



5 Boroughs Partnership NHS Foundation Trust

Mental health crisis services and health-based places of safety

Quality Report

Hollins Park House
Hollins Lane, Winwick
Warrington
WA2 8WA

Tel: 01925 664000

Website: www.5boroughspartnership.nhs.uk

Date of inspection visit: 20-24 July 2015

Date of publication: 01/02/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RTV06	Hollins Park	Health-based place of safety	WA2 8WA
RTV51	Knowsley resource and recovery centre	Health-based place of safety	L35 5DR

This report describes our judgement of the quality of care provided within this core service by 5 Boroughs Partnership 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 5 Boroughs Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of 5 Boroughs Partnership NHS Foundation 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?

Good 

Are services caring?

Not sufficient evidence to rate 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

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
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
What people who use the provider's services say	8
Good practice	8
Areas for improvement	8

Detailed findings from this inspection

Locations inspected	10
Mental Health Act responsibilities	10
Mental Capacity Act and Deprivation of Liberty Safeguards	10
Findings by our five questions	12
Action we have told the provider to take	19

Summary of findings

Overall summary

We rated the health-based places of safety as good because:

- The health-based places of safety were clean, tidy and well maintained.
- A member of the assessment team was available to respond to section 136 detentions, 24 hours a day and coordinate assessments in the health-based places of safety.
- Staff knew how to report incidents via an electronic reporting system. Lessons learnt from incidents were shared within teams.
- The majority of staff had completed their mandatory training.
- There was evidence of good inter-agency working and partners described good working relationships around the use of the health-based places of safety.
- New initiatives between the trust and the Cheshire and Merseyside police forces had resulted in fewer people being detained under section 136. Issues were being resolved in the community, meaning that people did not need to be taken to a health based place of safety or to a police station.
- Arrangements were in place with the child and adolescent mental health service teams to complete assessments for any people aged 16 to 18 detained under section 136.
- We found staff to be respectful and kind in their dealings with patients and their carer/family members.

- Managers were enthusiastic about the service and keen to further develop initiatives such as the street triage.
- There were joint policies and procedures in place with Cheshire and Merseyside police, local authorities and the ambulance service. All agencies attended an established mental health law strategy steering group to coordinate working practice.
- Between 2014 and 2015, no-one being assessed under section 136 was placed in a police cell in Merseyside as a place of safety.
- There were referral pathways in place for additional support, including support from home treatment and recovery teams as an alternative to a hospital admission.
- Referrals were made to specialist drug and alcohol services when needed for further support.
- There had been no complaints received in the six months prior to the inspection.

However the trust was unable to provide data to give assurance that the health-based places of safety were being used in line with national guidance around waiting times for assessment, attendance of an approved mental health professional (AMHP) and doctor and time spent in the health-based place of safety. The trust data was held in paper format and cannot be easily obtained through electronic systems.

Summary of findings

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

Are services safe?

We rated safe as good because:

- The health-based places of safety were clean, tidy and well maintained.
- A member of the assessment team was present to respond to section 136 detentions 24-hours a day.
- Staff knew how to report incidents and lessons learned from incidents were shared within teams.
- Most staff had completed mandatory training, included infection control, fire prevention, conflict resolution, equality and diversity, safeguarding children, safeguarding adults, basic life support, information governance, health and safety, and moving and handling.

Good



Are services effective?

We rated effective as good because:

- There was evidence of good inter-agency working and partners described good working relationships in the undertaking of section 136 assessments.
- Arrangements were in place with CAMHS teams for any young people detained under section 136.
- New initiatives between the trust and the Cheshire and Merseyside police forces had resulted in fewer people being detained under section 136. Issues were being resolved in the community, meaning that people did not need to be taken to a health based place of safety or to a police station.

Good



Are services caring?

- We found staff to be respectful and kind in their dealings with patients and their carers/family members.

Not sufficient evidence to rate



Are services responsive to people's needs?

We rated responsive as good because:

- There were joint policies in place with both Cheshire and Merseyside police and the trust.
- Between 2014 and 2015 no-one being assessed under section 136 was placed in a police cell as a place of safety.
- There were referral pathways in place for additional support including support from home treatment and recovery teams.
- Referrals were made to specialist drug and alcohol services when needed.

Good



Summary of findings

- There had been no complaints received in the previous six months.

However there was a blind missing from the window at the health-based place of safety at Knowsley resource and recovery centre. This meant that the patient's privacy and dignity could not be maintained.

Are services well-led?

We rated well-led as requires improvement because:

- The trust was unable to provide data to give assurance that the health-based places of safety were being used in line with national guidance around waiting times for assessment, attendance of approved mental health professional and doctor and time spent in the health-based place of safety.

However, there were joint policies and procedures in place between the police, the trust, local authority and ambulance service. Partnership working was good and there was evidence of multi-agency meetings where actions were agreed and agreements made on how to continue to develop the service. Managers were enthusiastic about the service and keen to further develop initiatives such as street triage.

Requires improvement



Summary of findings

Information about the service

Section 136 of the Mental Health Act (1983) allows for someone, believed by the police to have a mental disorder, and who may need to be cared for in a controlled or secure environment, to be detained in a public place and taken to a place of safety. While there, a mental health assessment can be carried out. People may be detained for a period of up to 72 hours so they can be examined by a doctor and assessed by an approved mental health professional, to consider whether compulsory admission to hospital is necessary.

The health-based places of safety at 5 Boroughs Partnership NHS Foundation Trust provide a 24-hour, seven day a week service, which is open 365 days per year. Assessments are carried out here by under section 136 of the Mental Health Act. The service is staffed by members of the community assessment team.

The facilities inspected were the health-based place of safety at Hollins Park, covering Halton and Warrington, and the health-based place of safety at Knowsley resource and recovery centre, Whiston Hospital, covering Knowsley and St Helens.

There are partnerships in place between 5 Boroughs Partnership NHS Foundation Trust and Merseyside police, to provide a street triage service in the Knowsley and St Helens areas, and between 5 Boroughs and Cheshire police, to provide a street triage service in Halton and Warrington. Two mental health nurses have been seconded to work full time as part of the triage/diversion team alongside Merseyside and Cheshire police officers, responding to incidents where mental health concerns are indicated. This service is available seven days per week between 4pm and midnight. This service was being evaluated at the time of this inspection.

Our inspection team

Our inspection team was led by:

Chair: Kevin Cleary, medical director and director for quality and performance, East London NHS Foundation Trust

Head of Inspection – Nicholas Smith, Care Quality Commission

Team leaders: Sarah Dunnett, inspection manager, Care Quality Commission

Patti Boden, inspection manager, Care Quality Commission

The team that inspected health-based places of safety included a CQC inspector, one expert by experience and a Mental Health Act reviewer.

Why we carried out this inspection

We inspected this core service as part of our on-going 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?

Summary of findings

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 Hollins Park and Knowsley resource and recovery centre health-based places of safety and looked at the quality of the environment;
- Spoke with one carer of a patient who was in the health-based place of safety at the time of the inspection;
- Spoke with two managers from the assessment teams with responsibility for section 136 assessments;

- Spoke with four staff members, including a doctor, two nurses and a student nurse;
- Spoke with two police officers;
- Spoke with two paramedics;
- Spoke to the mental health liaison officer from Merseyside police.

We also looked at a range of policies, procedures and other documents relating to the running of the service and reviewed performance data about the street triage initiative.

What people who use the provider's services say

The health-based places of safety at Hollins Park was being used during our visit by a patient in crisis, therefore we were unable to speak with them directly. However, we were able to speak to the patient's carer who said that the

patient had been treated with kindness and compassion by the police. The suite at the Knowsley resource and recovery centre was not being used so we were unable to speak to any patients.

Good practice

- In 2014/15, Merseyside police reported that no-one had been taken into police custody on a section 136 detention. However, for the same period in Cheshire 21 people had been placed in police cells.
- Street triage initiatives have reduced the number of section 136 detentions in health-based places of safety by 62%.
- The trust's policy for a joint assessment of the patient to be completed by the duty doctor and AMHP within two hours against the expected three hours set out in the MHA Code of Practice (para 16.72).
- There was an established mental health law strategy steering group attended by representatives from the trust, police, ambulance service and the local authorities. This included a development day held in June 2015, looking to progress the street triage by extending the hours covered during the night and further improve partnership working.

Areas for improvement

Action the provider **MUST** take to improve

- The trust must review its systems to ensure data is collected, analysed and disseminated to all organisations involved in the application of s136. This review should include the ability of the trust to review assessment periods, length of s136 and equalities data (para 16.64, 16.63 and 16.71 MHA Code of Practice)

Action the provider **SHOULD** take to improve

- The trust should ensure that blinds are fitted to the health-based place of safety at Knowsley resource and recovery centre to protect the privacy and dignity of patients.
- The trust should review the training needs of staff in the use of health-based place of safety and control and restraint training as requested by staff.

Summary of findings

- The trust should ensure that staff have received mandatory training in line with trust targets.

5 Boroughs Partnership NHS Foundation Trust

Mental health crisis services and health-based places of safety

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Health-based place of safety	Hollins Park
Health-based place of safety	Knowsley resource and recovery centre

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Patient records were not kept at the health-based place of safety so we did not review any detention papers. We did request information on how the trust monitored people being cared for under S136. The trust was unable to provide this.

Mental Health Act training figures for the assessment teams ranged between 62% and 88% against a trust target of 85%.

Staff knew how to get advice about the MHA within the trust.

Mental Capacity Act and Deprivation of Liberty Safeguards

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) training figures ranged from 77% to 86% completion rate for staff. The trust target for completion was 85%.

There was a trust policy on MCA available to all staff.

Detailed findings

Patients were supported by staff to make decisions where appropriate and, when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Staff understood the core principles of the MCA. Staff knew where to get advice regarding MCA within the trust.

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

Overall we found the health-based places of safety to be clean, tidy and well maintained.

The Hollins Park health-based place of safety was newly built, very clean and tidy, with new furnishings. The health-based place of safety had a separate entrance, which led directly to a reception area with CCTV. There was a room with a bed where the detained person could rest with a separate bathroom and an office area for staff. The office area was used to make phone calls and for the approved mental health practitioners and section 12 doctors to review clinical records and hold clinical discussions.

The health-based place of safety was free from ligature risk-points. There were alarms in all the rooms and the main entrance was locked with a coded lock. However, there were comments in the estates book that the alarm was not working and that a patient had known the code for the entrance, which remained the same.

The Knowsley resource and recovery centre health-based place of safety was clean and tidy. There were four separate rooms, a reception, an office, a room with a bed where the patient could rest and a bathroom. There was no door on the patient room, which was directly next to the main entrance of the health-based place of safety and led directly onto the car park. However, we were advised that patients were always supervised and that the main entrance door was locked which it was when we visited. There were chairs and a sofa in the patient room; these were attached to the floor. The bathroom was separate and there was no window or observation hatch.

A business case was being developed to improve the facility at Knowsley resource and recovery centre. Staff accessing the suite had alarms, which were connected to the psychiatric emergency team.

There had been no serious or untoward incidents at the health-based places of safety in the six months prior to this inspection.

Safe staffing

The number of staff allocated to the health-based places of safety was at a safe level. Staff from the 5 Boroughs Partnership assessment team coordinated the attendance of both the AMHP and the section 12 approved doctor.

The assessment team operated a duty rota to ensure that both health-based places of safety were staffed when needed. Two qualified members of staff were allocated to the rota during normal working hours and during out of hours (8pm – 8am) there was one qualified member of staff. This person was responsible for responding to section 136 detentions, A&E mental health referrals and all telephone enquiries. We were told that section 136 detentions would take priority, however staff were under pressure when there were multiple presentations of mental health crisis at the same time. There was adequate medical cover to support the assessment team during the day and out of hours with on call arrangements in place.

Staff in the assessment team had between 79% and 87% completion rate of mandatory training against a trust target of 85%. Training included infection control, fire prevention, conflict resolution, equality and diversity, safeguarding children, safeguarding adults, basic life support, information governance, health and safety, and moving and handling.

The St Helens and Knowsley assessment team had 24 substantive staff with one member of staff leaving in the previous 12-month period. The team had a vacancy rate of 7.5% and a sickness rate of 13%. Warrington and Halton assessment team had a total number of 31 substantive staff with two members of staff leaving in the previous 12-month period. The team had a vacancy rate of 2% and a sickness rate of 5%.

There were arrangements in place for staff from neighbouring wards to provide cover if there was only one member of staff from the assessment team available.

Assessing and managing risk to patients and staff

When a person was detained under section 136, the police contacted the trust switchboard at Hollins Park, who then liaised with the relevant assessment team, depending on which health-based place of safety the person was to be taken to. The assessment team staff were then able to

Are services safe?

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

begin coordinating the required assessment. The assessment team followed their own local arrangements and ensured the health-based place of safety was ready for the person to be assessed.

There were clear operational procedures for the use of the health-based place of safety, which clearly linked to the joint policy. The joint policies both stated that systems were in place to assess and monitor risks to individual patients, in order to determine whether the police officer will be required to remain at the place of safety. The manager confirmed that this process was followed.

The procedures incorporated a RAG (red/amber/green) rating scale. Police officers routinely carried out police intelligence checks upon arrest and liaised with staff from the 5 Boroughs Partnership NHS Foundation Trust. The results of these checks were discussed with nursing staff attending the place of safety.

This system enabled police officers to determine if their continued presence was required until the section 136 assessment had been completed. If the rating scale determined that the risk was 'red', this would indicate a need for the police officers to remain in order to manage the risks of the person detained under the section 136. The rating was discussed and checked with the nursing staff at frequent intervals. Police only left if it was jointly agreed and following the correct procedures in the RAG rating system. In the event of a disagreement, staff were able to escalate this to senior member of staff for a definitive decision.

Local operational procedures ensured that:

- A section 12 doctor and an AMHP were requested in a timely fashion;
- Part A of the section 136 form was completed by the accompanying Police Constable;
- The detained person was informed of their rights and issued with a leaflet explaining this, if the person is not able to understand this, it is repeated later;
- The section 12 doctor and an AMHP completed Part C of the section 136 form;
- Details of the assessment and its outcome were completed and sent to the Mental Health Law Administrator as soon as possible.

Staff told us that they followed these procedures.

Staff in the assessment team had received training in safeguarding vulnerable adults (79%) and children (87%) against a trust target of 85%. Staff we spoke with knew how to recognise and raise a safeguarding concern. There was evidence that safeguarding issues were documented in care records and that staff liaise with and attend strategy meetings.

The assessment teams had effective lone-working procedures in place, including nominated staff to inform if they are undertaking an assessment. Staff reviewed any available information regarding the person detained under section 136, via the trust's electronic clinical record system. This information was made available to the AMHP and section 12 doctor when they arrived to undertake the section 136 assessment.

Track record on safety

There had been no incidents recorded for the health-based places of safety in the last six months.

Reporting incidents and learning from when things go wrong

Although no incidents had been recorded, operational issues were discussed at the mental health law strategy steering group, attended by the trust, the police, local authority and ambulance service. The meetings took place monthly and oversaw the operation of the health-based places of safety and the street triage initiatives. The meetings provided a forum for discussion of any lessons learned from incidents.

Systems were in place for reporting incidents and serious untoward incidents, investigation, and feedback of any lessons learnt. Staff we spoke with understood their responsibilities in reporting incidents.

Staff knew what and how to report incidents using the trust electronic system. Staff reported that they received debriefing and support following any serious incidents. Some staff felt this mainly came from their immediate line manager and team colleagues, and that support from higher management was not always evident.

Are services effective?

Good 

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.

Our findings

Assessment of needs and planning of care

Physical checks were undertaken by ambulance crews or by the assessment team staff. The teams ensured that someone physically ill was not taken to a health-based place of safety and instead was taken to A&E. We saw on our inspection that the team checked that the patient was not in any physical pain and asked if they were taking any medication.

The manager told us that when a patient is brought in, the doctor and AMHP were requested and would attend, as soon as practicably possible, in order for the patient to be assessed without delay. The trust's policy was for a joint assessment of the patient to be completed by the duty doctor and AMHP within two hours of their being admitted.

However, we were unable to obtain data from the trust to confirm that all patients were seen within this timeframe. At Hollins Park, we were able to see that the on call doctor arrived within an hour of the patient arriving at the health-based place of safety.

Staff knew to contact child and adolescent mental health service (CAMHS) teams, regarding any attendance by 16-18 year olds. CAMHS team members would attend to complete any assessment.

Best practice in treatment and care

The street triage initiatives, developed in partnership between the 5 Boroughs and the Merseyside Police and Cheshire police forces, is an example of best practice in treatment and care. The services are available from 4pm to midnight, seven days per week.

The partnership with Cheshire police is called Operation Emblem. Operation Emblem has received dedicated funding since May 2014, after the success of a pilot project between December 2013 and May 2014. The Operation Emblem team is made up of a police officer and a qualified nurse from the trust. They have access via mobile data to all police systems, as well as mental health databases. Incidents could be viewed and updated live, allowing dynamic, informed joint-agency decision making in a timely manner.

Between December 2013 and December 2014 Operation Emblem had the following results:

- The number of section 136 detentions had reduced by 62%.
- Between the hours of 4pm and midnight, there was a 90% reduction in section 136 detentions while the street triage team were on duty.
- The number of people admitted to hospital after a section 136 increased from 30% to 60%, demonstrating a more appropriate use of section 136.
- The number of people who had previously been detained frequently under section 136 was reduced by 55%.
- Between 2013 and 2014, there was a significant reduction in the number of people taken to a police station as the place of safety, and between 2014 and 2015 no-one was placed in a police cell as a place of safety in Merseyside.

The street triage team were able to deal with patients at the point of crisis and the accompanying police officers were able to coordinate the least restrictive options in terms of care and treatment. This meant that the person did not have to be taken to a health-based place of safety or a police cell.

Managers told us that the assessment teams were able to provide post-crisis follow-up, and made referrals to other services, such as drug and alcohol services. This could prevent an admission to hospital. The teams liaised with the home treatment and recovery teams if the patient was known to either service.

Regular multi-agency meetings took place at a local level between the trust staff and police, to discuss difficult cases, receive peer supervision and provide an opportunity for reflective practice. A meeting was taking place when we spoke to the Knowsley deputy team manager.

Operation Emblem was being evaluated at the time of this inspection and had received national recognition at the Nursing Standard nurse awards. A nurse involved in the initiative had also been shortlisted for the Nurse of the Year awards 2015.

We saw evidence that every police officer working with the Hollins Park health-based place of safety had been provided with a six week bespoke training course. The training focused on developing their knowledge and skills when dealing with mental health presentations. The manager told us that there were plans to develop the training into a rolling programme.

Are services effective?

Good 

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.

Skilled staff to deliver care

Qualified staff from the assessment teams undertook the coordination of admissions to the health-based place of safety. There was no specific training on the use of the health-based place of safety. There was guidance available to staff that included a checklist of actions which needed to be completed when a person was brought to the health-based place of safety.

Staff told us that they had requested further training for the use of the health-based place of safety but had not received it. There were also concerns identified that they did not have training in restraint and assessment team staff had not received a notification that this needed refreshing.

Staff in each assessment team had an appraisal in the three months prior to inspection. The trust required all staff to undertake line management supervision every six to eight weeks, but this was not consistently done across both teams. We were informed that the managers were addressing this. Each assessment team had a weekly team meeting, and we observed one which was well attended. Minutes were taken and shared with staff.

Multi-disciplinary and inter-agency team work

Inter-agency working was good between 5 Boroughs and Merseyside police and Cheshire police services, and there was a clear understanding of roles. Joint agency policies were in place for the implementation of section 136 detentions across both health-based places of safety.

Staff we spoke with told us that links with the police were good, and good working relationships existed at both a strategic and operational level. The mental health law strategy steering group was attended by all partners and discussed both health-based places of safety and the street triage initiatives.

Staff described positive relationships and benefits of partnership working. There were information sharing agreements between the two police forces, and mental health services who met regularly to share best practice.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Patient records were not kept at the health-based place of safety so we did not review any detention papers. We did request information on how the trust monitored people being cared for under S136. The trust was unable to provide this.

Mental Health Act training figures for the assessment teams ranged between 62% and 88% against a trust target of 85%.

Staff knew how to get advice about the MHA within the trust.

Good practice in applying the Mental Capacity Act

Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) training figures ranged from 77% to 86% completion rate for all staff working in the health-based places of safety.

The trust policy on MCA was easily available to all staff. Staff understood and knew how to work within the MCA definition of restraint. Staff knew that treatment rules did not apply for patients who were subject to s136 and that if they needed medicines this would need to be under the MCA. Staff understood the need to assess capacity for specific decisions and the need for best interest decisions where a patient was deemed to lack capacity.

Staff knew where to get advice regarding MCA from within the trust.

Are services caring?

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

Our findings

Kindness, dignity, respect and support

We observed staff at the Hollins park health-based place of safety treating an individual with dignity and respect and this was confirmed by the person's carer. The receptionist from the main switchboard, was present at the time of the patient arriving at the health-based place of safety, and ensured that the beverage bay was fully stocked. The receptionist also reassured the patient and the police that the assessment team were on their way.

The involvement of people in the care that they receive

Staff told us that patients were provided with a range of flexible support, depending on their needs. Referrals to drug and alcohol support services were made if required. A patient at Hollins park had their carer with them and we saw good interaction between the assessment team and the carer.

We saw no formal mechanisms to obtain feedback from people detained under section 136; however, we were told that patient experience questionnaires have been devised as part of the evaluation.

Are services responsive to people's needs?

Good 

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

Our findings

Access and discharge

The health-based places of safety could take one person for assessment at a time. We were told that the street triage initiatives had reduced the demand for the health-based places of safety. We were unable to obtain data from the trust to look at actual numbers being taken to the facilities.

If the police and trust staff agreed that the risk RAG rating was low and police were not required to remain, the patient could be supported by a healthcare assistant from the assessment team who would remain with them until the section 136 assessment was completed. The healthcare assistant could provide one to one support and ensure access to drinks and snacks if required. Staff from neighbouring wards provided support when there was only one person from the assessment team present.

Staff coordinating the assessment were responsible for liaising with the trust gate keeper if an inpatient bed was needed or to support the person in making arrangements to return home

We were unable to access data on length of time taken to complete a section 136 assessment. The trust did not report on section 136 electronically from trust systems. Information was held in paper format by the assessment teams.

The facilities promote recovery, comfort, dignity and confidentiality

Hollins Park health-based place of safety had fans in the office and interview rooms. There was a high fence surrounding the suite to maintain confidentiality. A clock was available in the office and was visible from all rooms. There was an accessible beverage room, to ensure that hot and cold drinks could be made available, and a microwave for providing hot snacks. Washing facilities were available

with a sink, toilet and mirror. The health-based place of safety had a room where the person could rest, which contained a bed, chairs and a table that were secured in place. There were electric blinds on the windows, which were key controlled and maintained privacy as well as allowing in natural daylight.

Knowsley resource and recovery centre health-based place of safety had four separate rooms. In the room used by the detained person to rest, one of the windows was missing a blind, which meant that people's privacy and dignity could not be maintained while in this area, as the room faced onto a car park.

The health-based place of safety did not have a dedicated beverage area, but hot drinks facilities were available from the two wards in the same building. We were told that a business case was being developed to improve the facility and create a separate beverage area.

Meeting the needs of all people who use the service

Posters were displayed on the walls at the Knowsley resource and recovery centre health-based place of safety, which provided details of the process for section 136 assessments and telephone numbers for contacting the assessment team.

The joint policy detailed how the needs of people detained on section 136 should be managed.

Cheshire cells were used 21 times during 2014/15, while Merseyside cells were not used as a place of safety at any time during 2014/15. There is a national move to reduce the use of police cells for section 136 detentions.

Listening to and learning from concerns and complaints

There had been no complaints made in the previous six months

Are services well-led?

Requires improvement 

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

Vision and values

The trust's vision and values were demonstrated by the mental health assessment teams. The good partnership working arrangements demonstrated a clear vision was shared across the agencies involved. There were aspirations from all partners to further develop the street triage initiatives. Multi-agency working was strong and sharing of best practice was apparent.

Good governance

We saw there were effective systems in place for incidents being reported. Quality and risk meetings took place on a monthly basis to review and monitor identified risks. Systems were in place to alert staff to ensure learning from events.

The trust disseminated 'core brief' newsletters to managers and team leaders throughout the trust. These identified key information to be shared with all team members and provided managers with a system to confirm they had fed the information back to their teams, as well as being able to submit feedback and/or ask questions. The information also directed staff to newly approved policies and any National Institute for Health and Care Excellence guidance that had been published.

Staff used the electronic Datix system to report incidents. Staff were aware of the system and how to access it. Staff were aware of the trusts complaints procedure. Minutes of team meetings showed that the results of serious incidents and complaints were fed back to the team. Safeguarding, MHA and MCA procedures were followed. Staff could submit items onto the trust risk register.

However the trust was unable to provide data to show that the health-based places of safety were being used in line with national guidance around waiting times for assessment, attendance of AMPH and doctor and time spent in the section 136 suite. The trust data was held in paper format and could not be easily obtained through electronic systems. This meant we were unable to review if the assessment times were within two hours, if there was attendance by an approved mental health practitioner (AMPH) and a doctor, and how long people were detained in the section 136 suites. There were no overall reports prepared to document how the trust was performing against these targets.

Leadership, morale and staff engagement

The assessment teams were well-led by team managers. There was evidence of leadership at a local level and the managers were aware of who their senior managers were. The team managers were accessible and available to oversee the management and provide support to staff.

Managers were committed to the health-based places of safety developments and were proud of the work of the street triage initiative. Managers and staff that we spoke to were enthusiastic about the use of health-based places of safety and the improvements which were associated with the street triage initiatives.

Commitment to quality improvement and innovation

There was enthusiasm to continue and develop the street triage initiatives from all partners. The service was jointly reviewed through the mental health law strategy steering group. Commissioners were involved in the process and had spent time with the street triage initiative to understand how it worked and gain first-hand experience.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The trust was unable to provide data to give assurance that the health-based places of safety were being used in line with national guidance and the MHA Code of Practice para 16.64, 16.63 and 16.71 .

This was a breach of regulation 17 (2) (a)