

Mental Health Act Annual Statement September 2010

Priory Hospital North London (The Priory Group)

Executive Summary

This Statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between 1 September 2009 and 31 August 2010. Where appropriate this statement includes consideration of the responses given by the provider to those visits. During the reporting period the Care Quality Commission (CQC) has visited the Priory Hospital North London on one occasion, visiting two wards, interviewing one patient in private and scrutinising three sets of records.

In general the MHA Commissioner found that both wards provide a comfortable environment for patients who are accommodated in single rooms with en suite facilities. The adult ward has been refurbished and there are plans to refurbish the adolescent unit. A representative of the general advocacy service attends the hospital regularly. The issues causing the most significant concern to the Commission are those surrounding capacity and consent and related practice within the context of Section 58 of the Mental Health Act and the Code of Practice. A further concern was the evidence that stringent and accurate scrutiny of Mental Health Act documentation is not consistently being achieved.

Main findings

The Priory Hospital North London is part of the Priory Group, a private provider of mental health care. There are two wards: an adult admission ward and an Adolescent Unit, which offers inpatient assessment and treatment to 12 to 18 year olds. On both wards the majority of patients are informal; the adult ward in particular has few detained patients over the course of a year.

The following points highlight those Mental Health Act issues raised by 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

Responses from the Priory Hospital North London to the Commission's visit in July 2010 were timely and constructive. Progress was noted on some of the specific issues raised; there is now an Independent Mental Health Advocacy Service available to qualifying patients.

Mental Health Act and Code of Practice Issues

Detention

All papers are scrutinised to ensure that all detentions are lawful. A minor error was noted on two forms by the Commissioner; this did not invalidate the applications but could have been amended within the specified time had this been noted. A similar minor error was found during the Commission's visit in June 2009 and the hospital undertook to ensure more stringent and accurate scrutiny of documentation. Following the July 2010 visit the hospital has advised the Commission that they are designing a new scrutiny form to ensure rigorous scrutiny of legal documentation and updating their checklist to ensure all required reports are provided.

Consent to Treatment

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

The visit in July 2010 identified a legal breach in respect of consent to treatment, and a further deficit in respect of Code of Practice requirements. These findings suggested that some staff were either not cognisant of their responsibilities under Section 58 and the Code of Practice or had disregarded them. The shortcomings were detailed in the report following the visit and the hospital responded with a commitment to improve and manage practice accordingly. The Commission takes this issue most seriously as it seeks to ensure that in the one circumstance in healthcare where compulsion is permitted, all the safeguards written into legislation and required to protect the fundamental human rights of the patient are met.

Section 130A – Independent Mental Health Advocacy (IMHA)

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

Since 1 April 2009, under Section 130A of the Mental Health Act, statutory access to an IMHA service must be available to qualifying patients. The hospital has informed the Commission that they now have a contract with MIND to provide this service.

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

In response to the most recent Commission visit, the hospital has undertaken to update its Section 132 form and include a reference to the IMHA service.

Other Patient Issues

Environment

Both wards provide a comfortable environment for patients. All patients use the same dining facilities but at different times, so that the younger patients do not eat with the adult patients.

Recommendations and Actions Required

The Commission welcomes the positive response from Priory Healthcare to its most recent Mental Health Act visit. These recommendations reiterate the key concerns from that visit.

1. Priory Healthcare should take every necessary step to ensure there is consistent improvement in practice regarding consent to treatment. They should closely monitor compliance with Section 58 of the Mental Health Act, and the associated requirements of the Code of Practice in relation to capacity and consent for all detained patients, including those within the first three months of their detention.
2. Priory Healthcare should ensure stringent and accurate scrutiny of all legal documentation so that timely action can be taken to rectify any errors, and the legality of all patients' detention is assured.

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.

| Date | Ward | Det. Pats seen | Pats in groups | Records checked |
|--|----------------------|----------------|----------------|-----------------|
| The Priory Hospital (North London) | | | | |
| 07/07/2010 | Adolescent Unit | 1 | 0 | 2 |
| 07/07/2010 | Priory Hospital Ward | 0 | 0 | 1 |
| Totals for The Priory Hospital (North London) | | 1 | 0 | 3 |

| | |
|------------------------------------|---|
| Total Number of Visits: | 1 |
| Total Number of Patients Seen: | 1 |
| Total Number of Documents Checked: | 3 |
| Total Number of Wards Visited: | 2 |

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

| Findings From Document Checks | YES | NO | N/A | |
|--|------------|-----------|------------|------------|
| Were the detention papers available for inspection? Did the detention appear lawful | 3 | 0 | 0 | |
| Was there either an interim or a full AMHP report on file? | 3 | 0 | 0 | |
| If the NR was identified was s/he consulted, If there was no consultation, were reasons given? | 1 | 0 | 2 | |
| Where appropriate was all psychotropic medication covered by a T2 and/or T3? | 0 | 3 | 0 | |
| Was there evidence a capacity assessment at the time of first administration of medication following detention? | 0 | 3 | 1 | |
| Was there evidence a discussion about consent at the time of first administration of medication following detention? | 0 | 3 | 0 | |
| Was there a record of the patient's capacity to consent at 3 months? | 0 | 3 | 0 | |
| Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months? | 0 | 3 | 0 | |
| Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not? | 0 | 3 | 0 | |
| Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding? | 2 | 1 | 0 | |
| Was there evidence of further attempts to explain rights where necessary? | 0 | 2 | 1 | |
| Was there evidence of continuing explanations for longer stay patients? | 0 | 2 | 1 | |
| Is there evidence that the patient was informed of his/her right to an IMHA? | 0 | 3 | 0 | |
| Are the patient's own views recorded on a range of care planning tools? | 0 | 3 | 0 | |
| Was there evidence that the patient was given a copy of their care plan? | 0 | 3 | 0 | |
| Is there evidence that the patient signed / refused to sign their care plan | 1 | 2 | 0 | |
| Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated? | 1 | 2 | 0 | |
| Is there evidence of an up to date risk assessment and risk management plan? | 2 | 1 | 0 | |
| Is there evidence that discharge planning is included in the care plan? | 0 | 3 | 0 | |
| Were all superseded Section 17 leave forms struck through or removed? | 1 | 2 | 0 | |
| Was there evidence that the patient had been given a copy of the section 17 leave form? | 0 | 3 | 0 | |
| Are the timescales, frequency and conditions for the use of leave unambiguously specified? | 3 | 0 | 0 | |
| For patients in hospital less than a year, is there evidence of a physical health check on admission? | 2 | 0 | 1 | |
| For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months? | 0 | 1 | 2 | |
| | 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]? | 0 | 0 | 0 | 3 |

Annex B – CQC Methodology

The Care Quality Commission 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. Since November 2008, 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 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.