

Mersey Care NHS Foundation Trust

Wards for people with learning disabilities or autism

Quality Report

V7 Building,
Kings Business Park
Kings Drive
Prescott
Merseyside
L34 1PJ

Tel: 01514730303

Website: www.merseycare.nhs.uk

Date of inspection visit: 15 October 2019

Date of publication: 06/04/2020

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RW4Y2	The Brightmet Centre for Autism	Wards for people with learning disabilities or autism	BL2 6PD

This report describes our judgement of the quality of care provided within this core service by Mersey Care NHS Foundation 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 Foundation Trust and these are brought together to inform our overall judgement of Mersey Care NHS Foundation Trust.

Summary of findings

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	5
Why we carried out this inspection	7

Detailed findings from this inspection

Findings by our five questions	8
--------------------------------	---

Summary of findings

Overall summary

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

This inspection report is solely about The Brightmet Centre for Autism in the Bolton area of Greater Manchester. Services were provided as an independent hospital by ASC Healthcare Limited. We inspected the hospital under that management on 14 and 20 June and on 14 July 2019. We had serious concerns about the quality of care and the safety of patients so we removed this location from the company's registration on 16 July. On 19 July Mersey Care NHS Foundation Trust took over responsibility for services at the centre temporarily to provide a safe environment for the patients.

ASC Healthcare Limited successfully appealed against the removal of the location and ASC Healthcare Limited resumed as the registered provider from 4 November 2019.

This report relates to an inspection carried out while The Brightmet Centre was a location of Mersey Care NHS Foundation Trust prior to ASC Healthcare Limited's successful appeal.

We conducted an unannounced focused inspection on 15 October 2019 to check that patients still remaining at the centre were safe and that the service was well led. We looked only at the safe and well led key questions. We did not rate services at the centre.

At the time of the inspection the centre was registered to provide:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Treatment of disease disorder or injury.

The centre has 18 beds for men and women with learning disabilities and/or autism. At the time of our inspection, there were seven patients, both men and women, still at the location.

We found that since our previous inspection there had been significant improvements in the quality of care and the care environment, making it safe for the remaining patients. The leadership being provided by Mersey Care was effective and included dealing with some urgent health and safety issues.

Summary of findings

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

Are services safe?

We did not rate safe at this inspection. We found examples of good practice:

- The service provided safe care. The ward environments were safe and clean and were in the process of being up-graded. The wards had enough nurses and support staff. Staff assessed and managed risk, managed medicines safely, followed good practice with respect to safeguarding. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- Staff planned and managed discharge well and liaised with services that would provide aftercare.
- The service worked to a recognised model of mental health rehabilitation. It was well led and the governance processes were being established that ensured that ward procedures ran smoothly.

However:

- Not all the wards had been up-dated to the required standard at the time of the inspection but improvements were scheduled.

Are services well-led?

We did not rate well-led safe at this inspection. We found examples of good practice:

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff felt respected, supported and valued.
- Staff assessed and managed risks to patients and themselves with daily safety huddles in the boardroom and handover meetings in each ward.

Summary of findings

- Managers ensured that ward teams included or had access a range of specialists required to meet the needs of patients. Managers ensured that staff received training, supervision and appraisal.

Summary of findings

Why we carried out this inspection

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We conducted an unannounced focused inspection of services for people with learning disabilities or autism at the Brightmet Centre on 15 October 2019 to check that

patients remaining there were safe and that the centre was well-led following the temporary takeover of responsibility for services by Mersey Care following our cancellation of the previous independent service provider's registration (as described in the Overall summary).

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

Our findings

Safe and clean environment

Safety of the ward layout

The apartments were all in the process of being upgraded with necessary maintenance work that had been identified on recent inspections. There were patient call alarms in each room. Ligature risks from the shower rails in the four communal bathrooms had been removed. The furniture was being replaced by hospital specification furniture that was suitable for the patient group.

The windows had window restrictors suitable for the environment. The wards had been fitted with air conditioning since our last inspection, ASC Healthcare advised this was still to be commissioned at the time of inspection. The temperature of the wards was comfortable.

The ward offices has been recently updated and were clean and tidy. New computers, screens and new worktops had been fitted in the offices. Past risk of wires being daisy-chained causing a potential fire risk had been dealt with in most areas. On apartment four, we found some excess wires were still present under a desk. The hospital manager ensured they were removed immediately.

Maintenance, cleanliness and infection control

The environment was clean and tidy in all public areas. The wards were being upgraded and decorated. Ward three had no patients admitted and was being fully refurbished. The other wards were scheduled to follow as patients were transferred from each ward to allow this refurbishment. All wards had been deep cleaned and were now clean and tidy. There was now a regular cleaning schedule with domestic staff cleaning the wards.

Garden areas were now cleared and free of broken furniture and infection control hazards. There was now privacy screening fitted around most of the perimeter fence, providing patients with privacy in the garden. There was a small area which overlooked a public house car park that needed trees cleared to allow the screening to be completed.

The multi faith room and the activity room that previously had broken furniture stored in them were clean and tidy and were being used for their purpose.

Weekly maintenance meetings between the managers and the maintenance staff had been introduced to look at the progress of upgrading and refurbishing the wards.

Seclusion room

The Brightmet Centre does not have a seclusion room.

Clinic room and equipment

The clinic rooms in the three wards that still had patients admitted were clean and tidy. Medicines were stored appropriately and were in date. Fridge temperatures had been checked and there was an air conditioner unit in the room. The clinic room checklist, medicines charts and the physical health checklists were in all up-to-date.

Safe staffing

Nursing staff

The centre had an attendance register and staff rota system. Cover for the wards was sourced by a single staff member, freeing up individual ward managers. The centre had two learning disability registered nurses and one bank registered learning disability nurse. The other nurses were registered mental health nurses. The wards were covered by enough staff to keep patients safe and the centre engaged bank/agency staff if required. If they used agency staff, they tried to arrange block booking for continuity.

Medical staff

There was cover from a doctor two days a week on Wednesdays and Thursdays. The responsible clinician was a consultant psychiatrist, who covered this centre and a sister hospital. There was also on-call cover available.

Mandatory training

Training had increased for permanent and bank/agency staff. Appropriate training had been reviewed by Mersey Care NHS Foundation Trust for the hospital staff which included infection control, life support, safeguarding,

Are services safe?

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

Mental Capacity Act, first aid, CITRUS (physical intervention), fire safety, Mental Health Act and Deprivation of Liberty Safeguards, health and safety, equality and diversity and information governance.

Training completion rates had gone up from 61.7% for full-time staff and 58.14% for bank/agency staff on 18 August 2019 to 93% for full-time staff and 69.1% for bank and agency staff on 15 October.

Assessing and managing risk to patients and staff

Assessment of patient risk

Mersey Care NHS Foundation NHS Trust had introduced daily safety huddles to the centre. This covered patient incidents, restraints, incidences of violence and the causes, self-harm, security incidents, staff supervision and appraisals, and staffing at the centre, including the use of bank/agency staff.

The centre had completed the STAR risk assessment for all patients. Patients were also risk assessed for the use of the activities of daily living kitchen and outdoor activities. The trust provided an experienced clinical nurse manager to guide the formulation of risk assessments, crisis plans and care plans, working with the existing staff to train and support them.

Management of patient risk

The daily safety huddles covered patient risk, causes of incidents, whether medicines had been used in the form of intramuscular injections, medicines errors, restraints and where restraint had been used.

Use of restrictive interventions

The trust had introduced the CITRUS physical intervention to all staff, including agency staff, at the hospital. Formerly agency staff had different training, which meant all staff didn't use the same techniques.

Safeguarding

Staff receive mandatory safeguarding training and could describe the process they would follow to report an incident.

Staff access to essential information

Mersey Care had introduced a review of the "My File" system at the centre. This included clear evidence of admission and reasons for it, communication plans with input from speech and language therapists, and an occupational therapy plan. These had now been integrated into one care plan system. Previously, they were separate care plans. Staff said it was now easier to access and navigate the plans. The plans were kept in a file divided into 14 sections that included a one-page profile, admission details, treatment plans from the responsible clinician, integrated care plans, personal emergency evacuation plans, positive behaviour support plans, 'moving on' plans, risk assessments, nursing assessment and report, therapy assessment and reports, capacity assessments/best interest assessments. The file contained section 17 leave forms, physical healthcare information, Mental Health Act paperwork and any correspondence.

Some sections were new (for example, the responsible clinician section) and some had been reviewed (for example, the care plan list was colour-coded for easy reference). The 'moving on' plans were now complete and reflected the patients' progress. The therapy section was now combined like the sensory integration plan. These changes had been introduced after the initial Mersey Care NHS Foundation Trust risk assessment of the hospital and had been effective since August 2019.

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.

Our findings

Leadership

Mersey Care NHS Foundation Trust provided the senior leadership and management of the centre. A senior nurse manager, a senior operational manager and a specialist practitioner had provided this cover since the trust took over the registration of the centre. Leadership being provided was effective in supporting and delivering planned improvement. Other managers and staff working at the centre were employed by ASC Healthcare Limited. The service had a plan for the future provision of services that took account of how the organisation responsible for the services might change.

Vision and strategy

The Brightmet Centre had a vision and strategy from ASC Healthcare Limited, the previous provider.

Culture

The centre's board and Mersey Care NHS Foundation Trust had held meetings with staff to improve staff engagement. The previous culture included a lack of information flowing between the ward and the board. The centre had introduced a staff wellbeing email address for confidential information to get to the board. Messages were being

monitored by one board member. The centre planned to introduce mindfulness sessions for staff. An outside occupational health company had been engaged to help deal with staff health issues.

Governance

A new governance structure had been introduced. There were daily safety huddles in the boardroom. Handover meetings now took place in each apartment. Previously, the nurses met daily together to discuss patients with the doctor.

Management of risk, issues and performance

Mersey Care NHS Foundation Trust had completed a comprehensive assessment of the centre after taking over the registration. That included a full risk assessment of the care environment and patient safety issues. The outcome was a health and safety report that identified 21 concerns and risks that have been required to be rectified, some urgently. Most of the necessary work had been completed at the time of this inspection. The outstanding issues were on a schedule to be completed by the end of November 2019. Managers ensured that ward teams included or had access a range of specialists required to meet the needs of patients and that staff received training, supervision and appraisal.