Mental Health Act Annual Statement August 2009

Cornerstone House
(Vision Mental Healthcare)

Introduction

The Care Quality Commission (CQC) visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. As part of the routine visit programme information is recorded relating to:

- Basic Factual details for each ward visited, including function, bed occupancy, staffing, and the age range, ethnicity and gender of detained patients.

- Ward Environment and Culture, including physical environment, patient privacy and dignity, safety, choice/access to services/therapies, physical health checks, food, and staff/patient.

- Issues raised by patients and patient views of the service provided, from both private conversations with detained patients and any other patient contacts made during the course of the visit.

- Legal and other statutory matters, including the scrutiny of Mental Health Act documentation, adherence to the Code of Practice, systems that support the operation of the Act and records relating to the care and treatment of detained patients.

At the end of each visit a "feedback summary" is issued to the Provider identifying any areas requiring attention. The summary may also include observations about service developments and / or good practice. Areas requiring attention are listed and the Provider is asked to respond stating what action has been taken. The response is assessed and followed up if further information is required. The information is used by CQC when verifying the NHS Health Check and making decisions about the inspection programme in both the NHS and Independent Sector. In future years it will be used to inform the registration decisions.

The Unit at Cornerstone House was visited on two occasions in 2009.

Background

Vision Mental Healthcare, an independent healthcare provider, delivers a rehabilitation residential service at Cornerstone House. The Unit is registered for 19 patients, but as the unit opened in 2009, it is not currently operating at full capacity.

This report draws on findings from visits by Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission and those which took place

after 1 April 2009 when the functions of the Mental Health Act Commission were absorbed by the CQC.

The Annual Statement provides an overview of the main findings from visiting, highlighting any matters for further attention and / or areas of best practice. It is published on the CQC website, together with other publications relating to individual mental health providers.

Main findings
Relations between the Mental Health Act Commission and the Senior Manager of the provider have been constructive throughout the reporting period. Both visits to the unit were well received, and evidence was found on the second visit that the provider had implemented recommendations made on the first visit. In particular Commissioners were pleased to note an improvement in the gender separation made possible by small changes in the layout of the unit to ensure sexual safety of female patients.

It is reassuring to note that detained patients spoke highly of their care and of the staff who looked after them.

Mental Health Act and Code of Practice
The following points highlight those Mental Health Act Issues raised by Commissioners on visits. The detailed evidence to support them has already been shared with the Provider and is not rehearsed here. For further discussions about these findings please contact the author of this report via the CQC at the Nottingham address given on the cover of this report.

The legal paperwork on the unit was found to be in good order and minor points for improvement were made following each visit.

Section 58
Following the second visit, the Commissioner made a recommendation for the Responsible Clinicians (RCs) to record in full assessments of capacity when negotiating consent to treatment. The Provider has committed to ensuring compliance in this area. Additionally, the Commission will monitor the compliance of RCs with their requirement to record the conversation they have with a detained patient following the visit of a Second Opinion Appointed Doctor (SOAD).

Seclusion
The CQC was pleased to see that the provider has decided not to use the room previously allocated for seclusion for this purpose following the initial visit to the unit where it was agreed that the room was not suitable as a seclusion room. The Provider has confirmed that it does not intend using seclusion as a form of behaviour management.

Other issues raised from MHA visiting activity:

The physical environment
The Unit is a large and spacious facility, with a warm and homely feel. Patient rooms are large and many have a relaxing view of the garden. The environment is also safe

and well equipped with anti-ligature fittings. The Commission looks forward to this high standard being maintained as the unit increases patient numbers.

Patient Care
The patients that were interviewed were very complimentary of the care and treatment they received. Patients and staff talk frequently of recovery and recovery plans. Patient choice is evident in the activities programme. The food is of an exceptional standard, with very good choice and all meals cooked using fresh ingredients. Again, the Commission looks forward to these standards being maintained as the patient numbers increase.

Forward Plan:

- Mental Health Act Commissioners will continue to visit the provider in the coming year to monitor the operation of the Act and to meet with detained patients in private.

- They will work with other colleagues in the CQC to develop an integrated approach to the regulation of the Trust's services.