

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Cooperating with other providers ✓ Met this standard

Supporting workers ✓ Met this standard

Details about this location

Registered Provider	Mersey Care NHS Trust
Overview of the service	Mersey Care NHS Trust provides specialist inpatient and community mental health, learning disability and substance misuse services for adults across the Liverpool and Merseyside area. It provides medium secure services for Merseyside and Cheshire, and high secure services covering the North West of England, the West Midlands and Wales. In addition the trust also provides an Integrated Mental Health Team at HMP Liverpool, which consists of a community mental health team who provide secondary mental health services for those experiencing severe and enduring mental health difficulties and a primary care psychology team who provide a range of psychological interventions to the prison population.
Type of services	<p>Community healthcare service</p> <p>Community based services for people with a learning disability</p> <p>Community based services for people with mental health needs</p> <p>Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</p> <p>Prison Healthcare Services</p> <p>Supported living service</p> <p>Community based services for people who misuse substances</p>
Regulated activities	<p>Assessment or medical treatment for persons detained under the Mental Health Act 1983</p> <p>Diagnostic and screening procedures</p> <p>Transport services, triage and medical advice provided remotely</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health.

We spoke with commissioners about the service.

What people told us and what we found

We carried out this inspection alongside Her Majesty's Inspectorate of Prisons (HMIP). The Care Quality Commission and HMIP routinely coordinate inspections of prisons and healthcare providers.

We looked at what support was provided to prisoners who experienced mental ill health by the trust.

People who used the service told us that staff were helpful and always treated them and spoke to them in a respectful way.

We found that prisoners knew what services were provided by the trust within the prison and how to access the service. People who used the service told us it was easy to access and staff were responsive to their needs.

We found that patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found recordings on assessments and care plans to be of a high standard, containing concise and detailed information about peoples care and treatment needs.

We saw good evidence of joint working by the trust across the prison community where concerns and risks to prisoners including self harm and risk of suicide had been identified..

We found that patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The integrated mental health team at HMP Liverpool provided specialist mental health services to prisoners who had severe or moderate mental illness. The aim of the service was to ensure that prisoners who experienced mental health problems in prison received appropriate care and treatment and aftercare arrangements were in place when they left the prison. Prisoners accessed the service via a single point referral system. The team received referrals other prison healthcare staff within the prison, from prison officer staff, chaplaincy services and directly for prisoners.

The team aimed to mirror and provide the same support and treatment that would be offered to people suffering with mental health problems living in the community.

The service provided support to prisoners who were experiencing serious mental health problem such as schizophrenia or bi polar disorders and the primary care psychology team provided support to prisoners who required support and specific treatment in response to depression, anxiety and life traumas.

We saw that written information was provided to prisoners about the services provided by team. We saw that prisoners were made aware of the service when they were first received into the prison and primary healthcare staff also made prisoners aware of the integrated mental health team when they attended healthcare appointments. One person who was new to the prison told us they knew about the team and they were hoping to access bereavement counselling during their stay at HMP Liverpool.

We saw that the team provided a flexible and accessible service and that prisoners had the choice of being seen in the outpatient healthcare unit or on the wings where they resided.

We spoke to prisoners about their experience of the service. Prisoners told us they appreciated the help and support they had received from the team. They told us that they

had been involved and included in their care and support plan. People told us that staff treated them well and spoke to them in a respectful way. One person said of the team: "They have really helped me and they helped me get a cell on my own, because I need to be on my own."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

People who used the service told us they were very satisfied with the care and support they had received from the team. One person told us that their nurse was helping them in making plans for their release and return to live with their family.

We spoke with commissioners of the service and they told us they had no concerns about the service that the trust provided within the prison.

The integrated mental health team at HMP Liverpool provided both secondary mental health services and primary care psychological services that offered a range of psychological interventions to prisoners.

The secondary mental health team was managed by a team leader and was made up of four band six community psychiatric nurses, a part time psychologist and a part time support worker. Primary care psychological services team was managed by a head psychologist and included two part time cognitive behavioural therapists, a senior counsellor and two graduated psychological well-being practitioners.

Prisoners accessed the service via a single point referral system. We saw that a weekly single point referral meeting took place that was attended by both team managers from the integrated mental health team and primary healthcare staff within the prison including a dual diagnosis nurse, a crisis intervention nurse, forensic psychiatry and other representatives from allied agencies linked to the prison. We were told that prisoners could also refer themselves directly to the service for support.

We found that a multi-disciplinary decision was made at the single point referral meeting as to which professional would be best placed and most appropriate to work with the patient; this could be a community psychiatric nurse, a support worker or a psychologist. We saw that a full assessment of the patient's needs was completed by the appointed professional. Assessments included a full mental health assessment of each prisoner, a risk assessment including the risk to self and others that a prisoner may present, and the development of care planning and aftercare arrangements in line with the Care Programme Approach (CPA).

Team managers and staff told us that, following an assessment, one to one work with a patient commenced. This could involve regular meetings with a patient, including CPA reviews, monitoring a patient's medication, drawing up care plans, working with a patient's families to ensure a smooth transition to other prisons or release to the community with support services in place.

We saw that the primary care mental health team offered a range of therapies to patients that included Cognitive Analytical Therapy, Cognitive Behavioural Therapy, anger management and bereavement counselling. We saw that there was a good uptake in these services by the prison population.

We looked at assessment and care planning documentation. We saw that assessments were detailed and comprehensive. We saw that care plans were person focused and reflected that patients had been involved and fully consulted in their care. This meant that patients who used the service were assured that their mental health needs would be fully assessed and treatment would be focused and targeted to meet their needs.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Mersey Care NHS Trust was responsible for providing mental health services and drug support services to prisoners within HMP Liverpool. During this inspection we focused on mental health services provided within the prison by the trust.

We found that prisoners could access treatment and support from one or more service providers who operated from within the prison. We found that the integrated mental health team met with other professionals including prison staff and healthcare staff on a regular basis to discuss a coordinated response to prisoners' healthcare needs. This ensured that prisoners accessed a good range of services including mental health services and drug and alcohol services during their time in the prison.

We saw that the integrated mental health team was proactive in ensuring that prisoners also received a coordinated response to their mental health needs upon release from prison and this included the allocation of a GP prior to release, arranging medication, and, for those prisoners on a CPA, contact with community mental health services. This meant that there were measures in place to ensure that patients' health care needs were planned for upon their release.

We saw good evidence of joint working by the trust across the prison community where concerns and risks to prisoners, including self harm and the risk of suicide, had been identified. We saw that members of the integrated mental health team attended weekly enhanced care reviews to ensure that the needs of patients with mental health concerns were identified and contributed to a coordinated response.

We found that staff from the integrated mental health team met weekly with other healthcare representatives' across the prison to decide the best way forward and appropriate interventions with patients. This meant that the team fully understood the importance of sharing patient information and, put measures in place to ensure that patients had access to a full range of healthcare services.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with the team leader for secondary mental health services, the head psychologist for primary care and to a nurse who was responsible for coordinating patient care.

We were found that staff across the team had access to a range of training to support them in their role and this included basic life support, information governance, safeguarding and specialist training such as conflict resolution training. Staff told us that training was accessed through e-learning and they found this to be beneficial as they could complete training in their work place and this allowed them more time to engage prisoners in one to one work.

We saw that staff received supervision on a monthly basis and records of the discussion and learning and development actions for follow up were recorded. One member of staff told us that they found supervision meetings helpful and that they provided an opportunity to discuss their work and personal development. They told us they felt well supported by their team manager. They told us that there were good working relationships within the team, team meetings were held on a regular basis and the team supported each other in their day to day work. This meant that staff were fully supported in their work and were given the opportunity to develop

We saw that there were systems in place to monitor staff performance, staff supervision and training. This ensured that all staff were up to date with training and supervision.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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