

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

Kevin White Unit

Smithdown Health Resource Park, Smithdown
Road, Liverpool, L15 2HE

Tel: 01513308074

Date of Inspection: 12 June 2013

Date of Publication: July 2013

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 |
| Cleanliness and infection control | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mersey Care NHS Trust |
| Overview of the service | The Kevin White Unit provides the inpatient aspect of Mersey Care drugs service and offers detoxification and stabilisation programmes to aid recovery and reintegration, the unit serves clients from across the region. The Kevin White unit is based in the Smithdown Road area of Liverpool and is close to transport routes. |
| 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 Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury |

Contents

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'.

| | Page |
|--|------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 5 |
| Care and welfare of people who use services | 6 |
| Cleanliness and infection control | 7 |
| Requirements relating to workers | 8 |
| Complaints | 9 |
| <hr/> | |
| About CQC Inspections | 10 |
| <hr/> | |
| How we define our judgements | 11 |
| <hr/> | |
| Glossary of terms we use in this report | 13 |
| <hr/> | |
| Contact us | 15 |

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 12 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We spoke with one or more advocates for people who use services, talked with people who use the service and talked with staff.

What people told us and what we found

People told us they were supported to make decisions about giving consent to the care and treatment they received. We found that staff were aware of the processes for gaining and recording consent to treatment and the sharing of information.

People currently using the service gave us good feedback about their experiences at the unit. Their comments included; "I've been close to giving up a few times but the staff here got me through it". "I can't fault them, they have saved my life". Another person said; "Staff have all been great, I wouldn't have coped without them"

People were cared for by staff who had undergone appropriate pre employment checks, in line with NHS employment requirements, before they started working at the unit.

A complaints procedure was in place to enable people using the service and visitors to complain if they were dissatisfied with the care or treatment they had received.

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 who used the service understood the care and treatment choices available to them.

Reasons for our judgement

We spoke with staff who demonstrated knowledge and awareness of the process for obtaining people's consent prior to them receiving any care or treatment at the unit. We saw entries in people's treatment records which indicated that staff had obtained the person's verbal and written consent for procedures such as examinations and blood sampling. Staff we spoke with told us how they had respected people's decisions regarding their care and treatment options and how they had ensured they were provided with sufficient information and given the opportunity to ask questions about the care, treatment and support planned for them. People who used the service told us that the reasons for their procedures had been fully explained and that they were always given plenty of opportunities to ask questions.

During our visit we saw a variety of sources of information located around the unit for people who used the service and visitors. In the main reception area was a 'Patient Information Board' which had numerous information leaflets. We also saw notice boards in several communal areas with notices and leaflets about a variety of support services, treatments and health conditions.

People who used the service told us they had discussed their care and treatment with staff, agreed what support they needed, and gave permission for the staff to provide it. People also told us that when they started their treatment programme they signed a care plan which set out the treatment they would receive. There were specific consent forms for sharing people's personal information with other services when it was appropriate, such as with other support agencies who were involved in the persons care and treatment. People told us that they had met regularly with staff to review their progress and agree any changes which were required to their overall plan of care, in order for it to meet their needs in a meaningful way.

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 supported their rights.

Reasons for our judgement

We spoke with most of the people who used the service at the time of our visit about the care, support and treatment they had received. The majority of feedback we received was positive and people's comments included; "I can't fault them, they have saved my life". "I can't say it has been easy but the staff are brilliant, we have had a good experience here", "I was close to giving up a few times but the staff got me through it".

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 five people's individual care files; we did this with the permission of the individuals involved. The unit used 'care pathways' which are care plans / treatment plans which have been devised specifically in relation to the needs of the people who used the service. The plans encompassed their individual conditions and treatment needs. This suggested to us that care and treatment was planned and delivered in a way that was based on the individual needs of the person who used the service.

Discussions we had with management and staff confirmed that the diversity, preferences and choices made by people were respected by the staff at all times. Running alongside this was the clear message that risk had been assessed managed and reviewed at all stages. If this meant that a choice could not be made by the person for example not attending group sessions, clear boundaries were set and adhered to with the person's agreement to ensure the risk was minimised.

Staff we spoke with were able to describe to us how they encouraged people's involvement in decisions about their care and participation in life on the unit. Staff also told us and how they had obtained the person's agreement before providing care or support, for example people were invited to participate in discussions or group sessions and encouraged to attend as part of their treatment programme.

We looked at some of the information provided to people who used the service, this was well detailed and provided a good level of information about the services and facilities provided at the unit. It also included information about how to raise any concerns or complaints about the service.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People received care and treatment in a clean and hygienic environment. There was a policy and procedure which described good infection control practices on the unit and how they needed to be implemented. Records we reviewed confirmed that all staff currently working on the unit had received detailed infection control training to support them to correctly follow the Trust's policy and procedure. Staff wore disposable gloves and aprons that were discarded after each use when applicable. There was also clear hand washing protocols and practices in place to reduce the risk of cross infection. There was a system to report any infection control issues to a lead manager who was responsible for making sure that they were addressed.

There were domestic staff on duty each day and the overall fabric of the unit was clean and well maintained. There was a reliable system in place to clean both communal areas and individual rooms within the unit. We reviewed records detailing the cleaning schedule for each defined area. These were clear, and detailed the way in which each of the cleaning tasks were to be undertaken and the appropriate materials to use.

People who used the service told us that the unit was kept clean and they were confident that a robust approach was adopted towards infection control. One person commented "The place is always clean, the girls are great. We keep our rooms tidy but they make the beds and clean the sinks and stuff every day".

Records we reviewed confirmed that all staff currently working on the unit had received detailed infection control training to support them to correctly follow the Trust's policy and procedure. They wore disposable gloves and aprons that were discarded after each use when applicable. There was also good hand washing protocols and practices in place to reduce the risk of cross infection.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Effective staff recruitment and selection processes were in place and all required pre employment checks had been carried out before staff started working at the unit.

We spoke with the unit matron and unit manager in order to assess this standard. We were also provided with information about the recruitment checks which had been carried out for a sample of staff with different roles and responsibilities within the unit.

During our visit we spoke with staff who were able to describe the recruitment and selection process they had gone through for their role. The staff confirmed they had undergone identity and professional registration checks, for example providing proof of address and professional qualifications.

At the time of our visit we were not able to view staff personnel files for evidence of recruitment procedures as these were held electronically by the external provider. The information we required was subsequently obtained by the service Matron and we received written confirmation that all required checks on identity and professional registration had been carried out in appropriate time scales for the all staff working at the Kevin White Unit.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The Trust had systems in place to monitor all concerns and complaints received and people's comments and complaints were listened to and acted on.

The Trust had a flexible complaints procedure to assist people who used the service and staff in making and dealing with suggestions and complaints. People who used the service were provided with a range information, materials and means by which to make a complaint. Comments, suggestions or complaints could be made verbally to members of the unit staff or a manager or Matron.

There was also a 'service user representative' within the unit, who provided confidential advice and support in addressing any concerns or comments about people's experience whilst at the Kevin White Unit. One person we spoke with commented ", I've never had any problems here, but if anything is bothering you the staff will always listen. I've no complaints".

People currently living on the unit told us they felt that staff were approachable and that they felt comfortable to raise any concerns or comments they had. Information on how to make a complaint was displayed throughout the communal areas of the unit. For example we saw complaints information on notice boards in the main reception and in the main lounge area.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
