

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

## Clatterbridge Hospital Psychiatric Services

Springview Mental Health Unit, Clatterbridge  
Hospital, Clatterbridge Road, Bedington, Wirral,  
CH63 4JY

Tel: 01514827638

Date of Inspection: 18 June 2014

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2014

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

**Meeting nutritional needs**

✓ Met this standard

**Records**

✓ Met this standard

## Details about this location

Registered Provider	Cheshire and Wirral Partnership NHS Foundation Trust
Overview of the service	Clatterbridge Psychiatric Services is based in Springview Unit at the Clatterbridge health park on the Wirral. It comprises of two acute mental health wards for adults of working age, an older people's mental health ward and a psychiatric intensive care unit as well as an adult eating disorder ward.
Type of services	Community based services for people with mental health needs Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury

## Contents

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

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Clatterbridge Hospital Psychiatric Services had taken action to meet the following essential standards:

- Meeting nutritional needs
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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At the last inspection in November 2013 we had some concerns regarding the provider meeting nutritional needs and records management.

The provider had prepared an action plan to make improvements within these areas. At this inspection undertaken in June 2014 we saw that improvements had been made.

We visited Brackendale and Oaktrees wards at this hospital location. We found improvements had been made and patients had access to a choice of suitable meals. We found meals were available to meet dietary intolerances and requirements as well as diverse needs.

Most of the patients we spoke with said food was very good and a choice of meals was available. The Trust told us they were making improvements to access dietetic support for patients identified as at risk.

We found improvements had been made in relation to record keeping processes and the Trust had checks and audits in place to address any issues highlighted.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### Meeting nutritional needs

✓ Met this standard

### Food and drink should meet people's individual dietary needs

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#### Our judgement

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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#### Reasons for our judgement

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We conducted this follow up inspection because we found improvements were needed following our scheduled inspection in November 2013. The Trust had sent us an action plan informing us how they would make improvements.

At this inspection and on reviewing information provided to CQC we found the Trust had made improvements. They had implemented regular patient meetings on Brackendale ward. We looked at weekly patient meeting minutes and found, food and drink had been added as an agenda item and this had been discussed at the weekly meetings held. We also found on Oaktrees ward that patients had been consulted with.

We reviewed the 2013 patient- led assessments of the care environment (PLACE). These told us that Clatterbridge hospital psychiatric services had been assessed as scoring 93.95% out of 100% for food. The Trust told us this had been reviewed more recently and were awaiting the results for 2014 being published.

We looked at the inpatient safety metric audit that had been completed throughout all wards within the Trust. This is completed on a bi-monthly basis and a sample of five patient records had been audited across each ward. We looked at the results provided for Brackendale ward and food and nutrition had been reviewed as part of this audit. This meant the Trust was monitoring patient records to ensure appropriate compliance was being met across all wards and where any areas of non-compliance were identified an action plan had been developed to monitor improvements needed.

We also reviewed two Trust unannounced visit records completed by a team of executive and non-executive Trust members as well as a safe services manager, pharmacist and a 'lived experience advisor' where possible. The visits looked at meeting nutritional needs and where any issues had been highlighted within the report a summary of ward and Trust recommendations were made. This meant the Trust were monitoring and making improvements to meet patients' nutritional needs.

We found the Trust had a physical health pathway and policy in place; this included the use of the malnutrition universal screening tool (MUST) in relation to nutrition.

The provider may wish to note that staff told us they did not have access to dietetic support apart from on Oaktrees ward. Staff told us that if a person was scored (using the nutritional tool) as of high risk of poor nutritional intake they should be referred and provided with the services of a dietician as the Trust policy stated. The Trust informed us that the development of a service level agreement to address this deficit would be expedited with clinical commissioning groups to ensure appropriate input is urgently sought from a dietetic team. They also told us a clear flowchart would be produced for staff to ensure staff were made aware of how to escalate any concerns regarding patients who required dietetic input to ensure their individual needs were met. They also told us they would record these gaps on their local risk register along with appropriate controls to mitigate these risks.

Records we looked at on Brackendale ward confirmed patients had been weighed weekly and weekly ward multi-disciplinary team (MDT) meeting highlighted patients' admission weight, current weight and body mass index (BMI) for discussion during the meetings. We found daily records were maintained to record diet and fluids, input for patients where a risk had been identified. The ward manager told us that Brackendale ward had access to the speech and language therapy team (SALT) via a referral to the local community Trust.

We reviewed the malnutrition universal screening tool (MUST) being used on Brackendale ward. We found some of the paper records we looked at had not been fully completed however; MDT records we reviewed had been updated with patients' current weight and the most current BMI. Staff we spoke with told us they used the formal screening tool (MUST) to establish any nutritional risks. Nursing staff told us that these were completed on admission and throughout the patients stay. Records we looked at confirmed this.

We reviewed one patient's record that had been identified as being at risk of malnutrition. We found a care plan was in place to address the assessed need around self-neglect of nutrition. We found interventions had been listed to address these issues and had been reviewed in the weekly MDT. This meant that that some checks were in place to ensure the MUST tool had been completed and nutritional intake was being monitored with actions in place to monitor the patients' malnutrition. The Trust confirmed that appropriate and specialist input from a clinical dietetic team would be accessed for this patient immediately as they had been identified as at risk of malnutrition.

During our visit we observed patients on Brackendale ward had been offered snacks (tapas) in the garden area. The Occupational Therapy (OT) staff provided input onto this ward and had introduced tasting days for patients to experience various different cuisines.

We observed the lunchtime meal being served to patients on Brackendale ward. The dining room provided adequate space for the patients on the ward and the tables were set with crockery, and napkins. There was a menu displayed in the dining room area and this provided choice and variety to patients.

Most of the patients we spoke with said the food was good and that there was a good choice on offer, providing a sandwich as an alternative.

We looked at the six weekly menus in place on this ward, these provided choice and variety and patients were able to decide on the day what their choice of meal was. We also found that where any dietary requirements were identified then these had been accommodated. We saw that patients had access to water, juice and hot drinks throughout the day to help keep them hydrated. Staff told us people could have a snack at any time if they wished, which helped keep people nourished throughout the day and if they had

refused a meal.

We found Oaktrees ward provided a three weekly menu and access to a rehabilitation kitchen was also available. This provided individuals with the opportunity to maintain their independent living skills and assisted individual patients progressing through their treatment plans. We found individual place mats had been produced by patients in the dining room area and notices in the dining room area had been reworded.



**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## Reasons for our judgement

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We conducted this follow up inspection because we found improvements were needed following our scheduled inspection in November 2013. The Trust had sent us an action plan informing us how they would make improvements.

At this inspection and on reviewing information provided to CQC we found the Trust had made improvements. Following our initial inspection we found the Trust records manager had disseminated information to ward staff to address patient involvement in the care plans and addressed issues around dual record keeping.

We reviewed the Trust action plan produced in relation to quality of record keeping. This action plan was monitored by the patient safety and effectiveness sub committee and records & clinical systems group. The action plan provided recommendations, controls and assurances with actions required and specific groups allocated to monitor and update on the full implementation of the action plan. This meant the Trust had implemented improvements and was monitoring this to reduce the risks of having duplicated patient records.

We also reviewed minutes of the patient safety and effectiveness subcommittee meeting held on February 2014. This identified the discussions around the implementation of the action plan above which indicated the Trust were on target to fully implement the action plan.

We found the Trust had implemented unannounced visits to various inpatient wards across the Trust to internally check on the implementation of the Regulations (Health and Social Care Act 2008 (Regulated activities) Regulations). We found records were being reviewed at ward level and checks were in place with action plans produced where any gaps were highlighted. This meant the Trust were monitoring and reviewing patient records maintained.

We looked at three people's care records on Brackendale. The records we looked at were accessible by staff on a computerised system. They included a full admission assessment including various risk assessments and physical health checks.

We looked at patient 72 hour care plans; these had been produced for each new patient admitted to the ward. This meant patients who were admitted received a full physical health check and this had been recorded appropriately. We found risk assessments had been completed to ensure the patients on the wards were safe and regular observations of patients were also in place. We also found where patients were supported by community teams then information was also available on the computerised system. This meant the ward staff had access to current and updated records as well as information that may have led to the patient admission.

We found paper copies of individual care plans were accessible on both wards we visited. Staff we spoke with told us patients were provided with copies of these if they wanted them and copies were printed out to allow the wards to discuss these with patients. The care plans we looked at had been signed by patients to confirm their agreement to the proposed care and support. We found the care plans on Brackendale were produced in a format that may not be easily understood. This issue was discussed with the ward manager who agreed that improvements could be made to make them more meaningful and easier for the patients to understand.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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