it was evident that additional infection control procedures had been introduced and were being audited in order to manage the spread of COVID-9.

Forensic inpatient or secure wards

We observed that on Emmett's and Walmer ward at the Trevor Gibbons Unit (TGU) although clean and homely the décor felt a little tired and required refurbishment. The staff and patients had taken steps to make the wards feel like a therapeutic environment with well-kept furniture and pictures but the overall fabric of the building was showing its age.

We found maintenance issues across both hospital sites which staff had raised using the trust systems but had not been addressed. Some of these issues were longstanding and were impacting on the patient's wellbeing. At the TGU we found that patients on Emmetts / Bedgebury were having to walk to an alternative ward to use the shower as the one on the ward was out of use and had been for several months. We could see there had been action taken to order a part to repair the shower but the impact was that patients were walking outside in their dressing gowns to access a usable shower.

Seclusion room

The seclusion room on Penshurst ward met the required standard as described in the Mental Health Act code of practice. It was clean and well maintained with access to outside space, had air conditioning and an intercom which staff knew how to operate.

At the Allington centre the seclusion room had been out of action for over two months due to patient damage and was in the process of being costed for repairs, this was not happening in a timely manner which meant that the seclusion was effectively out of action.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. All clinic rooms had appropriate records to demonstrate that staff were monitoring emergency drugs, resuscitation equipment and fridge temperatures.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. We reviewed the nursing and care vacancies across the whole core service and identified there were 28 vacancies for nurses and support workers. The most vacancies were on Walmer ward at the TGU where there were 11 vacancies and six of these were staff nurses.

The service used bank and locum agency staff to cover all leave, absences and sickness. Bank staff were familiar with the service and knew the patients they were supporting. Patients across the service said they knew most staff on the wards. Staffing numbers were displayed on each ward in their communal areas.

Staff felt there sometimes was a reliance on temporary staff to work across the wards although the temporary staff were felt to be comprehensively inducted onto the wards. Managers ensured an onsite induction was completed and induction forms were held locally.

The trust had taken steps to recruit to these positions with the introduction of an overseas nursing programme which had recruited 30 nurses across the trust in the last two years. In addition to this the trust had also adopted "a grow your

own" approach which involved having Trainee Nursing Associates that have graduated every year since 2019 from the Centre for Practice and Learning. In 2021, eight nursing associates graduated in September, with a further 10 graduating in September 2022. In 2021, 17 Registered Nurses Apprentices (RNA) and 11 Trainee Nursing Associates were also recruited across the trust. We saw evidence of this in Penshurst ward where nursing associates completed enhanced training on the job whilst they worked in a healthcare worker role. They were being supported to complete foundation degrees and eventually obtained qualified nursing associate status.

Staff stated they were supported by senior staff when shifts were short staffed due to unforeseen circumstances. Staff described the challenges of staffing the ward during the second peak of the COVID-19 pandemic when both staff and patients were unwell with the virus. Managers, senior leaders and therapy staff stepped in to support patient care when needed.

On all wards patients had a named nurse, a secondary nurse and a named healthcare worker assigned to them. Despite the fact that the wards were relying on temporary staff, patients could regularly spend time with their named nurse.

Patients rarely had their escorted leave or activities cancelled, this only happened when there was ad hoc sickness.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. We reviewed the staffing structure for all wards and could see that the wards all had a full time responsible clinician (RC) and most wards had at least one speciality grade doctor supporting the RC.

Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. As well as statutory training which were mostly above the trust target of 90% across all wards. There was also specific training for working in a secure environment such as clinical risk awareness training and conflict management. All wards across the core service were below the trust target of 90% (for staff completion of this training) for their physical interventions training, We were told this was due to the complications in the face to face training of staff during the COVID-19 pandemic but the trust had already made plans to re-introduce this training.

Human Resources (HR) Managers monitored mandatory training and alerted ward managers and staff when they needed to update their training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction strategy.

Assessment of patient risk

Forensic inpatient or secure wards

Staff completed risk assessments for each patient on admission / arrival, using two recognised tools, the short term assessment of risk and treatability and the Historical Clinical Risk management 20 (HCR20) and reviewed these regularly with the multi-disciplinary team to identify and respond to any changes in risks, including after any incident.

Management of patient risk

Staff knew about any environmental risks to each patient and acted to prevent or reduce risks. On Emmetts ward there were multiple ligature risks around the ward. These were well documented in the environmental risk assessments and the staff were aware of their locations. Staff told us that potential ligature risks were mitigated in the ward by the ward admission criteria, which excluded those patients who presented a high suicide risk. However, it was not made explicit in the wards admission criteria that this was the case and it was not identified as part of the nursing assessment. We discussed this during the course of the inspection with the quality team who made sure the nursing assessment was addressed to reflect this however the admission criteria was not changed to reflect this.

At the older wards, Emmetts and Walmer, it was not as easy to maintain lines of sight as it was at the Allington centre. However, staff were able to able to move and observe patients in all areas and all staff followed local procedures to minimise risks where they could not easily observe patients.

Staff knew where the emergency grab bag was kept and it was checked by a nurse on each shift, so everything was always in order.

Staff monitored the physical health of patients regularly using the observation chart for the National Early Warning Scores (NEWS2). This is a tool that aids the detection and response to clinical deterioration in adult patients. Staff were aware of specific risk areas and acted to mitigate these risks. Staff were trained in the use of the NEWS2 chart to identify deteriorating patients. Staff said they were confident about using it and escalating issues as appropriate. We reviewed NEWS2 forms and found they were being filled in appropriately and as per policy.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

Use of restrictive interventions

Blanket restrictions were minimal and suitable to a forensic environment. They included locked access to the wards and the suitable management of contraband items in a forensic service. Staff explained the rationale to patients for restrictions on admission to the wards and reviewed decisions individually where appropriate.

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The meetings had been infrequent over the 2020 period due to pressures from the COVID-19 pandemic, however the restrictive intervention and reduction programme was identified on all wards. We identified a blanket restriction at the Allington Centre relating to the locking of the garden courtyard. The acting ward manager explained that this had been put in place following a serious incident that had happened elsewhere in the trust. The blanket restriction had been identified in the minutes of the restrictive practice meeting and the intention was for this to be removed.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff identified that restraint was infrequent and data from the trust identified this to be the case.

Forensic inpatient or secure wards

When a patient was placed in seclusion or long term segregation, staff kept clear records and followed best practice guidelines.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The wards had clearly identified safeguarding leads and a safeguarding vulnerable adults' protocol was in place. Staff knew how to make a safeguarding referral and who to inform if they had concerns

Staff understood how to protect patients from abuse and the hospital worked well with other agencies to do so. Staff had face to face training relevant to their role in safeguarding adults' level 1, 2 or 3 and safeguarding children. All wards were over the 90% trusts target compliance level for safeguarding training.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the ward safe. There were allocated visitors rooms on both sites which had suitable rooms for children to visit, these were available to be booked dependent on the individual risks of the patients.

Patients said they felt safe on the wards. Staff understood their responsibilities to ensure that patients were protected from bullying and harassment. Patients reported they could raise any concerns at community meetings or confidentially in one to one meetings.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

We reviewed 22 sets of care records and across all wards patient notes were comprehensive, stored securely and staff could access them easily using the electronic notes system. Staff recorded hourly observations on paper. These were stored in the nurses' office and uploaded to the electronic records. Staff were able to access paper and electronic records quickly.

Records were stored securely. Staff needed to enter a personal identification name, a password and an identity card in order to access the electronic patient record.

When patients transferred to a new team, there were no delays in staff accessing their records and all wards were able to access the notes of patients within the trust if required and clinically relevant.

Medicines management

Forensic inpatient or secure wards

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

We reviewed 42 medicines records and saw that staff followed the correct procedure and practices for prescribing and administering medicine. Medicines records were kept accurately and up-to-date. There was evidence of staff completing high dose monitoring of medicines for patients. Medication charts across all wards were well ordered with T2 consent to treatment forms attached to the cards with the renewal of section dates noted on the charts. Second opinion appointed doctor T3 certificates were attached to the charts when appropriate.

Ward staff could access advice from a clinical pharmacist on weekdays. Staff working out of hours could access the trust on-call pharmacy service for medicines advice. Pharmacists were able to access blood results in order to assist with the monitoring of certain medicines, for example, clozapine and lithium. Ward rounds took place weekly or fortnightly dependent on patient need and medicines were discussed and reviewed. There were also daily ward huddles where urgent medicines concerns could be raised

The wards ensured people's behaviour was not controlled by excessive and inappropriate use of medicines, this was closely monitored during ward rounds and included pharmacists' input. Staff told us that rapid tranquilisation was reviewed weekly. If it had not been used for a patient, the pharmacist would ask the team to review the need for the prescription to be continued. Staff explained that the trust had worked on reducing the use of restrictive practices, including reducing the use of rapid tranquilisation. Patients were part of the project in order to hear their views and have a better understanding of the impact of restrictive practices on them.

We observed staff following national practice to check patients had the correct medicines when they were admitted or when they moved between services.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them, when to raise concerns and report incidents and near misses in line with trust/provider policy.

The forensic core service had no never events on any wards in the 12 months prior to the inspection.

Staff were aware of their duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Forensic inpatient or secure wards

Staff met to discuss the feedback and look at improvements to patient care. Staff discussed safety incidents in the monthly staff meeting and the wards managers fed back incident performance information from the trust so that all staff were made aware of other incidents that had occurred elsewhere in the trust.

There was evidence that changes had been made as a result of feedback. We could see on Walmer ward that there had been incidents on the ward as a result of staff's management of the search process for patients returning to the ward from unescorted leave. The ward had implemented a randomiser button at reception which made searches random and not dependent on the perceived choice of the staff. This had resulted in a drop in the number of incidents at reception and a relieved pressure on staff carrying out the searches.

Is the service effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements.

We reviewed 22 sets of care records across the seven wards we found across all wards that there was a comprehensive mental health assessment of each patient either on admission or soon after. Positive Behaviour Support (PBS) plans were in place for some patients who had particular communication needs and would benefit from staff taking a tailored approach when engaging with them

All patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Medical staff ensured the physical health assessments had actions which were being followed up by the nursing staff.

Staff developed a personalised, holistic and recovery-orientated care plan with each patient that met their mental and physical health needs. These were regularly reviewed and staff updated care plans when patients' needs changed. We attended part of a ward round and could see that care plans were discussed and reviewed with the patients present so they had an opportunity to feedback about their plan directly to their clinical team.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Forensic inpatient or secure wards

Staff delivered an occupational therapy activity program Monday to Sunday during the day and into the early evening this was in line with National Institute for Health and Care Excellence (NICE) guidelines which recommend meaningful and culturally appropriate activities seven days a week and not limited to 9am to 5pm. Patients felt that there was enough to do, across the wards. Staff provided a range of occupational therapy treatment suitable for the patients in the service.

Patients had opportunities to develop their living skills and to build on their work experience and education. For example, at the Trevor Gibbons unit some patients had volunteer responsibilities in the hospital café and looking after the animals. One patient at Walmer ward had enrolled on a psychology and criminology college course and others could apply to complete English and Maths qualifications.

All wards had full access to a team of psychologists with a lead psychologist allocated to each ward supported by assistant psychologists. Psychology sessions included: sex offender treatment programme interventions, reasoning and rehabilitation, managing emotions, offending behaviour, arson and substance use treatment programme.

There had been training in supporting the use of restorative justice with the patient group and the psychology team had continued to build on the restorative justice approach since the last inspection. A system of restorative justice champions had been embedded and patients had attended awareness days. Staff were now developing a restorative wards approach. This meant that staff were trained in restorative principles and encouraged to use affective statements when communicating to help others understand the impact of decisions on them as an individual. A new restorative circles programme was also in the process of being rolled out. This consisted of weekly 15-minute meetings where patients explained to each other the impact of any recent events on their thoughts, feelings and relationships.

Patients at the Trevor Gibbons Unit had access to pet therapy. A therapy dog was based at the unit and was used for both group and individual patient sessions.

Staff supported patients to lead a healthy lifestyle. A dedicated staff member at each location worked with patients to support them to lead a healthy lifestyle in line with the Commissioning for Quality and Innovation (CQUIN) quality goal. This involved developing healthy living passports with patients, coaching patients on exercise and diet, helping them achieve specific fitness goals and running health groups for patients to attend. Patients were also supported to stop or reduce their smoking and some occupational therapy staff were trained to give smoking cessation advice.

Staff met patients' dietary needs and assessed those needing specialist care for nutrition and hydration. Ward's multi-disciplinary teams included speech and language therapists and ward teams were able to access dieticians. These specialists worked with staff and patients to fully understand patients' nutrition and hydrations needs.

The management of patient food was a larger issue across both hospital sites. Patients told us food quality was poor, portion size was small and choices were limited. We observed the preparation of a cook chill meal and could see portion sizes were small, with a small tray of chips identified for six patients as part of their lunchtime meal.

In addition, food preparation time was having a significant impact on staff's clinical time. We observed the support workers preparing the lunch meal. Staff were having to remove themselves from patient areas at regular intervals during the two hours prior to the mealtime to temperature check and test the regeneration oven. All staff we met with across both hospital sites identified this was an issue and felt that it impacted on their ability to support the patients, especially during times when patients were distressed and required their support.

We discussed these issues at the time of the inspection with the trust who had in place action plans to address the concerns that had been expressed by patients and staff. The trust had made a commitment to refocus on their actions to improve food provision.

We saw evidence that medication was prescribed and monitored in line with the National Institute for Health and Care Excellence (NICE) guidance.

Staff used recognised outcome measures to measure how effective therapeutic interventions had been for specific patients. For example, psychology staff used outcome measures to monitor patients progress with trauma informed interventions. All group sessions also had pre and post assessment measures to help monitor their effectiveness.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. The trust provided an induction programme for new staff.

Staff were suitably skilled and experienced to work in a forensic service. There were opportunities for career progression and development within the service. Many staff had worked in the service for several years. They said they had developed their skills through formal training courses and learnt new skills from their colleagues and through learning events and meetings.

Patients on each ward had access to the full range of specialists required to meet their needs. This included occupational therapists, psychologists, art and music therapists, social workers and a range of other therapists.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff.

Managers gave each new member of staff a local induction to the service before they started work.

Patients on each ward had access to the full range of specialists required to meet their needs. This included occupational therapists, psychologists, social workers and a range of allied health professionals. Staff also made referrals to specialists when needed including speech and language therapists.

Staff accessed weekly group clinical supervision. This was facilitated by a clinical psychologist and helped staff understand how to take a trauma informed approach with patients.

Staff also received regular one to one supervision with their line managers and they found this useful.

Ward staff at the Trevor Gibbons Unit could access vicarious trauma workshops. These were facilitated by a clinical psychologist and helped staff manage the symptoms of secondary trauma.

Staff had also accessed various specialist training in physical health care areas such as diabetes management and nutrition.

Forensic inpatient or secure wards

Some staff working at the Allington Centre had also worked in the trust's forensic learning disability wards. They explained how they supported other staff to tailor their approach when meeting the needs of autistic people or who had a learning disability. Two healthcare workers on Penshurst ward had recently worked in schools for children with learning disabilities. Staff reported that these staff had supported them to give tailored support to patients with learning disabilities who had initially been admitted to Penshurst ward for a period of stabilisation whilst a bed on a learning disability specialist ward was identified.

Volunteer peer support workers supported patients at both hospital sites and the patients at The Allington Centre told us how supportive this person had been and how it had shown them there was opportunities available for them when they came out of hospital.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them early on in the patient's admission to plan discharge.

Staff held regular weekly multidisciplinary meetings to discuss patients and improve their care.

The ward at the Allington Centre they were piloting the use of a touchscreen patient information system. This was designed to replace the traditional patient information whiteboard and was a one stop, at a glance system for managing the patient journey. The system is designed to be updated from the electronic notes system and flag when areas of need required attention to make it easier for the staff. This was due to be rolled out across all wards following the pilot.

Multidisciplinary team members reported that they felt like equal team members and their contribution to discussions such as ward rounds was welcomed by the wider team.

Social workers explained how they liaised closely with community teams and housing teams to help ensure patients could be discharged in a timely way with suitable accommodation and support.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Patients had easy access to information about independent mental health advocacy.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Forensic inpatient or secure wards

Staff received, and kept up-to-date, with training on the Mental Health Act and the Mental Health Act (MHA) Code of Practice and could describe the Code of Practice guiding principles. Training records from the trust indicated That most wards were above the trust 90% compliance target for training in the Mental Health Act and Mental Health Act awareness training for non-registered clinical staff. This meant that Staff demonstrated a good knowledge and understanding of the Mental Health Act.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice from the MHA administrator based on each of the hospital sites.

Patients had available information on notice boards about independent mental health advocacy and patients who lacked capacity were automatically referred to the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Patients felt that the staff were always reading them their rights and they felt very clear about what they were entitled too and when.

All patients had care plans which included information about understanding their detention under the MHA.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

All wards were over or just under the trust training of 90% for training in the Mental Capacity Act and staff demonstrated a good understanding of the Mental Capacity Act. We saw that staff had recorded capacity assessments in patients' notes. Staff presumed that patients had capacity unless there was reason to consider otherwise.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

There were no patients subject to the Deprivation of Liberty Safeguards at the time of the inspection however staff were aware of when this may be applicable and who they should contact for advice.

Is the service caring?

Good ↓

Our rating of caring went down. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Forensic inpatient or secure wards

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. However, the wards at the Trevor Gibbons unit still had outdated vistamatic windows in a number of bedroom doors.

Staff were discreet, respectful, and responsive when caring for patients. Staff were warm, showed a genuine interest in patients' wellbeing. Staff used effective de-escalation skills to manage conflict well and confidently. Patients told us that staff were kind and involved their relatives in their care.

Staff supported patients to understand and manage their own care treatment or condition. All patients we spoke to felt staff involved them in their care planning process and had copies of their care plans given to them if they wanted them. All the care plans reviewed showed patient involvement in care planning. Patients told us they were involved in designing the therapeutic activities for the wards, both for their personal programmes and the wider group such as planning and taking part in multi-cultural cooking events.

Seven of the bedroom doors at Walmer ward and three of the doors seen at Walmer/Bedgebury ward had vistamatic windows which could be opened without the use of a key from the outside. This meant that the windows could be opened by any person walking past the door. We were told that the doors were being replaced on a rolling replacement programme but some of the doors had clearly been in place for over 10 years. The wards had systems in place to check the vistamatic windows were routinely kept shut but this did not mitigate this issue.

At the TGU we found that patients on Emmetts / Bedgebury were having to walk to an alternative ward to use the shower as the one on the ward was out of use and had been for several months. There was an impact on patients privacy and dignity as patients were walking outside in their dressing gowns to access a usable shower.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Patients were supported by staff to make decisions about their own care and treatment. For example, one patient reported that they had met with the ward consultant to discuss potential medicine options because they were dissatisfied with the side effects they were experiencing with their current medicine. The patient was supported to make a well informed decision about trialling an alternative medicine based on what staff told them about potential side effects.

Patients were encouraged to give feedback on the service. On Walmer ward leaflets were available to support patients to give feedback. At the Allington Centre patients attended a planning meeting each morning where feedback was welcomed, recorded and actions taken.

Each ward at the Trevor Gibbons Unit had a ward representative who attended patient council meetings, although other patients were also welcome to attend. This was a forum where feedback about the service could be passed to staff. The external food provider regularly attended these meetings to gather feedback about the quality of the food.

The trust had a well-established programme of peer support workers who worked with patients on the wards. For example, a peer tutor supported patients with recovery college courses and learning.

Forensic inpatient or secure wards

Staff involved patients in decisions about the service. For example, patients on Walmer ward completed taste sample tests to support staff to choose the most suitable food provider.

Staff made sure patients could access advocacy services throughout the recent pandemic using a combination of telephone and video conferencing. At the time of the inspection advocates visited the wards each week. The advocates would ring the wards weekly to find out if there had been new admissions or discharges.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported patients to keep in touch with the people who mattered to them. For example, during the COVID-19 pandemic staff across both hospital sites had actively facilitated regular video conferencing calls for patients whose relatives were unable to visit the wards due to government restrictions.

Staff helped families to give feedback on the service. For example, the service encouraged families and carers to complete a friends and family questionnaire. The service also held a carers forum where family members and carers could raise issues and concerns and provide feedback to the service. Family members and carers felt this was very valuable as it provided additional communication and understanding of how the service helped their loved one

A carers champion role was held by a nominated staff member on the wards. This meant that there was someone responsible for facilitating visits from patients loved ones and gathering feedback about the service from carers. The carers champion also held contacts for local carers support groups to signpost people to. They were also involved with improving the family room at the main reception area in the Trevor Gibbons Unit.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff planned discharge with patients to ensure it went well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison. As a result, discharge was rarely delayed for other than clinical reasons.

Bed management

Managers and staff worked to make sure they did not discharge patients before they were ready. Ward based clinical teams regularly reviewed length of stay for patients in ward round to ensure they did not stay longer than they needed to. In addition to this, a well run weekly referrals meeting reviewed all bed occupancy.

When patients went on leave there was always a bed available when they returned. The days we inspected two patients were on long term community leave and their beds were available for them when they returned.

Forensic inpatient or secure wards

Penshurst ward was a forensic admission ward. Patients generally stayed on Penshurst ward for a shorter time whilst they underwent a stabilisation period. Patients were generally either discharged or transferred to one of the other secure wards to complete their inpatient treatment.

There was a clear pathway for patient flow within this core service with Penshurst ward providing triage leading to Groombridge as a sub-acute ward and then on to Emmetts ward or the Allington Centre. Patients also being able to be discharged if appropriate at any point in the pathway.

Patients were moved between wards only when there were clear clinical reasons or it was in the best interest of the patient.

Discharge and transfers of care

Managers monitored the number of patients who experienced delays to their discharge and the main reasons for delaying discharge from the service were related to awaiting housing in the community.

Staff planned patients' discharge and worked with the patients, their care managers and coordinators to make sure this went well.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. Patients could make hot drinks and snacks at any time.

Patients had their own key fobs for their bedrooms and patients were able to access their rooms throughout the day and night.

Patients told us that they felt the wards were not restrictive and they were happy with the amount of restrictions they were supported under and felt it was appropriate to meet their needs.

Patients had lockable storage in their rooms, that they could access. Patients also had a small locker on each of the wards, that contained high risk items. These were only accessed by the ward staff.

All wards had quiet areas and a room where patients could meet with visitors in private. In addition, patients could meet with visitors in rooms located at the reception of the hospital sites.

Most of the wards at the Trevor Gibbons Unit service had an outside space that patients could access. Patients on each ward could access ward gardens with the support of staff. The courtyard garden at the Allington Centre, low-secure wards, was kept locked at the time of the inspection but there were plans to address this as part of the reducing restrictive practices programme. Access to outside space on Penshurst ward was limited at the time of the inspection. This was because of a sink hole that had appeared several weeks beforehand in a tennis court.

Staff made efforts to ensure patients could be escorted around the main hospital grounds. However, this meant that some patients who would not ordinarily require an escort to access fresh air were restricted, and it meant that patients could not always access fresh air as and when they wanted to.

Patients could make their own hot drinks and snacks in the communal areas of the wards and were not dependent on staff.

Patient searches were conducted in the most dignified way possible. For example, on the medium secure wards staff used a randomiser to help ensure routine searches of patients were conducted on a truly random basis.

Although patients had various restrictions in place depending on their individual risks, patients were supported to make telephone calls and access the internet where this was appropriate for them. Patients on Walmer ward could book sessions on the ward laptop.

Facilities at the Trevor Gibbons unit included a sport centre, a lakeside lounge cafe where some patients volunteered to develop their work experience and a small animal enclosure. These were available for patients to use with support from staff at the Trevor Gibbons Unit. Where appropriate, patients participated in group sports events where patients from different wards mixed.

Patients could access kitchen facilities to build their cooking skills with support from occupational therapy staff.

Patients on all wards had access to a multi-faith room.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Managers made sure staff and patients could get help from interpreters or signers when needed. Staff told us that they could access translation services when needed. On Groombridge Ward, staff requested a tablet to use online translation services for the everyday needs of patients whose first language was not English.

Patients could make phone calls in private. Patients also had access to their own mobile phones.

Staff made sure patients had access to opportunities for education and work, and supported patients.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. On wards supporting patients with learning disabilities, care and treatment documents and other information was available in easy read and picture format.

Patients had access to spiritual, religious and cultural support.

Forensic inpatient or secure wards

The service was able to meet the diverse cultural, religious and linguistic needs of patients in the service. The service had information leaflets available in languages spoken by the patients and local community. This included information about mental health conditions and medicines. Leaflets could be translated into any language for patients who did not have English as their first language. Managers made sure staff and patients could get help from interpreters or signers to ensure patients and their families were fully included in care planning. Staff were also able to access a telephone interpreting service at short notice.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

We spoke to 21 patients, relatives and carers and all knew how to complain or raise concerns.

The wards clearly displayed information about how to raise a concern in patient areas and the staff understood the policy on complaints and knew how to handle them.

The trust used a system of patient feedback called the Patient Reported Experience Measure (PREM) The PREM questionnaire is the trust wide patient experience feedback mechanism. The PREM was available across the trust in a wide range of formats including an Easy Read format. The PREM can be completed by patients at touchpoints in their care or whenever they would like to give their views. It could also be completed online with a text service to help patients give their views on the quality of their care after discharge. The NHS Patient Friends and Family Test (FFT) question is part of the PREM.

Monthly patient experience smart reports informed the ward leads of the PREM and FFT results and were a key component in patient-centred quality of care. These included the data for the year so can show at a glance how a ward is performing based on the feedback received. The ward leaders were tasked to provide visible evidence on the ward to demonstrate any actions that have been taken because of feedback.

Complaints were managed locally in the first instance by the ward managers and then the complaints policy was followed if required to escalate complaints. The multi disciplinary team reviewed complex complaints in the local clinical governance meetings and themes and trends were fed back to the wards through the ward staff meetings.

There had been a total of seven reportable complaints made during the period 01/11/20 - 01/11/21 one remained open and under investigation

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good ↓

Our rating of well-led went down We rated it as good.

Leadership

Forensic inpatient or secure wards

Leaders at ward level demonstrated the levels of experience, capacity and capability needed to deliver good quality sustainable care. The Chief Medical Officer and the service director had the appropriate skills, experience and professional qualifications to perform their roles. Modern matrons worked closely with the ward managers and knew the patients and staff well. Managers were able to clearly explain how they led the wards and worked with their staff teams to ensure the quality of the service. Long standing staff members said when the leadership did change, the nurturing ethos was continued by the new leaders. Patients were familiar and comfortable with the leadership team. They could easily talk with leaders and managers at meetings and informally.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their teams.

Staff at all levels in the service had a clear understanding of the trusts vision which was 'To provide brilliant care through brilliant people. Staff were aware of the trust's work to refresh their values and strategy and their personal values aligned with the trust values of 'Respect, Open, Accountable Excellence, Innovative and Working Together'. Staff showed these values through their respectful and inclusive interactions and behaviours with patients. They felt they were improving the wellbeing and life skills of patients in the service. The trust's vision and values were heavily promoted, appearing on trust literature and computer screens. Staff said the vision and values were reflected in the care and treatment delivered and work done by staff and patients on the service's various quality improvement projects.

Each ward had its own vision for how they would support patients. For example, on Walmer ward the vision focussed on staff supporting patients to realise their options, next steps and their strengths, and that the ward staff would avoid taking total responsibility for decisions.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt positive about their work and reported good staff morale. All staff showed passion and commitment to providing high quality patient care. Staff described stable staff teams that worked well together and supported each other. Staff described an open culture where everyone was encouraged to share their views.

Many staff had worked for the trust for significant periods of time and they praised the opportunities for development that were available. Staff said there were development opportunities available, particularly for nurses and health care assistants. Many staff felt this was one of the best things about the trust. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

The trust celebrated success through annual staff awards and annual people participation awards schemes.

Staff reported the trust strongly promoted equality and diversity in its work with patients and in terms of the workforce. The trust embraced cultural differences and valued the knowledge and understanding a diverse workforce brought to the service.

Forensic inpatient or secure wards

During the COVID-19 pandemic the trust recognised the increased impact this had on Black, Asian and Minority Ethnic staff and patients and put strong support structures in place. Staff felt supported throughout the pandemic. Executive and senior leaders supported teams within the service and maintained strong contact and communication throughout the pandemic.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

The leadership, culture and governance at ward level were effective in the delivery of high quality, person centred care.

The service systematically monitored standards of care to continually improve outcomes for patients. All wards carried out a programme of audits to monitor areas such as care and treatment records, staffing levels, take up of planned leave by patients, medicines management and staff supervision and appraisals.

The service held a range of meetings at which it shared issues and concerns, identified actions and monitored progress. All wards had a framework of community meetings with patients, handover meetings, ward rounds and multi-disciplinary meetings and clinical improvement group meetings. Agendas for meetings were standardised across the service and covered learning from incidents, complaints and safeguarding cases. Patient representatives played an active part in these meetings voicing patient views and concerns. Senior managers ensured that information was fed in both directions between the board and the wards and that information was shared across the service.

Staff were clear about their roles and responsibilities and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement.

Staff received appropriate mandatory and specialist training, supervision and their work performance was appraised.

There were enough staff to ensure that staff delivered patient care in a way that was safe and effective, and that risks were managed well.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Risk management in the forensic service was comprehensive, well embedded and recognised as the responsibility of all staff. Each ward had a local risk register and ward managers and clinical leads were aware of the key risk areas on their wards.

The risks were discussed at local clinical governance meetings. Common risks recorded included physical health issues, patient disengagement, patient acuity and relapse, alongside actions taken to mitigate each risk. The service had contingency plans for emergencies which wards reviewed as part of their risk registers. Wards carried out regular health and safety monitoring, including regular emergency simulations and fire drills.

Forensic inpatient or secure wards

Each day ward teams reviewed the risks for their wards and patients. The ward teams knew the patients very well and were able to defuse situations effectively before they escalated. They were well informed about incidents and used the multi-disciplinary team meetings to discuss any changes to patients' care or new insights into their presentation. There were systems in place to monitor risks associated with patients' physical health and any issues were quickly picked up and addressed.

The response time from the trust in relation to managing maintenance and small building works was slow. The shower had been broken on Walmer / Bedgebury ward for several months which had impacted on patient care and resulted in patients having to leave the building in their night clothes to use a shower in an adjacent building. In addition, the seclusion room at The Allington Centre had been out of action due to patient damage for several months and was awaiting parts to be sourced.

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The trust had effective systems to collect data from the service. The trust provided dashboards for ward managers which had accurate human resources information on staffing, complaints, safeguarding, care planning and incidents. Information was presented in tables and graphs and it was easy to understand.

Quality improvement initiatives were strongly embedded within the service. All staff were familiar with the process and methodology of quality improvement. While the work on some quality improvement projects had reduced during the pandemic, wards were in the process of re-energising them as resources returned to pre-pandemic level.

Engagement

Managers engaged actively across local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service was part of the Kent Surrey and Sussex Forensic Consortium and engaged well with local health and social care partners. Staff valued the positive relationships with other providers and said openness and sharing within the consortium was a two-way process. Learning and understanding was shared in areas such as sexual safety, positive behavioural support, mental health equality, and physical health management. For example, the service's drugs and alcohol team supported patients through their community groups and signposted and liaised with other local health and social care providers.

Learning, continuous improvement and innovation

Forensic inpatient or secure wards

There was a fully embedded and systematic approach to improvement, which built on the trust's quality improvement programme. Staff were encouraged to develop their skills in this area and contribute to the quality improvement initiatives in the trust. Staff said they never stopped learning and praised the opportunities they had for formal and informal training and mentoring, all supported by the trust's central quality improvement team. Staff were proud of the quality improvement projects within the service and safe innovation was celebrated.

There was continuous learning, improvement and innovation outside of the quality improvement programmes. For example, the Low Secure Forensic services had been awarded the Restorative Service Quality Mark (RSQM) in 2019.

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

Good ↑

Is the service safe?

Requires Improvement →←

Requires improvement

Our rating of safe stayed the same. We rated it as requires improvement.

Safe and clean care environments

The wards at St Martin's Hospital had a wide range of maintenance issues that ward staff had escalated but the issue remained. On Fern ward, patients did not have a way to lock their bedrooms to keep their belongings safe. However, most wards were safe, clean well equipped and were well furnished and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified.

Although three of the seven wards we visited, provided mixed sex accommodation, we saw that staff managed the ward environment safely. Patients on these wards had the ability to lock and unlock their own bedrooms. Bedrooms for male patients were on separate corridors to female patients. All of rooms were ensuite. There was a dedicated female only lounge on these wards, in line with national guidance.

Generally, patients had a secure place to store personal possessions. Patients on most wards had a key card or wristband that gave them access to their bedrooms. Patients also, had lockers available in a separate locked room, where they could store valuable or personal belongings. However, on Fern ward patients did not have a way to lock their bedrooms when not in use. They relied on staff to lock and unlock their bedrooms. These patient bedrooms did not have a secure place to store personal belongings. We were told that this was part of the action plan for refurbishment in 2022. However, on review of the refurbishment plans this was not explicitly mentioned.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. We reviewed the ligature risk assessments the wards and found that all potential ligature points were included and mitigations identified.

Staff had easy access to alarms and patients had easy access to nurse call systems.

Maintenance, cleanliness and infection control

Ward areas were clean, well-furnished and fit for purpose, and the service had addressed maintenance issues raised at the December 2020 inspection of Littlebrook hospital. The doors on Willow suite had been reinforced and no longer posed a risk to patients and the ward environment had improved. However, the wards at St Martins were tired and in need of maintenance. We observed patched up walls, mouldy showers, floors peeling away from the walls in the shower rooms and torn furniture on Fern ward.

Managers told us that showers were a problem on Bluebell ward and Fern ward. We were told bathrooms in all of the patient rooms on Bluebell, were prone to flooding as the floor was not sloped and led to pooling of water. On Fern ward, the manager told us that water sprayed out of the shower cubicle, resulting in pooled water in the result of the shower room. This had caused the floor to start peeling away from the walls. The trust informed us that the showers on Fern ward were included as part of the refurbishment project for 2022.

The ward manager on Fern ward told us that a drain, in a closed courtyard, overflowed with excrement when there is heavy rainfall and the drains on the ward often smell. The courtyard was locked due to other identified risks, however, was beneath the windows to patient bedrooms. The trust had explored the cause of the overflowing drain but no cause could be identified. Therefore, no resolution had been found. We shared this with the trust at the time of inspection and they told us that they would investigate further. We were told by the ward manager and matron that there were refurbishment plans to address these issues to start in 2022.

Staff made sure cleaning records were up-to-date and the premises were clean. All premises we visited were clean and tidy. We saw that housekeeping staff were employed on all the wards.

Staff followed infection control policy, including handwashing. Staff wore facemasks and cleaned their hands regularly.

Seclusion room

We observed the seclusion rooms at Priority House and at Littlebrook Hospital. The seclusion rooms allowed clear observation and two-way communication. They had a toilet and a clock. The vital signs of patients in seclusion on Willow suite were monitored remotely.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff had access to grab bags in case of an emergency and we saw that these were sealed.

Staff checked, maintained, and cleaned equipment. All equipment we saw was clean and stored appropriately.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe.

The service had low vacancy rates. At the time of inspecting, the wards had 12.5 vacancies for band 2 healthcare assistants. However, the trust had over recruited to band 3 health care assistants. This meant overall, the trust was fully recruited to healthcare assistants. The trust had 16 vacancies for band 5 nurses. However, had over recruited to band 6 and 7 nurses. This meant that they only had 10 nurse vacancies across the acute wards and psychiatric intensive care units.

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

Managers calculated and reviewed the number and grade of nurses and healthcare assistants for each shift. Staff told us that they were able to increase the number of staff needed on the wards to enable them to cover additional support needs of patients. However, managers told us at that they sometimes found it a challenge to find agency staff to fill these shifts, specifically day shifts Monday to Friday. This meant that the ward managers were sometimes absorbed into numbers to provide care.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. We reviewed induction checklists on three of the wards. These were all appropriately recorded, and competencies checked.

The service had low turnover rates over the previous 12 months (November 2020 to November 2021). There was an average turnover rate of 16.6% across the acute and PICU wards. The highest level of turnover was for Upnor ward at 32.9% and the lowest level of turnover was for Fern ward at 3.8%. The manager of Upnor Ward told us that the high turnover rate was due to staff taking up new positions within the trust.

Managers supported staff who needed time off for ill health.

Levels of sickness were low over the previous 12 months (November 2020 to November 2021). Chartwell ward had the highest average level of sickness at 7.84% and Amberwood ward had the lowest average level if sickness at 2.11%. Overall, the average level of sickness across the acute and PICU wards was 4.1%

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the patients. However, between November 2020 and November 2021 there were a number of staffing challenges affecting several wards, resulting in unfilled shifts. Managers followed protocols to ensure that the wards were safely staffed.

Patients had regular one to one sessions with their named nurse. We observed managers spending time with patients on the wards, and patients knew who their named nurses were.

Staff told us that patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. If needed, staff would re-arrange leave to a time when it was safe to do so. Staff told us that the occupational therapy team were always available to facilitate activities, even at weekends.

The service had enough staff on each shift to carry out any physical interventions safely.

Staff shared key information to keep patients safe when handing over their care to others.

Medical staff

The service had enough daytime and night time medical cover available to go to the ward quickly in an emergency. Staff could call an on-call consultant if needed. Staff told us that there was always a consultant on site.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

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

The mandatory training programme was comprehensive and met the needs of patients and staff.

On the whole, staff had completed and kept up-to-date with most of their mandatory training. However, some training modules fell significantly lower in completion rates than others. These were: Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Practical – Yearly (70%), immediate life support (77%), Moving and handling patient yearly (63%) and physical interventions (76%). We were told that these courses had been delayed due to the COVID-19 pandemic, as it limited the amount of staff able to meet face to face. Managers assured us that staff had been booked onto these training courses and were due to complete them over the next few months.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers told us that they were notified when staff cancelled their training or compliance fell below target. Staff told us that managers were good at supporting them to keep up to date with training.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. All records we looked at had an up to date risk assessment which reflected the risks of each patient.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Staff identified and responded to any changes in risks to patients, or posed by patients.

Staff followed procedures to minimise risks where they could not easily observe patients. Although the wards did not use convex mirrors to minimise risks to patients, ward managers told us that risks were mitigated through staff presence on the ward.

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm.

The wards had a protocol in place for managing patient monies on the ward. The ward manager for Fern ward told us that due to patients wanting takeaways and the patient bank only being open twice a week, they had allowed patients to store more than £50 in the safe. There was no evidence that patient money or safe contents was being audited. This did not follow trust policy.

Use of restrictive interventions

Generally, the levels of restrictive interventions were reducing across all acute and PICU wards.

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

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The ward teams had piloted quality improvement initiatives to reduce the number of restrictive practices on the wards. For example, Bluebell ward and Chartwell ward were trialling the use of the Broset Violence scale (a six-point violence risk assessment tool for imminent incidents). Staff told us that they had seen a decrease in the amount of physical restraints needed on these wards.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. We saw an incident on a ward, which was managed calmly by staff using the lowest level of restraint to guide the patient and de-escalate the situation. Staff used de-escalation effectively, the patient was listened to and the incident was minimised.

Episodes of physical restraint experienced by patients over the past 12 months were generally declining. The only outlier was Cherrywood ward, which after a period of reduced restraint levels, peaked in September and October to 16 and 13 episodes of physical restraint. Staff understood the Mental Capacity Act definition of restraint and worked within it. The wards had introduced safety pods. This was a bean bag type restraint intervention to support patients who require episodes of restraint. Staff told us that this had meant that there was less needed to restrain a patient on the floor. One ward manager told us that the intervention had been beneficial when working with patients with an autism diagnosis, as it felt more supportive to the patient.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation. Between October 2020 and October 2021, there had been 328 episodes of rapid tranquilisation, across the acute and PICU wards. The majority of the rapid tranquilisation were given to patients on Willow suite, Cherrywood ward, Chartwell ward and Amberwood ward.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training. All required safeguarding training completion levels met the trusts compliance target of 90%.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

Staff followed clear procedures to keep children visiting the hospital safe. Anyone under 18 years old were not allowed on the wards. Visiting could be facilitated in the family visiting rooms located off the wards.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Each ward had a safeguarding lead and the trust had a safeguarding team who staff could go to if they had concerns and needed advice. Ward managers told us they had good links with the safeguarding teams in the two local authorities.

Managers took part in serious case reviews and made changes based on the outcomes.

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

Staff access to essential information

Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. All notes were recorded on an electronic recording system.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. The electronic system was password protected and used an identity card for access. Staff stored paper records in a locked room when not being used.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. However, we noted that consent to treatment forms were not always kept with the patient medicines charts. We found that 9 out of 10 medicine charts did not contain the patient's legal status on Upnor ward. Although, these could be found on the computer system. This was an issue on most wards we visited. We fed this back at the time of the inspection, so the provider could take action.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Pharmacists were available on the wards daily and ran medicine clinics to give advice to patients about their medication.

Staff completed medicines records accurately and kept them up-to-date.

Staff, generally, stored and managed medicines and prescribing documents safely. However, the controlled drugs cupboard on Boughton ward was over stocked and nurses needed to remove most of the contents in order to find the medication they needed. We fed this back to the provider, who took action immediately. We also found medicine on Bluebell ward that had not been disposed of in a timely way. This was against trust policy, as the medicines should have been destroyed within 72 hours. The trust took action immediately and disposed of these medicines.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We saw evidence that practice had been changed as a result of learning from medicines incidents.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Staff reviewed the effects of each patient's medicines on their physical health according to NICE guidance. Staff had been trialling an electronic observation monitoring tool, to monitor and store patient physical health observations.

There was a system in place to review the use of high doses of anti-psychotic medicines.

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

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff could explain recent incidents that had occurred on the ward.

Staff raised concerns and reported incidents and near misses in line with trust policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff offered debrief and support to patients after incidents.

Managers debriefed and supported staff after any serious incident. Staff had safety huddles every day to discuss any incidents on the ward and to seek support from colleagues. The psychology team will facilitate debriefs after any incident for those staff involved.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Staff told us that learning outcomes from serious incidents, both locally and across the trust, were shared in a monthly locality meeting. Incidents were also discussed at ward team meetings once a week and staff received frequent emails from the patient safety team and the acute care governance group with any learning identified.

The trust had site specific police liaison officers. Ward managers told us that they offered good support and spoke to patients if there had been violence, aggression or racism. The police officer decides whether they need to be progressed to criminal charges based on the capacity of the patient in line with policy.

There was evidence that changes had been made as a result of feedback. For example, following an incident where a patient absconded from hospital, the trust had increased the fence the courtyard by one metre to minimise the risk of patients scaling the fence.

Is the service effective?

Good ↑

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated them as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. Doctors and nurses worked with patients to assess their physical health needs and when the patients could not be assessed on admission, the teams worked with the patient at their pace to ensure it was completed.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. We reviewed 35 care and treatment records across the seven wards. The majority of the care plans, were personalised, reflected patients' views, were holistic and recovery orientated. There was evidence that staff regularly reviewed and updated care plans when patients' needs changed. However, we found that on Willow suite, there was a lack of care planning around meeting the cultural needs of the diverse patient group. We were also told that two patients, of the care records we looked at, had a learning disability diagnosis. However, there were no care plans that reflected this.

In most cases, it was documented that patients were given a copy of their care plan. However, some patients told us that they had not seen their care plans since their admission.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. Occupational therapy staff were available seven days a week for all wards we visited. All wards had a dedicated peer support worker who helped deliver occupational therapy activities. Each ward had their own timetable of structured activities including evenings and weekends.

Each ward had groups and one to one sessions delivered by psychology staff.

Staff identified patients' physical health needs and recorded them in their care plans. In all but one care plan, we saw that staff had developed care plans for the majority of patients that had physical health needs.

Staff made sure patients had access to physical health care, including specialists as required. The wards had access to physical health nurses. Each ward had a physical health care champion that took a lead on physical health observations. Some wards had introduced a patient physical health huddle, to review the physical health needs of all the patients.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Patients were offered nicotine replacement therapies to help them quit smoking. There was a variety of fruit available for patients on all wards. Each of the three sites had recruited a sports therapist, to support patients engage in physical activity.

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

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Staff used the Health of the Nation Outcome Scales (HoNoS) at admission and again on discharge to assess patient outcomes. HoNoS is a method of measuring the health and social functioning of people with severe mental illness.

Staff used technology to support patients. As well as the introduction of the electronic observation tool, the wards had installed patient electronic flow boards. These two devices worked in together to provide a real-time picture of the ward capacity and patient status, such as bed status, clinical data, outstanding tasks and discharge plans.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements. Managers created action plans to address any issues highlighted in their audit checks and staff ensured these were completed.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. The wards we visited had access to psychiatrists, occupational therapists, registered nurses and psychologists. The trust had also recruited student nurse and nurse apprentices. The service had access to physiotherapists when needed. When there were vacancies the trust approved the use of locum and agency staff to address this.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care, including bank and agency staff. Due to the high level of newly recruited staff, managers planned the rotas to ensure there was a good mix of skills and experience.

Managers gave each new member of staff a full induction to the service before they started work. We reviewed induction records across three wards and found all records to be comprehensive and stored appropriately.

Managers supported staff through regular, constructive appraisals of their work. Staff received an annual appraisal. Appraisal rates across acute and PICU wards were generally above 90%. At the time of inspection the rate for Upnor ward was 66%, however this had increased to 100% by the time of reporting.

Managers supported staff through regular, constructive clinical supervision of their work. Supervision took place every six weeks. We saw that all appropriate staff received clinical supervision between October 2020 and October 2021.

Managerial supervision was inconsistent across the wards. Fern ward had consistently low supervision rates below 65% for the period October 2020 and October 2021. However, most staff told us that they were up to date with supervision and felt supported by their manager. Staff said that managers were always available to have adhoc supervision, if requested.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff told us that team meetings occurred once a week.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us that ward managers were proactive and passionate about upskilling staff.

Managers made sure staff received any specialist training for their role. Deputy ward managers received additional management training and those who deliver supervision received training for the role.

Managers recruited, trained and supported peer support workers to work with patients in the service. Peer support workers provided assistance with occupational therapy activities.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Patients were seen by the MDT at least weekly.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. We observed one handover meeting where recent incidents were covered for all patients, new and existing risks were discussed and any actions needing follow up such as repeated physical health observations.

Ward teams had effective working relationships with other teams in the organisation. The team could make referrals to the early intervention in psychosis team when needed and had good links with the community mental health teams when planning for discharge.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. All non-clinical staff were required to complete Mental Health Act awareness training. At the time of inspection 99% of required staff had completed this training. Nurses were required to complete Mental Health Act training every two years. At the time of inspection 90% of all nurses had completed this training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

Patients had easy access to information about independent mental health advocacy (IMHA) and patients who lacked capacity were automatically referred to the service. We observed notice boards across all the wards we visited included information about the independent mental health advocate (IMHA) and how to contact them. We were told that the IMHA rarely visited the wards since COVID-19 but were available by phone.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. We observed patients utilising their leave during our visit.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Informal patients knew that they could leave the ward freely and the service displayed posters to tell them this.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. However, the trust did not meet its target for the completion of Mental Capacity Act training.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Mental Capacity Act training had been completed by 84% of staff. This is below the trust target of 90%. Metal capacity Act assessment recording training had been completed by 98% of staff who were required.

There was a clear policy on Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Nurses and ward managers told us that the mental health act administrator kept them up to with any outstanding tasks or renewals.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

Staff made applications for a Deprivation of Liberty Safeguards order only when necessary and monitored the progress of these applications.

The service monitored how well it followed the Mental Capacity Act and acted when they needed to make changes to improve.

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

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. Patients said staff treated them well and behaved kindly. Patients told us that staff treated them with kindness and respect. Patients said that the nurses were nice and always available for them. We observed positive interactions between staff and patients. Staff took time to have positive meaningful interactions with the patients on the wards. We observed one staff member going off shift, who said goodbye to all patients and remained on the ward having meaningful interactions with a patient for some time.

Staff gave patients help, emotional support and advice when they needed it.

Staff supported patients to understand and manage their own care treatment or condition.

Staff directed patients to other services and supported them to access those services if they needed help.

Staff understood and respected the individual needs of each patient. Staff referred to each patient by name and had good knowledge and understanding of each patient.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients.

Staff followed the trust policy to keep patient information confidential.

Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. Each patient received a welcome pack when new to the ward.

Staff involved patients and gave them access to their care planning and risk assessments. However, some patients we spoke with had not seen a copy of their care plan since their admission.

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

Staff made sure patients understood their care and treatment. Patients we spoke told us that staff took time to explain their care and treatment.

Staff involved patients in decisions about the service, when appropriate. At St Martin's, a new Multidisciplinary hub called "the Bubble" was in the final stages of being built. This was due to act as an occupational therapy space, physiotherapy space, gym and general communal area for the wards. The new space was well equipped with a patient kitchen, to enable occupational therapy to support patients with daily life skills assessments.

Patients could give feedback on the service and their treatment and staff supported them to do this. The trust used a patient reported experience measure (PREM) questionnaire to seek feedback from patients about their care. The PREM was available in a wide range of formats including an Easy Read format. Patients were asked a various point throughout their contact with the trust for feedback.

Monthly patient experience smart reports informed the ward leads of the PREM and friend and family test results. These included the data for the year and show how a ward is performing based on the feedback received.

Staff supported patients to make advanced decisions on their care.

Staff made sure patients could access advocacy services. All wards had information about advocacy services available. A photo of the independent mental health advocates was available on each ward along with contact details.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff gave carers information on how to find the carer's assessment. Managers told us that information regarding carers assessments were sent out to the patients next of kin, on admission.

We have received mixed feedback from the carers/ relatives of patients regarding the ease and level of communication from the wards. Two relatives raised concerns that when they rang the ward, there was no answer and they never heard a response when contacting the consultant. However, other relatives felt consultants were quick to respond.

Is the service responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when needed and patients were not moved between wards unless this was for their benefit.

Bed management

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

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. Ward managers dialled into a daily bed management meeting, that was attended by the patient flow team, head of occupational therapy, social services and members of the MDT (including the consultant). During these meetings each patient was discussed in detail regarding risk and options for discharge. We observed one management meeting where issues about post-discharge accommodation issues were discussed. The team discussed options for this patient and formulated a plan to make referrals to other housing schemes/associations and explore options with family for further support, in order to aide a timely discharge.

Managers and staff worked to make sure they did not discharge patients before they were ready.

When patients went on leave there was always a bed available when they returned.

Patients were moved between wards only when there were clear clinical reasons, or it was in the best interest of the patient. We observed ward teams working together to find the best solution for patients after incidents occurred. We observed timely arrangements being made to move a patient to an alternative ward (at the same location) after an incident with another patient.

Discharge and transfers of care

Staff carefully planned discharge with patients and worked with care managers and coordinators to make sure this went well.

Staff supported patients when they were referred or transferred between services.

Occupational therapy staff offered a moving-on leaflet at discharge. This covered a range of topics such as information on food banks, education access, mental health support and crisis team numbers. This was produced by a peer support worker and given to all discharged patients.

The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and most rooms were ensuite. There were quiet areas for privacy. Patients had mixed reviews about the quality of food. Patients could make hot drinks and snacks at any time. However, patients at St Martins were reliant on staff to access hot drinking water due to maintenance issues.

Each patient had their own bedroom, which they could personalise.

Staff used a full range of rooms and equipment to support treatment and care. Each was had an occupational therapy room available for activities. Patients told us that there were always plenty of activities available. We observed table tennis being played on at least two of the wards and were informed that a table tennis tournament was taking place later that day.

The service had quiet areas and a room where patients could meet with visitors in private. We observed families visiting the wards to meet their relatives.

Patients could make phone calls in private. Patients had access to their mobile phones unless risk assessed otherwise. Patients without phone access could use the ward phone if necessary.

Each ward had an outside space that patients could access easily. On all of the wards we visited, staff told us that the garden use needed staff supervision to use, due to ligature risks. We were told that the garden was open for at least 15 minutes every hour. We observed, on most wards that the door to the garden was open for patients to use. Patient were making use of the outside space, playing tennis and other garden games.

Most patients could make their own hot drinks and snacks and were not dependent on staff. However, the patient hot water taps on two of St Martin's wards did not work at the time of the inspection. We were told that the hot and cold tap on Bluebell ward had been broken since 17 September 2021. A temporary measure was in place, but we were told that the taps were always breaking. A permanent solution to this issue had not been found. Ward staff had put temporary measures in place to facilitate patient access to hot drinking water.

We received mixed feedback from patients regarding the quality of the food available. Most patients told us that the food portions were small and not of good quality. One patient told us that food is sometimes served cold and most patients told us that salad is not regularly included, despite feedback from patients for more. Relatives told us that patients were frequently buying takeaways as they do not enjoy the food on offer. Staff had tried to resolve the issue by giving feedback to the kitchen staff, the trust changed food providers and feedback about food is sought from the community meeting every week.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to opportunities for education and work, and supported patients with this. St Martins hospital had a volunteer garden available for patients to use. Volunteers were made up of staff members and former patients. The service had plans to build a chicken coop (a small building to rear chickens), for patients to look after. The occupational therapy team used the produce to support patients to cook their own food.

Staff helped patients to stay in contact with families and carers. On the days of the inspection, we observed relatives visiting the wards. Patients told us they were able to use leave to visit relatives and friends.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs.

Staff made sure patients could access information on treatment, local service, their rights and how to complain.

Managers made sure staff and patients could get help from interpreters or signers when needed. Staff had access to translation services for those whose first language was not English.

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

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Patients told us that staff could cater to specialist dietary requirements.

Patients had access to spiritual, religious and cultural support. Staff could access religious leaders when requested by patients. Some sites had multi-faith rooms and those that did not had rooms that could facilitate religious activity. The trust celebrated different cultural festivals and encouraged patients to be included.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Patients and, most relatives and carers knew how to complain or raise concerns.

The service clearly displayed information about how to raise a concern in patient areas. We observed information boards and leaflets on all wards stating how patients and carers could complain.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers investigated complaints and identified themes. There had been a total of 61 reportable complaints made during the period November 2020 to November 2021. At the time of inspection, 8 remained open and under investigation. Of the 53 complaints closed, five were upheld, 13 were partially upheld and 32 were not upheld. Managers told us that they apologised to patients and carers when things went wrong.

Staff protected patients who raised concerns or complaints from discrimination and harassment.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Is the service well-led?

Good ↑

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. Some staff felt underappreciated by senior executive team, who were rarely visible on the wards.

Staff felt there was a strong team working and mutual support between staff within wards and across the service. They felt respected, supported and valued. Staff were positive and proud about working for the trust and their teams and

described the culture as good, open and honest. Staff were confident they could raise concerns without fear of retribution. Teams worked well together and where there were difficulties managers dealt with them appropriately. However, staff on the wards told us that they felt disconnected from the senior leadership team and, overall, were rarely visible on the wards. Some ward based staff felt underappreciated by the senior executive team. Some staff told us that the senior team were only in contact when things went wrong.

The ward manager for Fern ward and the modern matron for St Martin's were unclear on the plans for refurbishment and the timeframe in which these were to start and be completed. They shared that they needed time to manage patient risks and manage expectations of staff and patients. Staff feel that they were not consulted on what changes should be made as part of the refurbishment.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team.

Staff we spoke with understood the trusts values and said that they felt the teams they worked in lived up to them.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

All staff we spoke with said the culture was open and supportive.

Managers told us that the acuity of patients has been higher than usual and COVID-19 had affected staff. We were told that staff felt tired as a result. Managers were implementing initiatives to support staff wellbeing. For example, ensuring staff took breaks and reminding them about wellbeing support.

Staff knew how to use the whistle-blowing process and about the role of the Speak Up Guardian. The freedom to speak up guardian fed back to ward managers and the modern matrons regarding themes from recent concerns raised. Posters were on display around the wards on how to raise concerns.

Staff had access to a range of wellbeing initiatives. The trust had a Winter wellbeing fund for all staff. This gave £15 per staff member to spend on wellbeing. The trust also had staff recognition awards each year.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Managers could access information from a variety of sources that allowed them to understand their team's performance against their identified key performance indicators. Managers used this information to find areas for improvement and work with the staff teams to address this.

The trust held regular governance meetings at all levels to discuss key risks and good practice across the acute and psychiatric intensive care core service.

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

At the last inspection, we found that the service did not have an effective governance process in place to ensure that agency inductions were completed. During this inspection, we found that this concern had been addressed and all agency staff and new staff completed an induction. This was recorded and monitored appropriately.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

We were told by staff that there were outstanding maintenance issues across St Martin's Hospital. Some of these issues were reportedly dating back a few years. Staff told us that they escalated these issues to the estates team but often had to chase repeatedly for any action to be taken. This most recently included a toaster that had been broken on Foxglove ward for over two weeks and a maintenance hatch motor on Bluebell ward. Staff at St Martin's told us that estates issues were not appropriately acted on by the senior leadership team.

On review of the maintenance records on Foxglove ward and Fern ward, maintenance issues were recorded appropriately. However, maintenance concerns had been open since 2019, the log was not in date order and sheets were lost in the file. There was no way for ward managers to monitor which maintenance issues were still open to be fixed.

Managers could access information easily about their service and could compare their ward to similar services in the trust. This included information on the performance of the service, staffing and patient care.

Each ward had their own risk register which reflected the concerns of the service and the environmental concerns we found. Managers told us they could submit items to the trust risk register.

Managers told us there were strategies to address risks. For example, to address staffing issues they were recruiting from overseas, they were being creative with posts offering built in time for career development opportunities. The matron of St Martin's told us they were in discussion with NHS professionals to resolve issues around covering weekday shifts.

Information management

Staff collected and analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

Staff told us that systems in place to collect and analyse data were efficient and did not add to their workload. The information collected was easily available to staff so they could understand their team's performance.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients. Managers encouraged staff from community teams and other health and social care to join relevant meetings and they could do this via video conferencing.

Managers received feedback from patients, carers and staff and used it to make improvements. Patients and carers were involved in decision-making on how to improve the service. Managers used the outcome of patient experience questionnaires (PREM) to improve on the quality of care being delivered. The Trust wide patient and carer experience group monitored the patient experience indicators. If any scores were lower than the target over a consecutive 3-month period, the team lead would be contacted and asked about actions planned to improve the score. It was evident that food had been a concern to most patients and attempts to resolve this in collaboration with patients had been made.

Learning, continuous improvement and innovation

The wards had introduced a variety of innovative practices over the past 12 months. Some wards had been piloting he Broset Violence scale, to change practice and reduce the level of restraints. Staff told us that this had significantly reduced the levels of restraint on the ward. This practice was in the process of being rolled out to all wards.

Wards had introduced an electronic observation tool and patient electronic flow boards to support staff manage patient risks and enable good care. These two devices worked together to provide a real-time picture of the ward capacity and patient status, such as bed status, clinical data, outstanding tasks and discharge plans. However, on some ward there was an issue with patient confidentiality as the board is visible to patients. The matron was aware of the concerns and thinking about how they could manage this.

The service was working on a sexual safety quality improvement project in collaboration with the Royal College of Psychiatrists on Upnor ward. Leaflets had been devised for patients to explain about sexual safety and the reasons behind the project. Sexual safety now forms as part of the standing community meeting agenda.

Staff told us that they were encouraged to think innovatively. An occupational therapist told us that they were encouraged to attend Lego therapy for children training. They were looking to see if this could be extended to adult patients and were due to present their idea to the rest of the occupational therapy team in the upcoming months.

The service was part of the armed forces network (a multi-organisational group which includes members from the NHS, Ministry of defence, Armed Forces Reservists, mental and physical health clinicians, the Royal British Legion and other interested charities and organisations from across Kent and Medway) and had recently completed a piece of work around the things to consider if supporting a veteran using mental health settings.

Wards for older people with mental health problems

Good ➔➔

Is the service safe?

Requires Improvement ➔

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and reduced any risks they identified. The service had clinical environment assistants who carried out weekly reviews of all the ward areas to identify environmental risks and take appropriate action. On Jasmine ward, staff told us that the ward flooring was not considered suitable for the patients as it was not anti-slip and the patients were considered at risk of falls. Replacement flooring had been approved, although, there was no specific timeline as to when this would be installed.

Staff could observe patients well on most wards. The nursing station on Ruby ward allowed good lines of sight to the patient areas and mirrors were in place to mitigate the blind spots. However, on Jasmine, Orchards and Woodchurch wards, lines of sight were less clear. Staff told us that this risk was mitigated by staff conducting regular checks although we did not observe these during inspection.

Jasmine, Woodchurch, Sevenscore and Heather wards provided mixed sex accommodation. All wards had female only lounges, apart from Jasmine ward. There were enough bath and shower facilities, however the only assisted bathroom facility on Woodchurch ward was within the female patients' bedroom area. Staff told us that they would escort any male patient to this bathroom should they need to use it.

Patients were able to store personal items and belongings and had access to communal space. Each bedroom area and the dormitories on Ruby ward provided enough storage for patients' belongings.

Patients on most of the wards did not have their own keys to their bedrooms. Patients needed to ask staff to open their bedroom doors to gain access unless they chose to leave them open. Patients on Jasmine and Heather wards did have armbands which unlocked their doors.

Staff knew about any potential ligature anchor points and mitigated most risks to keep patients safe. All wards had up to date ligature risk assessments and ligature risks were also recorded on the wards individual risk registers.

On most of the wards staff had easy access to safety alarms, and patients had access to nurse call systems. On Sevenscore ward, the personal alarms that staff held individually were not working but staff had access to the main emergency ward alarm which would signal on the ward and other wards if pressed.

Maintenance, cleanliness and infection control

Wards for older people with mental health problems

Staff kept each ward environment clean and well maintained. Housekeeping staff worked on each ward every day. Staff followed infection prevention and control (IPC) policies, including handwashing. Staff also had IPC boards on all wards to make sure they knew what they were required to do.

Staff carried out COVID-19 testing on all patients when admitted and isolated patients until their first test results were back (usually 24 hours) and were negative. They repeated this on day five and seven after admission, and then all patients were tested weekly.

Some of the ward environments needed improvement. For example, some living areas, including those on Heather ward, lacked decorative features such as paintings or clocks. The garden access ramps on Woodchurch and Heather wards required repair and safety markings. We are aware that since initial feedback the trust had escalated some of these issues to maintenance.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. On all wards we saw clean and well-maintained clinic rooms. We also saw records that showed staff checked, maintained, and cleaned equipment regularly.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

On all wards there were enough nursing and support staff to keep patients safe. The service had low vacancy rates and vacant shifts were covered by regular bank and agency staff or by permanent staff covering extra shifts. The ward managers also stepped in to cover when this was required. Managers made sure all temporary staff had a full ward induction and understood the service before starting their shift.

The service had low turnover rates. The service had an average turnover rate of 13%. The highest staff turnover was on Jasmine ward (29%) and Orchards ward (24%). Leaders explained that it was challenging to retain staff because neighbouring organisations were able to provide the additional salary High Cost Area Supplements because of their proximity to London.

Sickness rates across the service were 6% over the past year. Ward managers told us that they could adjust staffing levels according to the needs of the patients, for example based on increased risk or 1:1 observation.

There was evidence of one to ones taking place with other members of the multidisciplinary teams on these wards and patients told us that staff always engaged with them.

Patients rarely had their escorted leave or activities cancelled, even when the service was short staffed. Patients told us that they had not had therapy or activities cancelled due to staffing.

Wards for older people with mental health problems

Staff shared key information to keep patients safe when handing over their care to other services. We observed staff across the wards holding daily multidisciplinary handover meetings where they discussed each patient in detail to ensure all staff were up to date.

On Jasmine ward we saw a comprehensive patient board in the nurse's office which detailed clearly patients' risk and needs. Ward staff had safety huddles three times a day where all staff discussed any potential risks.

Medical staff

The service had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency.

Managers could secure additional medical cover when needed. Staff on all wards told us that there was always medical cover based on the wards during core hours and they could access on-call doctors out of hours. Staff told us that on-call doctors were always quick to respond. All wards had protocols in place for emergencies and accessing acute services. For example, Ruby ward had a service level agreement where Doctors from Accident & Emergency or other specialist services would attend the ward to see patients.

Managers made sure all locum staff had a full induction and understood the service before starting their shift.

Mandatory training

The mandatory training programme was comprehensive and met the needs of patients and staff. For example, courses included Conflict Management, Duty of Candour, Food Allergens, Infection Control, Mental Capacity Act (MCA), Mental Health Act (MHA), and Safeguarding.

We saw that on most wards, staff compliance with mandatory training was at trust target or close to trust target, with the targets varying for each training course. However, training courses which did not always meet the trust target were classroom-based training courses which could potentially impact on patient safety. These included Moving and Handling where Heather ward had 47% compliance, Woodchurch ward had 67% compliance and Sevenscore ward had 74% compliance, as well as Physical Intervention training where Jasmine ward had 38% compliance and Ruby ward had 68% compliance. Staff told us COVID-19 had affected the delivery of these courses and that these were booked to be completed when COVID-19 pressures allowed.

Managers monitored mandatory training and alerted staff when they needed to update their training. On Orchards ward, managers told us that an administration assistant monitored the training matrix and sent out reminders to staff when these were due.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

Wards for older people with mental health problems

Staff completed risk assessments for each patient on admission, using recognised tools. Patient risks were reviewed regularly including after any incident.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

On all wards, staff used a variety of tools to assess patient risks. These included the Waterlow tool to assess risks of pressure ulcers, pressure mats, and using 'falling star' symbols on patient's doors to indicate the risk of falling. Staff used a daily traffic light system to review and indicate levels of patient risks. These were reviewed regularly by the multi-disciplinary team.

Staff identified and responded to any changes in patient risk. Where risks changed, staff took action to update clinical records to make this clear. For example, we identified that staff on Ruby ward had reviewed and appropriately increased the observation level of a patient following an incident of self-harm behaviour.

Nursing staff had good access to clinical information via patient flow boards. These were an electronic whiteboard which showed key information about each patient taken from their patient record.

Patients did not have independent access to hot water to make drinks, except for Orchards ward. This was a blanket restriction following a safety incident. Staff reported that patients were drinking less fluids since this had been introduced. This could impact the fluid intake and hydration of patients and lead to other potential physical illnesses and increased complications such as delirium. Patients should have routine access to hot water to make hot drinks on all wards, where they are risk assessed as safe to do so.

Staff on Jasmine ward did not always carry out patient observations in line with the trust policy. The ward nursing staff were not carrying out these observations intermittently but at set times. We informed the trust at the time of inspection and they responded by reminding ward staff of the policy and having the observation sheet checked daily by qualified staff before the end of each shift.

Use of restrictive interventions

Staff used de-escalation techniques to ensure that physical restraint was used as a little as possible. The average number of restraints was 14 per month. These figures were higher on Sevenscore and Woodchurch wards and the trust explained that this was due to higher levels of personal care which required safe holds which were recorded. Restraint data was reviewed by clinical ward managers and the Promoting Safer Services (PSS) team so they could see the exact purpose of restrictive interventions being used.

All wards had de-escalation and quiet rooms available. Staff that we spoke to understood the need to know their patients and any triggers to aggressive behaviours and/or distress. The service was utilising the Broset Violence Checklist (BVC) which was a short-term violence prediction assessment. This was an initiative to improve the ward environment by predicting risk of violence, reduce incidents and improve safety for both patients and staff. All wards, with the exception of Ruby ward, had safety pods. Safety pods are pieces of equipment that are used to reduce the level of restriction and injury during physical interventions. There were no seclusion facilities on the wards.

Staff followed National Institute for Health and Care Excellence (NICE) guidance when using rapid tranquilisation, including the safe physical health monitoring of patients who had received medicine by rapid tranquilisation.

Wards for older people with mental health problems

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. All staff we spoke to felt confident in recognising safeguarding issues and were able to provide examples of how they would escalate and refer any concerns.

All staff had been trained in level three safeguarding adults training. Staff knew how to recognise adults and children at risk of or suffering harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They followed the trusts safeguarding policy and used the electronic reporting system. The trust also had a safeguarding lead who acted as a point of contact for support and advice. Managers kept a log of open safeguarding concerns and they liaised with external local authority safeguarding teams.

Staff followed clear procedures to keep children visiting the ward safe. On Ruby ward, staff advised that when children visited the ward they had to be with an adult (if under 18) and that these visits took place in the first room on the ward to avoid them coming into the main ward area. On Orchards ward, no children were currently able to visit patients due to there being no family room on the ward. As this meant patients were not able to have this contact, the ward staff facilitated regular video and telephone calls.

Staff access to essential information

Patient clinical notes were comprehensive, and all staff could access them easily. Staff told us there had been some connectivity issues with the Patient Flow boards. However, staff could still access patient information via their electronic care records on computers.

On Orchards ward, staff told us that agency staff did not have access to the patient electronic record system and had to rely on permanent staff to update their records. The trust was already aware of this challenge and were looking to ensure that agency staff had this access before starting on the wards.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medicines on each patient's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. On Orchards ward, the pharmacist met with patients each week to discuss medicines and any concerns the patient had about them. On Woodchurch and Sevenscore wards, the pharmacist met with all patients within 24 hours of admission.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely. Across all wards, all records were tidy, well-kept and had no gaps.

Wards for older people with mental health problems

Staff followed national guidance to check patients had the correct medicines. We saw that pharmacists carried out regular prescription chart audits and that they had not identified any recent issues.

The service had systems to ensure staff knew about relevant patient safety alerts and incidents. This meant that staff learnt from these and could implement any necessary changes to ensure patients continued to receive their medicines in the safest way possible. On medication rounds, the dispensing nurses wore tabards that showed they were managing medicines to prevent them being disturbed.

Decision making processes were in place to ensure patient's behaviour was not controlled by excessive and inappropriate use of medicines. We saw evidence that staff followed policies and NICE guidelines across the wards, including those involving patients experiencing other conditions as well as their primary mental health, such as diabetes. Staff reviewed the effects of each patient's medication on their physical health.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

Staff managed patient safety incidents well. They recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The trust had 18 serious incidents recorded over the past 12 months and these related to COVID-19, allegations of sexual abuse, pressure ulcers and an incident where a patient scalded themselves with a hot drink.

Managers told us that incidents were always investigated, with 48 hour and 72 hour reports completed as part of this. Managers and clinical leaders investigated lower level incidents and the more serious incidents were investigated by the Central Investigation Team. Incidents were also discussed at monthly team meetings and shared at the inpatient forums which were held once a month. Managers debriefed and supported staff after any serious incident.

The care group patient safety team within the trust emailed staff with identified learning that had taken place from incidents across the trust. Jasmine ward staff told us that they learnt many lessons from their first COVID-19 outbreak, and they took this learning to control transmission during the second outbreak on the ward. This learning included staff having improved knowledge and application of infection prevention and control practices, acting earlier with positive cases and managing isolation and testing more effectively.

Staff explained their understanding of the duty of candour and gave patients and families a full explanation when things went wrong. 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 clients (or other relevant persons) of 'certain notifiable safety incidents'.

Is the service effective?

Good 

Wards for older people with mental health problems

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. Staff developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental and physical health assessment of each patient either on admission or soon after, and these were regularly reviewed. Staff on all wards told us that patients had a full examination on admission and this included an assessment of their weight, blood test, urine analysis, their heart rhythm, Waterlow (a tool to assess pressure ulcers) and a body map (to identify potential bruising). Staff also recorded and monitored physical health using the national early warning score (NEWS2) tool which is designed to identify patients with declining conditions so staff can act fast to seek the necessary help.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. On all wards, we saw that care plans set out clear interventions for individual patients which covered their identified risks. Staff regularly revised and updated care plans when patients' needs and risks changed.

Care plans we reviewed were personalised and holistic, with person-centred goals which were recovery orientated. However, the completeness of care plans was less consistent on Jasmine ward where we saw some care plans without full patient and carer involvement.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales, such as an Abbey Pain Score assessment, to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for most patients in the service. Staff told us that doctors were available on wards and completed weekly ward rounds as standard, as well as any additional physical health care when required.

There were a range of activities seen across the wards including well-being groups, arts and crafts, drama therapy, exercise classes and music groups. Some of these were delivered by staff specifically employed to deliver these groups, for example a music and art therapist. Occupational therapy staff also provided interventions and tools to improve the quality of life, care and treatment of patients living with dementia. These included doll therapy, an age simulation suit and "playlists for life". Doll therapy was an intervention where lifelike dolls or soft toy animals were used to promote feelings of relaxation and pleasure. The age simulation suit was used as part of manual handling training and is used to help improve staff awareness in understanding the impairments of older people. "Playlists for life" was a playlist of personal music which assisted people living with dementia to connect with the past through songs which held importance and meaning for them.

However, patients on Jasmine ward reported that the therapeutic activities on offer did not meet their needs. They told us that they did not always enjoy the therapies or activities, either due to lack of interest, suitability or feeling that these

were not helpful to their own recovery. Patients said that they would prefer to do other things and would also have liked to have been around other patients who were able to communicate and engage with them. Within the trust wide patient feedback questionnaire, which was called the Patient Reported Experience Measure (PREM), issues with stimulation and boredom were main themes across the service.

Staff identified the physical health needs of patients and recorded them in their care plans. Each ward had a physical health nurse. On all wards we saw positive input from the physical health nurses, including care planning, information sharing with doctors and liaison with acute services.

Staff made sure patients had access to physical health care, including specialists as required. Staff made referrals to dieticians, speech and language therapists, tissue viability nurses and physiotherapists. Staff also supported patients to get their COVID-19 vaccinations and boosters.

Patients' nutrition and hydration needs were assessed and monitored. Staff had a good awareness of individual nutritional needs, such as the type of diet required and how this affected patient's overall wellbeing. On all wards, patients had food and fluid intake charts in place where necessary. Where continued monitoring was required, staff care planned this and supported patients individually. Staff on Jasmine, Ruby and Heather wards encouraged patients to drink fluids regularly. In addition, the service had implemented finger food menus which were helpful for patients with dementia diagnoses as they can often find cutlery difficult to manage, as well as eating a full meal, so finger foods make it easier for patients to enjoy food.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. An Abbey Pain Score assessment was used which is an assessment tool developed for use with patients that have dementia and those who cannot verbalise. The occupational therapy teams also used the Model of Human Occupation Screening Tool (MOHOST) in order to assess performance and organisation of skills in the everyday environment.

Staff used technology to support patients. We observed staff using Reminiscence Interactive Therapy Activities (RITA) machines which are digital therapy systems using apps and games and other leisure activities as part of their recovery. These were in place across the service.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Managers used results from audits to make improvements.

Skilled staff to deliver care

Staff had access to the full range of specialists required to meet the needs of patients on the wards, however some patients did not have timely access to specialist therapies. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

All wards had a complement of staff from a range of disciplines that included mental health nurses, physical health nurses, doctors, and occupational therapists. However, we observed that the access to psychological therapies and physiotherapists was inconsistent across the wards. Some wards had dedicated clinical psychology and physiotherapy. Other wards did not have this in place which meant patients needed to be referred to other services to access these therapies.

Wards for older people with mental health problems

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. This included bank and agency staff who accessed clinical supervision the same as permanent staff. They gave each new staff member a full induction before they started work and supported staff through regular, constructive appraisals of their work. Trust data showed that since August 2021, all wards had achieved above 85% supervision compliance. One hundred per-cent of staff working on Ruby and Orchards wards had received their planned supervision between August and November 2021.

Ward staff attended monthly team meetings or had access to the minutes if they were unable to attend the meeting. However, these meetings had not consistently taken place on Woodchurch and Heather wards during the last six months.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers also made sure staff received any specialist training for their role. For example, staff received additional training on pressure ulcers, wound management and talking mats to assist with caring for the patients within the service.

Managers recruited, trained and supported volunteers to work with patients in the service. Ruby ward had a volunteer who assisted patients in engaging with meaningful activity.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary handover meetings to discuss patients and made sure they shared clear information about patients and any changes in their care. Staff shared relevant information about patients, including risks, incidents, safeguarding and medication changes, and demonstrated good knowledge of patients. Ward managers attended regular meetings to share best practice and learning across the service.

Ward teams had effective working relationships with external teams and organisations. Staff maintained contact with both internal and external professionals including acute ward colleagues, care co-ordinators, GPs and social workers. They were invited to ward reviews and meetings if appropriate. Staff liaised with external agencies, especially around discharges.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act (MHA) and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

Staff knew who their Mental Health Act administrators were and when to ask them for support. Most wards referred to the trust MHA team who they could contact.

Wards for older people with mental health problems

Staff gave patients easy access to information about independent mental health advocacy and automatically referred patients who lacked capacity to the service. We saw evidence of advocacy contact details available on notice boards and within the welcome packs provided to patients. Staff told us that the advocates phoned and visited the wards regularly. On Jasmine ward, staff told us that advocates were often invited to ward rounds.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff made sure patients could take Section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

The service displayed posters to tell informal patients that they could leave the ward. Staff allowed informal patients to leave the wards freely, so long as it was assessed as safe to do so. Although, these patients needed to ask staff to leave on most of the wards due to the locked ward doors.

Good practice in applying the Mental Capacity Act (MCA)

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 (MCA) and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the MCA and had a good understanding of at least the five principles. Staff knew where to get accurate advice on the MCA and Deprivation of Liberty Safeguards (DOLs).

Staff supported patients to make specific decisions for themselves before deciding a patient did not have the capacity to do so. Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision, for example when their prescribed medicines were changed. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history, as well as inclusion of their family.

We saw evidence on all wards of appropriate MCA documentation within care plans, as well as regular reviews of capacity assessments and consent to treatment both at ward rounds, and within multidisciplinary handover meetings.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

All patients said staff were friendly, compassionate and kind. Carers said staff treated their relatives with respect and dignity.

Wards for older people with mental health problems

Staff were discreet, respectful, and responsive when caring for patients. Patients told us staff knocked on their bedroom door or called out before entering. They said staff treated them with dignity and were respectful when helping with personal care. Although, one patient on Ruby ward told us that night staff were noisy during the evening staff changeover which, on occasion, woke up patients who were sleeping.

Staff gave patients help, emotional support and advice when they needed it. Patients said staff listened to them. We observed warm and friendly interactions between patients and staff across all wards visited. Staff also referred to patients by their name.

Staff understood and respected the individual needs of each patient. They supported patients to understand and manage their own care, treatment or condition. Staff directed patients to other services and supported them to access those services if they needed help.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. They followed policy to keep patient information confidential.

Involvement in care

Most staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced new patients to the ward during community meetings and all patients were given welcome packs on admission.

We saw that staff made sure patients understood their care and treatment and found ways to communicate with patients who had communication difficulties. However, half of the patients we spoke with on Jasmine ward said they were unaware of their care plan, and in half of the plans we reviewed on this ward, we saw that patient and carer involvement, including patients signing and being given a copy of their care plans, could be improved.

Staff involved patients in decisions about the service. Staff held weekly community meetings where patients gave feedback on the service and their treatment. Staff supported patients to do this through a suggestion box and informal discussions with individual patients. The service used 'you said, we did' noticeboards to show patients how their feedback was applied to the service. On Jasmine ward, there had been negative feedback around the laundry service and so the ward staff introduced allocated laundry days for each room, in addition to any emergency laundry that was needed. The trust wide patient feedback questionnaire, Patient Reported Experience Measure (PREM), gave an overall score and a satisfaction score. Over the last 12 months, the service scored above the trust target (six-seven out of 10 is good and above eight is very good) with an overall score of 7.8, and satisfaction score of 8.9.

Staff supported patients to make decisions about their care and made sure patients could access advocacy services. On all wards, advocacy contact information was available on noticeboards in communal areas. Staff told us that they could make referrals to independent advocacy services on a patient's behalf. On Heather and Ruby wards, staff were able to book individual appointments for patients to see advocates who regularly attended and contacted the ward.

Involvement of families and carers

Wards for older people with mental health problems

Staff informed and involved families and carers appropriately.

Carers told us the staff on the wards were helpful and responsive to their relatives' needs.

Carers and relatives felt that staff supported, informed and involved them in their relatives' care plan and treatment. Managers told us that carers were offered a monthly slot with the ward manager to discuss their relative. This improved communication, carer involvement and patient treatment.

Staff helped families to give feedback on the service and gave carers information on how to find the carer's assessment. Staff facilitated weekly contact with carers and relatives using video and telephone calls. They also held monthly virtual carers meetings to update on the wards. Staff on Orchards ward told us a monthly newsletter was sent to carers and relatives with a packet of biscuits and a sachet of tea or coffee to encourage them to relax and take time for themselves, along with the monthly meeting invite. Staff and carers told us that carer champions were available to speak with, which helped carers and relatives to communicate their feedback.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when needed and patients were not moved between wards unless this was for their benefit.

Bed management

Managers monitored bed occupancy, length of stay and leave. Across all wards, bed occupancy was above 85%. No patients from the local area had been placed out-of-area at the time of the inspection.

Managers and staff worked to make sure they did not discharge patients before they were ready. When patients went on leave there was always a bed available when they returned.

Patients were moved between wards during their stay only when there were clear clinical reasons or if it was in the best interest of the patient. For example, where patients needed treatment for their physical health. Staff did not move or discharge patients at night or very early in the morning. Staff also rarely discharged patients on a Friday, in the evenings or over the weekends.

Discharge and transfers of care

Managers monitored the number of patients who experienced delays to their discharge. Most patients whose discharge was delayed were waiting for suitable community placements.

Ward staff escalated any delays to ward managers and the service had weekly bed management calls with social services to have oversight of these.

Staff planned patients' discharge and worked with the patients, their care managers and coordinators to make sure this went well. An occupational therapist recently carried out a home visit with a patient from Ruby ward for a home assessment prior to discharge. Staff supported patients when they were referred or transferred between services. The service followed national standards for transfer.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the wards did not always support patients' treatment, privacy and dignity. However, all patients told us that their privacy and dignity was maintained. All patients could keep their personal belongings safe. There were quiet areas for privacy. The food was not always of good quality. Patients could always access snacks; however, these were not always healthy and they could not always make hot drinks independently on all wards.

The design, layout and furnishings of most wards did not always support patients' treatment, dignity and respect. The walls on Heather ward were bare without any decorative touches and the family room on Jasmine ward lacked warmth and comfort.

Not all bedrooms included an en-suite toilet, shower or bath. Across wards bedrooms varied, some with full en-suite and others with hand basins. Staff on Woodchurch ward ensured the privacy and dignity of male patients using the assisted bathroom, which was in the female bedroom area, by escorting them to and from when they used this and ensuring no female patients were in the area.

Patients on Ruby ward could not routinely access outdoor space. Patients on Ruby ward were escorted to an outdoor area which was a short walk from the main ward. The trust had a proposal in place to replace this ward by 2023. The outdoor space on Orchards ward was kept locked and only accessible with staff supervision due to ligature risks, although staff made sure patients were able to access this when requested. All other outside areas were accessible to patients during daylight hours.

On Jasmine, Woodchurch and Sevenscore wards, bedroom doors had been designed to look like a 'front door' to help patients feel at home and create a familiar, welcoming environment, in keeping with everyday home life. Patients on Ruby ward told us their privacy and dignity were maintained despite sharing dormitories. Patients on all other wards had their own bedrooms. Staff told us that patients could personalise their bedroom areas with cushions or photos placed onto the walls if it was risk assessed as safe to do so, although most patients told us that they were not aware that they were able to do this. Patients told us that their personal belongings were always kept safe and that they had a secure place to keep them.

Staff used a full range of rooms and equipment to support treatment and care. Staff would always engage with patients wherever they felt most comfortable, whether this was in their bedrooms, communal areas or a private quiet room. Most wards had quiet areas and rooms where patients could meet with visitors in private.

Patients told us that they could make phone calls in private. Staff gave patients cordless ward phones to use if they did not have mobile phones. Staff kept chargers for patients' mobile phones and would charge their phones on request.

The patients we spoke with had mixed feedback about the food. About half reported they liked the food and half said they found it boring, repetitive and lacking taste. Carers we spoke with from Woodchurch ward were uncomplimentary about the ward food.

We saw that patients on Ruby ward did not have access to healthy snacks such as fruit. However, patients had access to soft drinks and snacks outside of mealtimes. Staff on Jasmine ward accommodated the needs of a patient whose preference was goat's milk.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as family relationships.

Staff helped patients stay in contact with families and carers via telephone calls and visits. Because of the ongoing risk around the Covid-19 pandemic the visiting arrangements on most wards were still limited to two one-hour slots, with each patient being allowed one visit per week. Carers told us that the limited visiting hours were restrictive and that visiting times on Woodchurch ward did not always meet patient and carer needs. The trust assured us that on some of the wards, individual visiting arrangements including additional visits, could be agreed to suit the needs of the patients, carers and relatives. Ward staff also facilitated video calls and telephone calls to relatives and carers when required.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. Staff took patients out to the local garden centre and facilitated visits to local mosques and churches. Patients and carers told us they or their relative had made friends with other patients.

Meeting the needs of all people who use the service

The service met the needs of patients, including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

All wards were located on one level and were easily accessible to people with mobility needs. There were assisted bathrooms and walk-in showers. Staff used stand aids and hoists to assist with moving patients. We also saw staff on Ruby ward adapting the exercise group for a patient in a wheelchair so they could join in.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. The service had information leaflets available in languages spoken by the patients. Staff ensured patients could get help from interpreters or signers when needed.

Staff told us that a patient on Ruby ward whose first language was not English had regular access to an interpreter for ward rounds. Staff across the wards were also being trained in the use of talking mats which promoted person-centred care. Talking mats use picture cards and a mat to enable communication with individuals who struggle to verbalise. Four staff on each ward are currently trained.

The service provided a variety of food to meet the dietary and cultural needs of individual patients including halal, kosher, vegetarian and free-from options.

Patients had access to spiritual, religious and cultural support. For example, we saw that a patient on Heather ward had access to appropriate washing facilities when they needed to pray. Staff facilitated visits to places of worship to meet the spiritual needs of patients and a chaplain also visited patients regularly.

Wards for older people with mental health problems

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with the whole team and wider service.

Patients, relatives and carers knew how to complain or raise concerns. Patients told us that they felt confident in being able to make a complaint and felt assured that they would be listened to. Staff clearly displayed information about how to raise a concern in communal areas.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes.

Staff protected patients who raised concerns or complaints from discrimination and harassment. Managers shared feedback from complaints with staff and learning was used to improve the service. The service used compliments to learn, celebrate success and improve the quality of care. Governance and team meeting minutes showed how managers took on board feedback from patients and acted on this. For example, we saw evidence that patients had requested specific food to be introduced onto the breakfast menu on Jasmine ward, and this had been actioned.

Is the service well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

Across the wards, we saw that leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff. Staff on all wards told us that the ward managers knew patients well and were approachable. Some staff reported that senior leaders did not visit the wards often enough.

Most ward managers and matrons were clear about their roles, and they had a good understanding of quality performance, risks and regulatory requirements. However, on Jasmine ward, the range of risk and quality issues that were found indicated a lack of overall leadership at ward level.

Vision and strategy

Staff knew and understood the provider's vision and values and how they applied to the work of their team. All staff showed awareness of the trust's values and worked within these.

Wards for older people with mental health problems

Staff told us that they had support from their ward managers, that they felt satisfied with their jobs and they felt confident within their teams. We saw that staff wanted to do the best possible job they could in delivering patient care with respect, excellence and innovation. Staff we spoke to told us that patients were a priority and at the forefront of everything they did. Patients told us that they felt that staff cared for them and their wellbeing, and that they were committed to this.

Culture

Staff felt respected, supported and valued. They said the trust promoted equality and diversity in its daily work and provided opportunities for development and career progression.

Several staff told us that they felt able to raise any concerns and would feel comfortable escalating issues to their ward managers in the first instance. Staff across the wards also demonstrated knowledge of the whistleblowing policy and Freedom to Speak Up (FTSU) guardians and how they could access information on these through the 'green button' on the trust's intranet page.

Staff told us that there were plenty of opportunities to develop and access further training and that they were supported with their professional development. All staff across all wards reported happy and friendly teams with high morale. Staff told us that they felt respected and appreciated. Some staff said that they were regularly thanked for their hard work by the ward managers and deputy ward managers. The trust also carried out recognition of excellence within staff awards.

Managers told us that they were responding to diversity and culture issues on some wards which they felt were underpinned by a lack of cultural awareness within the teams. Managers confirmed that there had not been any obvious prejudicial or discriminatory behaviour reported or witnessed, though they planned to improve team morale and understanding through inputs from the trust's Black, Asian and Minority Ethnic (BAME) staff network representatives and team building days for each ward.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level on most wards and that performance and risk were managed well. However, we did see a series of issues on Jasmine ward which would have benefited from improved governance structure and management oversight. As these identified concerns were across different areas on this individual ward, there was a clear lack of governance and leadership around the identification of the issues or a clear action plan in place to resolve these.

We saw evidence of information, including risk registers, being escalated and addressed appropriately within meeting structures from local ward level team meetings, to inpatient forum meetings, and clinical governance meetings, as well as feedback from the higher-level meetings filtering down to ward level. This meant that relevant information was being shared across the right channels.

The service had audit systems in place to assess and monitor the standards of care and action was taken where shortfalls were identified. For example, audits were carried out on medication management. No issues had been identified recently through this audit. Other audits included occupational therapy interventions, ward environment risks, ligatures and restrictive interventions.

Information management

Wards for older people with mental health problems

Teams had access to the information they needed to provide safe and effective care and used that information to good effect. The service completed outcome monitoring and monitored performance across numerous governance platforms. The staff routinely completed Health of the Nation Outcome Scales (HONOS), which is a recognised rating scale to assess and record outcomes for patients. Managers also told us that the service was accredited through Accreditation for Inpatient Mental Health Services (AIMS) which recognises high standards of organisation and care.

Managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

Engagement

Staff gave feedback through a yearly staff survey and monthly team meetings. Patient feedback was captured at weekly community meetings and via the trust wide Patient Reported Experience Measure (PREM) questionnaire. Staff provided this questionnaire to patients to complete throughout their care and whenever they would like to give feedback. The NHS patient Friends and Family Test (FFT) is part of the Patient Reported Experience Measure (PREM) and enables carers and relatives the opportunity to engage. Carer champions were also available to speak with, which helped carers and relatives to communicate their feedback informally.

Learning, continuous improvement and innovation

The trust produced monthly reports from the Patient Reported Experience Measure (PREM) questionnaires to inform ward leaders what feedback had been received. Ward leaders produced and action plan in relation to this feedback. The trust wide patient and carer experience group monitored the patient experience indicators. If any scores were lower than the target over a consecutive 3-month period, the team lead was contacted and asked about actions planned to improve the score.

Across the trust, occupational therapy leads were undertaking improvement work on falls, to identify how better working can reduce falls, and care plans, to identify what a care plan means to the patient.

Staff reported that research findings were implemented, and staff were encouraged to participate in innovative practice. For example, Ruby ward staff had taken part in pilots for new blood glucose monitoring forms and described the introduction of the safety huddles on the ward. Additionally, the service was utilising safety pods and Broset Violence Checklist (BVC) as initiatives to improve the ward environments by predicting risk of violence, reducing incidents and improving safety for both patients and staff. The electronic Patient Flow boards enabled more efficient ways of working with patients and ensuring the proactive delivery of their care.

Leaders reported that the trust were using the The King's Fund initiative programme, which recommends improvements to ward environments, to help them plan for the upcoming refurbishment projects of Ruby and Orchards wards.