Mersey Care NHS Trust

Quality Report

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Core services inspected	CQC registered location	CQC location ID
Ashworth Hospital	Parkbourn, Liverpool, Merseyside L31 1HW	RW404
Scott Clinic	Scott Clinic/Rainhill Rd, Saint Helens WA9 5BD	RW493
Boothroyd Ward, Southport General Hospital	Town Lane Kew, Southport, Merseyside PR8 6PH	RW449
Broadoak Unit	Thomas Drive, Liverpool, Merseyside L14 3PE	RW433
Hesketh Centre	51-55 Albert Rd, Southport, Merseyside PR9 0LT	RW403
Heys Court	18 Woolton Road, Garston, Liverpool, Merseyside L19 5NG	RW435
Mossley Hill Hospital	Mossley Hill Hospital, The Star Unit. Park Avenue, Liverpool L18	RW438
Olive Mount Hospital	Olive Mount Hospital, Wavertree Bungalow. Old Mill Lane, Liverpool, Merseyside L15 8LW.	RW453
Rathbone Hospital	Rathbone rehabilitation ward. Mill Lane, Liverpool L13 7LJ	RW401
Windsor House	40 Upper Parliament St, Liverpool, Merseyside, L8	RW454

Summary of findings

Clock View	Clock View Hospital, 2a Oakhouse Park, Walton, Liverpool, L9 1EP.	RW4X2
Sid Watkins Building	Sid Watkins Brain Injury Ward. The Walton Centre, Lower Lane, Liverpool, Merseyside, L9 7LJ	Sid Watkins Brain Injury Ward. The Walton Centre, Lower Lane, Liverpool, Merseyside, L9 7LJ RW4X1
Trust HQ, Princes Dock	North Liverpool and Kirkby older people's community mental health team. L9 7AL	RW400
Trust HQ, Princes Dock	South Sefton older people's community mental health team. L22 3XR	RW400
Trust HQ, Princes Dock	Liverpool Central older people's community mental health team. L18 8BU	RW400
Trust HQ, Princes Dock	Arundel House. Liverpool Innovation Park Edge Lane, Liverpool, L7 9NJ.	RW445
Trust HQ, Princes Dock	Ferndale Unit. L9 7AL	RW425
Trust HQ, Princes Dock	Kirkby Community Mental Health. L33 OYE	RW400
Trust HQ, Princes Dock	Moss House. L19 2NA	RW400

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

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider	Good
Are Mental Health Services safe?	Requires improvement
Are Mental Health Services effective?	Good
Are Mental Health Services caring?	Good
Are Mental Health Services responsive?	Good
Are Mental Health Services well-led?	Good

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

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

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

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

Summary of findings

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Summary of findings

Overall summary

We found that the provider was performing at a level which led to an overall rating of **good.**

The trust was well led and had some exceptional leaders, managing in very challenging circumstances. The board was highly aspirational and committed to delivering services which were of high quality and where every person matters. It was clear that most staff across the organisation understood, and were committed to, the vision and values of the organisation. These were well communicated and the work to win both hearts and minds was apparent. For instance, staff at all levels of the organisation were able to clearly articulate the drive for zero tolerance to suicide and understood the no force first initiative.

The trust had new ways of working, such as peer support models and recovery colleges. We saw good evidence of involvement across both corporate and frontline services such as the service user assembly and the commitment by the trust to involve experts by experience in all recruitment drives.

Key stakeholders, including the clinical commissioning gropus and local authorities, were positive about the trust and relationships were transparent, open and honest, with a good degree of challenge. This was also true of the relationships at board level. We concluded that the board worked well together and were professional and respectful in their interactions. They were able to offer high challenge, without rancour or defensiveness. They were passionate about people and committed to understanding, first and foremost, the lived 'experience' of people who use services.

The trust had good systems in place which helped them understand what was happening on the frontline. These systems helped them respond quickly and efficiently to areas of concern. For example; a weekly surveillance meeting, led by the chief executive, identified 'hotspots'. This may be where incidents had occurred, or where a complaint had been made, or where data was showing the potential for risk. Action plans were developed immediately and directors tasked to go back into the service and deliver on assigned tasks.

Alerts were sent out across services called 'quality practice alerts'. These enabled other services to learn from serious incidents and complaints. It was expected that actions arising from this learning was disseminated across services.

The trust had good monitoring systems for assessing safety and quality through its Governance of Quality Framework. This had resulted in identifying very clearly those services, which require improvement and had detailed actions in place to address any areas of risk or concern.

The process for monitoring of risk was robust and the board were clearly sighted on both the corporate and operational risks facing the organisation. These were presented in board meetings via a risk register.

The structure of meetings and committees, which provide the board with assurance, were well embedded. Most had non-executive director oversight. This ensured that the trust have leaders who are more objective and were well placed, to provide the appropriate challenge.

We found the trust had the right policies in place to support staff in their work and that staff received relevant training and support. An exception to this was the Rathbone unit, where staff had not completed mandatory training, had not been adequately supervised or received an appraisal. There were gaps in staff understanding and application of the Mental Capacity Act and Deprivation of Liberty Safeguards in some teams. A requirement notice has been issued for the inpatient learning disability service, due to failure to ensure that documentation on capacity and consent to treatment and best interest decisions is completed.

We found that across the trust morale of psychologists' was low and there was a lack of psychological support for people. We were pleased to see the trust had recently appointed a Head of Psychology. However, there were considerable access problems across the services in relation to psychological therapy and the trust have been issued with a requirement notice in this respect.

We found significant concerns in relation to one of the older peoples' inpatient services and requirement notices have been put in place. These specifically relate to

ensuring the dignity of patients is preserved. We were also concerned that Irwell ward was not a safe environment in relation to lay out of the ward and the use of glass doors and large glass reflective windows. Staff did not always meet the communication needs of individuals and during meal times food was not presented in an acceptable manner, for instance wrapped sandwiches were left on a table for patients to help themselves.

In forensic services there were concerns raised relating to some seclusion rooms which were not fit for purpose and did not comply with the Mental Health Act Code of Practice. The Trust responded immediately to our concerns and closed two seclusion rooms.

Summary of findings

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

We always ask the following five questions of the services.

Are services safe?

Requires improvement

Overall we rated safe as requires improvement because:

- Not all wards ensured that people were cared for in a safe enviroment,. In older peoples inpatient services men and woman were not always appropriately separated. On Irwell (older peoples inpatient) wards we observed that patients were wandering confused and anxious and that the environment was not conducive to reducing levels of distress amongst patients. For example, the use of glass doors from ceiling to floor appeared to disorientate patients as they were reflective and patients thought that their reflections were people looking into the ward. Staff also reported that patients sometimes bumped into the doors.
- On a rehabilitation ward, specifically on the Rathbone unit, risks associated with ligature points in the garden had not been taken into account Staff did not all seem to be aware of how to access the ligature cutters. No assessments of the risks posed in the garden through ligatures were highlighted. The trust addressed this but we have issued a requirement notice in this respect due to the seriousness of the concern
- Across community services, the lone working policy was not robust and did not ensure that everyone was aware of their responsibilities. This meant that staff movements were not adequately monitored.
- In some community services caseloads were high and there were waiting lists for specialist services.
- In forensic services some seclusion rooms were not fit for purpose and did not comply with the Mental Health Act Code of Practice. The Trust responded immediately to our concerns and closed two seclusion rooms. We returned for an unannounced visit to Ashworth hospital and found that the rooms remained closed and the trust was working to review seclusion.

However;

- Across all services a good understanding of safeguarding and compliance with safeguarding policy and processes. There was safe management of medicines and good practice in relation to hygiene and infection control.

Summary of findings

- The no force first initiative was beginning to have a real impact in reducing incidents of restraint, where it had been implemented. For example, on the learning disability inpatient ward there had been a 73% reduction in the use of restraint.
- The trust has also launched a 'zero tolerance to suicide' strategy to tackle suicide rates across Mersey Care. The trust was working hard on an anti-suicide campaign, which had a clear brief and communication plan and was aimed at the wider public and community.
- The trust was 95% compliant with mandatory training in Q4 of 2014/15. Compliance was broken down into services and teams. This meant that the majority of patients had a full assessment determining outcomes.

Are services effective?

Good

Overall we rated effective as good because:

- We found good evidence that care plans were completed and reviewed regularly. Overall care plans were of a good standard.
- There was good assessment of physical health care and good links with primary care services. Staff across the trust were aware of, and working to, NICE guidance such as medicines management. However there were gaps in relation to the provision of psychological interventions. This meant that there were delays to people accessing appropriate psychological support. The trust was aware of this issue and had just employed a head of psychology to enhance clinical leadership in this area.
- There was a thorough and consistent approach to the application of the law. Staff understood the guiding principles of the Mental Health Act and applied the law correctly. The Mental Capacity Act was understood in most areas, the exception was in older people's inpatient services and learning disability services. Further work is required, to fully meet the code of practice in relation to consent and capacity and demonstrating that decisions are made in a person's best interest.
- The trust was able to demonstrate a clear commitment to good multi-disciplinary working and staff were positive about the contribution from a range of professional groups. We observed 27 multi-disciplinary team meetings and 12 handover meetings. They were thorough and addressed needs in a holistic way. The trust had introduced peer support workers in acute services and we saw a powerful presentation on the positive impact these workers were having with people using services.

Summary of findings

- Care navigators had been introduced in older people's services. Carers we spoke with were positive about the support they had received from these workers.
- 17 wards were accredited with the 'accreditation for inpatient mental health services. Five other services were also accredited with other recognised bodies.
- The trust reported 98 readmissions within 90 days at 12th February 2015.
- The trust used a variety of outcome measures, relating to different client groups, but its main measure was the Health of the Nation Outcome Scale, with which it was 90% compliant. This meant that the majority of patients had their needs assessed and outcomes determined. The trust were also working to develop additional outcome measures. This would include patient reported outcomes and outcomes relating to social care.
- The trust had good performance systems in place, including measures around triangle of care and patient experience. The trust is the first trust in the country to achieve the highest triangle of care award. This shows the importance the trust places on ensuring performance data captures experience as well as hard data.
- Some of the initiatives deployed by the trust to improve the effectiveness of services had been successful. For instance, the street triage service had reduced the number of people admitted under a Section 136 of the MHA 1983 by 20%. Section 136 of the MHA 1983 allows the police to take a person found in a public place to a place of safety for assessment if it is considered they are suffering from a mental illness and are in need of immediate treatment or care)

Are services caring?

Good

Overall we rated caring as good because;

- Across all services, we found staff who were kind and caring and showed real empathy for people We found that there were many staff that were passionate and committed to providing high quality care. This was demonstrated at all levels of the organisation. In older peoples community services we rated caring as outstanding. This was because staff not only demonstrated care and passion, but had developed innovative approaches to service user involvement. The use of co-production ensured meaningful engagement.

Summary of findings

- The trust had a framework for the 'people participation programme' which is based upon the principles of volunteerism, recovery and social inclusion – so that it operates in a manner that ensure fairness, consistency, transparency and development for all participants.
- The trust had a clearly defined approach to equality and ensuring equal access to all groups with protected characteristics.

However;

- On Irwell ward we found that patients were not always treated with full dignity and their autonomy was not always respected. We were concerned that on Irwell ward patients did not have access to their rooms and that meals were not served in a way which enhanced dignity. For this reason, older people's inpatient services received a rating of requires improvement in the caring domain.
- We had no concerns about the care and compassion on the other older peoples inpatient' wards

Are services responsive to people's needs?

Good

Overall we rated responsive as good because;

- Access arrangements and discharge planning across the trust were good, although there were concerns across inpatient services about delayed discharges. The reasons given for this and data on delayed discharges this was due to delays by local authorities identifying suitable accommodation post discharge.
- The trust provided services which were warm and welcoming and ensured that people got good access to information. Information was well communicated and considered the needs of different religious and cultural groups. The trust had a clearly defined approach to equality and ensuring equal access to all groups with protected characteristics. The trust had recently won an award for its approach to working with lesbian, gay and transgender people.
- People had good access to interpreting services and these were available when needed. The dietary requirements of people were met, with a choice of food available, which was appropriate to differing religious and cultural needs.

Summary of findings

- Patients on wards were able to access spiritual support when required. There were multi-faith rooms and chaplaincy service available. We also found that there was good access for people with a disability, with relevant adjustments in place for wheelchair users.
- There was a consistent approach to listening and learning from complaints. Both staff and people using services were able to clearly articulate how complaints were made and information regarding this was seen in most areas. Information leaflets and posters were visible in most locations.

Are services well-led?

Good

Overall we rated well led as good overall because;

Despite a borderline rating of requires improvement/good, following the aggregation tool which is used to rate trusts an exception was made because;

- There was strong and consistent leadership across the trust .
- Trust wide governance was good.
- The areas of concern identified were not systemic but isolated to small areas.

In addition:

- The board have a clear vision for the mental health services and this is set out in the trust strategy and operating plan. This was clearly articulated by staff across all services, who understood the trust vision and values and the key strategic drivers, such as ‘ zero tolerance to suicide’
- The Trust had good governance arrangements in place and a review of board papers confirmed this. The trust had a clear structure of relevant committees and sub committees. We found that frontline services were well governed and that relevant meetings were held and that these were documented. Action plans were in place, where service improvements needed to be made. Risk registers were used and risks were escalated. The board were sighted on the key operational and corporate risks. There were policies and procedures in place to help and guide staff in their work. These documents were well communicated.
- Overall, there were good systems in place to support people and ensure that staff had regular supervision and appraisal. People were performance managed where appropriate. The exception to this was in rehabilitation services where we found that some staff had not been supervised for some years and that appraisals had not been completed.

Summary of findings

- We observed that the board was passionate and that people were the priority and 'experience' was listened to. The trust was implementing phase two of the equality delivery system and had firm objectives to deliver on equality and human rights work. We saw that this has had an impact on the frontline, with the implementation of a human rights based approach in older people's services. This involved the development of a person centred assessment tool, which incorporated the values of human rights law. We saw this in use on Acorn ward.
- The trust encouraged a culture of openness and transparency and the leadership clearly supported the ethos of learning following mistakes. Staff were supported to be open and honest, without the fear of retribution. The trust ran a' dare to share' campaign which encouraged staff to own up to mistakes.
- The trust had a clear strategy for the development of estates. This was based on clinical need and highlighted safety as a key driver. The estates strategy was clearly linked to and supported, the 'care strategy'. A key aim was to ensure that the trust provided single room accommodation, with en-suite facilities, by 2018.
- The trust had a five year financial plan in place. It had delivered surplus savings of £6 million in order to meet Monitor requirements and was saving to invest in buildings and new business ventures.
- Services were well led, with good managers, who were clear about the vision of the trust and understood the trust core values and strategic intentions.

Summary of findings

Our inspection team

Our inspection team was led by:

Head of Hospital Inspection; Natasha Sloman, head of hospital inspection for the South East region at the Care Quality Commission.

Chair: Dr Paul Gilluley, head of forensic services at East London Foundation Trust and

Professor Jonathan Warren, executive director of nursing at East London Foundation Trust.

Team Leader: Serena Allen, inspection manager in the South East region at the Care Quality Commission.

The team included CQC inspectors, a variety of specialist advisors, Mental Health Act reviewers and experts by experience.

Why we carried out this inspection

We inspected Mersey Care NHS Trust as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of the experience of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting we reviewed a range of information that we hold about Mersey Care NHS Trust. We also asked other organisations to share what they knew about the trust. We met with the trust and key stakeholders prior to the inspection, including spending a day observing the trust board. We interviewed commissioners and senior people within the local authorities.

During the visit the team;

- Visited 57 wards and teams.
- Collected feedback from people who use services using comment cards.
- Talked with more than 305 patients, carers and family members.
- Observed how staff were caring for people using the short observational framework for inspections.
- Carried out 33 home visits with staff to people receiving care.
- Looked at the personal care or treatment records of over 520 patients.
- Carried out 6 medication reviews.
- Attended 27 multi-disciplinary team meetings.
- Observed 12 handovers.
- Interviewed over 450 individual frontline members of staff.
- Held focus groups at each location with different staff groups.
- Interviewed over 50 corporate staff and members of the board.
- Met with staff side union representatives.
- Met with the service user assembly.
- Met with 13 service user groups.
- Met with local stakeholders, commissioners and Local Authority representatives.
- Reviewed information we had asked the trust to provide.

We carried out additional unannounced visits on June 16th 2015 to Irwell ward at Clock View Hospital and to Ashworth Hospital on June 17th 2015.

Summary of findings

Information about the provider

Mersey Care NHS Trust provides specialist inpatient and community mental health, learning disability and substance misuse services for adults in Liverpool, Sefton and Kirkby. It does not provide any child and adolescent mental health services; these were contracted to Alder Hey Children's NHS Foundation Trust. Mersey Care NHS Trust also delivers medium secure services for Merseyside and Cheshire and high secure services covering the North West of England, the West Midlands and Wales.

Mersey Care NHS Trust was established on 01 April 2001 and at the time of the inspection was in the process of applying for NHS foundation trust status. The Trust Development Agency state that the trust is in a good position to move forwards and achieve this.

The trust managed 674 inpatient beds. It had 42 wards and a total of 4,216 staff. In 2014/15 it spent £200.9m from an overall budget of £206m. It is currently holding a surplus of £6m

Services provided by the trust were commissioned by NHS England, NHS Wales, NHS Liverpool, South Sefton, Southport & Formby, Knowsley, St Helens, Halton and West Lancashire clinical commissioning groups.

The Trust was commissioned by a number of local authorities: Liverpool City Council, Sefton Metropolitan Council, Knowsley Metropolitan Council, Halton Borough Council

Mersey Care NHS Trust covers a population of 840,000. Parts of the geographical patch are among some of the most deprived areas in the country. Merseyside is the 'food bank capital' of the country and Liverpool and Sefton has twice the national average of unemployment. Drug related deaths are the highest in the country. The health of people in Liverpool is generally worse than the England average. Deprivation is higher than average and about 33% (26,000) of children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 10 years lower for men and 9 years lower for women in the most deprived areas of Liverpool when compared with the least deprived areas.

In Sefton the health profile is more varied compared with the England average. Deprivation is higher than average and about 21% (9,800) of children live in poverty. Life expectancy for men is lower than the England average. Life expectancy is 12 years lower for men and 10.5 years lower for women in the most deprived areas of Sefton when compared with the least deprived areas.

The mental health profiles for Liverpool, Sefton, Southport and Formby show that these areas have a higher than average prevalence of psychosis. They also have higher than average incidence of alcohol consumption and drug misuse. The CCG strategies for South Sefton and Formby have prioritised primary mental health care and the treatment of mild mental health problems. The strategies do not address the approach for people with serious mental illness and associated risk factors such as diminished life expectancy, suicide and drug and alcohol problems. Referral rates from GPs to the mental health trust have risen from just over 6000 in 08/09 to over 10000 in 14/15.

Despite the financial challenges, the trust has worked hard to ensure that the financial constraints have minimal impact on the quality of services.

There have been 16 inspections at sites registered to Mersey Care NHS Trust. These inspections have occurred at 13 locations (of 18 active locations in total registered to the Trust). All locations were compliant with the Health and Social Care Act 2014 at the time of the inspection.

What people who use the provider's services say

People were complimentary about the care they received from the trust particularly in older people's community mental health teams. People told us that staff treated them with dignity, respect and compassion. They felt involved in the decisions about their care and treatment.

People told us that the care navigators and peer support workers were valued for the support they provided. It was clear from surveys that we saw that the trust was doing better than the national average in involving people in their care.

Summary of findings

People and their carers told us that access to the service was good and support was given when needed in a crisis situation. As part of the inspection we left comment cards boxes at various locations across the trust for people to tell us their experiences of the trust. This told us that overall people were positive about services although some people commented that the food was poor and that nurses were too busy.

Good practice

During the inspection we observed a number of areas of good practice;

- Windsor ward was piloting a "restrain yourself" project, as part of a pilot with a university. This was for patients who had experienced trauma and provided them with the option of going to a quiet room with adjustable mood lighting.
- People who use services and staff worked as partners in developing apps to assist their memory, reminiscence and daily functioning and working with businesses to make them 'dementia friendly'.
- There was innovative partnership work with Everton Football Club and the creating memories initiative.
- There was a commitment to build upon and extend the 'street car' initiative following the positive evaluation of the service role in reducing detentions under section 136.
- Acorn ward, led by the unit's dementia lead, were trialling a human rights based approach to assessing and planning for the needs of older patients with dementia. The approach would provide a more person centre and user friendly framework for detailing how the service will provide care and treatment for older people. It would also ensure that the trust met its legal obligations in relation to human rights legislation.
- The trust had a well embedded falls management system in place. Inspectors considered that the multi-disciplinary approach and staff commitment to fall prevention, which was in evidence on Acorn ward and Hayes Court was outstanding.
- The trust had launched an ambitious strategy to reduce suicide by 2020. The strategy was called zero tolerance to suicide.
- Ashworth research centre was the only dedicated research centre based in a high secure hospital. It develops research that enriches the quality of care in forensic mental health.
- Learning disability advisory group, (FREDA), was active in promoting service user involvement in service development within the learning disabilities teams. The service and group used the principles of the Human Rights Act: FREDA stands for fairness, respect, equality, dignity and autonomy. The group has produced the first booklet about human rights by people with learning disabilities, for people with learning disabilities.

Areas for improvement

Action the provider MUST take to improve

Action the provider MUST take to improve;

- The trust must ensure staff receive the appropriate support, supervision, appraisal and training and professional development necessary to enable them to carry out the duties they are employed to perform. This applies particularly to Rathbone unit.
- The trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled persons deployed on Rathbone rehabilitation ward and community learning disability services.
- The trust must ensure that all staff have a good understanding of the Mental Capacity Act 2005 and

how it is applied in practice for the patients in their care. This is particularly necessary for older people's inpatient services and learning disability inpatient services.

- The trust must ensure that on Irwell ward it provides a safe environment that meets the needs of older patients with dementia and must comply with the guidance on same sex accommodation.
- The trust must ensure on Irwell ward that there are enough adequately skilled and experienced staff to safely meet the needs of patients.
- The trust must ensure on Irwell ward that those patients' needs are properly assessed and arrangements put in place to meet such needs.
- The trust must ensure that all staff on Irwell ward are adequately supervised or supported in their role. Including health care assistants.
- The trust must ensure that patients receiving care and treatment on Irwell ward are afforded privacy during their admission
- The trust must ensure that patients on Irwell ward are provided with food and drinks in a manner that promotes their independence and dignity.
- The trust should ensure there is an adequate call system on Boothroyd ward that meets the needs of patients or staff seeking assistance.
- The trust must ensure that in community learning disability services, that systems and processes accurately assess and monitor the quality and safety of services provided. Quality assurance in relation to referral and waiting times must be recorded.
- The trust must ensure that patients needs are fully assessed and monitored following rapid tranquilisation.
- The trust should review its provision of psychology services to both inpatient and community services.

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The trust should continue to monitor its staffing levels and recruitment strategy to ensure there is enough appropriately skilled staff to provide safe and effective care for patients.
- The trust should ensure its staff in acute and PICU services are knowledgeable in the trusts rapid tranquilisation policy. The use of rapid tranquilisation should be recorded consistently via the incident management system.
- The trust should ensure that staff are familiar with the recording requirements for keeping an accurate record of the administration and disposal of controlled drugs
- The trust should review its pharmacy input into Broadoak Unit to ensure that medication is managed effectively.
- The trust should ensure that adequate emergency equipment is available for staff to use in the event of a medical emergency.
- The trust should ensure that informal patients' rights are understood by staff and patients.
- The trust should ensure that detained patients have their rights explained to them routinely as set out in section 132 of the Mental Health Act 1983, and that this is repeated in accordance with the Mental Health Act Code of Practice.
- The trust should ensure that all care plans are person centred and recovery focused.
- The trust should review its provision of intensive care beds for women.
- The trust should ensure that best practice is achieved during medication times. We saw that medicine cards were signed prior to medicines being administered.
- The trust should ensure that systems are in place for monitoring equipment used in the clinic room at the Mossley Hill Hospital site.
- The trust should ensure that patients have a variety of meal choices available at lunch time.
- The trust should ensure that patients have enough activities during weekends.
- The trust should review the leaflets available to patients as many were out of date with the wrong information. This could mean that patients would be mis-informed of their rights.
- The trust should conduct regular audits to ensure that the Mental Health Act 1983 is being applied correctly and that people's rights are protected.
- The trust should ensure that all wards review staff's knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- The trust should ensure that at Clock View it reviews the medical out of hour's service to ensure there are no gaps in provision.

Summary of findings

- The trust should ensure that they continue to address identified vacancies within teams, manage caseloads and clarify the arrangements for psychology input in the North Liverpool and Kirkby older people's community mental health team.
- The trust should ensure that the work with primary care includes general practitioners offering good stepped down care, following care and treatment within a community mental health team.
- The trust should ensure that progress on safeguarding investigations is monitored. Staff should ensure that care records fully reflect all safeguarding concerns and incidents
- The trust should ensure that line management and clinical supervision should be prioritised and embedded across all teams.
- The trust should ensure that paper records are always completed with full details and identifiers such as NHS number, date of birth or surname.
- The trust should ensure that staff from learning disabilities services are supported through change and feel engaged.
- The trust should ensure that the lone working policy specifies who is required to check all staff safety following visits and stipulate the regularity of the checks. .
- The trust should ensure that managers have clear oversight of staff training, supervision and appraisal.
- The trust should ensure that completeness of data recording is reviewed in light of completion of section 136 documentation by multi-agency staff. This must include waiting times and reasons for delays to assessments.
- The trust should review gender segregation on Wavertree Unit.
- The trust must review governance arrangements and management oversight at Irwell ward to ensure the service is safe and effective.

Mersey Care NHS Trust

Detailed findings

Mental Health Act responsibilities

We found that where the Mental Health Act 1983 was used, people were detained with a full set of corresponding legal and statutory paperwork. Original statutory documentation was kept in the Mental Health Act department with copies at each of the sites.

Recording of patient rights under section 132 of the Act was variable throughout the trust. In most services visited we saw evidence that it was revisited at required intervals such as on admission or when a patient's section changed or was renewed. The high secure wards revisited their section 132 rights only annually. Throughout the trust we found consistency with regard to independent mental health advocacy and generally a good service was provided. Patients were aware of their right to an advocate, except for patients who were being treated in the community on Community Treatment Orders (CTO) who did not have access to an advocate. The older people's inpatient team monitored the use of the independent mental health advocacy service. The advocates who we spoke with, told us that they were well received throughout the trust and that staff generally had an understanding of their role.

We interviewed one Mental Health Act Administrator for the trust and looked at the systems she operated to ensure administration of the Act in a proper manner. We found good systems in operation, to remind clinicians when renewal documentation and consent to treatment certificates were due. This applied to inpatients and to those on a CTO. There was a standardised system for the use of section 17 leave and in most cases expired leave forms had either been removed or scored through.

For treatment under section 58 of the Mental Health Act 1983 we found that consent to treatment certificates were in place for all who required them. The responsible clinician's role of assessing whether or not a patient had capacity to consent to treatment was variable throughout the trust and in some cases the assessments completed were too general rather than being decision specific. This meant that there was insufficient evidence to show how the RC came to the conclusion that the patient did or did not have the capacity to consent to treatment.

Mental Capacity Act and Deprivation of Liberty Safeguards

Throughout the trust adherence to the Mental Capacity Act 2005 (MCA) was variable. There were examples of good practice in some areas but not in others. In learning disability and older peoples' inpatient services there was poor practice in relation to assessment of capacity. On one unit for people with learning disability, there were no assessments of capacity. On the older peoples inpatient unit, capacity assessments were left to doctors to undertake. Where capacity assessments had been undertaken documentation of best interest decisions were not recorded.

There were examples of best interest assessments being undertaken when necessary and for the older person's in-patient team we found deprivation of liberty safeguards (DoLs) authorisations in place where required. In total the trust had 61 DOLs authorisations in place at the time of the inspection. Some MCA assessments however were very general and did not detail how the decision maker came to their conclusion.

Detailed findings

Requires improvement

Are services safe?

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

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

Summary of findings

Our findings

Safe and clean environment

The trust provided a safe and clean environment in most of its care settings for patients. Inpatient services and community teams were well maintained and clean. The patient led assessment of the enviroment scored the trust slightly below the England average for cleanliness (97.7%) and 5% below the England average for facilities (92%).

There were infection control systems in place, such as regular audit and cleaning schedules, which were regularly updated and reviewed.

Every site had environmental risk registers which detailed how risks would be managed. These included how people who might be at risk of self-harm would be protected from the risks posed by ligature points in the environment.

The trust on the whole (with the exception of Irwell ward and the Wavertree unit) adhered to best practise in relation to gender segregation. Men and women were appropriately separated and this was well managed.

Clinic rooms were clean, well maintained and had all the equipment and necessary medications. There was good evidence that these were regularly checked, equipment was in good working order and medication was stored appropriately and were in date. We did find that use of rapid tranquilisation was not being adequately recorded. This was escalated to the trust and was addressed during the week of inspection.

The exception to the overall positive findings was on Irwell ward, a ward for older people living with dementia. There was no zoning system in place to manage the risks of patients wandering. Patients were observed to be wandering in all areas of the wards and some were in a state of distress. Irwell ward also had a number of glass doors and windows. This had resulted in an increase in accidents, as older people were prone to bumping into them . The trust were awre of this issue and had placed this on the risk register. Figures that we reviewed confirmed that the number of incidents involving falls on Irwell ward had been increasing. Ward staff we spoke with informed us that during the night the doors appear reflective and can cause people with dementia on the ward to become confused as they believed the reflections were others looking into the ward.

In forensic services there were problems relating to two seclusion rooms. Some seclusion rooms were not fit for purpose and did not comply with the Mental Health Act Code of Practice. The Trust responded to our concerns, they reviewed the seclusion rooms. Trust and immediately closed two seclusion rooms across forensic services.

Safe staffing

Most wards and community teams had enough staff to manage services safely and effectively. However, data showed that there had been a rise in services not always having the required amount of clinically trained staff. This had risen from 7% in November 2014 to 11.8% in December 2014, then by January 2015 to 12.4%.

The average sickness rate was 5.7% across the trust for the period between Feb 2014 and Jan 2015 –this is above mental health and learning disability England average.

Detailed findings

41 specific locations with an average sickness rate of 10% or greater during same time period. Locations that had the highest sickness rates were::

Shelley Ward General (High secure – 13.9%)

Rathbone Rehab Centre (Long stay/rehab – 13.5%)

Allerton Ward (Low secure – 13.3%)

Carlyle Ward (High secure – 13.0%)

Blake Ward (High secure – 12.8%)

The proportion of days taken as sick in the last 12 months for nursing and midwifery staff' was 6.4% of staff taking sick leave against an expected 5.3% slightly higher than is expected.

The trust has stated the percentage of trust vacancies (excluding seconded staff) stood at 4.9% at 31st Jan 2015. The trust was actively recruiting to posts.

There were 51 specific locations with a vacancy rate of 25%. This is high however it excludes staff who were in seconded positions. Inpatient wards with high vacancy rates included:

Alexandra Ward (Acute - 26.2%)

Boothroyd Ward (Older People's mental health service - 25.5%)

Park Unit, Hesketh Centre (Acute - 25.1%)

'Local Services' had the highest number of qualified nurse vacancies (23.98); 'High Secure' had the highest number of nursing assistant vacancies (31.02). 'Medium/Low Secure' were over their establishment levels for qualified nurses.

The trust has had a big recruitment drive in place. This has resulted in 221 conditional offers of employment between April and June 2015.

In rehabilitation services, 15% of shifts were operating with below the required numbers of staff. Whilst we found that the impact on patients was minimal, the impact on staff has meant that, one to one supervision couldn't always happen. In addition to this not all staff had been appraised and only 16% of staff had completed mandatory training.

Some teams had high caseloads, as there were vacancies within teams which meant that some staff had to manage caseloads greater than they usually would It is important to ensure that high caseloads are monitored so that that they do not put staff under intolerable pressure. The complexity of caseloads should be systematically reviewed to ensure any risks associated with higher caseloads are reduced.

Assessing and managing risks to patients and staff.

Across all services there was solid evidence that risk assessments were updated and completed on a regular basis.

Staff had a good understanding of safeguarding of adults at risk and children. They were aware of and understood the safeguarding policy. Staff had received training and were able to name the categories of abuse. The trust will need to update the safeguarding policy to ensure it reflects the requirements of the Care Act 2014.

Teams discussed safeguarding at multi-disciplinary meetings and this was reflected in the minutes of these meetings.

There were 727 incidents where restraint was used in the six months to 16th Feb 2015 across 36 wards. Of these 727 incidents, there were 128 (17.6%) patients who were restrained in the prone position. 16 of which resulted in rapid tranquilisation.

19 locations with more than 10 incidents of restraint. Locations with more than 50:

Lawrence Ward, Ashworth Hospital (High secure - 208 total/ 58 prone).

Polar Ward, Scott Clinic (Medium secure – (60/7 prone)

Johnson Ward, Ashworth Hospital (High secure - 59/2 prone)

The trusts no force first initiative has been successful in the areas it had been piloted and has resulted in a reduction in the use of restraint. For example, on the learning disability inpatient ward there had been a 73% reduction in restraint.

Overall the trust had good arrangements in place for the safe management of medicines. There were audits in place to check medicines were stored safely. An example of good practice in the community mental health teams was that a review undertaken in the management of medication identified the need to ensure a co-signature was given when signing out medicines. This was not being done consistently. The policy was adjusted to reflect that this action was now required.

However, we found that a number of the community teams did not carry out regular checks on the whereabouts of staff members. This meant that long periods of time would pass before managers were aware that staff were safe following risks in the community. The policy did not clearly define individuals' responsibilities and did not require that staff report in following each visit.

Track record on safety

A total of 4,886 incidents were reported to the National Reporting and Learning System (NRLS) between 01 March 2014 and February 2015. There were 38 incidents categorised as deaths during the period which accounted for 0.8% of all the incidents reported. The majority of incidents resulted in no harm (73.7%) or low harm (24.3%) to the patient. 0.9% of incidents resulted in moderate harm and 0.4% resulted in severe harm. 89 Incidents were reported to the serious incident reporting structure (STEIS) between 1st March 2014 and 28th February 2015 – 42 of these involved the death of a patient. There were no never events. We found the trust were good reporters of incidents.

In the NHS Staff Survey 2014 the trust scored worse than average with regards to 'staff witnessing potentially harmful errors, near misses or incidents in the last month', 'fairness and effectiveness of incident reporting procedures' and 'percentage of staff agreeing they would feel secure raising concerns about unsafe clinical practice 'The trust scored better than average regarding 'percentage of staff reporting errors, near misses or incidents witnessed in the last month'.

The trust have achieved targets in 2013/14 for "collection of data in relation to pressure ulcers, falls, and urinary tract infection in those with a catheter. There was a reduction in the prevalence of all falls collected through the safety thermometer" (Trust Quality Account 2013/14).

Reporting incidents and learning when things go wrong.

Across all services, there was strong and consistent evidence that staff knew how to report an incident. All incidents are reported via an electronic system called DATIX. Team meetings and multidisciplinary team meetings were used to discuss incidents and learn from investigations. Staff informed us that there were trust wide events called 'Oxford learning events' where learning from investigations was discussed across services. 'Quality Practice Alerts' were also disseminated to staff. These emphasised any incident where immediate learning needed to be highlighted.

Staff were encouraged to own up to their mistakes with the trust adopting a 'dare to share' approach.

Mersey Care NHS trust also included a quality measure section in their Quality Account for reporting purposes. For the specified period, the trust reported more incidents than the national average (per 1000 bed days). The trust reported less severe harm and death incident types, than the national average for the same period (Trust Quality Account 2013/14). The number of suicides of patients detained under the Mental Health Act 1983 (all ages) at the Trust between 1st January 2014 and 31st December 2014 has flagged as a risk. The precise figures are unavailable due to low numbers which may lead to patient identification.

Duty of Candour

The trust is compliant with the duty of candour. We reviewed the trust policy on this and asked the trust to supply evidence that family and patients had been notified of serious incidents that met the threshold. The trust supplied this data, including a sample of letters, which have been sent to families and a tracking spreadsheet. This spreadsheet is kept to ensure that all actions have been taken within timescale and that the trust can monitor they are meeting this requirement.

Good

Are services effective?

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

Summary of findings

Our findings

Assessment of need and planning of care

We reviewed over 500 care plans. For the most part, they were comprehensive and regularly reviewed and updated.. The exception was Irwell Ward where care plans failed to identify actions to be taken in patients care plans which improved safety and enhanced care and treatment regimes.

Physical health assessment and monitoring across the trust were robust. Both local and secure divisions were achieving the 95% target for the percentage of long term inpatients that have had their physical health needs reassessed within the last six months. There was evidence that teams worked well with general practitioners (GPs). For example, in the learning disability community team a 'health action group' had been set up to promote the health agenda.

In older people's services, Hayes Court and Acorn Ward, the assessment and management of falls were considered to be outstanding. We saw evidence of staff intervening repeatedly to review a patients care in order to minimise and prevent falls. This entailed regularly updating the patients care plan to reflect the kinds of support needed to do this.

In forensic services, the health centre in Ashworth was excellent and provided a wide range of physical health care services. It ran a monthly well-man group which was well attended. The health centre ran a different computer system to the rest of Ashworth. Inspectors found that due to human error, notifications of physical health care plans were not routinely sent to the main information system. This was noted and addressed immediately on inspection.

Best practice in care and treatment.

We identified a number of areas of best practice in care and treatment. These included:

- The establishment of a hospital outpatient psychotherapy service for people who self-harm.
- Development of peer support models and the recovery college.
- Street triage initiatives for people detained under S136 of the MHA.
- 90% compliance with the Health of the Nation Outcome Scales (HONOS)
- The introduction of a human rights based approach in regards to working with people with dementia.
- 17 wards were accredited through the Royal College of Psychiatrists. Five other locations are accredited by other recognised bodies.
- There was good use of audit to examine the effectiveness of care and treatment to improve practice.

However, it was noted that access to psychological interventions in many areas of the service was problematic and that the morale of psychologists was low. The trust had recognised this as a concern and had appointed a head of psychology to develop the leadership for psychologists. They had also identified this as a key area of improvement within their Quality Account, which stated 'The Trust continues to underperform against the 'psychotherapy: treatment commencing within 18 weeks of referral' indicator at 44% at the end of March 2014. This is deterioration on the position of 46% reported in Q3 2013/14. Skill mix and access to psychological therapies is a key component of the local services division care strategy implementation'

The trust met its targets in relation to the mandatory quality indicators. For instance;

- 97.6% of patients on care programme approach were followed up within 7 days of discharge from psychiatric in-patient care during the reporting period (Q4 2013/14)
- 99.2% of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the same reporting period.

Skilled staff to deliver care.

Good

Are services effective?

Most services operated full multi-disciplinary teams and were adequately staffed. Staff received regular supervision and were appraised in line with trust policy. The exception to this was on Rathbone Ward where a number of staff only had access to group supervision and had not had a one to one in many months. There was also a concern that 50% of staff on the ward had not been appraised. Management were aware of this issue and were addressing this

Staff had received other types of training and specialist training was available.

On Irwell Ward we were concerned that not all staff had a background or were skilled in working with people with dementia. The ward was observed to be disturbed and inspectors noted on numerous occasions, that staff failed to intervene with patients who were becoming frustrated, distressed or agitated.

This was not the case on the other wards for people with dementia. Staff on these wards were skilled in effectively communicating and interacting with patients.

Multi-disciplinary and inter-agency team work.

There was solid evidence of healthy relationships between professional groups and good multi-disciplinary work. Inspectors observed multi-disciplinary meetings and reviewed the minutes of these meetings. This was supported by the views of patients and staff. There was also good links with primary care services and GPs.

However, it was highlighted by a number of services in the community that there was an absence of psychological input.

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

There was good compliance with the MHA and accompanying Code of Practice, across all services. Staff received training and had a good understanding of the Mental Health Act guiding principles.

An audit within high secure forensic services had highlighted a number of instances where paperwork had been erroneously filled out, rendering some detentions illegal. The trust had responded appropriately to this and had an action plan in place to address the issue.

People had information on their rights. Records reflected that people who were detained understood their rights. Information on advocacy services was available.

The trust had good governance arrangements in place for the monitoring the use of the MHA 1983. This included a MHA committee and MHA managers governance group. It had identified that audit in the application of the MHA 1983 was not robust and a clear plan of action had been devised to address this. We saw evidence that these audits were in place. For example, in Ashworth an audit had been carried out which had identified errors relating to paperwork. This had resulted in a number of sections being invalid. The trust had been able to address this and put actions in place to remedy the situation.

Good practice in applying the Mental Capacity Act 2005.

Seven of the nine core services we inspected were able to demonstrate a good grasp of the principles of the MCA 2005. There were good assessments of capacity, which were decision specific. Staff understood their responsibilities as to when capacity should be assessed and that decisions should only be made in a person's best interest.

Across the trust there was a high level of compliance with training in the law. Despite this training, older people inpatient services and learning disability services did not consistently adhere to good practice. For instance on Wavertree ward, we found that not one patient had a capacity assessment in place.

In older people's services mental capacity assessments were generalised, broad and not decision specific. Documentation was poor in relation to why decisions were being taken in a patient's best interests. Nursing staff deferred to the doctors to undertake capacity assessments.

61 DoLS applications had been made in the six months between September 2014 and February 2015.

Good

Are services caring?

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

Summary of findings

Our findings

Kindness, dignity, respect and support

Staff were observed to be compassionate, kind and caring when interacting with patients. People who use services and their carers were complimentary about the care and treatment they received from the trust. In April 2014 Mersey Care NHS Trust became the first statutory provider of mental health services in the country to achieve the award of a 2nd Gold Star from the Carers' Trust, signalling the highest level of recognition in implementing the Triangle of Care across both inpatient and community services. Mersey Care also received a special commendation for applying the same standards to its addictions and learning disability services.

Staff were also found to be engaged, enthusiastic and committed to their work. They were observed to be passionate and dedicated.

In relation to the patient-led assessments of the care environment, (PLACE) The Trust's overall score for dignity, privacy and respect is 93% which is 6% above the England average.

The friends and family test highlighted that 56% of respondents would be 'extremely likely' or 'likely' to recommend the trust as somewhere to work and 65% would be 'extremely likely' or 'likely' to recommend it as a place to receive care. This compares to the England averages of 60% and 75% respectively.

The trust has a well developed equality strategy and in some areas is piloting the use of a human rights based approach to working with individuals.

The involvement of people in the care they receive.

There was strong evidence that people were involved in their care planning. This was demonstrated through reviewing care plans and talking to people who use services. There was a strong culture of service user involvement across the frontline of services. Service user forums, community meetings and carer groups happened across most services. Corporately the service user assembly was in place. The trust approach to involvement was articulated in its people participation programme, which was based upon the principles of volunteerism, recovery and social inclusion. Participants received access to a range of personalised skills and development opportunities, designed to support their aspirations with regard to employment, education, enterprise and social integration.

In the annual community mental health patient experience survey, the trust scored better than most other trusts for the questions: 'were you involved as much as you would want to be in

discussing how your care is working?', 'did you feel that decisions were made together by you

and the person you saw during this discussion?', 'were you involved as much as you wanted to

be in discussions about which medicines you receive?' and 'Have NHS mental health services

involved a member of your family or someone else close to you as much as you would like?'

Good

Are services responsive to people's needs?

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

Summary of findings

Our findings

Access and discharge

Access arrangements and discharge planning across the trust were good, although there were concerns across inpatient services regarding delayed discharges. The information weheld about the trust, showed that the most common reasons cited for delayed discharge were lack of suitable ongoing accommodation such as nursing and residential care. In inpatient services there were good arrangements in place to manage beds and twice daily bed state reports were issued across all wards. Inpatient services also had a capacity and flow manager. The manager was responsible for reviewing where patients were, ensuring that any delays to discharge were identified early. This would enable actions to be put in place to ensure speedy discharge. Patients in a private bed were returned to the trust at the earliest opportunity.

Discharge from community mental health teams was often stalled, as no clear agreement had been reached with GPs to offer stepped down care. This meant that caseloads tended to be higher in community teams. In learning disability services the Trust had identified that this was a priority area for action but this work had not yet started with commissioners and GPs.

In the Section 136 facilities there was good access to assessments under the Mental Health Act (1983), although delays could sometimes occur due to approved mental health professionals or Section 12 approved doctors being unavailable. The trust had set clear targets for responding to A&E departments, for someone subject to this type of detention. All the professionals involved in these assessments were aware of the requirement to respond within two hours of a person's arrival at A&E.

The trust and local authority had worked closely together to implement a centralised team, or as they called it a 'hub' where approved mental health professionals, provided a response to requests for assessments under the Mental Health Act 1983. Staff were very positive about this development and felt it provided a more efficient and timely response.

NHS England who monitor bed occupancy levels to ensure that there are always a proportion of beds which are avaible for emergencies or unplanned events. The trust scored lower than the England average for bed occupancy rates which stands at 89.4%. The trust score stands at 87.1%. Anything higher than 85% is automatically flagged as a risk with NHS England.

Referral targets were variable across services, depending on priority, with a large proportion having a 42 day referral to initial assessment target. Compliance with referral to treatment was not stated for all services. Where this was stated the trust achieved an 85% target in meeting performance around referral to treatment times.

Referral to treatment targets are currently being missed at Mossley Hill Hospital (Psychotherapy)

In community learning disabilities services, there were gaps in the quality of the data regarding waiting lists for allocation of a professional to provide a service. The trust carried out an audit and found that waiting lists were not being adequately monitored and that data did not reflect all people waiting for a service.

Facilities that promote recovery, comfort, dignity and confidentiality

Across the trust there were good facilities for people using both inpatient and community services. The environments were mostly well maintained and were welcoming and comfortable. In acute services there were dormitories on the inpatient sites, which is far from ideal. The trust is hoping to move to single rooms with en-suite accommodation and it is part of their 'perfect care' and 'estates strategy.

Patients had 24 hour access to food, drinks and snacks, although in some inpatient areas patients reported very mixed views about food and the choices available to them. The PLACE assessments put the trust below the national average for satisfaction on food.

Good

Are services responsive to people's needs?

On Irwell ward there was limited information available. There was limited signage to orientate people around the ward, for example, the toilets were not sign posted. The ward did not have any art work on the walls, there was no notice board and the ward did not appear to be dementia friendly through the use of textures and colours to help orientate people.

Wards provided a wide range of activities for patients that were varied and interesting. People using services said that they would like access to more activities at the weekend.

Meeting the needs of all people who use the service

We found that there was good access to interpreting services and that staff were aware of how to access these services when necessary. Leaflets explaining people's rights were available in a variety of languages. Information on other services were also available in other languages. The dietary requirements of people from different religious or cultural groups were met and there was good access to spiritual support.

There was good access to multi-faith rooms, to private rooms and rooms where it was safe for families and their children to visit.

Across services there was good access for people with disability, who may need wheelchair access.

The Trust had a well developed approach to equality and is in phase 2 of implementing the NHS equality delivery system. The trust had established the equality and human rights steering group, chaired by a non-executive director of the trust Board. The development of this group was part of the 2014/2015 equality and human rights action plan and has now been fully completed.

Equality and human rights co-ordinators were in place across all areas of the trust to oversee the implementation of their services' local equality and human rights action plans. The trust had been improving the recording of incidents in relation to discrimination for both the people who use the services and staff. The trust had a contract with Capita Translation and Interpreting to provide all interpretation and translation services which includes British sign language.

Listening to and learning from complaints

There was a consistent approach to listening and learning from complaints. Both staff and people using services were able to clearly articulate how complaints were made and information regarding this was seen in most areas. The trust had a clear policy in place which was understood by staff and there was a recognised process of trying to deal with complaints locally in the first instance. If staff were not able to satisfactorily resolve the complaint, this would then be passed to a manager to review and deal with accordingly. Inspectors saw records pertaining to this complaints process. These records showed that complaints were documented and tracked, with timeframes reviewed, to ensure that complaints were responded to within a set timescale. The complainant was kept informed of progress and of the outcome of the decision.

The disciplines of nursing, midwifery and health visiting' was the profession with the highest volume of complaints in 2012/13 and 2013/14. 'All aspects of clinical treatment' was the subject with the most complaints in 2012/13 and 2013/14, followed closely by 'attitude of staff'.

48% (222) of all complaints reported by the trust were attributable to Ashworth Hospital. All aspects of clinical treatment' then 'attitude of staff' saw the highest volume of complaints in both years.

We saw across services that complaints were listed on the agenda's of relevant meetings and discussed by the multi-disciplinary team. This ensured that the learning from complaints was shared and that staff were aware of changes that might be necessary to improve patient experience. Quality practice alerts also detailed learning from complaints and were issued to all staff.

Good

Are services well-led?

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

Summary of findings

Our findings

Vision, values and strategy

The board had a clear vision for the mental health services and this was set out in the trust strategy and operating plan. The trust vision was to be recognised as a leading organisation in the provision of mental health care. The strategic goal was 'striving for perfect care' through 'empowered teams and empowered service users' This was presented as a wheel with four quadrants;

- Our services
- Our people
- Our resources
- Our future

The strategy had 14 key aims which focused on safety, co-production, efficiency, responsiveness and growth. It was a strong vision, fully supported by the board.

The trust encouraged a culture of openness and transparency and the leadership clearly supports the ethos of learning through mistakes and supporting staff to be honest and open, without fear of retribution. There was a clear push to appoint on the basis of values and behaviours that people demonstrated through recruitment processes and the workforce strategy reflected this. Other key strategies and initiatives for the trust were;

- No force first, aimed to reduce restraints.
- Zero tolerance to suicide, aimed to eliminate suicide by 2020.
- Zero to hero campaign, which aimed to reduce assaults and physical violence.
- Improvement of physical health care.
- Estates strategy.
- Communication and engagement strategy.
- Dare to Share, aimed to encourage people to own up to mistakes.

The trust was three years into a significant transformation programme and was an aspirant trust applying for foundation trust status. The trust development agency had indicated that the trust is in a good position to move forwards into the pipeline to achieve FT status.

Equality and human rights co-ordinators were in place across all areas of the trust to oversee the implementation of their services' local equality and human rights action plans. The trust had been improving the recording of incidents in relation to discrimination for both the people who use the

services and staff. The trust had a contract with Capita Translation and Interpreting to provide all interpretation and translation services which include British Sign Language (BSL).

Good governance

The Trust had clear governance arrangements in place and a review of board papers confirmed this. The trust had a clear structure in place of relevant committees and sub committees and groups which all fed into each other. The committees which reported to board are chaired by non-executive directors, who gave appropriate challenge. The Medical Director chaired a clinical senate, which brought together relevant clinicians to agree strategy and identify quality priorities. It also supported the trusts ambition to provide 'perfect care'

Observation of the board meeting demonstrated that non-executive directors offered pertinent and relevant challenge and had a clear understanding of their role.

The trust had recently introduced a Governance of Quality framework. The framework ensured that;

- Standards were clearly articulated.
- Accountability for those standards was clear.
- Structured measures and processes were in place that ensured that quality concerns could be identified and addressed promptly.

Since January 2015 there had been 78 quality surveillance visits undertaken to frontline services to determine how well those services were performing against the key

Good

Are services well-led?

standards. For example, following one such visit, one service was internally rated as inadequate. Staff were written to formally about this. A rapid response team was put in place to ensure safety of those patients and work continued to improve the service. There was more that the trust could do to ensure that this was fully embedded at the front line and communicated to staff working across the organisation, so that there was a clear understanding of the importance of quality surveillance.

Executive directors met weekly with the chief executive in a 'stand up surveillance' meeting. The focus of surveillance was to identify safety and quality issues and broader concerns. This facilitated prompt management action to address any concerns raised. Directors were then tasked with returning to service with action plans, to make the necessary improvements and ensure standards were maintained.

Self-assessment was used as a way of monitoring quality and performance and again follows the fundamental standards. This is a positive approach to engage local teams in the monitoring of quality service provision.

The board had a assurance and escalation framework which outlines the highest scoring strategic risks. We found that risk management systems were good and robust. Risk registers were present across the frontline. These registers fed into relevant meetings which in turn fed up to the board.

The trust had a five year financial plan in place. It had delivered surplus savings of £6 million in order to meet Monitor requirements and save to invest in buildings and new business ventures.

Mandatory training overall stood at over 95%.

There was a good clinical audit programme in place and most services were able to produce robust evidence of audit.

Leadership and culture

Leadership was visible, proactive and committed to putting patients first and staff well-being staff. There was a culture of working together, using co-production methodology. The trust was committed to equality and was piloting the use of a human rights based approach. This was firmly embedded into performance and work force strategies. An example of this was the performance reporting on increasing compliance with 'triangle of care' and 'working side by side' with people who use services. Co-production was used to implement these strategic intentions.

The trust senior team were clearly working to achieve a big cultural change and we found that most staff were able to articulate what this change was about and why it was necessary. However, there were pockets of staff who did not feel engaged and it is essential that the trust continue to communicate what is required in order to achieve lasting transformation.

The trust was awarded a charter mark from Navajo for recognition of their approach to lesbian, gay, bi-sexual and transgender people.

Sickness rates in the Trust had remained consistently above the England average over the past 12 months. Staff at the trust felt slightly less pressured to attend work when feeling unwell compared to the national average of 20%. However, high secure and medical staff were higher than average. This was placed on the trust corporate risk register with clear controls and actions put into place to address.

Fit and Proper Person Requirement

This requirement was met. We reviewed the policy which was presented at board on 28th January 2015.The trust had a clear process for ensuring that the fit and proper person's tests were appropriately completed. All directors had up to date clearance and had been checked using the disclosure and barring service. Job descriptions were reviewed by us and it is clear that the requirement to undertake these checks is clearly stated.

Engaging with the public and with people who use services

The trust is committed to service user involvement and use co-production methods to design and develop key strategies and service development. There was a very comprehensive communication and engagement strategy, which sets out its internal and external communications, marketing campaigns, media and digital communications. It is linked to the trust transformation programme and clinical strategies.

Good

Are services well-led?

The trust had twitter and facebook accounts, which it uses as a way of engaging and communicating and most senior staff, use these mediums. The CEO had a 'tell Joe' email address which could be accessed by either staff or the public.

The trust held regular meetings and forums with patients and carers and was committed to engaging the wider public to reduce stigma and work on campaigns. For instance it ran a campaign in January called brew Monday. This sought to highlight depression and encourage the public to reach out and make social contact.

The trust has helped to set up a service user assembly which was attended by the patient experience lead. It had over 40 members. We observed the assembly during inspection. They were raising concerns about waits in A&E departments and bed pressures. They were observed to be appropriately challenging and a strong group.

The trust approach to involvement was articulated in its People Participation Programme, which was based upon the principles of volunteerism, recovery and social inclusion. Participants receive access to a range of personalised skills and development opportunities designed to support their aspirations with regard to employment, education, enterprise and social integration.

Across the frontline, we saw that the trust has meaningful involvement. This was seen in care planning, feeding back on services, involving carers and the use of co-production as a means of implementing strategies and new projects.

Quality improvement, innovation and sustainability

Commitment to quality was clearly articulated and well documented. Safety and patient experience run through the organisation and can be seen in every paper that was reviewed, which went to board. The trust had recently agreed to participate in a collaborative project with Stanford University to adopt evidence based risk management which will:

- Deliver actionable risk intelligence
- Speed up the learning cycle
- Enable faster adoption of risk interventions
- Promote value based care
- Reduce frequency and severity of incidents and claims
- Improve patient safety

It was the only mental health trust in the country chosen to participate in this study. The trust has already started quality improvement projects and has a quality improvement plan. They had launched projects, such as the 'no force first'. This is currently in its infancy as they do not yet reach all parts of the organisation and only 100 staff are trained in this methodology. This is encouraging and a strong start to developing these approaches.

17 wards are accredited for inpatient mental health services and they use a self-assessment tool. Forensic services were part of the quality networks and peer review of these services were up to date.

The financial situation of the trust was healthy with a good history of identifying and delivering cost improvement programmes the cash releasing efficiency savings. The savings programme has been modelled until 2020 with the cost improvement programme 'frontloaded' over the next 2 years. There is good level of involvement of clinical staff in identifying and monitoring the quality impact from the programme. The medical and nursing directors sign off the proposals prior to the full board approval.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance In community learning disability services; Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes did not effectively assess, monitor and improve the quality and safety of the services provided. We found concerns with accuracy of recording and quality of data to monitor compliance with waiting and response times. There was no effective system to monitor referrals, waiting lists and unmet needs. There was a clear system in place to report incidents; however, we were concerned about the lack of a comprehensive investigation into a serious incident affecting a member of staff last year. This is a breach of Regulation 17(2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment In rehabilitation services; Regulation 12 HSCA 2008 Regulated Activities Regulations 2014 Care and treatment must be provided in a safe way for service users. Rathbone Rehabilitation Ward had a comprehensive ligature risk assessment with points identified and

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actions to minimise risk of service users tying ligatures. However, this risk assessment did not assess the risk posed in the garden area which had gym equipment, smoking shelter and benches.

This is a breach of regulation 12 (2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing In rehabilitation services; Regulation 18 HSCA 2008 Regulated Activities Regulations 2014 Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed. Individual supervision rates across the service were not in line with the trust policy of 4-6 weekly. In the three months prior to our visit there were a total of 188 shifts that required extra cover, of these shifts 159 were filled leaving around 15% of shifts below numbers clinically required. This is a breach of regulation 18 (2)(a)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect In older peoples inpatient services;

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Regulated activity	Regulation
	Regulation 10 HSCA 2008 (Regulated activities) Regulations 2014 Dignity and respect The provider had not ensured that patients were treated dignity and respect. This was because Irwell ward did not comply with the guidance on same sex accommodation. Patients of Irwell ward did not have their privacy promoted. Patients of Irwell ward were not provided with food and drinks in a manner that promoted their independence and dignity. This was in breach of Regulation 10
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment In older peoples inpatient services; Regulation 12 HSCA 2008 (Regulated activities) Regulations 2014 Safe care and treatment Reg 12 (a) and Reg 12 (b) Reg 12 (c) eg 12 (d) The provider had not ensured that care and treatment was provided in a safe way for patients in terms of the risks presented by the environment. This was because Irwell ward did not have action plans to mitigate against the risk of suicide that the environment may present. Identified risks were not appropriately addressed in care plans on Irwell ward.

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The trust had not ensured that staff particularly health care assistants of Irwell ward were appropriately skilled and supervised or supported in their role.

This was because the staff did not receive sufficient support and training to meet the needs of patients with dementia.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent In inpatient learning disability services; Regulation 11 HSCA 2008 (Regulated activities) Regulations 2014 Need for consent The care and treatment must only be provided with the consent of the relevant person, the registered person must act in accordance with MCA 2005. Staff at Wavertree had limited knowledge of the MCA 2005. All staff were not trained in MCA 2005. Mental capacity assessments to consent to treatment and admission were not carried out and no best interests meeting were held. At STAR where best interests meeting were needed this was not done in a proper manner. This was a breach of Regulation 11(1)(3)

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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Treatment of disease, disorder or injury	Adult inpatient/PICU Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Rapid tranquilisation was not carried out in accordance with NICE guidance, as patients did not always have physical healthcare checks carried out afterwards, which may put them at risk. This was in breach of regulation 12(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing At trust wide level Regulation 18 HSCA 2008 Regulated Activities Regulations 2014 Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed. There was evidence that individuals were not receiving timely access to psychological therapies. The trust should review waiting times and ensure that action plans are in place so that people recieve timely access to psychological intervention. This was in breach of regulation 18(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.