# Inspection Report

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

# Broadoak Unit

Thomas Drive, Liverpool, L14 3PE

Tel: 01512505003

Date of Inspection: 22 September 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Mersey Care NHS Trust |
| Overview of the service | Broadoak unit is an inpatient unit providing 24 hour assessment and/or treatment for people experiencing mental health difficulties. Broadoak unit has three ward areas, as well as housing the Crisis Resolution Team, and is based on the Broadgreen hospital site in East Liverpool. The service is operated by Mersey Care NHS Trust, who provide specialist mental health and learning disability services for the people of Liverpool, Sefton, and Kirkby. |
| Type of service | Hospital services for people with mental health needs, learning disabilities and problems with substance misuse |
| Regulated activities | Assessment or medical treatment for persons detained under the Mental Health Act 1983<br>Diagnostic and screening procedures<br>Transport services, triage and medical advice provided remotely<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Broadoak Unit had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines

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 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

### What people told us and what we found

We had previously inspected this service on 31 May 2013 when we found non-compliance with two outcomes for which compliance actions were set. During our last inspection we found that the care and treatment of people's physical health was not planned and delivered in a way that ensured their safety and welfare and medicines were not always safely managed. Following our visit, Mersey Care NHS Trust provided us with a comprehensive action plan to highlight the improvements that would be made following our visit.

As part of our inspection we spoke with five patients, seven members of staff and reviewed relevant patient records and documentation. Patients we spoke with were mainly positive about their experience on the unit and comments included:

"It's much better here than some of the other places I've been."
"The staff have been brilliant."
"There are posters everywhere telling you what to do if you've got any worries."

During this follow up visit we found the actions in this plan had either been fully implemented, or were scheduled to be completed in the near future, and we saw improvements in all the required areas. We saw improvements had been made to help ensure that patients at Broadoak Unit experienced care, treatment and support that met their needs and protected their rights. We also saw improvements in the management of medicines which helped ensure that, when appropriate, patients were safely supported to manage some of their own medicines.

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

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

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

### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

### Reasons for our judgement

We had previously inspected this service on 31 May 2013 when we found non-compliance with this outcome for which a compliance action was set. During our last inspection we found that the care and treatment of people's physical health was not planned and delivered in a way that ensured their safety and welfare. Following our visit, Mersey Care NHS Trust provided us with a comprehensive action plan to highlight the changes that would be made following our visit. We found the actions in this plan had either been fully implemented, or were scheduled to be completed in the near future, and we saw improvements in all the required areas.

During our inspection we visited three wards and spent time speaking with five patients. We invited them to share with us their experience and views of the care and treatment they had received at Broadoak Unit. Patients we spoke with were mainly positive about their experience on the unit and told us they were happy with the support they received from staff. Patients told us they were involved in the planning of their care and that they had a named nurse on the ward. Patients told us that, when they first arrived on the ward, staff spent time talking with them about any physical health needs they may have and any support they may require in these areas. Comments from patients included:

"On the whole I am listened to."
"I've got no worries about what the staff are doing."
"The staff are really helping me get back on my feet."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we reviewed the care and treatment records for six patients and found that the required improvements had been made to the records relating to people's physical health needs. We saw evidence that a detailed pre-admission assessment took place, which included the development of a physical health care plan. Staff we spoke with told us that since our last visit, the role of the physical health nurses had become better defined and that communication between the ward staff and physical

health nurses had improved significantly. We also saw improvements in record keeping, with guidance relating to people's physical health needs being consistently recorded in the correct place on the trust's electronic system.

Many of the patients at Broadoak Unit had chronic health conditions which required management by staff, for example diabetes or respiratory problems. We reviewed the care records for some people who needed additional support in these areas and found they now contained the key information needed by staff to ensure people received care and treatment that met their needs. For example, patients with diabetes now had comprehensive care plans in place, which included key information regarding acceptable blood sugar levels and what action should be taken if blood sugar levels fell outside of agreed parameters. Other steps taken by the trust to improve the management of patients physical health needs included additional care planning training for staff, regular audits by ward managers of care plans and a new care planning proforma to prompt staff to review all patients physical health needs on a regular basis.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

We had previously inspected this service on 31 May 2013 when we found non-compliance with this outcome for which a compliance action was set. We found shortfalls in medicines handling that meant there was a risk they might not always be handled safely, particularly when patients were managing their own medicines. Following our visit, Mersey Care NHS Trust provided us with a comprehensive action plan to highlight the changes that would be made following our visit. We found the actions in this plan had either been fully implemented, or were scheduled to be completed in the near future, and we saw improvements in all the required areas.

During our inspection we visited three wards and spent time speaking with five patients. We invited them to share with us their experience and views of the care and treatment they had received at Broadoak Unit. People we spoke with were aware of the medicines they were taking and felt able to discuss their medicines with staff at the unit. One patient we spoke with told us that, with support from staff, they were able to manage some of their own medicines including ear drops. Information posters were clearly displayed on the wards we visited, providing patients with important information relating to the self-administration of medicines. This information included descriptions of the medicines which patients could self-administer and encouraged them to speak with staff to find out more information. We also saw information booklets available for patients on self-administration, which included information on how to store medicines and keep them safe.

Appropriate arrangements were in place in relation to the recording of medicine. During our visit, we reviewed the records supporting the safe self-administration of medicines for a number of patients. We found that improvements had been made in this area since our last visit. All patients who were self-administering had signed consent forms and copies of these were held with their medicines records. However, the provider may find it useful to note that the completion of self-administration risk assessments were not clearly documented in people's care records.

Improvements had been made in the risk assessments and recording of information relating to how people's needs regarding the administration of their medicines would be best met during periods of leave from the hospital. Since our last visit, staff told us new

documentation had been brought in to ensure that a specific medicines risk assessment was completed before and after a patient went on leave. Staff we spoke with told us that at the time of our visit, the risk assessment was carried out at the time of the patient leaving the ward. However, nursing staff felt that it would be more beneficial to carry out this risk assessment with the Multi-Disciplinary Team (MDT) in their regular meetings so that the team could spend time answering any questions patients may have about managing their medicines during their time away from the ward. Staff told us that this risk assessment had helped formalise the process of a patient going on leave. We reviewed the records of patients who had recently been on leave from Broadoak Unit and found that the appropriate checks had been carried out.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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.

## Contact us

| | |
|---|---|
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