

Mersey Care NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

Mersey Care NHS Foundation Trust provides specialist inpatient and community mental health, learning disability and substance misuse services to adults in Liverpool, Sefton and Kirkby. It also provides community health services to adults and children in Liverpool and South Sefton. The trust provides specialist high secure and learning disability and autism secure beds to a much wider population encompassing North West England, parts of central England, and Wales.

The trust was established on 1 April 2001 and granted NHS Foundation Trust status on 1 May 2016. The trust currently employs almost 8000 staff. The trust provides local mental health, learning disability and community health services to a population of around 1.2 million people, and specialist high secure and learning disability services to a population of around 11 million people.

On 1 July 2016 the trust acquired Calderstones NHS Foundation Trust. On 1 June 2017 the trust acquired the parts of Liverpool Community Health NHS Trust that were providing services in South Sefton, and on 1 April 2018 the trust acquired the parts of the same trust that were providing services in Liverpool.

The trust has an annual turnover of £370 million.

At the time of our inspection the trust's services were delivered through four divisions:

- Secure division comprising high secure services at Ashworth Hospital, medium secure services at Scott Clinic, low secure services at Rathbone Hospital and mental health services in HMP Liverpool.
- Specialist learning disability division comprising the low and medium secure wards and individualised packages of care at the trust's Whalley site, along with community, inpatient and respite services for people with a learning disability or autism living in Liverpool, Sefton or Kirkby.
- Local division comprising the remaining mental health, learning disability and some social care services provided to the adult population of Liverpool, Sefton or Kirkby.
- Community health division comprising community health services provided to the population of Liverpool and South Sefton.

The trust's services are commissioned by:

- NHS England and NHS Wales
- Liverpool, South Sefton, Southport and Formby, Knowsley, St Helens, Halton, West Lancashire, East Lancashire, North Lancashire and Greater Manchester clinical commissioning groups.
- Liverpool City Council, Sefton Metropolitan Council, Knowsley Metropolitan Council and Halton Borough Council.

The trust is also part of the Health and Care Partnership for Cheshire and Merseyside (formerly Cheshire and Merseyside Sustainability and Transformation Partnership).

The trust provides the following core services:

Mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Forensic inpatient/secure wards

Summary of findings

- Long stay/rehabilitation mental health wards for working age adults
- Mental health crisis services and health based places of safety
- Community based mental health services for adults of working age
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism
- Substance misuse services

Specialist services:

- High secure services
- Secure wards for people with a learning disability or autism

Community health core services:

- Community health services for adults
- Community health services for children, young people and families
- Community dental services
- End of life care

We last inspected the trust in March 2017. At that inspection, we rated the trust as good overall with the safe domain as requires improvement. We found that the trust did not comply with regulation 10 (dignity and respect), regulation 12 (safe care and treatment), regulation 15 (premises and equipment), regulation 17 (good governance) and regulation 18 (staffing).

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good ● → ←

What this trust does

Mersey Care NHS Foundation Trust provides specialist inpatient and community mental health, learning disability and substance misuse services to adults in Liverpool, Sefton and Kirkby. It also provides community health services to adults and children in Liverpool and South Sefton. The trust provides specialist high secure and learning disability and autism secure beds to a much wider population encompassing North West England, parts of central England, and Wales.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

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

As part of our continual checks on the safety and quality of healthcare services we inspected the following services during November and December 2018 at this trust:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Long stay/rehabilitation wards for working age adults
- Community-based mental health services for adults of working age
- Community health services for adults
- Community health services for children, young people and families
- Community dental services
- End of life care

We also visited three of the trust's walk-in centres: Smithdown Road Children's NHS Walk-in Centre; Liverpool City Centre NHS Walk-in Centre and Old Swan NHS Walk-in Centre. We rated these services as 'requires improvement' overall, with the safe, effective and well-led domains requiring improvement and the caring and responsive domains rated good. For more information, see the report for this service on our website: <https://www.cqc.org.uk/location/RW4X5>.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated well-led for the trust overall as outstanding. We rated safe, effective, caring, responsive and well-led as good across mental health and learning disability services. For community health services, we rated caring and responsive as good and safe, effective and well-led as requires improvement. When aggregating overall trust ratings we did not include the ratings of community health services. This is because the trust only acquired these services recently, some as late as April 2018, and CQC has the discretion to give trusts an allowance of up to 24 months before including newly acquired services that are considered to be failing in the ratings aggregation.
- We rated ten of the trust's twelve mental health and learning disability core services as good, one as requires improvement and one as outstanding. In rating the trust's mental health and learning disability services, we took into account the previous ratings of the seven services not inspected this time.
- We rated two of the trust's community health services as good and three as requires improvement.
- The trust had a clear vision and set of values. The trust's strategy had been developed with involvement from staff and external stakeholders. There was a clear emphasis on quality improvement (striving for perfect care), a culture of learning, and integrated care services delivered at local level. The trust had a strong presence in the local community. Leaders had the right skills and abilities to run services providing high-quality sustainable care. Trust governance and management of risk was effective. The vast majority of staff that we spoke with felt valued.

Summary of findings

- Staff had the right qualifications, skills, training and experience to keep people safe from abuse and avoidable harm and provide the right care and treatment. Staff followed best practice in medicines management. They kept detailed records of patients' care and treatment. Staff reported and managed incidents well. Ward staff participated in the trust's restrictive interventions reduction programme and were proactive in anticipating and deescalating conflict with patients.
- Services provided care and treatment for patients' physical and mental health needs in line with national guidance and best practice. Staff of different grades and disciplines kept their professional skills updated and worked together to benefit patients. Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion and respect. Patients and carers were involved in decisions about care and treatment. Patients' individual preferences were reflected in how care was delivered. Patients of mental health and learning disability services were also involved in the running of the trust. Staff acted on patients' feedback.
- The trust planned and provided services in a way that met the needs of local people. Services treated concerns and complaints seriously, investigated them and learned lessons from the results. Trust ward environments were adapted for the specific needs of their patients. This included cultural, dietary, disability and mental health needs.

However:

- There were not always enough staff in all services.
- A number of mental health wards provided dormitory accommodation rather than private rooms.
- Staff compliance with mandatory training in a minority of services was low.
- In some community health services, the trust could not be assured that controlled drugs had been destroyed safely.
- Waiting times for psychological interventions were very long in community mental health teams, and two of the team bases were not accessible to wheelchair users.
- Staff working in community health services did not all participate in relevant audits to monitor care quality.
- Trust leaders had worked hard to engage staff in the newly-acquired community health services, but there was still some evidence of a minority of staff not feeling supported or comfortable to raise concerns.

Are services safe?

Our rating of safe improved. We rated it as good because:

- Staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment. The trust provided mandatory training in key skills to all staff and in most cases made sure everyone completed it. Mandatory training included infection control, moving and handling, health and safety and fire safety.
- Staff understood how to protect patients from abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff followed good practice in infection control.
- Services followed best practice when prescribing, giving, recording and storing medicines. Clinic rooms in inpatient areas were clean and well-stocked. Monitoring of patients' physical health following rapid tranquilisation had improved in acute mental health wards for adults of working age.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and in most cases easily available to staff providing care.

Summary of findings

- Services managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with teams and with the wider services.
- Inpatient environments all had risk assessments in place. Staff were aware of any ligature anchor points and took action to mitigate risk to patients who might try to harm themselves.
- Staff on mental health and learning disability wards participated in the trust's restrictive interventions reduction programme. They were proactive in anticipating and deescalating conflict with patients. They used restraint safely and only as a last resort.

However:

- Staff compliance rates for role-specific mandatory training in one of the community mental health teams was low.
- In community end of life care and community health services for adults, destruction of controlled drugs was not always in line with legislation and trust policies and procedures. Staff compliance with a number of mandatory training topics was poor and equipment was not always serviced in line with manufacturers' guidance.
- Staff in community health services for children and young people did not monitor or record the cleaning of equipment.
- Community health services for adults and acute mental health wards for adults of working age did not always have enough staff.
- Staff in community health services for adults and community mental health services could not always easily access patients' electronic records.
- In community dental services, there was not a consistent procedure or protocol for the hoisting of patients.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Services provided care and treatment in line with national guidance and best practice. Managers monitored the effectiveness of care and treatment, and used the findings to improve.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and encouraged them to complete additional training. Evidence of staff compliance with clinical supervision was improving across the trust.
- Staff of different grades and disciplines worked together to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Most staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff in mental health and learning disability wards assessed the physical and mental health needs of all patients on admission. They supported patients with their physical health and encouraged them to live healthier lives. They developed individual care plans which were reviewed regularly and updated as needed.

However:

- Waiting times for psychological interventions were very long in community mental health teams.
- In community end of life care and acute mental health wards for adults of working age, staff did not always document patients' capacity to consent to treatment.

Summary of findings

- Staff in end of life care (South Sefton) and community health services for children and young people did not participate in relevant audits to monitor care quality.
- Staff in community health services for adults were not always accessing clinical supervision in line with trust policy.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and respect.
- Staff involved patients and carers in decisions about care and treatment. Patients' individual preferences were reflected in how care was delivered.
- All of the patients and carers we spoke with said positive things about the trust's services.
- Staff in community health services for adults went the extra mile to support patients, for example ensuring patients had adequate supplies of medication, caring for additional family members and provided additional support for patients who were anxious about treatment.
- Patients in mental health and learning disabilities were involved in the running of services.
- Staff on wards for people with a learning disability or autism spoke to and about patients in a way that was consistent with a culture of positive behaviour support.
- There were regular community meetings on mental health and learning disability wards. We saw that issues raised by patients had been acted on.

However:

- Not all patients in acute mental health wards for adults of working age felt engaged in their care planning.

Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Service priorities were aligned to local priorities.
- Services were accessible to all who needed them and took account of patients' individual needs. Waiting times for most community services were good, and all local people could access an inpatient bed close to home.
- Patients were informed of how to complain. Services treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Most of the trust's buildings were well-furnished and promoted privacy and dignity.
- The trust's rehabilitation mental health wards had a clear recovery focus.
- Psychiatric intensive care was available to patients when they needed it.
- Environments on wards for older people with mental health problems and wards for people with a learning disability or autism had been adapted to be as safe and accessible as possible. Staff helped patients with communication, advocacy and cultural support.
- Patients' cultural beliefs were accommodated on mental health and learning disability wards. Patients had a choice of quality food meeting a range of dietary and cultural requirements, and access to a space to worship.

However:

Summary of findings

- Two community mental health team bases were not accessible to wheelchair users.
- Acute mental health wards for adults of working age at three locations had dormitories and restricted access to outdoor space. Three wards for older people with mental health problems also had dormitories.

Are services well-led?

Our rating of well-led improved. We rated it as outstanding because:

- The trust had the leadership capacity and capability to deliver high quality, sustainable care. The board was well-established and stable, with a broad range of experience and skills. Non-executive directors provided constructive challenge and expertise.
- Leaders were visible and approachable. Many staff told us that the chief executive took the time to listen and thank them personally. Board members engaged in a programme of visits to services. Additional visits and engagement events had taken place for staff in community health services.
- The trust had distributed leadership power according to individuals' expertise, capability and motivation. This included patients taking on leadership roles in values-based recruitment and reducing restrictive practice.
- There were clear priorities for sustainable, compassionate, inclusive and effective leadership. The trust's leadership development pathway was open to all staff. This included succession planning.
- There was a clear vision and set of values, with quality and sustainability as the top priorities. The trust's vision 'to strive for perfect care and a just culture' had been developed using a structured planning process in collaboration with staff, patients and external partners.
- Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The trust had refreshed their values at a large staff engagement event shortly following the acquisition of community health services, in recognition that community health staff had not always been working to values. Trust values were integral to recruitment processes, staff appraisals and staff awards.
- There was a robust, realistic strategy for achieving the priorities and delivering good quality, sustainable care. The trust planned to work towards an integrated care model (physical and mental health care delivered together by locality-based teams) in order to address the holistic needs of people using services. The strategy was aligned to local plans in the wider health and social care economy, particularly in terms of increased place-based delivery. The trust was actively involved in the Health and Care Partnership for Cheshire and Merseyside.
- There was a culture of high quality, sustainable care centred on the needs and experience of people who use services. Staff felt supported, respected and valued. Staff side representatives were universally positive about their relationship with the trust, explaining that the just and learning culture had made staff feel safe to speak up when things went wrong. Staff felt proud to work for the trust and were passionate about their work with patients.
- The trust vacancy rate was around 7%. The trust had a workforce plan and a number of recruitment and retention initiatives. These included a 'retire and return' mentorship scheme, full use of the apprenticeship levy, funded nurse training for band 4 staff, and investment and development of band 5 staff. The trust had also partnered with the Department of Work and Pensions to offer work-based learning and job opportunities to local communities facing high levels of unemployment, young people and veterans.
- Overall training compliance for trust wide services was 87% against the trust target of 90%. There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations.

Summary of findings

- There were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively, shared responsibility and resolved conflict quickly and constructively. Action was taken to address behaviour and performance that was inconsistent with the vision and values, regardless of seniority. Disciplinary investigations followed trust policy and were objective and thorough.
- The trust culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Appropriate learning and action was taken as a result of concerns raised. The trust was compliant with the duty of candour regulation. They informed relevant people of incidents and provided an apology, truthful information and reasonable support. The trust had recently reviewed and improved their application of the threshold for moderate harm incidents.
- Equality and diversity were promoted within and beyond the trust through the equality, diversity and human rights strategy and equality committee. All trust policies included an equality impact assessment. The trust had a reciprocal mentoring scheme for Black, minority ethnic and disabled staff.
- There were effective structures, roles and systems of accountability to support good governance and management. These were regularly reviewed and improved. There was evidence that people were held to account for delivery of actions and of the overall strategy. All levels of governance and management functioned effectively and interacted with each other appropriately. There was a visible and consistent approach to risk management and board assurance.
- There were clear and effective processes for managing risks, issues and performance. Since October 2018 the trust had used a 'safety huddle' from team to board level to escalate, communicate and manage risk. Relevant 'live' risk and quality data was made available to executive safety huddles on electronic screens, allowing them to quickly analyse the situation, understand current mitigations, propose further actions and ultimately gain assurance that risk was being managed effectively.
- There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, as well as systems to identify where actions should be taken. Potential risks were taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities.
- The trust assessed and monitored the impact on quality and sustainability when considering developments to services or efficiency changes. There were no examples of financial pressures compromising care.
- Appropriate and accurate information was being effectively processed, challenged and acted on. There was a holistic understanding of performance, which sufficiently covered and integrated people's views with information on quality, operations and finances. Information was used to measure for improvement, not just assurance. Quality and sustainability both received sufficient coverage in relevant meetings at all levels. All staff had sufficient access to information and challenged it appropriately.
- There were clear and robust service performance measures, which were reported and monitored. There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, timely and relevant. Action was taken when issues were identified.
- Information technology systems were used effectively to monitor and improve the quality of care. The trust was a global digital exemplar. The trust had used technology and evidence-based approaches to bed management, resulting in over 365 days without having to seek an out-of-area placement for any of their patients.
- There were robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Lessons were learned when there were data security breaches.

Summary of findings

- People who used services, the public, staff and external partners were engaged and involved to support high-quality sustainable services. This included those with a protected equality characteristic. The trust was developing a new approach for patients, carers, staff, Foundation Trust members and wider communities to work 'side by side' with each other to improve engagement, participation and services. The core principles of 'side by side' are empowerment and seeing things from the patient's perspective. This approach was integrated with the trust's quality improvement plan.
- There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. Commissioners gave positive feedback about the accessibility of the trust's executive team, particularly the chief executive and the director of nursing and operations.
- NHS England selected Cheshire and Merseyside mental health providers to become a pilot site for a new care model, PROSPECT, for low and medium secure mental health services. The trust was the lead provider in the PROSPECT partnership, which also included two other local trusts and two independent sector providers. PROSPECT was in its very early planning stages, but was intended to bring low and medium secure services together as a coherent, recovery-focused system 'rooted in communities and place'.
- The trust had opened 'life rooms' in Walton, Southport and most recently Bootle. Life rooms offered recovery college courses, employment advice, and support with computer and literacy skills to members of local communities (including patients and carers). Life rooms provided non-stigmatising, social opportunities for recovery from mental health problems. They formed part of the trust's overall strategy for community-based care.
- There were robust systems and processes for learning and continuous improvement. Quality improvement and innovation were central to the trust's vision to strive for perfect care. The trust had a dedicated quality improvement team called the Centre for Perfect Care. The Centre for Perfect Care supported staff to access national evidence to support their clinical decision-making, form their ideas for improvement into viable proposals reflecting the strategic priorities of the trust, and involve patients and carers in a meaningful way.
- The trust continued to offer high-quality care to people with a learning disability in a way that was consistent with NHS England's Transforming Care programme. The number of beds at the Whalley site had contracted from over 200 to 107. The trust had invested in new specialist support teams, who were working in the community to prevent admission and support discharge.
- The trust's guide to reduce restrictive practice had been adopted by the World Health Organisation. Since our last inspection, the trust had continued to refine and roll out 'no force first' across all of its mental health and learning disability services. The trust had achieved a further 20% reduction in physical restraint between October 2017 and October 2018, although was still keen to make further improvements particularly in the area of staff and patient injury.
- NHS Improvement told us that the trust had a strong track record of delivering on its financial plans, managing cash, capital and revenue effectively. The trust finance department was accredited by Future Focused Finance as level 3 (the highest level), which reflects comprehensive systems and engagement for staff development and best practice across a range of measures.
- The trust had successfully produced a full business case that was approved by NHS Improvement and the Department of Health and Social Care for the construction of a £52m new medium secure unit, demonstrating appropriate management of risk and production of appropriate analysis for major projects.

However:

Summary of findings

- The trust's average sickness rate, at 8%, was higher than for other mental health and learning disability trusts and had not improved since our previous inspection. Some staff told us that high levels of staff sickness impacted negatively on their workload and morale.
- Junior doctors did not always make exception reports when they worked over their agreed hours.
- Some directors were still working to gain full oversight of their new portfolios.
- Networks for Black and minority ethnic staff, LGBTQI staff, disabled staff and women had only recently been re-established, which meant that their work was not yet embedded in the running of the trust.
- The trust held clinical information in 18 different electronic systems, which posed a challenge for staff in terms of being able to input, extract and combine data. Commissioners told us that it could be difficult for them to get the information that they asked for from operational services.
- A minority of staff in end of life care and in community health services for adults were not aware of who the freedom to speak up guardian was and did not feel comfortable to raise concerns.
- Some staff in community health services for adults and for children and young people did not feel that managers were visible or supportive.
- Some of the policies in community health services had exceeded their review dates.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice at overall trust level, in wards for people with a learning disability or autism, and in community health services for children and young people.

For more information, see the outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 10 breaches of legal requirements that the trust must put right. We found 39 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of four legal requirements in three core services.

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

The trust had successfully produced a full business case that was approved by NHS Improvement and the Department of Health and Social Care for the construction of a £52m new medium secure unit, demonstrating appropriate management of risk and production of appropriate analysis for major projects.

The trust's guide to reducing restrictive practice had been adopted by the World Health Organisation. Since our last inspection, the trust had continued to refine and roll out 'no force first' across all of its mental health and learning disability services. The trust had achieved a further 20% reduction in physical restraint between October 2017 and October 2018, although was still keen to make further improvements particularly in the area of staff and patient injury.

The trust had made a commitment to eliminate suicide. The trust's 'zero suicide' initiative was based on a model that was developed and found to be effective by a hospital in Detroit. The trust provided free suicide awareness training online through the zero suicide alliance (a collaboration of a number of NHS and independent organisations). The trust had also increased the resources it allocated to reviewing suicides, so that lessons could be shared more quickly and effectively.

One of the trust priorities was the 'just and learning culture'. The aim of the just and learning culture was to value all safety concerns as integral to learning and improvement. It had been developed in partnership with staff side, human resources and operational managers, and was embedded at all levels from board to service delivery. Staff side representatives told us that they had seen a significant shift in the way that staff felt about the trust's approach to serious incidents. The trust told us that the number of disciplinary investigations had reduced by 54% since 2016. The trust's just and learning culture initiative had won the 2018 Healthcare People Management Association award for partnership working, had been referenced by the British Medical Association and NHS Improvement as best practice, and had featured in a number of healthcare magazines and a short film.

The trust had been awarded 'Best Learning and Development Initiative for the Public Sector' at the CIPD People Management Awards 2018. The trust had addressed some of its recruitment and retention problems by offering opportunities to local communities who were experiencing high levels of unemployment. The trust worked with the Department of Work and Pensions, the Skills Funding Agency and Health Education England to deliver a six-week pre-employment values-based training programme. Candidates were able to obtain certificates in health and social care, information technology and customer service through a mixture of classroom sessions and work experience at the trust. Seventy-nine per cent of candidates went on to full employment within the trust.

The trust had staffed a new specialist support team across Lancashire, South Cumbria and Greater Manchester. This team worked with people with a learning disability and a history of offending behaviour and/or behaviour that challenged others. The team's aim was to support people in community settings either following discharge from hospital, or proactively to prevent admission in the first place.

The trust had opened 'life rooms' in Walton, Southport and most recently Bootle. Life rooms offered recovery college courses, employment advice, and support with computer and literacy skills to members of local communities (including patients and carers). Life rooms provided non-stigmatising, social opportunities for recovery from mental health problems. They formed part of the trust's overall strategy for community-based care.

Community health services for children and young people had included a health visitor as part of the multidisciplinary health team in local authority early help assessment hubs.

Community health services for children and young people provided vaccination and immunisation to vulnerable asylum seekers despite not being commissioned to do so.

Summary of findings

The brain injury rehabilitation unit was approved by the General Medical Council for higher training for both neuropsychiatry and rehabilitation medicine.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

At overall trust level

Action the trust **SHOULD** take to improve

- The trust should ensure that junior doctors feel able to make exception reports when working above their agreed hours.

On acute mental health wards for adults of working age and psychiatric intensive care units

Action the trust **SHOULD** take to improve

- The trust should ensure that it has sufficient staff to provide safe and quality care.
- The trust should ensure that informal patients are informed of their rights, and that these are upheld.
- The trust should review how smoking is managed on inpatient wards, and ensure that staff are supported to implement the trust smoking policy.
- The trust should keep under review the physical layout and design of the wards, particularly with regards to the use of dormitories and easy/free access to outdoor space.
- The trust should ensure that staff are aware of and consistently implement the trust policy on the monitoring of patients on high dose antipsychotic therapy.
- The trust should continue to ensure patients can access a suitable bed when required.
- The trust should ensure that all patients are supported to be involved in their care planning, and that this is clearly documented.

On wards for older people with mental health problems

Action the trust **SHOULD** take to improve:

- The trust should continue to seek to eliminate dormitory accommodation on Boothroyd ward, Oak ward and Acorn ward.

On wards for people with a learning disability or autism

Action the trust **SHOULD** take to improve:

- The trust should ensure that effective handwashing facilities are available to patients following their use of the communal toilets.
- The trust should ensure that regular resuscitation drills are completed.
- The trust should ensure that staff take action to protect the rights of detained patients who lack capacity, and that this is clearly documented in the care record.

Summary of findings

In community mental health services for adults of working age

Action the trust **MUST** take to improve:

- The trust must ensure that patients have access to psychological intervention and therapies in a timely manner. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities): Regulations 2014: Safe care and treatment.
- The trust must ensure that all staff are completing role specific training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities): Regulations 2014: Staffing

Action the trust **SHOULD** take to improve:

- The trust should ensure that staff have access to relevant patient information when needed.
- The trust should ensure that plans for improvement works at Moss House take place to meet the needs of wheelchair users.

In community end of life care

Action the trust **MUST** take to improve:

- The service must ensure that controlled drugs are destructed in line with legislation as well as trust policies and procedures. Records must be completed consistently to reflect this. Regulation 12 (2) (g).
- The service must ensure that all risks are formally identified in line with the trust's risk management strategy and that controls are in place to reduce the risk as much as practicably possible. Regulation 17 (2) (a) (b).
- The service must ensure that end of life services are monitored effectively in both the Liverpool and South Sefton areas, ensuring that areas for improvement are identified when needed. Regulation 17 (2) (a) (b).

Action the trust **SHOULD** take to improve:

- The service should ensure that all equipment, including syringe drivers, is serviced in a timely manner, in line with manufacturers' guidelines.
- The service should ensure that all patient records are completed consistently, providing an accurate record of the care and treatment that has been delivered.
- The service should ensure that there are systems in place to ensure that the Duty of Candour is applied on all occasions when needed.
- The service should ensure that all staff receive regular clinical supervision, in line with trust policy.
- The service should ensure that there are adequate numbers of palliative care and district nursing staff available to meet the needs of patients at all times, including weekends and out of hours.
- The service should ensure that the experience of patients and relatives are gathered so that further improvements can be made when needed.
- The service should consider ways in which to make sure that all relatives are offered the opportunity for bereavement support after a patient has passed away.
- The service should consider ways in which to improve compliance with mandatory training.

In community health services for children and young people

Action the trust **SHOULD** take to improve:

Summary of findings

- The service should consider that hand hygiene audits are carried out monthly across all community teams in line with trust policy and best practice guidance.
- The service should ensure that the cleaning of equipment is recorded and audited on a regular basis.
- The service should seek feedback from children, young people and families.
- The service should consider amending the triage process for school health questionnaires to ensure that vulnerable children who could be at risk receive an initial triage before the current two-week specification.
- The service should consider implementing clinical pathways to support school nurses for referring children to appropriate services.
- The service should consider ways in which to improve record keeping in areas in which there was poor compliance from audit.
- The service should consider appointing 'just and learning' ambassadors within the community children, young people and families division.
- The service should consider participating in clinical audits as part of the trust clinical audit programme.
- The service should consider how it engages and communicates with staff in terms of the future service and trust strategies.
- The service should consider how it can ensure that staff are clear on the governance structure within their localities and that all team members are included in team planning and events.

In community health services for adults

Action the trust **MUST** take to improve:

- The service must ensure that enough staff are employed to provide services. Regulation 18(1).
- The service must ensure that all areas are completing competency based training to ensure patient and staff safety is not compromised. Regulation 12(2)(c)
- The service must ensure that all areas are receiving clinical supervision. Regulation 18(2) (a)
- The service must ensure that equipment is available in the clinical treatment rooms so that patient treatment is not affected. Regulation 12(2) (e)
- The service must ensure that controlled drugs are destructed in line with legislation as well as trust policies and procedures. Regulation 12 (2) (g)

Action the trust **SHOULD** take to improve:

- The service should continue to work towards implementing the paper-lite project to timeframe. This is required as part of Regulation 17 on good governance but we considered that it would not be a breach of the regulation overall at the location as it was in progress at the time of inspection.
- The service should make sure that community services work to Trust policy in the disposal of controlled drugs. This is required as part of Regulation 13 on management of medicines but we considered that it would be disproportionate for that one finding to result in a judgement of a breach of the regulation overall at the location.
- The service should make sure that Trust policies and procedures are up-to-date and reviewed in a timely manner. This is required as part of Regulation 17 on good governance but we considered that it would not be a breach of the regulation overall at the location as it was in progress at the time of inspection.

Summary of findings

- The service should ensure that referral criteria is implemented to help inform and monitor the service. This is required as part of Regulation 17 on good governance but we considered that it would not be a breach of the regulation overall at the location as it was in progress at the time of inspection.
- The service should ensure that referral criteria is implemented to help inform and monitor the service.

In Community dental services

Actions the trust SHOULD take to improve:

- The service should review the system for ensuring a consistent approach to hoisting patients.
- The service should review the governance arrangements to support the use of the “Notification of Clinical Improvement” system.
- The service should review the process for disseminating results from the X-ray audits to individual dentists.
- The service should review the system at River Alt Resource Centre for ensuring that both X-ray machines cannot be active at the same time.
- The service should review staffing levels to ensure there are sufficient numbers of qualified staff to cover in times of sickness.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

- The trust had the leadership capacity and capability to deliver high quality, sustainable care. The board was well-established and stable, with a broad range of experience and skills. Non-executive directors provided constructive challenge and expertise.
- Leaders were visible and approachable. Many staff told us that the chief executive took the time to listen and thank them personally. Board members engaged in a programme of visits to services. Additional visits and engagement events had taken place for staff in community health services.
- The trust had distributed leadership power according to individuals’ expertise, capability and motivation. This included patients taking on leadership roles in values-based recruitment and reducing restrictive practice.
- There were clear priorities for sustainable, compassionate, inclusive and effective leadership. The trust’s leadership development pathway was open to all staff. This included succession planning.
- There was a clear vision and set of values, with quality and sustainability as the top priorities. The trust’s vision ‘to strive for perfect care and a just culture’ had been developed using a structured planning process in collaboration with staff, patients and external partners.

Summary of findings

- Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The trust had refreshed their values at a large staff engagement event shortly following the acquisition of community health services, in recognition that community health staff had not always been working to values. Trust values were integral to recruitment processes, staff appraisals and staff awards.
- There was a robust, realistic strategy for achieving the priorities and delivering good quality, sustainable care. The trust planned to work towards an integrated care model (physical and mental health care delivered together by locality-based teams) in order to address the holistic needs of people using services. The strategy was aligned to local plans in the wider health and social care economy, particularly in terms of increased place-based delivery. The trust was actively involved in the Health and Care Partnership for Cheshire and Merseyside.
- There was a culture of high quality, sustainable care centred on the needs and experience of people who use services. Staff felt supported, respected and valued. Staff side representatives were universally positive about their relationship with the trust, explaining that the just and learning culture had made staff feel safe to speak up when things went wrong. Staff felt proud to work for the trust and were passionate about their work with patients.
- The trust vacancy rate was around 7%. The trust had a workforce plan and a number of recruitment and retention initiatives. These included a 'retire and return' mentorship scheme, full use of the apprenticeship levy, funded nurse training for band 4 staff, and investment and development of band 5 staff. The trust had also partnered with the Department of Work and Pensions to offer work-based learning and job opportunities to local communities facing high levels of unemployment, young people and veterans.
- Overall training compliance for trust wide services was 87% against the trust target of 90%. There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations.
- There were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively, shared responsibility and resolved conflict quickly and constructively. Action was taken to address behaviour and performance that was inconsistent with the vision and values, regardless of seniority. Disciplinary investigations followed trust policy and were objective and thorough.
- The trust culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Appropriate learning and action was taken as a result of concerns raised. The trust was compliant with the duty of candour regulation. They informed relevant people of incidents and provided an apology, truthful information and reasonable support. The trust had recently reviewed and improved their application of the threshold for moderate harm incidents.
- Equality and diversity were promoted within and beyond the trust through the equality, diversity and human rights strategy and equality committee. All trust policies included an equality impact assessment. The trust had a reciprocal mentoring scheme for Black, minority ethnic and disabled staff.
- There were effective structures, roles and systems of accountability to support good governance and management. These were regularly reviewed and improved. There was evidence that people were held to account for delivery of actions and of the overall strategy. All levels of governance and management functioned effectively and interacted with each other appropriately. There was a visible and consistent approach to risk management and board assurance.
- There were clear and effective processes for managing risks, issues and performance. Since October 2018 the trust had used a 'safety huddle' from team to board level to escalate, communicate and manage risk. Relevant 'live' risk and quality data was made available to executive safety huddles on electronic screens, allowing them to quickly analyse the situation, understand current mitigations, propose further actions and ultimately gain assurance that risk was being managed effectively.

Summary of findings

- There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, as well as systems to identify where actions should be taken. Potential risks were taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities.
- The trust assessed and monitored the impact on quality and sustainability when considering developments to services or efficiency changes. There were no examples of financial pressures compromising care.
- Appropriate and accurate information was being effectively processed, challenged and acted on. There was a holistic understanding of performance, which sufficiently covered and integrated people's views with information on quality, operations and finances. Information was used to measure for improvement, not just assurance. Quality and sustainability both received sufficient coverage in relevant meetings at all levels. All staff had sufficient access to information and challenged it appropriately.
- There were clear and robust service performance measures, which were reported and monitored. There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, timely and relevant. Action was taken when issues were identified.
- Information technology systems were used effectively to monitor and improve the quality of care. The trust was a global digital exemplar. The trust had used technology and evidence-based approaches to bed management, resulting in over 365 days without having to seek an out-of-area placement for any of their patients.
- There were robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Lessons were learned when there were data security breaches.
- People who used services, the public, staff and external partners were engaged and involved to support high-quality sustainable services. This included those with a protected equality characteristic. The trust was developing a new approach for patients, carers, staff, Foundation Trust members and wider communities to work 'side by side' with each other to improve engagement, participation and services. The core principles of 'side by side' are empowerment and seeing things from the patient's perspective. This approach was integrated with the trust's quality improvement plan.
- There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. Commissioners gave positive feedback about the accessibility of the trust's executive team, particularly the chief executive and the director of nursing and operations.
- NHS England selected Cheshire and Merseyside mental health providers to become a pilot site for a new care model, PROSPECT, for low and medium secure mental health services. The trust was the lead provider in the PROSPECT partnership, which also included two other local trusts and two independent sector providers. PROSPECT was in its very early planning stages, but was intended to bring low and medium secure services together as a coherent, recovery-focused system 'rooted in communities and place'.
- The trust had opened 'life rooms' in Walton, Southport and most recently Bootle. Life rooms offered recovery college courses, employment advice, and support with computer and literacy skills to members of local communities (including patients and carers). Life rooms provided non-stigmatising, social opportunities for recovery from mental health problems. They formed part of the trust's overall strategy for community-based care.

Summary of findings

- There were robust systems and processes for learning and continuous improvement. Quality improvement and innovation were central to the trust's vision to strive for perfect care. The trust had a dedicated quality improvement team called the Centre for Perfect Care. The Centre for Perfect Care supported staff to access national evidence to support their clinical decision-making, form their ideas for improvement into viable proposals reflecting the strategic priorities of the trust, and involve patients and carers in a meaningful way.
- The trust continued to offer high-quality care to people with a learning disability in a way that was consistent with NHS England's Transforming Care programme. The number of beds at the Whalley site had contracted from over 200 to 107. The trust had invested in new specialist support teams, who were working in the community to prevent admission and support discharge.
- The trust's guide to reduce restrictive practice had been adopted by the World Health Organisation. Since our last inspection, the trust had continued to refine and roll out 'no force first' across all of its mental health and learning disability services. The trust had achieved a further 20% reduction in physical restraint between October 2017 and October 2018, although was still keen to make further improvements particularly in the area of staff and patient injury.
- NHS Improvement told us that the trust had a strong track record of delivering on its financial plans, managing cash, capital and revenue effectively. The trust finance department was accredited by Future Focused Finance as level 3 (the highest level), which reflects comprehensive systems and engagement for staff development and best practice across a range of measures.
- The trust had successfully produced a full business case that was approved by NHS Improvement and the Department of Health and Social Care for the construction of a £52m new medium secure unit, demonstrating appropriate management of risk and production of appropriate analysis for major projects.

However

- The trust's average sickness rate, at 8%, was higher than for other mental health and learning disability trusts and had not improved since our previous inspection. Some staff told us that high levels of staff sickness impacted negatively on their workload and morale.
- Junior doctors did not always make exception reports when they worked over their agreed hours.
- Some directors were still working to gain full oversight of their new portfolios.
- Networks for Black and minority ethnic staff, LGBTQI staff, disabled staff and women had only recently been re-established, which meant that their work was not yet embedded in the running of the trust.
- The trust held clinical information in 18 different electronic systems, which posed a challenge for staff in terms of being able to input, extract and combine data. Commissioners told us that it could be difficult for them to get the information that they asked for from operational services.
- A minority of staff in end of life care and in community health services for adults were not aware of who the freedom to speak up guardian was and did not feel comfortable to raise concerns.
- Some staff in community health services for adults and for children and young people did not feel that managers were visible or supportive.
- Some of the policies in community health services had exceeded their review dates.

Community dental services

Good 

Key facts and figures

The Community Dental Service (CDS) provides dental, clinical and public health services on a referral basis from a health professional, complementing and supplementing those of the General Dental Services.

The service covers the geographical areas of Liverpool, Sefton and Knowsley with a number of fixed dental clinics.

Care is provided in community settings for patients who have difficulty accessing treatment in high street dental practices and who require treatment on a referral basis which is not available in a general dental care setting.

The service is strictly by appointment and access to many of the dental services is by referral from a health professional.

The trust provides orthodontics and paediatric dental services from a number of sites managed through Hartington Road Clinic which is the main Headquarters / Admin hub for community dental services. In addition, it provides personal dental services from Vauxhall Health Centre. The trust also offers dental health education and promotion delivered through South Liverpool locality which is separate to the community dental service.

Summary of this service

This service has not been inspected before. We rated it as good because:

- Staff were qualified and had the necessary skills to carry out their roles and provide safe treatment to patients.
- Infection control processes followed nationally recognised guidance.
- Premises and equipment were clean and well maintained.
- Staff reported incidents and accidents, these were investigated and acted upon to reduce the chance of re-occurrence. Learning from incidents was disseminated to all staff in the service through the “Notification of Clinical Improvement” system
- Staff were aware about issues relating to safeguarding and there were systems in place to refer children and vulnerable adults.
- Staff provided care and treatment based in line with nationally recognised guidance.
- There was an effective skill mix at the service to assist with the ever-increasing complexity of patients. Staff worked together as a team and with other healthcare professionals in the best interests of patients.
- Staff understood the importance of obtaining and recording consent. They had a good understanding of their responsibilities under the Mental Capacity Act 2005.
- Staff cared for patients with compassion. We observed staff treating patients with dignity and respect. Feedback from patients was positive. Patients commented staff were kind, helpful, friendly and caring.
- The service considered patients’ individual needs. Reasonable adjustments were made to ensure patients could access dental care.
- The service dealt with complaints promptly, positively and efficiently.

Community dental services

- Leaders had the skills and ability to support high quality care. Staff told us that management were visible and approachable.
- The team worked well together and supported each other.
- There were systems and processes in place for identifying risks and planning to reduce them.
- Staff engaged with patients, external stakeholders and other healthcare professionals to continually improve the service.

However:

- The service did not have a consistent procedure or protocol for the use of hoists to assist patients with mobility difficulties to access dental chairs.
- Staff told us that they felt “a bit frazzled” because of staffing issues. Staff worked hard to ensure that high priority clinics were not cancelled.
- The policy supporting the use of the “Notification of Clinical Improvement” system had not been updated since 2002.
- “Notification of Clinical Improvements” were only sent to one individual. This would pose a problem if this member of staff was ever away for a long period of time.
- Individual results of the X-ray audit were not disseminated or discussed with dentists.

Is the service safe?

Good 

This service has not been inspected before. We rated safe as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Prescription pads were stored securely, and medical gases and medicines used in the provision of sedation were stored appropriately.
- Effective systems were in place to assess and respond to patient risk. Patients medical histories were regularly updated. Staff completed a Tooth Extraction Safer Surgery Checklist (TESCC) prior to any extractions.
- Staff kept appropriate records of patients’ care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training included infection control, moving and handling, health and safety and fire safety.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

Community dental services

- The service did not have a consistent procedure or protocol for the use of hoists to assist patients with mobility difficulties to access dental chairs.
- Staff told us that they felt “a bit frazzled” because of staffing issues but staff worked hard to ensure that high priority clinics were not cancelled.
- Notification of Clinical Improvements were only sent to one individual.
- Actions resulting from the routine test of the X-ray machines at River Alt Resource Centre had not been addressed.
- Staff felt pressured by the trust to close down incident reports within three weeks.

Is the service effective?

Good 

This service has not been inspected before. We rated effective as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. This included guidance produced by the British Society for Disability and Oral Health, the National Institute for Health and Care Excellence and the Royal College of Surgeons.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They used quality assurance processes well.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and encouraged them to complete additional training relevant to their roles.
- Staff of different kinds worked together as a team to benefit patients. Many dental nurses had completed additional qualifications such as radiography, fluoride varnish, oral health education, clinical photography and sedation. They were able to utilise these skills within the service.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood the importance of obtaining and recording consent and their roles and responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good 

This service has not been inspected before. We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Community dental services

Is the service responsive?

Good 

This service has not been inspected before. We rated responsive as good because:

- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times for treatment were good and these were actively monitored.
- The service took account of patients' individual needs. Reasonable adjustments had been made to premises to enable wheelchair users or those with limited mobility to access care.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good 

This service has not been inspected before. We rated well led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and external stakeholders.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The policy supporting the use of the "Notification of Clinical Improvement" system had not been updated since 2002.
- "Notification of Clinical Improvements" were only sent to one individual. This would pose a problem if this member of staff was ever away for a long period of time.

Community dental services

- Individual results of the X-ray audit were not disseminated or discussed with dentists.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Community health services for adults

Requires improvement



Key facts and figures

Mersey Care NHS Foundation Trust provides specialist inpatient and community mental health, learning disability and substance misuse for adults in Liverpool, Sefton and Kirkby. Mersey Care NHS Trust was established on 1 April 2001 and granted NHS Foundation Trust status in May 2016.

In July 2017, the trust acquired a number of services previously provided by Liverpool Community Health NHS Trust (LCH) in the South Sefton locality. Mersey Care acquired the remainder of the former LCH community services on 1 April 2018. These community health services are provided across Liverpool to a population of approximately 1.2 million. Mersey Care currently delivers these services across more than 70 locations including health centres, clinics, walk-in centres and GP practices.

For the provision of community health services, Mersey Care operates a locality based operational model, with multidisciplinary clinical teams, geographically aligned and focused around GP practice populations. A number of staff from the previous senior leadership team of Liverpool Community Health remain within the senior leadership team of the Liverpool and South Sefton community health services division, which is now a division of Mersey Care.

There are four localities under Mersey Care, these are North Liverpool, Central Liverpool, South Liverpool and South Sefton. Each locality is led by an associate director and clinical lead. Community services offered by Mersey Care include, district nursing, physiotherapy, occupational therapy, dietetics and nutrition, speech and language therapy, podiatry, rehabilitation at home teams and integrated community reablement and assessment services (ICRAS). ICRAS encompasses intensive community care teams (ICCT), emergency response teams (ERT) and frailty.

Our inspection was short notice announced which meant that staff and management knew we were coming. This ensured that staff we needed to speak to were available and clinics were open for review. We inspected community adult services provided by the Trust over a three-day period from Tuesday 20 November to Thursday 22 November 2018.

During our inspection we visited nine areas, two of which included clinical areas. We spoke to a number of staff in various specialities which included, district nurses, physiotherapists, occupational therapists, community matrons, skin care specialists and senior management.

We spoke with patients and carried out home visits. We also reviewed patient records, both paper and electronic.

Summary of this service

This is the first time we rated this service and we rated it as requires improvement. We rated it as requires improvement because:

- The service did not always have the right number of staff although staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment.
- There was a lack of clinical supervision in some services and competency based training was not always carried out.
- Some equipment necessary for carrying out treatments was not always available.
- Controlled medications were not always destroyed and disposed of in line with Trust policy and procedures.
- A number of Trust policies and procedures were out of date.

Community health services for adults

- Some staff told us that there was a lack of visibility of senior and middle management.
- Some staff told us that they were reluctant to speak up to the 'freedom to speak up champions' due to previous experiences.

However:

- The Trust planned and provided services in a way that met the needs of local people and worked well with external organisations.
- The service primarily used electronic patient records. Patient records were easily accessible by staff working in all community teams. Staff could access records using electronic devices in patient home and on computers based in clinic areas.
- Records were clear, legible and information collated was in chronological order.
- Staff from different specialities worked together collaboratively to benefit patients and their families.
- The service controlled infection risk well and infection rates were low.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. There was a positive culture around the reporting of incidents and lessons learnt were shared with the whole team.
- The service provided care and treatment based on national guidance and evidence based care.
- The service had a clear vision and strategy in place. The service knew what it wanted to achieve and workable plans to turn it into action.

Is the service safe?

Requires improvement



We have not previously inspected this service. We rated safe as requires improvement because:

- The service did not always have the right number of staff although staff had the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse to provide the right care and treatment.
- Records were a mix of paper and electronic in some areas. District nursing were having delays in recording documentation electronically.
- Some equipment necessary for carrying out treatments was not always available.
- The destruction and destroying of controlled drugs was not always in line with legislation and Trust policies and procedures.

However

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. Staff kept themselves and equipment clean. They used control measures to prevent the spread of infection.
- The service had suitable premises. Premises used in the provision of care and treatment were visibly clean and tidy.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Community health services for adults

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used the information collated to make improvements.
- Staff kept detailed records of patients care and treatment. Records were clear, legible and easily accessible to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Is the service effective?

Requires improvement 

We have not previously inspected this service. We rated effective as requires improvement because:

- There was a lack of clinical supervision in some services and competency based training was not always carried out.

However:

- The service provided care and treatment based on national guidance, best practice and professional standards. Standard operating procedures were in line with national guidance.
- The service assessed and monitored patients' nutritional needs effectively. New patient assessments incorporated patient lifestyles and cultural preferences.
- The service monitored the effectiveness of care and treatment and their findings to improve outcomes.
- Managers appraised staff performance and provided support to monitor the effectiveness of the service.
- Staff in different specialities worked together collaboratively to benefit patients and their families.
- Staff across the community service provided health promotion advice as appropriate to patients and their families.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005. Staff knew how to support patients experiencing mental ill health and those who lacked capacity to make decisions around their care.

Is the service caring?

Outstanding 

We have not previously inspected this service. We rated caring as outstanding because:

- Staff cared for patients and their families with compassion. Feedback from patients and those close to them was continually positive.
- Staff provided emotional support to patients and their families to minimise their distress and was highly valued by staff.
- Staff involved patients and their families in decisions about their care and treatment. They were fully committed to working in partnership with people and people's individual preferences were reflected in how care was delivered.
- Staff went the extra mile to help support patients, for example, ensuring patients had adequate supplies of medication, caring for additional family members and provided additional support for patients who were anxious about treatment.
- Staff were highly motivated to provide care that was kind and promoted people's dignity.

Community health services for adults

Is the service responsive?

Good 

We have not previously inspected this service. We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people. Management were aware of local priorities and service priorities were aligned to these.
- The service took account of patients' individual needs and these were central to the planning and delivery of the services.
- The service monitored referral to treatment times, cancellations and did not attend rates.
- The service treated concerns and complaints seriously, investigated them and lessons learnt were shared with all staff.

Is the service well-led?

Requires improvement 

We have not previously inspected this service. We rated well led as requires improvement because:

- A small number of staff told us that there was a lack of visibility of senior and middle management and that communication from senior management was poor in relation to the changing of the services.
- Some staff told us that there was a lack of recognition and acknowledgement for the work they were carrying out.
- Some trust policies and procedures were not in date and were waiting on review.
- A small number of staff told us that they were frightened of speaking up due to the fear of reprisals. They went on to say that this was the feeling of still being affected by previous management.
- Staff in the district nursing service felt that the trust was using their goodwill to see patients that were not suitable for their service.

However:

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a clear vision and set of values on continuous improvement, accountability, respect and enthusiasm.
- The trust knew what it wanted to achieve and had workable plans in place to turn it into action.
- There was a clear reporting and governance structure in place.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Community health services for adults

Areas for improvement

We found areas of improvement for this service. See the Areas for Improvement section above.

Community health services for children and young people

Good 

Key facts and figures

Mersey Care NHS Foundation Trust provides specialist inpatient and community mental health, learning disability and substance misuse services for adults in Liverpool, Sefton and Kirkby. Mersey Care NHS Trust was established on 1 April 2001 and granted NHS Foundation Trust status on 1 May 2016.

In July 2017, the trust acquired a number of services previously provided by Liverpool Community Health NHS Trust in the South Sefton locality. Mersey Care NHS Foundation Trust acquired the remainder of the former Liverpool Community Health NHS Trust services on 1 April 2018. These community physical health services are provided across Liverpool to a population of approximately 11 million people. Mersey Care NHS Foundation Trust currently delivers these services across more than 70 locations including health centres, clinics, walk-in centres and GP practices.

Mersey Care NHS Foundation Trust delivers a range of community based health services to children, young people and families across Liverpool in a variety of community settings including home visits, at schools and health centres. Mersey Care NHS Foundation Trust operates a locality based operational model, with multidisciplinary clinical teams, geographically aligned and focused around GP practice populations and schools. The localities the services operate from are, North Liverpool, Central Liverpool and South Liverpool. Each locality is led by an associate director and clinical lead. Community services offered include; health visiting, school nursing, healthy families programme, child health inclusion and family nurse partnership.

Our inspection was short notice-announced which meant that staff knew we were coming a short time before visiting to ensure everyone we needed to speak with was available. We inspected community health services for children, young people and families provided by the trust over a three-day period from 20 November 2018 to 22 November 2018.

During our inspection, we visited four office bases and two clinic sites. We spoke with 53 members of staff including; school nurses, health visitors, nursery nurses, assistant practitioners, support workers, team leaders, administration staff, clinical leads, care managers and a safeguarding nurse specialist.

We spoke with three patients, attended one home visit and observed care at two school questionnaire sessions, involving over 52 children. We reviewed 15 patient records and three safeguarding referral records. We attended one team safety meeting and conducted a focus group which was attended by over 44 staff members from across the community division.

Summary of this service

We have not previously inspected this service. We rated it as good because:

- Services were found to be good for safe, effective, caring, responsive and well led.
- The service had effective strategies for identifying, managing and reducing risk, learning and improving when things went wrong.
- There were sufficient numbers of competent and experienced staff to reduce the risk of harm to patients.
- The service used best practice guidance to inform the delivery of care and ensured treatment was based on evidence based practice.

Community health services for children and young people

- Staff within the service demonstrated good levels of commitment to patient care and they adopted holistic patient and family centred care. Patients and families believed the care provided was good.
- The service planned and delivered care based on the identified needs of the community it served, but also built the service around the individual needs of patients. Staff were proactive in their approach to establishing the individual needs of patients.
- There was an exceptional family focused approach to care delivery and staff had extensive knowledge about their patients.
- The service was well led by effective and enthusiastic managers, who were aware of risks to the service and were capable of tackling difficult issues head on with a view to service improvement.

Is the service safe?

Good 

We have not previously inspected this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The electronic patient record was used to alert staff of anything that might be deemed a vulnerable situation such as safeguarding or looked after children alerts. This meant staff were informed of this when accessing the patient record.
- Staff used control measures to prevent the spread of infection.
- The service had suitable premises and equipment.
- All teams used comprehensive assessments and questionnaires to establish risks. These were embedded in the patient electronic records.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The trust electronic patient record system was shared across all services and anyone with access to the system could see the full patient history.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However:

- The whole service did not currently monitor, record or audit the cleaning of equipment.
- The service did not carry out monthly hand hygiene audits in line with their own infection prevention and control policy or best practice national guidance. There were no infection control champions in place to help promote best practice.

Community health services for children and young people

- The service did not have effective systems in place to triage school nursing questionnaires in a timely manner to reduce the risk of harm to children.
- The service did not have clinical pathways in place to support school nurses in the referral of children to the appropriate services.
- There were some areas of poor compliance in record keeping for example the patient's first language and if an interpreter would be required.
- Although some staff were aware of the 'just and learning' programme in the trust which included staff ambassadors, there were none identified in the service.

Is the service effective?

Good 

We have not previously inspected this service. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Where applicable they compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different grades worked together as a team to benefit patients. Health visitors, nurses, healthcare professionals and ancillary staff supported each other to provide good care.
- The service provided health promotion advice as appropriate to patients and families.
- There was a comprehensive range of information and support available for patients, their families and carers.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good 

We have not previously inspected this service. We rated it as good because:

- Staff cared for children, young people and families with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment

Community health services for children and young people

Is the service responsive?

Good 

We have not previously inspected this service. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Patients' individual needs were central to the planning and delivery of the services.
- The service took a proactive approach to understanding the needs of patients' individual needs. They treated all children in their care as individuals and adopted individualised plans of care and treatment using tailor made packages of care.
- The service was meeting targets as set out by the relevant programmes for each respective service. Patients could access the right care at the right time.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Staff did not record compliments received of which there were many. This meant that there was a missed opportunity for good work to be captured and shared.

Is the service well-led?

Good 

We have not previously inspected this service. We rated it as good because:

- Managers within community children, young people and families had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- There was a clear governance structure and senior staff members were clear about their roles, responsibilities and accountabilities and promoted a quality service that met patient' needs.
- Managers across the service promoted a positive culture that supported and valued staff.
- The service had a comprehensive process to identify, understand, monitor and address risks. Risks were monitored and reviewed, to maintain a high quality of care to patients.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Information systems supported quality patient care and treatment. Information was shared widely in the organisation promoting improvements.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service engaged with staff and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

Community health services for children and young people

- There was a positive focus on continuous learning and improvement for all staff.

However:

- There was a disconnect between frontline staff and the senior management team with many staff not aware of who senior managers were.
- Although senior managers and clinical leads were aware of transformational plans, other staff were unaware of trust and service strategy and how this was going to be achieved for the service. Some staff were also unaware of the governance structures and processes outside of their own team.
- Some staff told us they had not been included in team planning and events.
- Feedback from patients was not always being sought as forms had not been amended following the acquisition of the service and were not currently being given to patients to complete.

Outstanding practice

We found examples of outstanding practice in the service as:

- The implementation of a health visitor as part of a multidisciplinary health team in the local authority early help assessment hubs.
- The vaccination and immunisation of vulnerable asylum seekers despite not being commissioned to provide this service within the child health inclusion team.

Areas for improvement

We found areas of improvement for this service. See the Areas for Improvement section above.

Community end of life care

Requires improvement



Key facts and figures

End of life services are provided by two palliative care teams which are based in Liverpool and South Sefton. Mersey Care NHS Foundation Trust acquired the services that are provided in South Sefton in June 2017. The trust subsequently acquired services that are provided in Liverpool in April 2018. This meant that at the time of inspection, both palliative care teams were in the process of making sure that a standardized service was provided across both areas.

End of life services in the community are led by GPs and are supported by the palliative care teams, community district nursing teams as well as other allied health professionals such as occupational therapists. Referrals to the palliative care teams are made when advice or support is required to deliver safe and effective care.

Between November 2017 and October 2018, the trust had reported 4,648 deaths. Records indicated that during the same period, the palliative care teams in both Liverpool and South Sefton had received a total of 2,081 referrals (45% of occasions).

During the inspection, we spoke to staff of different grades, including district nurses, members of the palliative care team and senior managers. We attended a multidisciplinary team meeting that was held at a local hospice. We attended six visits to patients' home addresses with district nursing staff as well as members of the palliative care team, and spoke to ten patients and relatives on the telephone, discussing the care that they had received.

We took time to review six patient records during home visits that we attended, as well as reviewing retrospective patient records of patients who had passed away. Additionally, we reviewed information that was provided by the Trust both before and after the inspection.

Summary of this service

We have not previously inspected this service. We rated it as requires improvement because:

- Although the priorities for the service were aligned to the North West Palliative Care Network, the service did not have an overall strategy or workable plans to turn it into action.
- Although the trust had undertaken service reviews across several community services, this had not been undertaken for the Liverpool palliative care team at the time of our inspection. A service review had been undertaken for the South Sefton palliative care team, an action plan had not yet been implemented to make improvements where needed.
- There was not always evidence that controlled drugs had been destroyed after a patient had passed away, in line with legislation as well as trust policies and procedures. Records indicated that there was no evidence of this on two out of eight occasions. Additionally, a recent care of the dying audit that had been completed in June 2018 indicated that there was only evidence that controlled drugs had been destroyed on 62% of occasions.
- The service had suitable equipment but had not always looked after it well. Records indicated that only 67% of syringe drivers in the South Sefton area had been serviced in line with manufacturers' guidance. This meant that there was an increased risk that equipment would malfunction while being used.

Community end of life care

- The service had not planned to review all expected patient deaths before the time of our inspection. This meant that there was an increased risk that areas for improvement had been missed. However, the management team informed us that a new process had recently been implemented so that all expected deaths could be reviewed.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patient records indicated that consent to treatment had not always been documented in line with trust policy.
- Although staff informed us that the palliative care team were responsive when support was needed, the service had not monitored compliance with the service's policy to triage urgent patients within four hours as well as triaging all other patients within 24 hours and undertaking a clinical review within 72 hours. This meant that it was unclear if these targets had been achieved consistently.
- Although there was evidence that staff had provided emotional support to patients and relatives to minimise their distress, records indicated that not all relatives had been offered bereavement support after a patient had passed away. We found that there was no documented evidence of this being undertaken on nine out of 11 occasions. In addition, a care of the dying audit that had been undertaken in June 2018 had identified that only 45% of relatives had been offered bereavement support.

However:

- The service provided care and treatment based on national guidance. This included the Supporting Care Improving Outcomes guidance (National Institute for Clinical Excellence, 2004), End of Life Strategy (Department of Health, 2015) as well as the Care of Dying Adults in the Last days of life (National Institute for Clinical Excellence, 2017).
- Staff of different kinds worked together as a team to benefit patients. Members of the palliative care team worked well alongside staff, both internally and externally.
- Staff cared for patients with compassion. Both members from the district nursing and palliative care teams were committed to providing high quality and compassionate care.
- Patients and relatives who we spoke with told us that the care and treatment delivered had been of a high standard. Comments included 'we are extremely happy with the care that we are getting' and 'we are more than happy, we can't fault it and that staff are very helpful'.
- Most managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The palliative care team were very proud of the work that they had done. They were focused on providing the best possible care and meeting the needs of the people that used the service.

Is the service safe?

Requires improvement



We have not previously inspected this service. We rated safe as requires improvement because:

- There was not always evidence that controlled drugs had been destroyed after a patient had passed away, in line with legislation as well as trust policies and procedures. Records indicated that there was no evidence of this on two out of eight occasions. Additionally, a recent care of the dying audit that had been completed in June 2018 indicated that there was evidence that controlled drugs had been destroyed on 62% of occasions.
- The service provided mandatory training in key skills to all staff. However, records indicated that compliance in some key modules was poor. This included key modules such as information governance and medicines management.

Community end of life care

- The service had suitable equipment but had not always looked after it well. Records indicated that only 67% of syringe drivers in the South Sefton area had been serviced in line with manufacturers' guidance. This meant that there was an increased risk that equipment would malfunction while being used.
- Staff had not always kept detailed records of patients care and treatment. We reviewed 15 sets of records for patients who had passed away, finding that key information had not been completed on eight occasions.
- Although staff completed and updated risk assessments on most occasions, including those to reduce the risk of pressure ulcers and falls, we found that an outcome of the falls risk assessment was referred to a team that no longer existed as described on the risk assessment form. This meant that we were not assured that appropriate referrals would always be made when needed.
- The service had not planned to review all expected patient deaths before the time of our inspection. This meant that there was an increased risk that areas for improvement had been missed. However, the management team informed us that a new process had recently been implemented so that all expected deaths could be reviewed.
- We were unable to conclude that the service applied the Duty of Candour when needed. This was because when we reviewed all incidents that had resulted in a moderate level of harm or above, we found that not all incidents were included on a tracker that was used to identify the progress of each stage of the Duty of Candour.

However:

- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff who we spoke with could give examples of what constituted a safeguarding incident and knew how to make a safeguarding referral if needed.
- The service controlled infection risk well. Staff decontaminated their hands after patient contact and had appropriate equipment to reduce the risk of infection being spread.
- On most occasions, the service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. All incidents that related to the provision of end of life care were reviewed and actions had been taken to reduce the risk of similar incidents reoccurring.

Is the service effective?

Requires improvement 

We have not previously rated this service. We rated effective as requires improvement because:

- The service had monitored the effectiveness of the care and treatment provided in some areas. However, records indicated that the provision of end of life services had not always been monitored in the South Sefton area. This was because a care of the dying audit completed in June 2018 had only included records from the Liverpool area.
- Not all staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Patient records indicated that consent to treatment had not always been documented in line with trust policy.
- Staff did not always understand their responsibility to challenge do not attempt cardiopulmonary resuscitation orders that had been completed by other medical professionals, such as GPs. This meant that there was an increased risk that care and treatment would not always reflect a patient's wishes.

However:

Community end of life care

- The service provided care and treatment based on national guidance. This included the Supporting Care Improving Outcomes guidance (National Institute for Clinical Excellence, 2004), End of Life Strategy (Department of Health, 2015) as well as the Care of Dying Adults in the Last days of life (National Institute for Clinical Excellence, 2017).
- Staff gave patients enough food and drink to meet their needs and improve their health. Referrals to dieticians had been made for further nutritional support when needed.
- Staff assessed and monitored patients to see if they were in pain. Records indicated that pain relief had been prescribed and administered in a timely manner when needed.
- The service had made sure that staff were competent for their roles. Members of the palliative care team delivered education to all district nursing staff in both the Liverpool and South Sefton areas. Most staff had received this.
- Staff of different kinds worked together as a team to benefit patients. Members of the palliative care team worked well alongside staff, both internally and externally.

Is the service caring?

Good 

We have not previously inspected this service. We rated caring as good because:

- Staff cared for patients with compassion. Both members from the district nursing and palliative care teams were committed to providing high quality and compassionate care.
- Patients and relatives who we spoke with told us that the care and treatment delivered had been of a high standard. Comments included 'we are extremely happy with the care that we are getting' and 'we are more than happy, we can't fault it and that staff are very helpful'.
- Staff involved patients and those close to them in decisions about their care and treatment. Records that we reviewed showed that patients and relatives were involved in their own care and treatment. Treatment options that were available were discussed and patients were given the choice of how they wanted their care to proceed.

However:

- Although there was evidence that staff had provided emotional support to patients and relatives to minimise their distress, records indicated that not all relatives had been offered bereavement support after a patient had passed away. We found that there was no documented evidence of this being undertaken on nine out of 11 occasions. In addition, a care of the dying audit that had been undertaken in June 2018 had identified that only 45% of relatives had been offered bereavement support.

Is the service responsive?

Good 

We have not previously inspected this service. We rated responsive as good because:

- The service was accessible to all who needed it and took account of patients' individual needs. Staff could access psychology services for patients and relatives when needed. In addition, staff were committed to working with patients and relatives to make sure that cultural differences were met.

Community end of life care

- The service treated concerns and complaints seriously on most occasions, investigated them and learned lessons from the results. There was a trust wide complaints team who coordinated responses to complaints.
- Records indicated that the preferred place of care for patients had been documented on 85% of occasions. In a care of the dying audit that had been undertaken in June 2018 indicated that this had been met on 85% of occasions.

However:

- Access to services that people needed had varied. Staff informed us that some services were difficult to access, such as a night sitting service that was provided by an external organisation. In addition, out of hours services had sometimes been difficult to access as the night district nursing team had to cover a large geographical area, including both Liverpool and South Sefton.
- Although staff informed us that the palliative care team were responsive when support was needed, the service had not monitored compliance with the service's policy to triage urgent patients within four hours as well as triaging all other patients within 24 hours and undertaking a clinical review within 72 hours. This meant that it was unclear if these targets had been achieved consistently.

Is the service well-led?

Requires improvement



We have not previously rated this service. We rated well led as requires improvement because:

- Although the priorities for the service were aligned to the North West Palliative Care Network, the service did not have an overall strategy or workable plans to turn it into action.
- The trust had undertaken service reviews across several community services. However, this had not been undertaken for the Liverpool palliative care team at the time of our inspection. Although a service review had been undertaken for the South Sefton palliative care team, an action plan had not yet been implemented to make improvements where needed.
- The service had a governance structure which allowed information to be shared between palliative care services, some members of the senior management team as well as external stakeholders and providers. However, we had concerns that members of the senior leadership team did not always have an oversight of end of life services. This was because there was no documented evidence that end of life services had been discussed during governance meetings that had been held by members of the senior leadership team.
- The service had collected some information to support its activities, using secure systems with security safeguards. However, members of the palliative care team informed us that they had not always recorded information in a way that had been effective in providing an oversight of the provision of end of life care.
- Although the trust had a risk management strategy and system, there had been no formal risks identified for end of life services. During the inspection we highlighted some concerns to the senior management and executive team who were unaware of these risks.
- Although most staff informed us that most members of the leadership team had promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values, some staff informed us that they would not feel comfortable to raise concerns with members of the management team when needed.
- Some staff we spoke with were not aware of who the freedom to speak up guardian was. A freedom to speak up guardian is a designated member of the executive team who staff can contact anonymously about issues that they have. This is particularly important for staff who do not feel that they can raise concerns with a manager directly.

Community end of life care

However:

- The palliative care team were very proud of the work that they had done. They were focused on providing the best possible care and meeting the needs of the people that used the service.
- Managers at most levels had the right skills and abilities to run a service providing high-quality sustainable care.

Areas for improvement

We found areas for improvement in this core service. See Areas for Improvement section above.

Community-based mental health services of adults of working age

Requires improvement  

Key facts and figures

Mersey Care NHS Foundation Trust provide nine community mental health teams (CMHTs). We carried out a short notice (24 hours) announced inspection of three service locations, Park Lodge, Moss House and North Sefton.

The teams work with adults with severe, complex and enduring mental health problems. The teams also work with people with less severe mental health problems that have not responded to treatment from primary care services.

The service is available to people aged 17 and above. Patients are seen in their own homes or other appropriate settings.

The service supports patients in a range of ways, including:

- Diagnosis
- Medical reviews
- Stepped up care (support for patients during crisis)
- Psychological intervention
- Psycho-social intervention

The aim of the service is to significantly improve the mental health of patients and support them in their transition and discharge to primary care services in reasonable time.

The inspection team was made up of two CQC inspectors and two specialist advisors. During inspection, the inspection team:

- toured each of the location premises (areas visited by patients)
- inspected three clinic rooms and checked equipment
- attended and observed two community visits
- spoke with five patients and two carers
- spoke with nine managers
- spoke with other staff members, including doctors, nurses, social workers, advanced practitioners, occupational therapists, domestic staff, support staff and psychologists.
- attended and observed two multidisciplinary team meetings, two stepped up care meetings and one care programme approach meeting.
- collected feedback from people using comment cards
- looked at 19 patient treatment records
- looked at a range of policies, audits, procedures and other documents relating to the service
- observed interactions between staff, patients, family members and carers
- collected feedback from staff focus groups.

Community-based mental health services of adults of working age

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- There were long wait times for patient access to psychological interventions.
- Staff compliance rates for role-specific mandatory training were low.
- The service was going through a migration of one electronic system to another. New staff could not easily access the previous electronic record system.
- Park Lodge and Moss House were not accessible for wheelchair users and the disabled toilet at Moss House was not fit for purpose.

However:

- There were no waiting lists for assessment by the community mental health service.
- Risk assessments and audits of the environment, including infection control, were done regularly and were up to date.
- Patients had robust, person centred care and treatment plans including physical health assessments. They were involved in the decision making about their care and treatment.
- Serious incidents were being reported and managers were able to feed into the trust risk register. The service had a variety of ways that risks, concerns, complaints and lessons learnt were being communicated to staff.
- The service had robust multidisciplinary and interagency teamworking.
- The service provided a variety of information regarding community events, treatments and care services available for patients, carers and families.
- Staff were trained in and had a good understanding of the Mental Health Act and the Mental Capacity Act. The service had policies and procedures in place and staff had access to support.
- There was good leadership and the service encouraged learning and continuous improvement ideas from staff, patients, families and carers.

Is the service safe?

Requires improvement  

Our rating of safe went down. We rated it as requires improvement because:

- Staff compliance rates for role-specific mandatory training in conflict resolution, Mental Health Act and Mental Capacity Act were very low at Moss House CMHT and/or Park Lodge CMHT.
- The migration of records from one electronic recording system to another meant that staff could not always access the information they needed to deliver care in a timely manner. New staff did not have access to the old system, which caused a problem if information had not been moved to the new system as other staff with access to the old system would have to get the information for them. Staff were struggling to navigate the new system efficiently.

However:

Community-based mental health services of adults of working age

- The service had up to date risk assessments and audits of the environment including infection control. The locations, including clinic rooms, were clean and monitoring processes were in place.
- Patients had robust, person centred care and treatment plans, which included physical health assessments.
- The service was reporting incidents and feeding lessons learnt to staff through newsletters, safety meetings and quality compliance alerts.
- Safeguarding meetings were held weekly across the local area to discuss and highlight any concerns.

Is the service effective?

Requires improvement  

Our rating of effective went down. We rated it as requires improvement because:

- Patients were not always receiving the treatment they needed. There were high wait times for access to psychologists, and mental health practitioners were not delivering psychological interventions as part of the support they offered. It was not uncommon for patients to wait over 12 months for therapy. This had been highlighted in our previous inspection report published in October 2015 but we did not see that any improvements had been made.

However:

- Staff completed assessments and care plans that were holistic and personalised, and ensured these were kept up to date.
- The service had robust working relationships with multidisciplinary staff, other teams within the service and external agencies such as police, GPs and voluntary services.
- Patients on community treatment orders had their rights explained to them when required and staff documented this.
- The service had regular audits of the Mental Health Act and staff had access to Mental Capacity Act and Mental Health Act policies and procedures.
- Staff had a good understanding of the Mental Capacity Act and supported patients to make decisions for themselves.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients, families and carers were encouraged to be involved with the service. A range of events were advertised on the trust website for them to get involved in.
- Patients were supported to run their own groups in the local community.
- Patients were involved in the decision making about their care and treatment and felt they could speak with their care coordinator openly.
- There were positive interactions between staff and patients.

Community-based mental health services of adults of working age

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Patients had access to services local to them and there were no waiting lists for assessment with community mental health services. The community centres were situated close to transport links.
- The majority of meeting rooms were clean, had good furnishings and promoted privacy and dignity.
- The service provided patients, families and carers with an abundance of information. Patients were directed to other services when required, including advocacy and social groups run by staff and patients.
- We saw clear evidence that the service acted on concerns and complaints. It was part of the team meeting framework for discussion as well as through other channels such as supervision and safety huddles.

However:

- Access to Park Lodge and Moss House through the main entrance was not suitable for wheelchair users. The disabled toilet at Moss House was not fit for purpose.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers were knowledgeable about the service and had the right skills to perform their role.
- The service encouraged learning and continuous improvement ideas from staff, patients, families and carers. The service had a leadership programme to support staff development.
- The vision and values of the trust were linked in with staff performance objectives and staff knew what they were.
- There were robust policies, procedures and support in place to promote safety, physical health and wellbeing for all staff.
- The service had a consistent approach in making sure that topics of high importance were discussed at every team meeting. Managers were able to feed into the trust's risk register with areas of concern and staff reported all safeguarding concerns to the local authorities.
- Senior managers were visible and regularly visited the service to work a shift.

However:

- There was inconsistency between the teams' compliance with mandatory training.
- There had been no improvement in the waiting times for psychological interventions, which was an issue we found at our previous inspection.

Areas for improvement

We found areas for improvement in this service. Please see Areas for Improvement section above.

Long stay or rehabilitation mental health wards for working age adults

Good  

Key facts and figures

The long stay/rehabilitation mental health wards for working age adults are part of Mersey Care NHS Foundation Trust. The service provides long term rehabilitation to persons with enduring mental health problems and acquired brain injury. The service would be classed as a longer term high dependency rehabilitation service.

Rathbone Hospital has one long stay/rehabilitation mental health ward for working age adults. Rathbone rehabilitation unit is a 25-bedded unit providing long term rehabilitation for patients with a primary diagnosis of psychosis, who are informal or detained under the Mental Health Act. The service receives referrals from both the acute mental health services and secure forensic services.

Sid Watkins Building has one long stay/rehabilitation mental health ward for working age adults. The brain injury rehabilitation unit is a 12-bedded unit that provides inpatient rehabilitation to patients with an acquired brain injury who may have cognitive, functional, emotional and/or behavioural problems as a result. The unit helps patients rebuild their lives, regain independence and maximise quality of life. Both units work with individuals, carers and other agencies to maximise rehabilitation potential and quality of life.

We inspected the whole service, the inspection being unannounced (staff did not know we were coming) to enable us to observe routine activity. The service had last been inspected in 2015 when the service was rated as requires improvement

During the inspection, the inspection team:

- Spoke to 16 staff, including managers, doctors, occupational therapists, psychologists, nurses, and health care assistants
- Spoke to seven patients out of a total of 31 patients across the service
- Spoke to five carers of patients across the service
- Looked at nine sets of care records in detail
- Looked at 31 sets of medication records
- Attended one handover
- Attended one team meeting
- Attended one medication round
- Attended one psychology group session
- Toured and visually assessed two units
- Conducted focus groups and gained information from external stakeholder organisations.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had worked to implement improvement regarding problems noted in the previous inspection. Ligature assessments were completed and up to date. We saw that mixed sex accommodation guidelines were being followed.

Long stay or rehabilitation mental health wards for working age adults

The units themselves were clean and well furnished, with furniture appropriate to a rehabilitation setting. Staffing figures showed that more staff had been employed, and that safe staffing levels were prioritised. Risk assessments were completed and updated regularly. The service followed the trust guidance regarding no force first, this being evidenced by the minimal use of restraint in the service. Medication management was audited and noted to be of a high standard during the inspection.

- Care plans were holistic, personalised, and patient-centred with patient involvement. Physical health monitoring was on-going at the service, starting on admission, and related to individual patient needs. Psychology input was available at the service, with multi-disciplinary input that guided therapy. We attended a psychology group meeting, and saw good interaction and patient involvement. Supervision and appraisals were taking place at the service, and staff told us that input from such sessions was helpful. Staff were trained in the Mental Health Act and the Mental Capacity Act, and we saw that both Acts were being implemented within the service, with access to administrators and consideration in care records of patient rights.
- Patients told us they were happy at the service, and felt safe. We were told that staff were kind, helpful, and always available. Carers spoke highly of the service, stating that their relatives' difficulties had improved since being admitted. Patient experience survey results were very positive, with 100% approval for many of the aspects reviewed. The inspection team saw good interaction between staff and patients, and a willingness by staff to be courteous, respectful, and helpful during this interaction.
- The service looked to discharge dates for patients from the first ward review, and worked towards meeting those dates. At the time of the inspection, there were no delayed discharges in the service. Delays to discharge were often not down to clinical problems, but due to external factors beyond the scope of the service. Patients could access bedrooms at any time and there was safe storage for valuable items in each room. There were many different activities available seven days a week, and patients were encouraged to take part. There was lots of information available to patients and carers regarding treatments, rights, smoking cessation, advocacy, and volunteer work for patients.
- Leadership training was available to managers in the service, and staff told us they felt that management on each unit were approachable and considerate. The trust visions and values were apparent throughout the service: signs and posters giving information were on each unit, and staff told us they were aware of the values and tried to bring them to the ward environment. An electronic dashboard of information regarding performance was available to managers, outlining service performance, and managers used this information to take the service forward, improving the patient experience. The brain injury rehabilitation unit was due to accept accreditation to a national brain injury charity, after being assessed over a period of time.

However:

- Some care plans contained jargon, language that might confuse patients.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- There was a full ligature assessment in place that was regularly updated.
- Staff maintained patients' privacy and dignity on mixed-sex wards.
- The unit environments were well-maintained, and cleanliness was monitored and clearly stressed in each unit.

Long stay or rehabilitation mental health wards for working age adults

- Both units were well staffed, with staffing figures for both qualified and non-qualified staff high.
- In the 12 months from August 2017 to July 2018, staff had never used prone restraint or rapid tranquilisation to manage behaviour that they found challenging.
- Risk assessments were being completed and updated regularly, and amended in a timely manner.
- Medication management across the service was audited, observed, and of a high standard.

Is the service effective?

Good  ➡ ➡

Our rating of effective stayed the same. We rated it as good because:

- Staff completed care plans that were holistic and personalised and ensured that these were kept up to date.
- Physical health monitoring was ongoing across the service, beginning with a full physical examination on admission.
- Clinical audit was taking place, and findings used to drive performance forward.
- Psychological therapies were available and effective, with more psychology staff to start at the service shortly after the inspection.
- Clinical supervision and appraisals were taking place.
- Mental Health Act training and Mental Capacity Act training were at 100% for both sites, with staff showing a good knowledge of both Acts and their application.

However:

- Some care plans contained jargon that could confuse patients.

Is the service caring?

Good  ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- There was involvement of patients in their care, both recorded in records and in conversation with patients.
- Carers spoke highly of both the staff and the treatment being received by their relatives at the service.
- Patient experience survey results showed 100% for all aspects reviewed, such as activities, care and treatment, cleanliness, and effective care.
- Patient forum minutes showed involvement of patients, as well as results of the service listening and acting on patient views.

Long stay or rehabilitation mental health wards for working age adults

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- All admissions were planned, and were in line with best practice guidance regarding timeliness.
- There were only two readmissions within 28 days of discharge in over 12-months in the service.
- The average length of stay at the Sid Watkins unit ranged between 47 and 204 days and at the Rathbone Rehabilitation Centre ranged between 244 and 845 days.
- There was evidence that the service worked toward discharge from the service from admission.
- The unit environments were patient centred, with all patients having access to bedrooms at any time of the day, personalised rooms, and relevant activities that were available seven days a week.
- There were opportunities for patients to do voluntary work or attend courses.
- The service was accessible to all who needed it and took account of patients' individual needs.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leadership training was available to managers in the service.
- Staff were aware of the visions and values of the trust, and the service worked towards those visions and values.
- Key performance indicators were used to gauge performance, and the information was electronically available to the service to help guide managers forward to improve the service.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.
- Staff could raise issues to the trust risk register by informing their manager of perceived risks.
- The brain injury rehabilitation unit were working toward accreditation with a national brain injury charity, with final assessment at the time of the inspection.

Outstanding practice

The brain injury rehabilitation unit was approved by the General Medical Council for higher training for both neuropsychiatry and rehabilitation medicine.

Acute wards for adults of working age and psychiatric intensive care units

Good   

Key facts and figures

The trust provides acute inpatient mental health services for adults of working age at eight wards across four sites. These are:

- Broadoak Unit (Liverpool):
 - Albert Ward – 24 beds for men
 - Brunswick Ward – 23 beds for men and women
 - Harrington Ward – 19 beds for women
- Clock View Hospital (Walton, Liverpool):
 - Alt Ward – 17 beds for men and women
 - Dee Ward – 17 beds for women
 - Morris Ward – 17 beds for men
- Hesketh Centre (Southport):
 - Park Ward – 24 beds for men and women
- Windsor House (Liverpool):
 - Windsor House – 24 beds for men and women

The trust has one psychiatric intensive care ward:

- Clock View Hospital (Walton, Liverpool):
 - Newton Ward – 12 beds for men and women.

All nine wards are for people aged over 18 years. All eight acute wards care for people who are detained under the Mental Health Act, or who are admitted voluntarily. The psychiatric intensive care unit only admitted patients detained under the Mental Health Act.

During this inspection we looked at all five key questions: was the service safe, effective, caring, responsive and well led? The inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before this inspection, we reviewed information that we held about the service. During the inspection we:

- spoke with 23 patients
- spoke with four carers or relatives of patients
- spoke with 34 staff
- spoke with three volunteers or non-clinical staff
- spoke with 14 managers
- reviewed 34 care records
- reviewed 62 prescription charts
- carried out a tour of all eight wards, and visited an onsite occupational therapy service

Acute wards for adults of working age and psychiatric intensive care units

- observed three multidisciplinary team meetings, a patients' meeting and other ward meetings
- looked at a range of policies, procedures and other documents relating to the running of the service.

A comprehensive inspection of acute wards for adults of working age and psychiatric intensive care units was last carried out by the Care Quality Commission in June 2015. Acute wards for adults of working age and psychiatric intensive care units were rated as good overall, good for effective, caring, responsive and well led domains; and requires improvement in the safe domain.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff delivered care in line with best practice and national guidance.
- Staff completed and updated assessments of patients, and developed care plans from these. Patients' physical health care was routinely assessed, monitored and treated when required. Staff minimised the use of blanket restrictions and restrictive interventions and followed best practice and the Mental Health Act when restricting patients to keep them and others safe.
- A multidisciplinary team of staff provided care to patients. In addition to medical and nursing staff, care was provided by psychologists and occupational therapists. Other specialists could be accessed when required.
- Staff adhered to the requirements of the Mental Health Act. Staff received training about the Mental Health Act and knew how to access advice. Staff were aware of the Mental Capacity Act, and knew how it worked in relation to best interest decision making.
- The wards were safe and clean, complied with guidance on the elimination of mixed-sex accommodation, and provided appropriate facilities for patients.
- There was pressure on beds, but patients were usually able to have a bed when they needed one. Staff and managers regularly reviewed the availability of beds, and how current patients were progressing through their treatment plan.

However:

- On five of the nine wards, most of the patient bedrooms contained more than one bed. This meant that patients had to sleep in the same room as a stranger.
- Maintaining safe staffing levels was an ongoing challenge, as there were difficulties in recruiting qualified nurses and in some areas healthcare assistants.
- All the trust sites were non-smoking, but patient smoking was allowed/tolerated in outdoor areas and doorways. This was inconsistent with trust policy, and management of smoking was an ongoing concern for staff.
- Staff did not record or always explain to patients who were not detained under the MHA that they had the right to leave the ward whenever they wished.
- Staff monitored patients on high dose antipsychotic therapy, but this was not consistently recorded and implemented by staff.

Acute wards for adults of working age and psychiatric intensive care units

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Medication was managed and administered safely. Patients who received rapid tranquilisation were monitored afterwards to ensure their safety. This had improved since the last inspection. Staff followed best practice when storing, dispensing, and recording medication. Staff regularly reviewed the effects of medications on each patient's physical health.
- All wards were safe, clean, well equipped, well furnished, and well maintained.
- Staff could clearly see all areas of the ward, or were aware of blind spots and mitigated against them. Staff were aware of any ligature anchor points and actions to mitigate risks to patients who might try to harm themselves.
- The wards complied with guidance on eliminating mixed-sex accommodation.
- Infection control audits were carried out, and personal protective equipment and handwashing equipment was available for staff. Clinical waste and sharps were disposed of safely.
- Seclusion rooms were equipped in accordance with the Mental Health Act code of practice.
- Clinic rooms were clean and well stocked.
- There was adequate medical cover during the day and night, and a doctor could attend the wards quickly in an emergency.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff knew how to identify potential safeguarding concerns, and the action to take in response.
- Staff completed and updated risk assessments for each patient and used these to understand and manage risks individually. They minimised the use of restrictive interventions and followed best practice and the Mental Health Act when restricting patients to keep them and others safe.
- All staff knew what incidents to report and how to report them. Staff understood the duty of candour.

However:

- Maintaining safe staffing levels was an ongoing challenge, as there were difficulties in recruiting qualified nurses and in some areas healthcare assistants.
- Staff did not always clearly document that informal patients were aware of their rights.
- All the trust sites were non-smoking, but patient smoking was allowed/tolerated in outdoor areas and doorways. This was inconsistent with trust policy, and management of smoking was an ongoing concern for staff.
- Staff monitored patients on high dose antipsychotic therapy, but this was not consistently recorded and implemented by staff.

Acute wards for adults of working age and psychiatric intensive care units

Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans and updated them when needed.
- Staff provided a range of treatment and care for patients based on national guidance and best practice. Staff supported patients with their physical health and encouraged them to live healthier lives.
- Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision, opportunities to update and further develop their skills.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them.
- Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity.

However:

- Capacity to consent was not always documented or easy to find in the care records.
- Staff did not always clearly document that informal patients were aware of their rights.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity, and supported their individual needs.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.

However:

- Not all the patients we spoke with felt they were engaged in their care planning.

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- People could usually access the service closest to their home when they needed it.

Acute wards for adults of working age and psychiatric intensive care units

- Psychiatric intensive care was available for patients when they needed it.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication and cultural support.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- Staff supported patients with activities outside the service, such as work, education and family relationships.
- The design, layout, and furnishings of the wards at Clock View Hospital supported patients' treatment, privacy and dignity.
- The trust had plans to replace ward environments that were not fit for purpose.

However:

- Although the four wards at Clock View Hospital had all single rooms with ensuite facilities, most beds on the five other wards were in dormitories, with communal toilets and bathrooms, and restricted access to outdoor space.
- All the wards had reported average bed occupancies ranging above the minimum benchmark of 85%.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure systems with security safeguards.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Wards for people with a learning disability or autism

Good  

Key facts and figures

The Specialist Treatment, Assessment and Recovery (STAR) unit is based at Rathbone Hospital. It provides 24-hour inpatient care to adults with learning disabilities and additional needs who may be detained under the Mental Health Act. It is a mixed-sex nine-bedded unit.

We inspected STAR unit in March 2017. At that time we also inspected Wavertree Bungalow, which is a nurse-led respite service for adults with a learning disability and complex health needs. Wavertree Bungalow has since changed its registration with CQC, meaning that it no longer comes under our core service 'wards for people with a learning disability or autism'. We did not therefore inspect it on this occasion.

At our March 2017 inspection of STAR unit and Wavertree Bungalow, we gave an overall rating of 'requires improvement'. We rated each of the five key questions (safe, effective, caring, responsive and well-led) as 'requires improvement'.

Our inspection visit was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited all wards, looked at the quality of ward environments and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with two carers by telephone
- undertook a short observational framework for inspection
- spoke with the ward manager, modern matron and deputy chief operating officer
- spoke with seven other staff members including a doctor, an occupational therapist, three nurses and two nursing assistants
- spoke with the independent mental health advocate
- observed one handover meeting
- reviewed nine patient records, including risk assessments, care plans and Mental Health Act and Mental Capacity Act documentation.
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service improved. We rated it as good because:

- We rated all key questions as good.

Wards for people with a learning disability or autism

- The service provided safe care. The ward environments were safe and clean. The wards had enough nurses and doctors. Staff assessed and managed risk well, managed medicines safely, followed good practice with respect to safeguarding and minimised the use of restrictive practices. Staff had the skills required to develop and implement good positive behaviour support plans to enable them to work with patients who displayed behaviour that staff found challenging.
- Staff developed holistic, recovery-oriented care plans informed by a comprehensive assessment. They provided a range of treatments suitable to the needs of the patients cared for in a ward for people with a learning disability and/or autism and in line with national guidance about best practice. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers ensured that these staff received training, supervision and appraisal. The ward staff worked well together as a multi-disciplinary team and with those outside the ward who would have a role in providing aftercare.
- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff treated patients with compassion and kindness. They involved patients and those close to them in decisions about their care and about the service. Staff spoke to and about patients in a way that was consistent with a culture of positive behaviour support.
- The ward promoted privacy and dignity for patients. The service was accessible to all who needed it. Arrangements to admit, treat and discharge patients were in line with good practice. Staff helped patients with communication, advocacy and cultural support.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Managers promoted a positive culture that supported and valued staff. The ward used a systematic approach to continually improving the quality of its services.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The ward was safe, clean, well equipped, well furnished and well maintained.
- The ward now had enough nursing staff, who had received basic training to keep people safe from avoidable harm. Staffing levels had improved since our last inspection.
- Staff assessed and managed risks to patients and themselves well and achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff had the skills required to develop and implement good positive behaviour support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint only after attempts at de-escalation had failed. The ward staff participated in the trust's restrictive interventions reduction programme.
- Patients with epilepsy had detailed epilepsy care plans.
- Staff understood how to protect patients from abuse and/or exploitation and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and/or exploitation and they knew how to apply it.

Wards for people with a learning disability or autism

- Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.
- Staff followed best practice when storing, dispensing, and recording the use of medicines. Staff regularly reviewed the effects of medications on each patient's physical health. They were aware of, and worked towards achieving the aims of, the STOMP programme (stop over-medicating people with a learning disability).
- The wards had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Staff had removed soap dispensers from patients' communal bathrooms, meaning patients could not wash their hands effectively after using the toilet.
- Staff had not undertaken a resuscitation drill during the year prior to inspection, meaning that managers could not be fully assured that staff would respond quickly and effectively in a medical emergency.

Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.
- Staff followed patients' positive behaviour support plans, which was an improvement from the previous inspection.
- Staff provided a range of care and treatment interventions suitable for the patient group and consistent with national guidance on best practice. This included access to psychological therapies, to support for self-care and the development of everyday living skills and to meaningful occupation. Staff ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The ward team included or had access to the full range of specialists required to meet the needs of patients on the ward. Managers made sure they had staff with a range of skills need to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.
- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The ward team(s) had effective working relationships with staff from services that would provide aftercare following the patient's discharge and engaged with them early on in the patient's admission to plan discharge.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well.

Wards for people with a learning disability or autism

- Staff supported patients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

However:

- It was not clear from care records that staff had fully considered how to protect the rights of a patient who lacked capacity to understand those rights. For example there was no documented evidence that staff had referred the patient to an independent mental health advocate or for a mental health tribunal.

Is the service caring?

Good ● ↑

Our rating of caring improved. We rated it as good because:

- Staff treated patients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition. This had improved since our last inspection.
- Staff involved patients and those close to them in decisions about their care, treatment and changes to the service.
- Staff spoke to and about patients in a way that was consistent with a culture of positive behaviour support.
- There were regular community meetings on the wards. We saw that issues raised by patients had been acted on.
- Carers described the staff as 'brilliant' and 'marvellous'.

Is the service responsive?

Good ● ↑

- Our rating of responsive improved. We rated it as good because:
- People could access the service closest to their home when they needed it. Arrangements to admit, treat and discharge patients were in line with good practice.
- Staff met or spoke with commissioners regularly to try to resolve delays for patients ready for discharge from the ward.
- Patients had their own rooms, in which they could keep personal belongings safely. There were quiet areas for privacy and where patients could be independent of staff.
- Staff supported patients with activities outside the service, such as work, education and family relationships. Patient access to meaningful activities had improved since our last inspection.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.
- Staff liaised with colleagues from the acute trust to ensure that patients' mental health and learning disability needs were met during visits to hospital for physical care.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Wards for people with a learning disability or autism

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leaders had a good understanding of the service they managed and how it supported the aims of the transforming care programme. Leaders had the skills, knowledge and experience to perform their roles, were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day to day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.
- Ward teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Wards for older people with mental health problems

Good  

Key facts and figures

The trust's wards for older people with mental health problems care for people with both organic and functional mental health disorders.

Organic mental illness is usually caused by disease affecting the brain, such as dementia. Functional mental illness has predominantly a psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety.

We inspected five wards spread over four sites:

- Boothroyd ward at Boothroyd unit, which cares for patients with functional mental illness. It has 20 beds and treats both men and women.
- Acorn ward at Mossley Hill Hospital, which cares for patients with organic mental illness. It has 15 beds and treats both men and women.
- Oak ward at Mossley Hill Hospital, which cares for patients with functional mental illness. It has 20 beds and treats both men and women.
- Irwell ward at Clockview Hospital, which cares for patients with organic mental illness. It has 17 beds and treats both men and women.
- Heys Court at Heys Court, which cares for patients with functional mental illness. It has 16 beds and treats both men and women.

At the last inspection, the service had three key questions (safe, effective and well-led) rated as requires improvement so we re-inspected all key questions.

Our inspection visit was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- visited all wards, looked at the quality of ward environments and observed how staff were caring for patients
- spoke with nine patients who were using the service and one carer
- spoke with the managers or deputy managers for each of the wards
- spoke with eight other staff members: including doctors, nurses and nursing assistants
- observed one handover meeting and two multi-disciplinary meetings
- reviewed 11 patient records, including risk assessments, care plans and Mental Health Act and Mental Capacity Act documentation.
- carried out a specific check of the medication management on all wards, including reviewing 68 prescription cards
- looked at a range of policies, procedures and other documents relating to the running of the service.

Wards for older people with mental health problems

Summary of this service

Our rating of this service improved. We rated it as good because:

- We rated all key questions as good.
- Improvements in the clinical environment and medicine management had been made since our last inspection.
- Medicines were now managed safely. Equipment was now cleaned and recorded. Clinic fridge temperatures were also now monitored. Environments had been suitably adapted to meet the needs of patients with dementia. There were enough rooms to accommodate activity and therapy sessions.
- Compliance with supervision, appraisals and mandatory training had improved, including basic life support, immediate life support, moving and handling and dysphasia training. Staff were now appropriately trained and supported for their roles.
- Risk assessments and care plans had been completed for all patients and reflected patients' lives and interests. They were personalised, holistic and recovery-oriented. Staff had developed a tool to support patient and carer involvement. Families and carers were involved in care planning and discharge planning.
- The food was of good quality and drinks and snacks could be accessed 24 hours a day. Cultural beliefs were accommodated, including special diets.
- Staffing levels and skill mix on each ward were appropriate to meet the needs of patients.
- The service was now notifying the Care Quality Commission of Deprivation of Liberty Safeguards authorisations for patients. Mental Health Act and Mental Capacity Act policies and procedures were followed by staff.
- There were effective systems and processes in place to drive quality improvement and safety. Incidents were reported and acted upon. Complaints were managed well and information fed back to patients.
- Managers had the necessary skills and resources to ensure patient care was of good quality.
- Staff felt respected by senior managers and morale had improved. Staff treated patients, their families and carers with kindness, privacy, dignity, respect, compassion and support. There were good relationships between patients, staff and carers.

However:

- There was dormitory bedroom accommodation on three wards. Beds were separated by curtains. This impacted on patients' privacy and dignity.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service had now ensured that medicines were managed safely including covert medication and allergy advice on prescription cards.
- All equipment was now clean and cleaning records documented. Clinic fridge temperatures were now also monitored and action taken when temperatures were not in range. This was an improvement since the last inspection.

Wards for older people with mental health problems

- Staffing levels on each ward were appropriate to meet the needs of patients. Managers could easily access regular bank or agency staff whenever necessary.
- Compliance mandatory training had improved since the last inspection, including basic life support, immediate life support and moving and handling training. Staff were now appropriately trained for their roles. Staff had received and were up to date with mandatory training.
- Risk assessments had been completed for all patients on admission and regularly updated. Risk assessments were also updated following incidents or a change in risks or care needs.
- Incidents were reported and staff were confident in reporting incidents. Data collated from incidents was used to improve the safety of the service. Lessons learnt were shared with staff and the wider service.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Patients received care that met their individual needs. Their care plans reflected their lives and interests. They were personalised, holistic and recovery-oriented.
- Care and treatment reflected best practice and national guidance. All the wards implemented the 'triangle of care' principles, so that patients and their carers were included in planning care.
- Staff took part in quality improvement processes to enhance patient care and outcomes.
- Patients had access to a team of staff who had the skills and knowledge to provide good, high quality care. Some staff took lead roles in specific areas.
- Managers were now supporting staff through supervision and appraisal. They ensured staff had opportunities to undertake specialist training to improve their skills. Staff had now received specialist dysphagia training to improve the safety of patients with swallowing difficulties. These were improvements since the last inspection.
- Staff understood their responsibilities under the Mental Health Act and Code of Practice. They explained patients' rights under the Mental Health Act to them in ways that they could understand.
- Staff understood the principles of the Mental Capacity Act. They supported patients to make specific decisions for themselves before they assumed that the patient lacked the mental capacity to make it. The service was now notifying the Care Quality Commission of Deprivation of Liberty Safeguards authorisations for patients. This had been rectified since the last inspection.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients, their families and carers with kindness, privacy, dignity, respect, compassion and support.
- Patient-led assessments of the care environment scored higher than similar organisations for privacy, dignity and wellbeing.

Wards for older people with mental health problems

- There were good relationships between patients, staff and carers. Staff made sure patients and carers had the information they needed to be able to make informed decisions about treatment and be involved in planning care.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- Family members were involved in the care and discharge planning process.
- The ward environments provided aids for people living with dementia to orientate them to their surroundings. This included digital calendars and clocks in communal and bedroom areas.
- The ward environments were suitably adapted for people living with dementia with signage that aided people to identify toilet, bathroom and sleeping areas. Toilets had bathrooms that had colour coded toilet sets and hand rails to aid people with recognising the toilet and mobility aids.
- There was a variety of rooms available to patients to pursue activities including safe outside space, which was well maintained.
- Feedback from patients was that the food was of good quality. We saw pictorial menus in use on Irwell ward to assist patients with decision making. Menus include information about whether meals were gluten free, vegan or vegetarian. Patients could access drinks and snacks throughout the day.
- Cultural beliefs were accommodated on the wards including dietary needs and a space to worship.
- There were notice boards on each of the wards with important information on display. This included details on how to complain, the Patient Advice and Liaison Service and the advocacy contact details.
- Complaints were managed well with this service receiving a low number of complaints.
- The trust had plans to replace ward environments that were not fit for purpose.

However:

- There was dormitory bedroom accommodation on three wards. Beds were separated by curtains. This impacted on patients' privacy and dignity.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Leaders were effective in implementing change and driving improvement. Managers had the necessary skills and resources to ensure patient care was of good quality.
- Trust values and a positive culture were embedded into the service. Staff felt respected by senior managers and morale had improved recently.
- There were effective systems and processes in place to drive quality improvement and safety. A quality dashboard was used to monitor key performance targets. Specific action plans were created for underperforming areas.

Wards for older people with mental health problems

- Staff had developed a tool to support patient and carer involvement. The tool was used to gather personal information to support detailed care planning. This enabled care plans to be personalised and person centred.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.