

Mental Health Act Annual Statement December 2010

Northamptonshire Healthcare NHS Foundation Trust

Executive Summary

This Annual Statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between December 2009 and October 2010. Where appropriate this Annual Statement includes consideration of the responses given by the provider to those visits. During the reporting period the Care Quality Commission (CQC) has visited Northamptonshire Healthcare NHS Foundation Trust on 13 of occasions, visiting 16 wards and one community visit to meet patients subject to supervised community treatment, interviewing 39 patients in private and scrutinising 34 sets of records.

The MHA Commissioners have been pleased to see that the Northamptonshire Healthcare NHS Foundation Trust has acted positively on the recommendations from the previous Annual Statement. The building works at Berrywood Hospital have now been completed and all the wards have moved into their new premises. The MHA Commissioners have not come across any unlawful detentions during the past year. Staffing levels have improved with a number of new starters being recruited, which should help reduce the numbers of non permanent staff being used on the wards. The patients interviewed were generally satisfied with the care they received from staff.

Main Findings

The Northamptonshire Healthcare NHS Foundation Trust provides specialist mental health, learning disability, sexual health and substance misuse services to a population of more than 650,000 people in Northamptonshire. Health and Social Care services are provided to adults, older people, children and young people. Inpatient services, which include learning disabilities, intensive care, acute, rehabilitation and longer stay services, are provided from three main hospital sites: Berrywood and Princess Marina hospitals in Northampton and St Mary's Hospital in Kettering. Community services are provided from twelve bases across the county.

The following points highlight those Mental Health Act issues raised by MHA Commissioners on visits and is drawn from the data presented in annex A. The detailed evidence to support them has already been shared with the provider through the feedback summaries and is not repeated here. For further discussion about the findings of this Annual Statement please contact the author via the Care Quality Commission's Mental Health Operations office located at The Belgrave Centre, Nottingham.

Relationships with the provider in the reporting period

The previous Annual Statement was received positively by the Board and an action plan published. This has been monitored by visiting MHA Commissioners on their visits during the reporting period and considerable progress noted in a number of areas.

The trust has supported two psychiatrists to participate in the Second Opinion Appointed Doctor (SOAD) service which is commendable; the CQC welcomes further applications to support this national service. The trust has notified the CQC of two patient deaths in the past year. The CQC have received two formal complaints from patients within the past year.

During the MHA Commissioners' visits good staff/patient interactions were observed.

The MHA Commissioner is pleased to report that any issues raised with the trust during 2010 have been received well and responded to appropriately.

The MHA Commissioner would like to acknowledge the wealth of support provided to commissioners from the Mental Health Act administration team at Berrywood Hospital.

Mental Health Act and Code of Practice Issues

Detention

Of the patient files reviewed by the MHA Commissioners, all statutory paperwork was in order and all detentions appeared lawful. Files and statutory paperwork were found to be generally well organised.

Leave – Section 17 and Absence without leave Section 18

The majority of the files examined had evidence that patients had seen and signed their section 17 leave forms. However, there was limited evidence of patients being provided with a copy of their forms. A number of files had old section 17 forms in them that had not been clearly crossed through. This has the potential to cause confusion around the current authorised leave. The trust has been compliant in providing the CQC with statutory notices relating to section 18.

Consent to Treatment

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcomes 2C and 9E

The majority of the files examined did not have evidence of the patient's consent to their treatment being sought within the first three months of their detention. There was also limited evidence of patient's capacity to consent being recorded guided by the Code of Practice chapter 23.

There was also limited evidence on the files examined of discussions with patients around their consent to treatment at three months; there was also limited recorded evidence of the SOAD consultations with the statutory consultees.

Section 117 / Care Programme Approach (CPA)

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 4A and 4R

Many of the files examined by the MHA Commissioners did not have evidence of the patient's own views being recorded in their care plans, discharge planning was not always evident and some care plans were not signed by the patients. There was also limited evidence of patients being given a copy of their care plans.

Section 130A – Independent Mental Health Advocacy & Section 132 – Information to Patients

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1A

Of the files examined there was mixed evidence of patients being informed regularly of their rights; however patients generally had a good understanding of their rights, with the exception of their right to Independent Mental Health Act Advocacy (IMHA). Some wards did not have notices displayed informing of the IMHA service and how they could contact the service if needed.

The trust has developed a wide range of information leaflets regarding patients' rights, including leaflets in 24 languages and a DVD which is available in different languages including sign language. The trust has 24 hour access to an interpreting service and also has a database of staff who speak a range of languages.

Seclusion and the management of Violence

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcomes 4Q, 7F and 7H

There were no concerns raised by the MHA Commissioners with regards to the use of the seclusion room. Policies appeared to be adhered to with incidents of seclusion being reviewed and recorded. The only concern raised was that of the clock in some seclusion rooms not working.

Other Patient Issues

Patient safety

On one visit to an older persons ward the MHA Commissioner was extremely concerned regarding the practice of placing patients, including detained patients, from the acute adult service, into a bed on this ward to manage apparent bed shortages. The CQC has subsequently been informed of the protocol for the transfer of patients and assurances have been given that recent changes within the community treatment teams will hopefully impact on current bed shortages and therefore minimise the need for this practice.

Environment

The new build, Berrywood Hospital, which provides inpatient services for the south of the county is now complete and all wards have moved into their new premises. The accommodation is of a very high standard, is well designed, pleasantly decorated, and both patients and staff spoke positively about it.

Gender Separation

All the wards at Berrywood are single sex compliant. However, one of the wards visited at St Mary's Hospital was a mixed gender ward. The bedrooms were all en-suite, however they were all on the same corridor. The CQC was informed that the bedrooms have been designed in such a way so that the opening of one door does not look directly into another room. Separate lounges were available for patients.

Recommendations and Actions Required

1. The trust should continue to ensure that there is appropriate staffing to manage the clinical needs of all patients at all times.
2. The trust should ensure that all clinicians clearly record discussions of capacity and consent in relation to medical treatment in the single clinical record – Mental Health Act, section 58.
3. The trust should ensure that the views of the patients are clearly recorded in any care and discharge planning; that patients are encouraged to sign their care plans and to record where this is refused and to ensure that patients are given a copy of their care plan and that this is evidenced within the single clinical record – Participation Principle Mental Health Act.
4. The trust should continue to ensure that detained patients are regularly informed of their rights, including their right to an IMHA – Mental Health Act , section 32.
5. The MHA Commissioners will continue to visit the trust in the coming year to monitor the operation of the Mental Health Act and to meet with detained patients in private.
6. The MHA Commissioners will continue to work with other colleagues within the CQC to develop an integrated approach to the regulations of the trust's services.

Annex A

The quantitative data will only apply to visits completed from 1 April 2010 which is the time that the new data started to be captured uniformly.

Commission Visit Information Northamptonshire Healthcare NHS Trust from 01/12/2009 to 31/10/2010

| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
|--|-----------------------------|----------------------|-------------------|-----------------|
| <u>Berrywood Hospital</u> | | | | |
| 21/07/2010 | CTO (No Detained Patients) | 4 | 0 | 0 |
| 19/07/2010 | Bay Ward | 4 | 0 | 3 |
| 11/08/2010 | Riverside | 2 | 0 | 2 |
| 11/08/2010 | Cove Ward | 3 | 0 | 3 |
| Totals for Berrywood Hospital | | 13 | 0 | 8 |
| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
| <u>Princess Marina Hospital</u> | | | | |
| 07/12/2009 | Shelley (Now Closed) | 3 | 0 | 4 |
| 07/12/2009 | Bronte (Now Closed) | 2 | 0 | 1 |
| 23/01/2010 | 1 Lowry Close | 0 | 0 | 0 |
| 23/01/2010 | 3 Lowry Close | 0 | 0 | 0 |
| 03/02/2010 | Jennings (Now Closed) | 4 | 0 | 1 |
| 03/02/2010 | 9 Kent Road | 1 | 0 | 1 |
| 26/05/2010 | Sandringham (Now Closed) | 2 | 0 | 3 |
| Totals for Princess Marina Hospital | | 12 | 0 | 10 |
| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
| <u>Rushden Hospital</u> | | | | |
| 13/03/2010 | Hargrave House (Now Closed) | 0 | 0 | 5 |
| Totals for Rushden Hospital | | 0 | 0 | 5 |
| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
| <u>St Mary's Hospital</u> | | | | |
| 04/02/2010 | Ian Bennett | 1 | 0 | 1 |
| 04/02/2010 | Carlton | 1 | 0 | 1 |
| Totals for St Mary's Hospital | | 2 | 0 | 2 |
| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
| <u>The Welland Centre</u> | | | | |
| 19/01/2010 | Sandpiper | 5 | 0 | 3 |
| 28/06/2010 | Teal Ward | 6 | 0 | 5 |
| Totals for The Welland Centre | | 11 | 0 | 8 |

| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
|------------------------------------|------------------|----------------------|-------------------|-----------------|
| Thorpedale House | | | | |
| 14/03/2010 | Thorpedale House | 1 | 0 | 1 |
| Totals for Thorpedale House | | 1 | 0 | 1 |

Total Number of Visits: 13
Total Number of Patients Seen: 39
Total Number of Documents Checked: 34
Total Number of Wards Visited: 16

| Findings from Visits - Environment and Culture: | YES | NO | N/A |
|---|------------|-----------|------------|
| If the door is locked is there evidence that informal patients are informed of their right to leave the ward and given the means to do so? | 4 | 3 | 1 |
| Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements? | 5 | 2 | 1 |
| Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories] | 5 | 2 | 1 |
| Do patients have lockable space which they can control? | 5 | 2 | 1 |
| Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy? | 4 | 2 | 2 |
| Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward? | 5 | 2 | 1 |
| Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges? | 6 | 1 | 1 |
| Is there a ward phone for patients' use? | 6 | 1 | 1 |
| Is it placed in a location which provides privacy? | 3 | 3 | 2 |
| Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH] | 6 | 0 | 2 |
| Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc? | 4 | 0 | 4 |

| Findings From Document Checks | YES | NO | N/A |
|--|------------|-----------|------------|
| Were the detention papers available for inspection? Did the detention appear lawful | 22 | 0 | 0 |
| Was there either an interim or a full AMHP report on file? | 22 | 0 | 0 |
| If the NR was identified was s/he consulted, If there was no consultation, were reasons given? | 15 | 5 | 2 |
| Where appropriate was all psychotropic medication covered by a T2 and/or T3? | 9 | 1 | 12 |
| Was there evidence a capacity assessment at the time of first administration of medication following detention? | 1 | 11 | 5 |
| Was there evidence a discussion about consent at the time of first administration of medication following detention? | 3 | 11 | 8 |
| Was there a record of the patient's capacity to consent at 3 months? | 1 | 9 | 12 |
| Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months? | 1 | 7 | 14 |
| Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not? | 2 | 6 | 14 |
| Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding? | 18 | 4 | 0 |
| Was there evidence of further attempts to explain rights where necessary? | 18 | 3 | 1 |
| Was there evidence of continuing explanations for longer stay patients? | 5 | 4 | 13 |
| Is there evidence that the patient was informed of his/her right to an IMHA? | 15 | 4 | 3 |
| Are the patient's own views recorded on a range of care planning tools? | 5 | 17 | 0 |
| Was there evidence that the patient was given a copy of their care plan? | 1 | 10 | 0 |

| | | | | |
|--|----------|----------|----------|------------|
| Is there evidence that the patient signed / refused to sign their care plan | 8 | 8 | 6 | |
| Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated? | 17 | 4 | 1 | |
| Is there evidence of an up to date risk assessment and risk management plan? | 19 | 2 | 1 | |
| Is there evidence that discharge planning is included in the care plan? | 11 | 10 | 1 | |
| Were all superseded Section 17 leave forms struck through or removed? | 12 | 8 | 2 | |
| Was there evidence that the patient had been given a copy of the section 17 leave form? | 12 | 7 | 3 | |
| Are the timescales, frequency and conditions for the use of leave unambiguously specified? | 18 | 1 | 3 | |
| For patients in hospital less than a year, is there evidence of a physical health check on admission? | 15 | 3 | 4 | |
| For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months? | 2 | 1 | 19 | |
| Enter 0 for none, 1 for one consultee, 2 for both consultees and n/a if no T3 | 0 | 1 | 2 | N/A |
| If the patient's medication was authorised on a T3, was there a record of the discussion between the SOAD and the statutory consultees [enter 0 for none, 1 for one consultee, 2 for both consultees, and n/a if no T3]? | 4 | 1 | 0 | 17 |

Annex B – CQC Methodology

The CQC visits all places where patients are detained under the Mental Health Act 1983. MHA Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. Since November 2008, MHA Commissioners have also been meeting with patients who are subject to Community Treatment Orders. 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, rights to leave, patient privacy and dignity, gender separation, choice/access to services/therapies, communication facilities, physical health checks, food, and staff/patient ratios, smoking facilities, staff patient engagement, diversity and cultural sensitivity, cleanliness and upkeep of the ward, fresh air and exercise, physical safety and environmental risks.
- 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 assessing the providers compliance with the Mental Health Act 1983 and the Code of Practice including scrutinising the supporting documentation, records, policies and systems. The MHA Commissioner reviews the basis and evidence of detention, including compliance with sections 132, 132a (information to the detained patient about their rights), section 58 and 58A (consent to treatment), the provision of the Independent Mental Health Advocacy (IMHA) service, the use of the Mental Capacity Act Deprivation of Liberty safeguards, section 17 and 17A (leave and Community Treatment Orders) and reviews the evidence of the patient's participation in their treatment by reference to the Care Programme Approach documentation. The patient's access to physical care and treatment is also assessed.

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 the CQC to inform the process of registration and ongoing compliance with the outcomes and essential standards of safety and quality in accordance with the Health and Social Care Act 2008.