



NELFT CQC Inspection

January 2023

CQC Inspection, report and rating

- Between April to June 2022, NELFT underwent a CQC Well-Led inspection: short notice announced inspections of acute wards for adults of working age and psychiatric intensive care units and mental health crisis services and health-based places of safety. They also carried out a focused inspection of specialist community mental health services for children and young people in Kent. These areas were previously inspected in June 2019.
- CQC Full Well-Led and Focused inspection report for NELFT Acute and Rehabilitation Directorate and report for Specialised community Mental health services for children and young people for the Kent Directorate were received by NELFT on 09.08.22 and published on the CQC website on 26.08.22.
- NELFT was formally issued with new rating of **'Good'**.





	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires Improvement	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Good	Requires Improvement	Good	Good
Child and adolescent mental health wards	Good	Good	Outstanding	Good	Outstanding	Outstanding
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Good	Outstanding	Good	Good	Good



Overall rating	Overall Rating Legend					
	Inadequate	Requires improvement	Good	Good	Good	Outstanding
	Safe	Effective	Caring	Responsive	Well-led	Overall
Community-based mental health services for older people	Requires Improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Good	Good	Outstanding	Good	Good	Good
	Safe	Effective	Caring	Responsive	Well-led	Overall
Forensic inpatient or secure wards	Requires Improvement	Good	Outstanding	Outstanding	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement



Well-Led Feedback overall

- Overall a positive CQC inspection
- A recognised shift in culture of the organisation (CQC described it feeling like a different organisation)
- The Trust was working to create a ‘just and compassionate culture’
- The senior executive team work together in a cohesive manner
- The report made specific mention of staff networks and roles they play in the Trust
- Staff working for the trust put people who used services at the forefront and were committed to providing the best service possible. There is enthusiasm, commitment and pride in the work of the Trust.
- Staff felt more confident to ‘speak up’. The speaking up arrangements were working well
- The Trust is embracing work with external partners and systems in place.



Safeguarding

- The Trust has appropriate measures for safeguarding in place. There was a dedicated trust-wide safeguarding team.
- Policies and procedures reflected current best practice and provided trust-wide child and adult safeguarding advice.
- The safeguarding advice service had maintained a business as usual approach throughout the pandemic, offering advice and support.
- 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.
- MHA and MCA training was mandatory for all clinical staff with a requirement for an annual refresher. There was a 95% compliance rate.



Specialist MHS services for Children and Young people Kent

3 Must do's identified :

- The Trust must ensure that staff complete all mandatory training (Canterbury and Maidstone) **(Regulation 12(2)(c))**.
- The Trust must ensure that systems to identify and address changes in risk for young people who are waiting are consistently applied across all teams **(Regulation 12 (1)(2)(a)(b))**.
- The Trust must continue work to improve initial assessment and treatment times for young people waiting to access the neurodevelopmental and learning disability pathway **(Regulation 17 (1)(2)(a)(b))**.

6 Should do risks identified:

- The Trust should continue its work to ensure that young people waiting to be assessed or start treatment are kept up to date about when this will happen.
- The Trust should ensure that work continues to recruit permanent staff to reduce vacancy levels.
- The Trust should ensure that all staff are confident and capable in accessing the Trust's new performance platform.
- The Trust should continue work to embed the improvements made to the single point of access to ensure that all referrals are triaged and signposted in a timely fashion.
- The Trust should ensure that individual risks, risk management plans and changes in risk are consistently recorded across the service.
- The Trust should continue to monitor caseloads to ensure that these are manageable.



Well-Led Improvement Plan

- CQC made 9 Should do recommendations following the well-led review:
- The Trust should ensure that medical leaders have appropriate support and cover for their clinical roles to release them for their leadership roles
- The Trust should ensure that all staff are supported to engage in (mental health) transformation programmes that affect their teams
- The Trust should ensure that an appropriate team is in place and able to appropriately support medical staffing
- The Trust should ensure that all staff receive regular supervision and appraisal and that they are able to record these on the trust system
- The Trust should continue to review its governance structure to reduce the burden of the number of meetings some leaders are attending
- The Trust should ensure that all staff are trained and supported to utilise the new performance platform
- The Trust should continue its work in developing new patient participation structures in each locality
- The Trust should ensure that governors are appropriately supported with equipment and IT skills to enable them to access and engage in virtual meetings
- The Trust should ensure that following the pandemic, QI is reinstated across the Trust



Acute MHS wards for working age adults

10 Should Do recommendations:

- The Trust should ensure planned works to develop Picasso Ward into a separate male and female wards are progressed.
- The Trust should also ensure that planned works to extend the patient call alarm system are progressed.
- The Trust should ensure that all wards promote a therapeutic environment by maintaining good standards of decoration, cleanliness and maintenance.
- The Trust should continue its work to recruit to vacant posts.
- The Trust should ensure that identified risks and their management plan pull through from progress notes to the risk assessment and management tool.
- The Trust should ensure that the reasons for administering a 'when required' PRN medicine and its efficacy are recorded in patient care and treatment records.
- The Trust should ensure that recognised ratings scales are used to help assess patient outcomes.
- The Trust should ensure that sufficient activities are available for patients on all wards.
- The Trust should ensure that staff on all wards receive regular supervision.
- The Trust should ensure that all informal patients are aware of their rights.
- The Trust should ensure that all staff are trained and supported to be able to access the Trust's new performance platform.

Mental health crisis services and health-based places of safety

- 3 Should do recommendations identified:
- The Trust should ensure that the environmental risks identified in the Health-Based Place of Safety and the home treatment team premises are adequately assessed.
- The Trust should ensure that patient care plans are personalised and holistic and patients are provided with a copy.
- The Trust should ensure that all staff are able to access 'S TEPS' to accurately record supervision.



Monitoring of Improvement Plan

- In order to progress the CQC recommendations within NELFT, an Improvement Plan was developed whereby any “Must Do” or “Should Do” recommendations that were not already identified as a risk within the organisation were added to the Trust’s risk register and assigned Executive, Corporate and Operational ownership as appropriate.
- In total, there are 3 “Must Do” risks
- In total there were 31 “Should Do” recommendations (28 new and 3 remaining from 2019)
- A total of 23 new risks were created and 8 existing NELFT risks were added to.
- All risks pull through onto a CQC Compliance dashboard and follow the Trust’s Risk Management Policy and process using a risk management tool within Datix.
- The risks and progression of the Improvement Plan are monitored monthly at NELFT’s CQC Assurance group meeting and Bi-monthly at the Quality and Safety Committee.

Quality Support Visits

- Embedding of ongoing CQC compliance continues to be monitored by NELFT's internal Quality support visit programme which is conducted using an assessment framework based on the CQC Key lines of enquiry: Safe, Effective, Responsive, Caring and Well-Led.
- Changes to the questions are commencing and will incorporate the new CQC quality statements and self assessment framework.
- Actions from Board member visits to services are incorporated into the process.
- Associate Directors of Nursing support local changes from learning and embedding of ongoing CQC compliance.
- Changes implemented following action taken after Quality support visits are monitored at NELFT's CQC Assurance group meeting monthly.



Progression of Improvement Plan

- The “Must Do” recommendations were existing known risks for the organisation and these are progressing with ambition of completion of “Must Do” and “Should Do” risks by July 2023.
- Recruitment remains an ongoing challenge, but staffing risks are centrally managed and a range of initiatives are in place including overseas recruitment and working with universities to attract professional graduates and extending to apprentices.
- NELFT is fully engaged with the Mental Health Transformation Plan, which aims to effectively support reduction in waiting times for Community Mental Health services.

