

Mersey Care NHS Trust

# Wards for people with learning disabilities or autism

## Quality Report

9 Princes Parade, Princes Dock  
St Nicholas Place, Liverpool  
L3 1DL  
Tel: 0151 472 4000  
Website: [www.merseycare.nhs.uk](http://www.merseycare.nhs.uk)

Date of inspection visit: 1 - 4 June 2015  
Date of publication: 14/10/2015

### Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RW438	Mossley Hill hospital	Star Unit	L18 8BU
RW453	Olive Mount Hospital	Wavertree Bungalow	L15 8LW

This report describes our judgement of the quality of care provided within this core service by Mersey Care NHS Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement 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.

Where applicable, we have reported on each core service provided by Mersey Care NHS Trust. and these are brought together to inform our overall judgement of Mersey Care NHS Trust.

# 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 the service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	6
Information about the service	10
Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	10
What people who use the provider's services say	11
Good practice	11
Areas for improvement	11

---

### Detailed findings from this inspection

Locations inspected	12
Mental Health Act responsibilities	12
Mental Capacity Act and Deprivation of Liberty Safeguards	12
Findings by our five questions	14
Action we have told the provider to take	28

---

# Summary of findings

## Overall summary

### **We rated wards for people with learning disabilities and autism as good because:**

- When every patient was admitted, a comprehensive assessment of needs was carried out. This included a detailed risk assessment and risk management plan that were updated regularly after every incident.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report abuse. Staff knew how to recognise and report incidents through the reporting system. Learning from incidents was shared with staff.
- There was evidence of regular and thorough physical health checks and monitoring in records. Staff were trained in different areas of physical health such as catheter care, postural positioning and peg feeding.
- The medicines charts sampled showed that the National Institute for Health and Care Excellence guidance was followed when prescribing medication.
- Staff received regular supervision, appraisals and participated in clinical audits. There were regular and effective clinical review meetings that involved the relevant members of the multi-disciplinary team.
- Patients were treated with respect and dignity and staff were polite, kind and willing to help. Patients and families were complimentary about the support they received from the staff and felt that they got the help they needed.
- Patients were actively involved in their clinical reviews and care planning and were encouraged to involve relatives and friends if they wished. Patients and their families told us that they were able to access advocacy services when needed.
- Patients were not moved between wards during an admission, unless this was justified on clinical grounds and was in the patient's best interest. All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.
- Each patient had an individual structured programme of activities which related to their individual needs. A

variety of communication tools were used by staff to help individuals communicate their needs. Families and carers told us that they were able to raise any concerns and complaints freely.

- Staff told us that they knew how to use the whistleblowing process and felt free to raise any concerns. Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys. The trust used performance indicators to gauge the performance of the team. Where performance did not meet the expected standard action plans were put in place.
- Both units had well-equipped clinic rooms that had all emergency equipment such as automated external defibrillators and oxygen and these were checked regularly.

However:

- Only 50% of staff at Wavertree had received training in Mental Capacity Act. Staff at Wavertree did not demonstrate a good understanding of the Mental Capacity Act and were not clear about how to apply the law in practice.
- At Wavertree, patients were not assessed for their capacity to consent to admission or any specific decisions to their care and treatment. Patients that were not able to take food orally and who were fed via percutaneous endoscopic gastrostomy had no assessments of whether they had capacity to consent to medication given through this intervention. This had also not been checked with other teams in the community. There were no records of any 'best interests' meeting held to decide if this was in the person's best interest.
- A bed was not always available if a patient required more intensive care if their behaviour had worsened.
- Three patients told us that they were not happy with the food choice at lunch time.

# Summary of findings

The Wavertree Bungalow did consider how best to segregate men and women It did have approved plans and finances to ensure it would meet best practice in relation to gender segregation by the end of the year.

# Summary of findings

## The five questions we ask about the service and what we found

### Are services safe?

#### We rated safe as good because:

- Both units had well-equipped clinic rooms that had all emergency equipment such as automated external defibrillators and oxygen.
- Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention.
- There were enough staff available so that patients could have regular one-to-one time with their named nurse.
- When every patient was admitted a comprehensive assessment of needs was carried out which included detailed risk assessments and risk management plans.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse.
- Staff knew how to recognise and report incidents through the reporting system and learning from incidents was shared with staff.

However:

The Wavertree Bungalow did consider how best to segregate men and women. It did have approved plans and finances to ensure it would meet best practice in relation to gender segregation by the end of the year.

Good



### Are services effective?

#### We rated effective as requires improvement because:

- Only 50% of staff at Wavertree had received training in Mental Capacity Act. Staff at Wavertree did not demonstrate a good understanding of Mental Capacity Act and were not clear about how to apply the law in practice.
- At Wavertree patients were not assessed for their capacity to consent to admission or any specific decisions to their care and treatment.
- Patients that were not able to take food or medicines orally who were fed via percutaneous endoscopic gastrostomy had no assessments checked or carried out whether they had capacity to consent to this intervention. Consent to medication was not properly sought.

Requires improvement



# Summary of findings

- There were no records in place of any ‘best interests’ meeting held to decide if this was in the person’s best interest.
- At the Star unit the best interest’s procedures were not appropriately followed.

However:

- There was evidence of regular and excellent physical health checks and monitoring in records. There were detailed person-centred care plans in place.
- The medicines charts sampled showed that the National Institute for Health and Care Excellence guidance was followed when prescribing medication.
- Staff received regular supervision, appraisals and participated in clinical audits.
- There were regular and effective clinical review meetings that involved the relevant members of the multi-disciplinary team.
- There was evidence of effective working relationships and external partnership working.
- The documentation we reviewed in detained patients’ files was up to date, stored appropriately and compliant with the Mental Health Act and the Code of Practice.

## Are services caring?

### We rated caring as good because:

- We observed comforting interactions between staff and patients.
- Patients were treated with respect and dignity and staff were polite, kind and willing to help.
- Patients and families were complimentary about the support they received from the staff and felt they got the help they needed.
- Staff showed a good understanding of the individuals needs and were able to explain how they were supporting complex patients.
- Patients were actively involved in their clinical reviews and care planning and were encouraged to involve relatives and friends if they wished.
- Patients and their families told us that they were able to access advocacy services when needed.

Good



# Summary of findings

- The views of patients were also gathered through the use of patient surveys.

## **Are services responsive to people's needs?**

### **We rated responsive as good because:**

- Patients were only moved between wards during an admission episode when this was justified on clinical grounds and in the best interests of the patient.
- All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.
- Patients had access to hot drinks and snacks anytime of the day.
- Each patient had an individual structured programme of activities which were related to their individual needs.
- A variety of communication tools were used by staff to help individuals communicate their needs patients' needs such as cultural and spiritual needs were taken into account.
- Families and carers told us that they were able to raise any concerns and complaints freely.

However:

- A bed was not always available if a patient required a service that offered more intensive support for worsening behaviour.
- Three patients told us that they were not happy with the food choice at lunch time.

**Good**



## **Are services well-led?**

### **We rated well-led as good because:**

- Staff knew and agreed with the trust's values. Staff knew who the most senior managers in the trust were. These managers had visited the wards.
- Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff told us that they were supported by their managers.
- Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.

**Good**



# Summary of findings

- The trust used key performance indicators and other indicators to gauge the performance of the team. Where performance did not meet the expected standard action plans were put in place.
- The Star unit had received accreditation for inpatient mental health services from the royal college of psychiatrists in February 2015.

# Summary of findings

## Information about the service

Wavertree Bungalow is based at Olive Mount Hospital. It was a respite inpatient service that provided a five bedded unit with 24 hour support, for adults with a learning disability and complex health needs. The unit comprised of five beds, one of which was an emergency admissions and/or assessment. The unit was a nurse led service and worked closely with primary health care, speech and language therapist, occupational therapist, social workers, community nurses and day centres. The unit offered respite for 34 nights per year for 37 people. The majority of patients admitted to this unit had severe or profound learning disabilities and were unable to communicate verbally.

The Star unit also known as the specialist treatment, assessment and recovery unit was based at Mossley Hill hospital and provided a 24 hour inpatient service to people with learning disabilities, who may be detained under the Mental Health Act. It was a mixed gender, nine bedded unit that provided acute inpatient care for assessment and treatment. It worked closely with the community learning disability team.

## Our inspection team

Our team was comprised of one CQC inspector, one psychiatrist, one Mental Health Act reviewer, one expert by experience and their supporter and three learning disability specialist nurses.

## Why we carried out this inspection

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

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the Star unit and Wavertree Bungalow and looked at the quality of the ward environments and observed how staff were caring for patients.
- spoke with 6 patients who were using the service and five of their relatives.
- spoke with the two ward managers.
- spoke with 19 other staff members; including doctors, nurses, psychologist, administrators, cleaning staff and occupational therapists.
- interviewed the ward matron with responsibility for these services.
- attended and observed two handover meetings.
- attended patients' community meeting and a family/carers' meeting.

# Summary of findings

- looked at 12 care records of patients and 10 treatment cards.
- carried out a specific check of the medication management on Star unit and Wavertree bungalow.
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the provider's services say

Relatives and patients were pleased with the care provided. Patients and relatives were positive about their experiences of care and told us that staff were polite, warm and interact well with them. Relatives and patients were free to express their views and were taken into account. Patients and relatives told us that staff were very

supportive and included them in their care planning. They were given information that helped them to make choices about their care. Patients told us that they felt staff treated them with respect and dignity and that they were listened to.

## Good practice

- Excellent monitoring of complex physical health needs.
- The use of 'my file' that had a clear person centred approach and had a wide range of assessment and individual information.

## Areas for improvement

### Action the provider MUST take to improve

#### Action the provider MUST take to improve

- The trust must ensure that all staff have a good understanding of the Mental Capacity Act and how it is applied in practice for the patients in their care.

### Action the provider SHOULD take to improve

#### Action the provider SHOULD take to improve

- The trust should work closely with commissioners in a timely manner to ensure that a bed is available if a patient requires a service that offered more intensive support for worsening behaviour.

- The trust should ensure that paper records are always completed with full details such as NHS number, date of birth or surname.
- The trust should ensure that there is adequate psychology input to direct clinical care.
- The trust should ensure that patients had a variety of meal choices at lunch time.
- The trust should ensure that patients had enough activities during weekends when the occupational therapist is not on duty.
- The Wavertree Bungalow did consider how best to segregate men and women and had no plan to ensure it met best practice in relation to gender segregation.

Mersey Care NHS Trust

# Wards for people with learning disabilities or autism

## Detailed findings

### Locations inspected

#### Name of service (e.g. ward/unit/team)

#### Name of CQC registered location

STAR Unit

Mossley Hill Hospital

Wavertree Bungalow

Wavertree

### Mental Health Act responsibilities

Staff from all units had received training and showed a good understanding of the Mental Health Act and the Code of Practice. There were four patients detained under the 'Act' in Star and no patients were detained in Wavertree.

The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the Mental Health Act and the Code of Practice. However, we found that four of the medical recommendations contained information that was not relevant to the detention of the patients. The Mental Health Act administrator told us that renewals were not scrutinised by another doctor.

Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.

Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support people. Staff were aware of how to access and support people to engage with independent mental health advocacy when needed.

The explanation of rights was routinely conducted and audited regularly. Easy read leaflets were made available to patients. This ensured that people understood their legal position and rights in respect of the Mental Health Act. People we spoke with confirmed that their rights under the Mental Health Act had been explained to them.

Staff knew how to contact the Mental Health Act office for advice when needed and said that regular audits were carried out throughout the year to check the Mental Health Act was being applied correctly.

# Detailed findings

## Mental Capacity Act and Deprivation of Liberty Safeguards

All staff in the Star unit had received training in the Mental Capacity Act. 50% of staff in Wavertree had received training in Mental Capacity Act.

In discussion with staff at Star they were able to demonstrate a good understanding of Mental Capacity Act and how to apply the five statutory principles. Staff at Wavertree did not demonstrate a good understanding of Mental Capacity Act and were not clear about how to apply the five principles of legislation in their roles.

At Wavertree all patients were not assessed for their capacity to admission or for any specific decisions regarding their care and treatment. There were patients on peg feed to provide adequate nutrition via the tube because they were not able to take food or medicines orally due to dysphagia. The team had not checked that any assessments of capacity to consent to medication given to them through the peg feed had been carried out. There were no records of best interests meeting held regarding giving the medication through the peg feed. This meant that patients were given medicines through the peg feed without consent. This was discussed with the manager who reassured us that an immediate action would be taken. And we were informed by the trust that these were completed later that day.

Staff at Star were aware of the policy on Mental Capacity Act and Deprivation of Liberty Safeguards and knew the lead person to contact about Mental Capacity Act to get advice. Deprivation of Liberty Safeguards applications were made when required. One patient was subject to Deprivation of Liberty Safeguards at the Star.

Staff at Star understood and where appropriate worked within the Mental Capacity Act definition of restraint.

At Star, capacity to consent was assessed and recorded appropriately. Best interest's meetings were held where appropriate, which took into account a person's wishes, feelings, culture and history. However, on one occasion a best interest's checklist had been completed by unit staff and the decision was that the patient should have a hysterectomy. This made the unit staff the decision maker in respect of this decision. There was no reference to a formal best interests meeting, legal advice or referring to the court of protection. The unit assessed the capacity of a patient to consent to a surgery. This was not carried out by the consultant surgeon who was planning the operation in consultation with the multi-disciplinary team.

# 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

#### Are wards for people with learning disabilities and autism 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**

#### We rated safe as good because:

- Both units had well-equipped clinic rooms that had all emergency equipment such as automated external defibrillators and oxygen.
- Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention.
- There were enough staff available so that patients could have regular one-to-one time with their named nurse.
- When every patient was admitted a comprehensive assessment of needs was carried out which included detailed risk assessments and risk management plans.
- Staff were trained in safeguarding and demonstrated a good understanding of how to identify and report any abuse.
- Staff knew how to recognise and report incidents through the reporting system and learning from incidents was shared with staff.

However:

The Wavertree Bungalow did consider how best to segregate men and women. It did have approved plans and finances to ensure it would meet best practice in relation to gender segregation by the end of the year.

#### STAR Unit/Wavertree Bungalow

#### Safe and clean environment

- The unit's layout enabled staff to observe most parts of the unit effectively.
- Star unit had anti-ligature fittings and furniture. There were potential ligature points on door handles, taps and window latches at the Wavertree bungalow and these were identified in the ligature risk assessment. There was a clear management plan in place on how to minimise this risk. Patients admitted to this unit were severely disabled and had mobility problems. Staff were also trained in ligature risk and suicide prevention.
- Both units were mixed gender. The Star unit bedrooms were divided into separate male and female areas, with single bedrooms and access to separate toilet and bathroom facilities. There were also three bedrooms located on the corridor with en-suite facilities. A female only lounge was provided in the female area of the ward. The ward had a shared lounge and dining area.
- The Wavertree Bungalow had a homely environment and all bedrooms, bathrooms and toilets were in the same corridor. All patients shared the same bathroom and toilet. There was one shared lounge and dining room. All patients were assisted with their personal hygiene by staff and were not able to use the bathroom or toilet facilities independently.
- Both units had well-equipped clinic rooms with all emergency equipment such as automated external defibrillators and oxygen. Equipment was checked regularly to ensure it was in good working order, so that it could be used in an emergency. Medical devices and emergency medication were also checked regularly.
- The units were clean, with good furnishings and were well maintained. Patients and relatives told us that the standards of cleanliness were good.
- Regular audits of infection control and prevention were carried out. Staff practiced good infection control procedures and hand hygiene to ensure that patients and staff were protected against the risks of infection. Environmental risk assessments were carried out in areas such as health and safety and infection control and prevention.

# Are services safe?

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

- Portable appliance tests were carried out for the equipment used. It was checked regularly to ensure it continued to be safe to use and clearly labelled indicating when it was next due for service.
- In Star unit there were safety alarm and nurse call systems in place to call for help when needed. This helped to ensure the safety of patients and that of staff.

## Safe staffing

- The Star had 9.4 qualified nurses and 18.8 nursing assistants. There was one vacancy for qualified nurse and 4.3 for nursing assistants. Wavertree had six qualified nurses and 11 nursing assistants. There was vacancy for nursing assistant and none for qualified nurses.
- The sickness rate in the 12 month period for the both units was 4.4%.
- At Wavertree there were no shifts that had not been filled by bank or agency nurses, as result of staff sickness or absence in the last three months.
- The units had estimated the number and grade of staff required for each unit using a recognised tool through safer staffing.
- The number of nurses on e-rostering, matched the number of nurses and nursing assistants and we found that this was consistent.
- There was appropriate use of agency and bank nurses to cover sickness, special observations and annual leave. The managers told us that bank staff used were familiar with the unit and patients.
- The managers told us that they were able to adjust staffing resources for additional staff to meet the patients' needs, for instance, where one-to-one observation was required.
- Activities and community leave were rarely cancelled because there was not enough staff on duty. We looked at the log of community leave and saw that patients were accessing the community on a daily basis.
- There were enough staff available so that patients could have regular one-to-one time with their named nurse.

- Staff told us they could access medical input day and night and that out of hours a doctor on call was available and would arrive on site quickly in an emergency.
- Staff have completed mandatory training. Records showed that the average rate was 91% at the Star and 93% at Wavertree completion rates.

## Assessing and managing risk to patients and staff

- There was no use of seclusion or long term segregation in both units. There was no use of restraint at Wavertree Bungalow.
- At the Star there were 21 episodes of restraint in the last six months. None of these were recorded as being in the prone position. The unit was involved in a pilot project for 'no force first' initiative and had reduced the use of restraint by 73% in the last 12 months.
- Restraint was only used after de-escalation had failed. Other methods used prior to restraint were recorded to indicate that it was only used after all other methods had been unsuccessful. Staff were aware of the techniques required. This meant people were restrained in the least restrictive way and for the shortest possible time. An incident report was completed following each incident.
- When every patient was admitted a comprehensive assessment of needs was carried out that took account of previous history, risk, social and health factors. It included the agreed risk assessment and a care plan to manage any identified risks. These were regularly reviewed.
- There were detailed risk assessments and risk management plans, which identified how staff were to support each patient.
- There was information to let informal patients know that they were able to leave the unit if they wanted to.
- Both units had good policies and procedures for use of observations to manage risk to patients and staff. These were followed by staff and documented. There was one patient in the Star who had been nursed on two-to-one.
- We looked at the incidents of clinical risk and how the unit was managing the risk. There were detailed discussions within the multi-disciplinary and risk management plans were reviewed to increase the level

# Are services safe?

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

of observations to ensure that the unit was safe. A decision was made to move the patient to a more suitable placement. However, this had taken longer than expected due to difficulties in finding a suitable placement.

- Training records from both units showed that staff were trained in safeguarding. Staff demonstrated a good understanding of how to identify and report any abuse. The teams shared some of the safeguarding incidents that they had reported. Staff knew the trust's designated lead for safeguarding who was available to provide support and guidance. The units had a dedicated lead nurse in safeguarding referred to as the 'safeguarding ambassador'.
- Safeguarding issues were shared with the staff team through staff meetings and emails. Information on safeguarding was readily available to inform patients and staff on how to report abuse.
- The trust rapid tranquilisation policy followed the National Institute of Health and Clinical Excellence guidance and had been followed by staff. The use of rapid tranquilisation was rarely used and was audited regularly.
- Both units had appropriate arrangements for the management of medicines. Specific monitoring of some medicines was checked by the pharmacist and pharmacy technicians to ensure safe doses were prescribed. We found good links were in place between the units and the pharmacy. The Star had a 'medi 365' automated system. All nurses were trained in this system which could only be accessed by finger scanning. The automated system kept a log of stock levels and was audited and checked by the pharmacist each week when medicines were delivered.
- We reviewed 10 medicine administration records in all units and the recording of administration was complete and correctly recorded as prescribed. The medicines were appropriately stored and the temperatures were regularly monitored. Patients were provided with information about their medicines.
- For patients who were visited by children, this had been risk assessed to ensure it was in the child's best interests. A separate family room away from the ward area was made available at the Star.

## Track record on safety

- There was a near miss incident at Wavertree within the last six months where a patient was given the wrong medication to take home. The incident had been reviewed and the trust developed an action plan to address the key issues from the investigation.
- There had been changes recommended to ensure that lessons learnt resulted in changes in the practice. All medications to take away home had to be checked by two nurses and where one nurse is on duty a nursing assistant would check with a nurse. All nursing assistants were trained in medicines management. All medicines received from patients admitted were also checked by two staff. The changes were rolled out to all teams.
- Changes had been made to improve safety standards through training and changes in procedures. This was in response to learning from previous incidents.

## Reporting incidents and learning from when things go wrong

- Both units had an effective way of recording incidents, near misses and never events. Incidents were reported via an electronic incident reporting form. Staff knew how to recognise and report incidents through the reporting system.
- Staff from both units were open and transparent and explained the outcomes of incidents to patients. Patients told us that they discussed any changes with staff after an incident.
- The units had a clear structure which reviewed all reported incidents. Incidents sampled during our visit showed that thorough investigations took place, with clear recommendations and action plans for staff and sharing within the team.
- Staff from both units were able to explain how learning from incidents was shared with all staff. Their responses indicated that learning from incidents was distributed to staff. Learning from incidents was discussed in staff meetings, reflective practice sessions and handovers.
- Staff were offered debrief and support after serious incidents.

# Are services effective?

Requires improvement 

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

#### Are wards for people with learning disabilities and autism 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.**

#### We rated effective as requires improvement because:

- Only 50% of staff at Wavertree had received training in Mental Capacity Act. Staff at Wavertree did not demonstrate a good understanding of Mental Capacity Act and were not clear about how to apply the law in practice.
- At Wavertree patients were not assessed for their capacity to consent to admission or any specific decisions to their care and treatment.
- Patients that were not able to take food or medicines orally who were fed via percutaneous endoscopic gastrostomy had no assessments checked or carried out whether they had capacity to consent to this intervention. Consent to medication was not properly sought.
- There were no records in place of any 'best interests' meeting held to decide if this was in the person's best interest.
- At the Star unit the best interest's procedures were not appropriately followed.

However:

- There was evidence of regular and excellent physical health checks and monitoring in records. There were detailed person-centred care plans in place.
- The medicines charts sampled showed that the National Institute for Health and Care Excellence guidance was followed when prescribing medication.
- Staff received regular supervision, appraisals and participated in clinical audits.

- There were regular and effective clinical review meetings that involved the relevant members of the multi-disciplinary team.
- There was evidence of effective working relationships and external partnership working.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the Mental Health Act and the Code of Practice.

#### STAR Unit/Wavertree Bungalow

##### Assessment of needs and planning of care

- We looked at 12 records across both units and all contained a comprehensive assessment that had been completed when patients were admitted. These covered all aspects of care as part of a holistic assessment. Individualised care plans and risk assessments were in place, regularly reviewed and updated to reflect discussions held within the clinical review meetings.
- There was evidence of regular and excellent physical health checks and monitoring in records. Physical health was discussed and further assessment had been offered. Where physical health concerns were identified, patients were referred to specialist services and care plans were implemented to ensure that patients' needs were met. Staff were trained in different areas of physical health such as catheter care, postural positioning, peg feed, blood pressure and phlebotomy.
- Detailed person-centred care plans were available as paper records in a document called 'my file'. Patients had up to date health action plans, nutritional assessments, communication passports, contingency plans, personalised, holistic and recovery orientated care plans.
- Electronic records within both teams were managed appropriately using 'EPEX' system. Staff knowledge on the use of the electronic records system was good. Records were organised, stored securely and internal team members could access people's records when needed. However, paper records were not always completed with full details such as NHS number, date of birth or surname.

##### Best practice in treatment and care

# Are services effective?

Requires improvement 

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.

- 10 medicines charts sampled showed that the National Institute for Health and Care Excellence guidance was followed when prescribing medication.
  - Patients at Star unit could access psychological therapies recommended by the National Institute for Health and Care Excellence as part of their treatment through the psychology team in the community. For example, cognitive behavioural therapy, positive behaviour support, art and music therapy was available.
  - The units maintained close links with GP surgeries to monitor physical health needs of patients and ensured physical health care plans were kept up to date. Annual health checks and regular physical health checks which included dysphagia assessments and nutrition and hydration were taking place where needed. People had access to specialists such as dentists, chiropodist, podiatrist, diabetic team, dietician, epilepsy nurses and district nurses. Patients told us that they were supported by their nurses to visit GP and hospital appointments.
  - The modified early warning score, clinical pathways risk assessment and intermediate risk assessment and management were used as clinical outcome measures. The occupational therapist used the model of human occupation screening tool.
  - Progress was monitored regularly in nurse records and the teams recorded data on progress towards agreed goals in each patient's notes.
  - The units involved staff in a regular programme of clinical audits to monitor the effectiveness of the service provided. They conducted a range of audits on a weekly or monthly basis such as dysphagia and nutrition, care programme approach, medicines, care plans and risk assessment. It was used to identify and address changes needed to improve outcomes for patients.
- psychologists, physiotherapists, dietician and speech and language therapists to ensure that patients received the care they needed. There was limited psychology input to direct clinical care.
- The Wavertree Bungalow was nurse led and had strong links with the community team to provide input from the full range of learning disabilities professionals that work with the patients in the community. Patients and relatives told us that there were able to see a wide range of professionals depending on their needs.
  - Staff told us that they had developed good working relationships with GPs and district nurses. They told us that information sharing and access was easy between internal and external professionals.
  - We saw that community and external professionals attended patients' care programme approach meetings. For example, social workers were based in local authority teams and were invited to multi-disciplinary team meetings when required. Patients told us that other professionals who were involved in their care and treatment attended their meetings.
  - Although staff received appropriate training and professional development 50% of staff in Wavertree had received training in Mental Capacity Act. Staff told us they had undertaken training relevant to their role. Staff were trained in positive and proactive care, nutrition and diet, prevent, trauma informed care, communication interventions and behavioural assessment. All teams had four away days a year where they had training and reflective practice sessions specific to the needs of their patients.
  - New staff had a period of induction which involved shadowing experienced staff before they were included in staff numbers.
  - Staff were supervised and appraised and had access to regular team meetings every month.
  - Poor staff performance was addressed promptly and effectively.

## Skilled staff to deliver care

- At the Star unit the internal team consisted of doctors, nurses, nursing assistants and the occupational therapist. A full range of other learning disabilities disciplines and workers provided input to the unit were from the community team. These included

## Multi-disciplinary and inter-agency team work

- We looked at six records of multi-disciplinary team meetings and found that the units had regular involvement of full range of other health professionals such as speech and language therapist, occupational

# Are services effective?

Requires improvement 

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.

therapist, social workers and psychology. There were regular and effective clinical review meetings that involved the relevant members of the multi-disciplinary team working with the patient.

- There were effective handovers within the teams. We attended two handovers and they discussed each patient in detail which included feedback from review meetings, any changes in care plans, patients' presentation including physical health, community leave, activities and incidents.
- There were good working relationships and effective handovers between teams within the trust. Community nurses worked in partnership with inpatient team to gather information about risks and clinical needs. The teams also worked together to review the risk assessment and crisis plans within the care programme approach process and facilitate safe discharge.
- There was evidence of effective working relationships and external partnership working with GPs, forensic team, independent sector, local authority, and health facilitation nurses.

## Adherence to the MHA and the MHA Code of Practice

- Staff from all units had received training and showed a good understanding of the Mental Health Act and the Code of Practice. There were four patients detained under the 'Act' in Star and no patients were detained in Wavertree.
- The documentation we reviewed in detained patients' files was up to date, stored appropriately and compliant with the Mental Health Act and the Code of Practice. However, we found that four of the medical recommendations contained information that was not relevant to the detention of the patients. The Mental Health Act administrator told us that renewals were not scrutinised by another doctor.
- Consent to treatment and capacity forms were appropriately completed and attached to the medication charts of detained patients.
- Information on the rights of people who were detained was displayed and independent mental health advocacy services were readily available to support people. Staff were aware of how to access and support people to engage with independent mental health advocacy when needed.

- The explanation of rights was routinely conducted and audited regularly. Easy read leaflets were made available to patients. This ensured that people understood their legal position and rights in respect of the Mental Health Act. People we spoke with confirmed that their rights under the Mental Health Act had been explained to them.
- Staff knew how to contact the Mental Health Act office for advice when needed and said that regular audits were carried out throughout the year to check the Mental Health Act was being applied correctly.

## Good practice in applying the MCA

- All staff in the Star unit had received training in the Mental Capacity Act. 50% of staff in Wavertree had received training in Mental Capacity Act.
- In discussion with staff at Star they were able to demonstrate a good understanding of Mental Capacity Act and how to apply the five statutory principles. Staff at Wavertree did not demonstrate a good understanding of Mental Capacity Act and were not clear about how to apply the five principles of legislation in their roles.

At Wavertree all patients were not assessed for their capacity to admission or for any specific decisions regarding their care and treatment. There were patients on peg feed to provide adequate nutrition via the tube because they were not able to take food or medicines orally due to dysphagia. The team had not checked that any assessments of capacity to consent to medication given to them through the peg feed had been carried out. There were no records of best interests meeting held regarding giving the medication through the peg feed. This meant that patients were given medicines through the peg feed without consent. This was discussed with the manager who reassured us that an immediate action would be taken. And we were informed by the trust that these were completed later that day.

- Staff at Star were aware of the policy on Mental Capacity Act and Deprivation of Liberty Safeguards and knew the lead person to contact about Mental Capacity Act to get advice. Deprivation of Liberty Safeguards applications were made when required. One patient was subject to Deprivation of Liberty Safeguards at the Star.
- Staff at Star understood and where appropriate worked within the Mental Capacity Act definition of restraint.

# Are services effective?

Requires improvement 

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.

- At Star, capacity to consent was assessed and recorded appropriately. Best interest's meetings were held where appropriate, which took into account a person's wishes, feelings, culture and history. However, on one occasion a best interest's checklist had been completed by unit staff and the decision was that the patient should have a hysterectomy. This made the unit staff the decision

maker in respect of this decision. There was no reference to a formal best interests meeting, legal advice or referring to the court of protection. The unit assessed the capacity of a patient to consent to a surgery. This was not carried out by the consultant surgeon who was planning the operation in consultation with the multi-disciplinary team.

# Are services caring?

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

## Summary of findings

### Our findings

#### Are wards for people with learning disabilities and autism caring?

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

#### We rated caring as good because:

- We observed comforting interactions between staff and patients.
- Patients were treated with respect and dignity and staff were polite, kind and willing to help.
- Patients and families were complimentary about the support they received from the staff and felt they got the help they needed.
- Staff showed a good understanding of the individuals needs and were able to explain how they were supporting complex patients.
- Patients were actively involved in their clinical reviews and care planning and were encouraged to involve relatives and friends if they wished.
- Patients and their families told us that they were able to access advocacy services when needed.
- The views of patients were also gathered through the use of patient surveys.

#### STAR Unit/Wavertree Bungalow

#### Kindness, dignity, respect and support

- We observed comforting interactions between staff and patients. The language used was kind-hearted, clear and simple and showed positive engagement, commitment and willingness to support patients.
- Patients and families were complimentary about the support they received from the staff and felt they get the help they needed. Our observations and discussions with patients and their families confirmed that they had been treated with respect and dignity and staff were polite, kind and willing to help.

- Staff showed a good understanding of the individual needs and were able to explain how they were supporting patients with complex needs. Patients and relatives told us that staff knew the patients very well and supported them the way they were happy with and made them feel comfortable.

#### The involvement of people in the care they receive

- There were information and leaflets in an easy read format available to be given to patients as a welcome pack to explain and help them understand how the service worked and what to expect. Staff and patients confirmed that patients were shown around the units on admission and introduced to staff and others.
- Our observation of practice, review of records and discussions with patients and their relatives confirmed that patients were actively involved in their clinical reviews, care planning and risk assessments and were encouraged to express their views. Information was given at a level that patients could understand. Patients were given copies of their simplified care plans if they wished.
- Patients were encouraged to involve relatives and friends in care planning if they wished. Families and carers were invited to clinical reviews and actively involved in care planning where this was appropriate. Family members' views were taken into account and they were happy about the way they were involved in care discussions.
- Staff were aware how to access advocacy services for patients. Families, carers and patients were given easy read leaflets that contained information about relevant local advocacy services. Patients and their families told us that they were able to access advocacy services when needed. The Star also had an expert by experience that visited the ward and liaised with the advocacy service.
- A carer volunteer visited the Star unit twice weekly and provided advice, support and linked to carers.
- The Star unit held regular community meetings to gather people's views about the service. Minutes of the meetings were documented and discussed to make any necessary changes. We attended the patients' community meeting. The ward manager facilitated the

## Are services caring?

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

meeting and patients were given an opportunity to air their views. In Wavertree Bungalow they held quarterly family and carers' meetings as the patients had no verbal communication.

- The views of patients were also gathered through the use of patient surveys. Responses to these were fed back to staff, to enable them to make changes where needed.

- The Star unit was part of the Mersey Care development programme and would be moving to a new location in June 2015. The unit had commenced preparation for moving and patients were included in the planning and preparing for the transition.
- Advance decisions were recorded where appropriate.

# 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

#### Are wards for people with learning disabilities and autism responsive to people's needs?

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

#### We rated responsive as good because:

- Patients were only moved between wards during an admission episode when this was justified on clinical grounds and in the best interests of the patient.
- All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.
- Patients had access to hot drinks and snacks anytime of the day.
- Each patient had an individual structured programme of activities which were related to their individual needs.
- A variety of communication tools were used by staff to help individuals communicate their needs patients' needs such as cultural and spiritual needs were taken into account.
- Families and carers told us that they were able to raise any concerns and complaints freely.

However:

- A bed was not always available if a patient required a service that offered more intensive support for worsening behaviour.
- Three patients told us that they were not happy with the food choice at lunch time.

#### STAR Unit/Wavertree Bungalow

##### Access and discharge

- The average bed occupancy for Star unit was 87% and 80% for Wavertree over the last 12 months.

- Wavertree Bungalow offered 34 nights per year to each individual patient and this was planned well in advance. The nights were evenly distributed throughout the year. One bed was used for an emergency or assessment.
- Beds were mostly available to people living in the catchment area when needed. However, the average bed occupancy had increased in the last six months.
- Patients on leave were able to access their beds on return from Section 17 leave.
- Patients remained on the same unit during their admission period.
- The Star unit worked closely with the community learning disability team, commissioners and local authority to ensure that patients who had been admitted were identified and helped through their discharge. All discharges and transfers were discussed in the multi-disciplinary team meeting and were managed in a planned or co-ordinated way.
- If a patient required more intensive care, a placement was sought within the county first. This was not always available. However, should a patient be placed out of county, the teams worked towards returning the individual to the home area.
- Staff told us that they had experienced delayed discharges due to a lack of suitable placements to adequately meet patients' needs in the community or delays in funding. There were three delayed discharges in the last quarter. At the time of our inspection there was one patient awaiting a suitable placement to be found.

#### The facilities promote recovery, comfort, dignity and confidentiality

- The Star had rooms where patients could sit quietly, relax and watch TV or engage in therapeutic activities. It had an art room, computer room, easy read library, occupational therapy kitchen and a games room. Wavertree Bungalow had limited space and did not offer a wide range of therapy rooms.
- Both units had well-equipped clinic rooms and Star had an area to examine patients. Wavertree patients were examined in their own bedrooms if needed due to mobility issues with the patients.

# Are services responsive to people's needs?

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

- There were designated rooms where patients could meet visitors in private away from the patient area in Star. Wavertree did not have one.
- Patients were able to make phone calls in private. Some patients had their own mobile phones and they could use them anytime they wanted to in privacy. This was not available at Wavertree as most of the patients were not able to verbally communicate.
- The units had access to secure garden area, which included a smoking area which patients had access to throughout the day.
- At Star patients and staff ate together at meal times. Meals arrived ready prepared and were served by kitchen staff. There was mixed feelings about the quality of food. Three patients told us that the food was fine and the other three told us that they were not happy with lunch time food which was sandwiches all the time. The meals had been changed with the consultation from the dietician and patients were given the opportunity to feedback on food. At Wavertree the food was cooked by staff and some patients had their meals via peg feeds.
- Patients had access to hot drinks and snacks anytime of the day.
- Patients were able to personalise their own bedrooms.
- Each patient had an individual bedroom fitted with a solid door and an allocated locked cabinet where values could be secured.
- There were a wide range of activities offered to patients in all units. Each patient had an individual structured programme of activities which were related to their individual needs. The art room that was well stocked and contained artwork in progress. There was a well-equipped occupational therapy kitchen, and we saw the occupational therapist assessing patients to prepare and cook food. However, patients told us that weekends had few activities as the occupational therapist was not on duty. Patients at Wavertree attended day centres and colleges.
- There were assisted bathrooms for patients with mobility issues in all units. The bathrooms at Wavertree had electric equipment to assist patients with their bathing and hoisting.
- Information leaflets were available in an easy read and pictorial format. Staff told us that leaflets in other languages could be made available through the advice and liaison officer when needed.
- Interpreting services were available within the teams when needed to meet the needs of people who did not speak English well enough to communicate when receiving care and treatment.
- There was an easy read library at the Star. There were information leaflets which were specific to the services provided. Patients had access to relevant information in an easy read format which was useful to them such as treatment guidelines, medicines, conditions, advocacy, religion, patient's rights and how to make complaints.
- A variety of communication tools were used by staff to help individuals communicate their needs. These included the use of sign language, Makaton, pictures, objects of reference and photographs.
- All units offered and supported patients with the choice of food they wanted to meet their dietary requirements to meet their religious and ethnic needs when required.
- In each patient's "my file", a summary of the patient's needs were highlighted, such as likes and dislikes, cultural, religious, ethnic and spiritual needs. All of these were discussed with the patient and family where appropriate. Patients told us that staff support them to meet their needs.
- Contact details for representatives from different faiths were on display in the units. Local faith representatives visited patients on the unit and could be contacted to request a visit. We saw a vicar with patients at the Star and patients told us that they were visited once every week.

## Listening to and learning from concerns and complaints

- There were no formal complaints received at the units in the last 12 months.
- Information on how to make a complaint was displayed in the units. Patients could raise concerns in community meetings and this was effective. Families and carers told us that they were able to raise any concerns and complaints freely.

## Meeting the needs of all people who use the service

# Are services responsive to people's needs?

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

- Patients from the Star unit knew how to raise concerns and make a complaint. Patients told us they felt they would be able to raise concerns should they have one and were confident that staff would listen to them.
- Staff told us they tried to resolve patients' and families' concerns informally at the earliest opportunity. We observed that staff responded appropriately to concerns raised by relatives and carers of patients and received feedback. Staff were aware of the formal complaints process and knew how to support patients and their families when needed.
- Staff from both units told us that any learning from complaints was shared with the staff team through the handovers and staff meetings.

# Are services well-led?

Good 

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

#### We rated well-led as good because:

- Staff knew and agreed with the trust's values. Staff knew who the most senior managers in the trust were. These managers had visited the wards.
- Staff told us that they knew how to use the whistle blowing process and felt free to raise any concerns.
- Staff told us that they were supported by their managers.
- Staff were offered the opportunity to give feedback on services and input into service development through the annual staff surveys.
- The trust used key performance indicators and other indicators to gauge the performance of the team. Where performance did not meet the expected standard action plans were put in place.
- The Star unit had received accreditation for inpatient mental health services from the royal college of psychiatrists in February 2015.

#### STAR Unit/Wavertree Bungalow

##### Vision and values

- Staff understood the vision and values of the trust and agreed with the values. The teams had the vision and values of the trust displayed.
- Staff spoken with demonstrated a good understanding of their team objectives and how they fit in with the trust's values and objectives. Staff knew who their senior managers were and told us that these managers visited the units.

##### Good governance

- The trust had clear arrangements in place to manage quality and safety. The unit managers used these methods to give information to senior management in the trust and to monitor and manage the units. The managers would attend the trust's quality and safety meetings. The information discussed was then shared

with staff and used to act on where there were deemed to be gaps. However, we identified that there were gaps in monitoring the use of Mental Capacity Act and how it should be applied in practice.

- Managers provided data on performance to the trust consistently. All information provided was analysed at team level to come up with themes and this was measured against set targets. These performance indicators were discussed weekly in the ward managers meeting and monthly in the operation managers and risk meeting. Where performance did not meet the expected standard action plans were put in place. This information was displayed on the units' notice boards and shared with the staff team as a way of improving performance in areas identified.
- The managers felt they were given the freedom to manage the teams and at the Star had administration staff to support the team. They also said that, where they had concerns, they could raise them. Where appropriate the concerns could be placed on the trust's risk register.

##### Leadership, morale and staff engagement

- There were no grievances being pursued, and there were no allegations of bullying or harassment.
- Staff told us that they were aware of the trust's whistleblowing policy and that they felt free to raise concerns and would be listened to.
- Staff told us that they felt supported by their line manager and were offered the opportunities for clinical and professional development courses. However, staff told us that learning disabilities service felt marginalised within the wider mental health trust. Staff told us that they felt priorities and resources were focussed on mental health services first. Staff felt that way because the services were in the early stages of restructuring.
- Our observations and discussion with staff confirmed that the teams were cohesive with good staff morale. They all spoke positively about their role and demonstrated their dedication to providing high quality patient care. They told us that staff supported each other within the team.

# Are services well-led?

Good 

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.

- Staff told us that managers were accessible to staff, had an open culture, invited new ideas on how to improve the service and willing to share ideas. Staff told us that the managers were very approachable and encouraged openness and transparency when things go wrong.
- Staff told us the board informed them about developments through emails and intranet and sought their opinion through the annual staff surveys.

## **Commitment to quality improvement and innovation**

- Star unit had received accreditation for inpatient mental health services from the royal college of psychiatrists in February 2015.

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 11 HSCA (RA) Regulations 2014 Need for consent  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 Mental Capacity Act 2005. Staff at Wavertree had limited knowledge of the Mental Capacity Act 2005. All staff were not trained in Mental Capacity Act 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).