Mental Health Crisis Care: Kent Summary Report

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This inspection was carried out under section 48 of the Health and Social Care Act 2012. This gives CQC the power to assess how well services work together, and the effectiveness of care pathways, rather than the quality and safety of care of one single provider. Under Section 48, CQC has no power, to rate a service or services.

This report describes the key findings from CQC's local area inspection of health and social care providers delivering care and support to people experiencing a mental health crisis within the local area of Kent County Council. Where appropriate, it references the role of the police force, voluntary organisations and commissioners.

The report assesses the services available through different providers within the council's local authority area. This is based on a combination of what we found when we inspected, information from our national data review on mental health crisis care, and information provided to us from patients, the public and other organisations. Using the key lines of enquiry (KLOE), we have made narrative judgements on the health or social care services, but the report should not be seen as a sole judgement on any one provider.

The findings of this inspection have been used to inform our national report on mental health crisis care in England. They will also be available to CQC inspectors when they undertake future inspection activity in this area.

Summary of findings

Overall summary

Kent, not including Medway, is the most populous county in England with 1.69 million people. 78% of the county is rural with 27% of the population living in rural locations.12.1% of Kent residents of working age are claiming at least one of the Department of Work and Pensions benefits. This is higher than both the South East region (9.7%) and the national figure (10.8%). Thanet in Kent is in the top 20% of deprived areas in England.

Accident and emergency services are provided by East Kent Hospitals University NHS Foundation Trust, Maidstone & Tunbridge Wells NHS Trust and Dartford and Gravesham NHS Trust across six locations in the county. Mental health services are provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT), and Kent County Council.

We looked at the experiences and outcomes of people experiencing a mental health crisis in Kent. In particular those people in crisis who presented at accident and emergency departments, people known to services and receiving ongoing support from specialist mental health services and people detained under section 136 of the Mental Health Act.

Policies were in place that covered emergency care pathways that involved different agencies in the local area. We saw documentation that confirmed people in crisis who presented at accident and emergency were seen in agreed national timescales and appropriate referrals to other services were well documented. Health based places of safety had processes in place to keep people safe and section 136 paperwork was completed appropriately. Staffing of the places of safety from the Crisis Resolution and Home Treatment Team (CRHT) impacted on their workload. Development of joint training opportunities would support staff working together to care for people experiencing a mental health crisis.

We found there were structures in place to ensure multi-agency working between key stakeholders in crisis care across Kent. Meetings were held to ensure collaborative working between agencies and sharing relevant information. People who used services and their carers were involved in the development of services.

People who experience a mental health crisis and who present to Accident and Emergency

- **Care Pathways**

KMPT provided psychiatric liaison services in all accident and emergency departments across Kent. The staff were based at each department to carry out initial assessment, liaise with section 12 doctors and Advanced Mental Health Practitioners (AMHPs) for further assessment or to refer the person onto other mental health services as appropriate or back to their GP. This service was provided seven days a week. Out of hours there was a reduced service which was an on-call system.

Each accident and emergency department had a protocol in place to manage and support a person who may present in mental health crisis safely. This included identified quiet rooms or areas within the department that could be utilised to support a person in crisis. People were not routinely admitted to an acute ward unless their physical health needs required it.

Staff at Ashford, Maidstone, Tunbridge Wells and Margate accident and emergency departments told us that there was minimal delay to section 12 doctors and AMHPs attending the departments to carry out assessments. Staff told us that response from the out of hour's service was good with minimal delays occurring.

Staff from both the psychiatric liaison service and the accident and emergency department told us, that they shared relevant information openly in individual cases to keep people safe while in the department. However acute trust staff at the accident and emergency departments told us they did not have access to records held on other organisation's electronic systems. This meant that staff were not always aware of the current care plans in place or risk management plans that would enable them to support the person.

Training was available to staff from the acute trust through their organisation. However several staff told us they felt they would benefit from joint training which would equip them to support a person in crisis and understand each other's roles.

We spoke with two people who had attended accident and emergency departments, one in Ashford and one in Maidstone. The person at Ashford said staff from the department and psychiatric liaison service had treated them with dignity and respect and listened to what they had to say. The person at Maidstone had a similar experience. However they felt had waited too long to be assessed by psychiatric liaison services. The records we saw showed that the person had been seen within national guidelines.

People who experience a mental health crisis and who requires access to and support from specialist mental health services

- **Service provision**

People who experience mental health crises in Kent had access to a variety of mental health services offered by KMPT. This included in-patient services and community services focussed around the community mental health teams (CMHT). There were also services offered by the local authority and third sector organisations to support people in the community. Services and support to people who were in crisis was provided through the Crisis Resolution Home Treatment Team (CRHT) and CMHT.

People, including families and carers, could access the crisis services through a central contact centre that operated 24 hours a day seven days per week or by calling the CRHT directly. GPs also used this service to refer their patients or seek expert advice. The KMPT website included a patient portal where people could access their care plans, information sharing and advance instructions as well as the services available to them. This allowed easier access for individuals and offered them the ability to share

information more quickly if they wished.

GPs told us that they worked closely with the CMHT teams and could contact them for general advice or advice regarding a specific person. Generally both the CMHT teams and GPs felt they worked well together. However the GPs we spoke with said the response from the CMHT was sometimes slower than they would like.

- **Care planning and records**

We looked at seven care plans and all were well structured and clear to follow. People had been involved in the development of their care plan and had access to them at any time through the patient portal as well as having a copy. People we spoke with confirmed they had been involved in their care planning and had received copies.

We saw risk assessments and risk management plans were in place for the seven people whose care plans we looked at. These were used effectively to manage crisis by the various teams within KMPT. However GPs told us that this information was not always shared with them in a timely way.

- **User involvement**

There was evidence of good service user consultation and a range of service user forums were held to gather the views and opinions of people who used services. The carer and patient consultative committees meet bi-monthly to share experiences and help develop services.

KMPT had a patient experience team (PET) to liaise with people who used services, their relatives and carers. This was accessible either through offices based at Maidstone or Canterbury or the trust website. They give advice and support to people in crisis signposting them towards appropriate services such as their CMHT or GP.

- **Staffing**

The staffing of the CRHT that supported people when in a mental health crisis was multi-disciplinary. Staff told us that they could access professionals such as psychiatrists without delay and felt that all disciplines worked well together.

The trust told us that at times they do have staff shortfalls and recruiting into area can be difficult. However we saw that any staff shortfalls were covered by bank or agency staff to maintain patient and staff safety.

People who experience a mental health crisis and who are detained under Section 136 of the Mental Health Act

There are three health based places of safety (section 136 suite) in Kent. The unit at Dartford had been designated suitable for people under the age of 18. Access to the other three health-based places of safety was restricted to people over 18 years of age.

People with substance misuse issues were not restricted from accessing any of the section 136 suites.

- **Staffing**

Staffing for the section 136 suites was provided from the CRHT. We were told by KMPT that the CRHT were staffed sufficiently to continue to provide services. However staff we spoke with at the section 136 suite told us that often they had work outstanding when they returned to their CRHT role. They told us this created extra pressure on the staff as they had to catch up with their workload. KMPT staff had been trained to offer appropriate support to people accessing the section 136 suites.

Staff at the section 136 suites reported to us that there had not been any delays for an Approved Mental Health Practitioner (AMHP) or a section 12 doctor to attend and carry out an assessment during normal working hours. Out of hours and at weekends they reported that delays did occur occasionally. The staff told us, this was due to a need to prioritise work of the AMHP and section 12 doctors when there had been a higher number of incidents than expected.

- **Street triage**

The street triage service operated across Kent and involved KMPT and Kent Police. This service was comprised of a police officer and a mental health professional and offered seven days a week. It aimed to achieve improved outcomes for individuals ensuring services are provided in the right place, by the right person at the right time. We saw that KMPT had reviewed this service and demonstrated a reduction in admission to section 136 suites. People had been supported to access more appropriate services to support them when in crisis. Staff from both KMPT and Kent Police told us that it had also improved their knowledge and understanding of each other's roles. The majority of people we spoke with who had used the service said they had found it responsive and avoided them being taken either to the section 136 suite or possibly a police cell or accident and emergency department.

- **Transport**

South East Coast Ambulance Service told us that they routinely convey people should they require transport to a place of safety following detention under S136. Staff told us that police had been involved in transportation of people but only when other factors deemed it necessary. For example, aggressive people who posed a risk to others.

Local strategic and operational arrangements

Stakeholders told us that they worked well together to provide services to people in crisis. Local strategic partners had all signed up to the Crisis Care Concordat. An action plan had been developed and implementation commenced.

Information was shared openly between organisations and regular meetings held. For example, social care staff were seconded from Kent County Council and provided support and specialist services to individuals alongside their KMPT colleagues. It was

acknowledged by both organisations that in the future they would like to see this partnership working develop further to improve services to people in crisis.

Joint training between the local authority staff, mental health trust staff and the police had supported a greater understanding of each other roles, duties and responsibilities and development of positive working relationships. Staff from the acute trusts would benefit from similar opportunities for joint training with colleagues from other organisations.

We saw people who used services and their families and carers were engaged in a variety of ways and stakeholders told us this helped them plan services. People told us they felt listened to and involved in their care.

Areas of good practice

- Multi-agency working and a commitment to joint working and provide positive outcomes for people in mental health crises.
- The introduction of the street triage service and evaluation demonstrated that since being commissioned fewer people had been admitted to a health based place of safety.
- The response times for Mental Health Act assessments at accident and emergency departments.

Areas for development

- Improved information sharing between services to ensure staff can access timely information relevant to people experiencing a mental health crisis they are providing care and support to.
- Ensuring sufficient staffing levels so that section 136 suites can be staffed without impacting on the workload of the CRHT.
- Opportunities for joint training between staff from different organisations to facilitate improved understanding of roles and knowledge of supporting a person experiencing a mental health crisis.