Mental Health Act Annual Statement October 2009

The Dene
(Partnerships in Care)

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, and gender of detained patients.

- Ward environment and culture, including physical environment, patient privacy and dignity, safety, choice/access to services and staff/patient interaction.

- 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.

- Commissioners use the guiding principles in the Code of Practice (Published 2008) to inform opinions about the quality of care provided by the provider. All decisions must be lawfully informed by good practice and consistent with the Human rights Act 1998. Commissioners expect these principles to underpin all decisions and clinicians and managers and all those involved in providing care balance application of the principles to provide the most effective and sensitive care to individuals.

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 when verifying the NHS Annual Healthcheck and making decisions about the inspection programme in both the NHS and Independent Sector. From April 2010, the Mental Health Act Commissioners’ findings will inform the CQC’s assessments of organisations in relation to registration requirements, through evidencing ongoing compliance with the Mental Health Act and the Code of Practice.
Background
The Dene provides low and medium secure level assessment and therapeutic programmes for women who are detained under the Mental Health Act 1983. The hospital offers care to women with mental illnesses, personality disorders and/or learning disabilities, who present complex and challenging behaviours and often have histories of trauma or abuse, offending or substance misuse.

An active rehabilitation service is provided to the patients with the aim of supporting them to move through to lower levels of security and ultimately to step down rehabilitation settings. The Dene has an attached rehabilitation unit Pelham Woods (which is not included in this report).

This report draws on findings from visits by Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission (MHAC) and those which took place after 1 April 2009 when the functions of the Mental Health Act Commission were taken over by the CQC. The following visits took place in this reporting period:

1. 3 October 2008 - Helen Keller Ward
2. 13 January 2009 - Edith Cavell Ward
3. 13 March 2009 - Mary Seacole Ward
4. 28 August 2009 - Edith Cavell Ward
5. 28 August 2009 - Elizabeth Anderson Ward

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.

Relations
The CQC is pleased to note that the relationship with the senior management team has continued to improve over the last year. More specifically this has been characterised by more openness and willingness to discuss difficulties. At the last visit in August 2009, the new Regional Executive Director was honest and open about the staffing issues in the hospital (recruitment problems and high agency use). Overall there seems to be a real commitment by the senior management team both to service development and implementing changes to benefit patients. It is particularly positive that there is an active Patients’ Council which is consulted about the various proposals. A specific example is the collaborative approach (between patients and staff) which has been taken to the management of the smoking regulations.

Mental Health Act and Code of Practice
The following points highlight those Mental Health Act issues raised by the Mental Health Act Commissioner 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 Nottingham office of the CQC. Overall it should be noted that there has been an improvement at The Dene in compliance with both the Mental Health Act and Code of Practice.
Section 58 – Consent to Treatment
On the visits evidence was obtained in most cases that assessments of capacity had taken place and also that there had also been discussions with patients regarding their consent to treatment.

Generally across the hospital there was poor compliance with the requirement of the Code of Practice [24.54] that statutory consultees are required to make a record of their consultation with the Second Opinion Appointed Doctor (SOAD) to place in the notes.

There was poor compliance with paragraph 24.63 of the Code of Practice which gives the clinician in charge of a particular patient’s treatment the responsibility to communicate the results of the SOAD visit to the patient. Very limited evidence could be found that such discussions took place.

Section 132
Overall there was good compliance with Section 132 apart from on one visit (to Helen Keller Ward).

On one visit the Commissioner found that although forms had been completed, not all patients interviewed had a full understanding of their rights. It is therefore recommended that staff ensure that the giving of rights is done at a time and in a suitable manner for individual patients. The Commission would remind staff at The Dene of the relevant references in the Code of Practice:

“2.2 Effective communication is essential in ensuring appropriate care and respect for patients' rights. It is important that the language used is clear and unambiguous and that people giving information check that the information that has been communicated has been understood.”

“2.9 Information must be given to the patient both orally and in writing. These are not alternatives. Those providing information to patients should ensure that all relevant information is conveyed in a way that the patient understands.”

Seclusion
The CQC is pleased to note that the hospital is compliant with the Code of Practice in referring to the use of the intensive care areas on the wards as seclusion and completing the required documentation. However, the CQC has some concerns about the practice which is sometimes used of secluding women in bedrooms as it is difficult to always maintain a safe environment and there are potentially heath and safety risks (paragraph 15.60 of the Code of Practice).

The wards’ seclusion files were usually checked on visits and one Commissioner commented that the paperwork was not always filed in order. It was also observed that on occasion it was difficult to establish the reason for seclusion and it was also noted that multi-disciplinary reviews had not always been completed within the required timescales (as identified in paragraph 15.54 of the Code of Practice).
There have been ongoing technical problems with the completion of the hospital’s seclusion room and it has only recently become fully functional.

**Ethnic Coding**
It is noted that there is no place on the file front sheet in each patient’s notes for the recording of ethnic codes. More generally it is apparent the Department of Health codes are not being used on every ward. Details of the codes can be found on page 12 of the following document:


**Activities/ Physical Health**
The CQC is very pleased to note the efforts that have been made to establish comprehensive therapeutic programmes across the wards with the emphasis on proactively engaging the women in different activities. The practice of having occupational therapy staff working on wards as part of the team has clearly been beneficial.

Many of the patients have weight problems and concern has been expressed that the hospital diet does not have enough healthy options. It is positive that the menus are being reviewed with the input of the Patients' Council. Another recent development has been the appointment of an advanced nursing practitioner who will act as a healthy lifestyles co-ordinator.

**Safety**
It is clear that staffing shortages have an impact on the patients as it becomes more difficult to provide safety and containment on the wards. This can lead to an escalating situation where more women are placed on observation leading to fewer staff being available to respond to other patients’ needs and to facilitate leave.

The refurbished facilities across the hospital provide a much improved environment, although there are some security issues on Helen Keller ward with the separation of bedroom areas into two clusters.

**Recommendations for Action:**
1. The Hospital should continue to scrutinise the procedures that it is putting in place to comply with those aspects of The Mental Health Act and the Code of Practice, which Commission visits have highlighted for attention and improvement, in particular, Section 58, the recording of the presentation of Section 132 Rights and recording of the use of seclusion.

**Forward Plan:**
- Mental Health Act Commissioners will continue to visit The Dene in the coming year to monitor the operation of the Act and to meet with detained patients in private.
The Mental Health Act Commissioners will work with other colleagues within the CQC to develop an integrated approach to the regulation of the hospital’s services.

During the next visiting programme, it is planned to visit the two new wards that are due to be open. The Mental Health Act Commissioner will be monitoring the effect of the promised changes that are being put in place as a result of the CQC’s recommendations.
Appendix A

*Commission Visit Information for The Dene*

*Covering the period between 1 October 2008 and 1 October 2009*

<table>
<thead>
<tr>
<th>Date</th>
<th>Visit ID</th>
<th>Ward</th>
<th>Det. Pats. seen</th>
<th>Records checked</th>
</tr>
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<td>3 Oct 2008</td>
<td>17133</td>
<td>Helen Keller</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>13 Jan 2009</td>
<td>17812</td>
<td>Edith Cavell</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>13 Mar 2009</td>
<td>18446</td>
<td>Mary Seacole</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>28 Aug 2009</td>
<td>19347</td>
<td>Edith Cavell</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>19323</td>
<td>Elizabeth Anderson</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>21</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Number of visits = 5  
Number of wards visited: 4  
Total number of Patients seen: 21  
Total Number of documents checked: 16