

Mersey Care NHS Foundation Trust

Monitoring visit report

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Monitoring visit: main findings

Context and focus of visit

From October 2018, Ofsted undertook to carry out monitoring visits to all newly directly funded providers of apprenticeship training provision which began to be funded from April 2017 or after by ESFA and/or the apprenticeship levy. This monitoring visit was undertaken as part of those arrangements and as outlined in the *Further education and skills inspection handbook*, especially the sections entitled 'Providers newly directly funded to deliver apprenticeship training provision' and 'Monitoring visits'. The focus of these visits is on the three themes set out below.

Mersey Care NHS Trust (the trust) has approximately 8,000 members of staff. The trust provides services to support mental health, learning disabilities, addiction, physical health and community services. The trust also operates both medium and high-level security facilities.

The trust became an apprenticeship provider in 2016. There are currently 78 levy-funded apprentices, all of whom are employed by the trust. Around three quarters of apprentices are on apprenticeships in healthcare support worker, senior healthcare support worker and lead adult care programmes with the rest on apprenticeships in business administration. Approximately a third of apprenticeships are at level 2 and the rest at level 3. All apprentices are following standards-based programmes.

Themes

How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?

Insufficient progress

Leaders and managers do not have sufficient oversight of the quality of training that apprentices receive at the trust. The principles and requirements of the apprenticeship programme are not being met as the majority of apprentices are not developing the substantial new knowledge, skills, behaviours and understanding to enhance their existing experiences.

Leaders and managers do not accurately identify the strengths and weaknesses at the provider. Self-assessment processes are ineffective and, consequently, leaders and managers are unable to implement accurate and detailed action plans to bring about rapid improvement.

Leaders' and managers' oversight of the progress that apprentices make on their programmes is poor. The lack of rigorous and accurate tracking and monitoring of the progress that individual and groups of apprentices make results in leaders and managers relying on anecdotal reports from tutors about apprentices' progress.

Consequently, managers do not identify swiftly enough apprentices who fall behind. Where slow progress is identified, interventions to support apprentices to catch up are not effectively or consistently implemented.

Leaders and managers do not rigorously manage the performance of their staff. Managers do not routinely follow-up on areas identified for improvement following performance reviews to help staff improve their practice. Managers are reluctant to implement formal procedures to address poor teaching and, as a result, apprentices make slow progress.

Governance is ineffective. Trust and operational senior leaders do not have a good enough oversight of the strengths and weaknesses of the apprenticeship provision or the progress that their apprentices make. The executive board do not challenge managers or hold them to account for the quality of the apprenticeship programmes.

Apprentices' line managers do not have a sufficiently detailed understanding of the requirements of an apprenticeship programme. As a result, apprentices view their apprenticeship as being separate to their job role.

Most trust employees who become apprentices already have the practical skills, knowledge and behaviours needed for the apprenticeship. Consequently, the apprenticeship is of little benefit and does not develop or extend the apprentices' knowledge, skills and behaviours. Managers recruit apprentices who are new to the trust with integrity. Staff who join the trust on entry-level programmes receive good advice and guidance about progression to apprenticeship programmes. When they join the apprenticeship programme, they develop new knowledge, skills and behaviours that enables them to become valued team members.

The thorough workforce development review has resulted in the implementation of an employment progression plan. Apprenticeship programmes are integral to this plan. Leaders have developed effective local partnerships, for example with Jobcentre Plus and local higher education institutions, in order to plan routes into employment and higher-level apprenticeship programmes. However, it is too early to measure the impact of this plan.

The learning and development manager works effectively with local universities to develop higher-level nursing apprenticeship programmes, aligned to the specific skills needs of the trust, as a progression route for level 3 apprentices.

What progress have leaders and managers made in ensuring that apprentices benefit from high-quality training that leads to positive outcomes for apprentices? Insufficient progress

The large majority of healthcare apprentices makes slow progress. Tutors place too much emphasis on the completion of units and do not challenge apprentices to

develop practical skills or behaviours in line with the apprenticeship standards. Tutors do not track the progress that apprentices make systematically and, where tracking is in place, it shows that most apprentices are making slower than expected progress.

The majority of healthcare apprentices have been in their existing role for several years. Apprentices already have many of the skills and much of the knowledge required for the apprenticeship programme.

Tutors do not take account of apprentices starting points or their existing skills and experience when they start the programme. Training is not individualised sufficiently to ensure that apprentices develop new knowledge, skills and behaviours. All apprentices complete the same activities and at the same pace. For example, apprentices who have achieved higher-level qualifications previously in subjects aligned to the apprenticeship follow identical training as those apprentices with significantly less knowledge and experience. However, apprentices develop their confidence as a result of the apprenticeship programme.

Healthcare apprentices who are new to the trust and apprentices in business administration make better progress. Mentors on high security wards are effective in supporting new apprentices to develop skills within the workplace. This has had a positive impact on apprentices' progress and on the day-to-day running of the wards. Business administration apprentices receive clear feedback that helps them to gain knowledge and improve the standard of their work.

Apprentices make slow progress in the development of their mathematical skills. Apprentices do not see the relevance of learning these skills and, as a result, some choose not to attend lessons. Managers do not prioritise mathematics training for apprentices. This limits their ability to pass the functional skills qualifications required. Apprentices are better prepared to achieve functional skills qualifications in English.

Tutors use review meetings to record the work apprentices have completed since their last review. They do not discuss skills development as part of the review process, nor do they set appropriate targets for apprentices that help them to make expected progress. Healthcare apprentices do not receive feedback that helps them to improve their skills or make good progress.

Managers do not provide apprentices with off-the-job training that supports them to develop the skills, knowledge and behaviours needed for their job. Managers rely on work placements in other wards. This broadens the apprentices' awareness of different areas of the trust but does not train them in the specific skills they need to carry out their own roles.

How much progress have leaders and managers made in ensuring that effective safeguarding arrangements are in place? **Reasonable progress**

Safeguarding arrangements are effective. Leaders at the trust place great importance on ensuring that staff, patients and service users are safe. They ensure that they meet their statutory requirements for safeguarding and the 'Prevent' duty through the effective implementation of robust policies and procedures. The safeguarding policies provide all staff, including apprentices, with clear guidance on how to identify and report any concerns.

Apprentices receive regular and appropriate mandatory training for both safeguarding and the 'Prevent' duty as an integral part of their job roles. They receive initial safeguarding training during their induction. Apprentices receive further mandated training that includes e-safety, the use of social media and health and safety. Staff understand and follow appropriate information-sharing protocols.

Apprentices have access to a wide range of support networks, both for personal and professional safeguarding concerns, through their job roles. There are clear lines of reporting for all concerns, disclosures and allegations. Apprentices are clear about who they would go to if they had a concern about themselves, a colleague or a patient.

Staff within the trust ensure that they follow safe recruitment practices when appointing new staff. They carry out appropriate checks, including Disclosure and Barring Service (DBS) checks. The new electronic monitoring system ensures that managers cannot progress an applicant to a job role until they have carried out all suitability and identification checks successfully. The trust's safeguarding team is appropriately qualified.

New healthcare apprentices receive specific and extensive training on high security environments before they start work on the wards. This training is very detailed and covers personal safety as well as protocols for dealing with all aspects of patients' care, including patients' own safety and protection. Apprentices must demonstrate their understanding and competency in implementing this training before being allowed to work on the high security wards. Apprentices on secure wards are supervised constantly by a trained and qualified member of staff.

Leaders and managers within the education centre do not have a sufficient understanding or overview of the trust's safeguarding procedures. Apprentices feel safe and are safe due to the training that they receive in their job roles. However, leaders and managers do not reinforce safeguarding and the 'Prevent' duty sufficiently in the education centre. Links between education managers and the trust's wider safeguarding team are unclear. As a result, leaders and managers took too long to provide information relating to safeguarding practices.

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