Mental Health Act Annual Statement December 2010

Sherwood House, Storthfield House and The Limes Independent Hospitals Cambian Healthcare

Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between December 2009 and October 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 hospitals stated above on three occasions, visiting three wards, interviewing 18 patients in private and scrutinising nine sets of records.

In general the MHA Commissioner found that Cambian Healthcare provides three private mental health inpatient facilities in Nottinghamshire and Derbyshire, namely Sherwood House, Storthfield House and The Limes. It also provides supported 'step-down' accommodation facilities for its inpatients. All three hospitals provide intensive psychiatric rehabilitation services for male patients with a mental illness and/or challenging behaviour, based on their 'Active Care Wheel'. This is complemented by a range of occupational therapy assessments and goal planning. In total the three hospitals provide 70 inpatient beds.

All three hospitals had good links within the local community, including the local college where some patients were enrolled on courses. There were also links with the local forestry service, where patients took part in conservation. The local vicar visits the units regularly and patients reported that they valued this, even if they weren't of a particular religion.

All managers and staff were observed to be committed and enthusiastic and good staff/patient interactions were also observed by the Commissioner.

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

The previous Annual Statement was received positively by the board and an action plan published. This has been monitored by visiting Mental Health Act Commissioners on their visits during the reporting period and considerable progress noted in a number of areas. There is currently one feedback summary awaiting a response from a visit conducted .one month ago.

Mental Health Act and Code of Practice Issues

Detention

All patient files reviewed by the Mental Health Act Commissioner included relevant statutory documentation, including detention papers. Of the files examined all patients appeared to be lawfully detained. The files were found to be well organised and generally the statutory documentation was in good order.

Leave – Section 17 and Absence without leave Section 18

Of the nine files examined, all had evidence that the patients had seen and signed their section 17 leave forms. However, there was no consistent evidence that patients had been given a copy of their leave forms. Following the Commissioner's visit to Sherwood House, the Commissioner is aware that a form was introduced for patients to sign when they had received their leave forms; however this had not been introduced in all units the Commissioner visited.

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

Across the three units, all files examined had a T2 and/or T3 where appropriate. However, the recording of capacity and consent discussions was poor. Cambian Healthcare has some good forms in use i.e. a 'capacity to consent' form, which recorded conversations between the Second Opinion Appointed Doctor (SOAD) and statutory consultees and a 'consent to treatment patient inclusion' form. However, these were not in use across all the units and where they were in patient files they were not completed. Most of the patients that the Commissioner interviewed were aware of the medications they were taking and the reasons why.

Section 130A – Independent Mental Health Advocacy

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

The files examined by the Commissioner showed mixed evidence of patients being informed of their right to an Independent Mental Health Advocate (IMHA). One unit did not have any notices up regarding IMHAs. Cambian Healthcare have a good patients' rights given form in use, however there were different versions of this form in use across the units and some of the forms did not mention IMHAs as a right to be given.

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

There was good evidence that patients' rights under the Mental Health Act were given on a regular basis. The form in use also provided evidence of a patient's understanding of their rights. The majority of the patients spoken to showed a good awareness of their rights.

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

None of the units visited had a seclusion room. Each unit had a room they used as a quiet room which was available to patients to use if they needed to de-escalate a situation or offer some time off the ward. All managers reported that there were minimal incidents on the ward and that de-escalation techniques were used to good effect.

Participation

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 1

Cambian Healthcare uses a good range of care planning and risk assessment tools. However, there was no evidence on the files examined by the Commissioner that patients were receiving copies of their care plans. Of all the patients interviewed only five said they had received a copy of their care plan. There was also limited evidence in the files of patients signing their care plans. There was also limited evidence of discharge planning in the files.

Environment

The physical environments of all three units were of a high standard. All units provide a high level of care in modern well equipped facilities. Patients had individual en-suite bedrooms that were well furnished and personally decorated. The communal areas were nicely decorated and furnished.

Activities

Cambian Healthcare provide a broad range of activities for patients across all three sites. These include in-house daily activities such as shop and cook, personal care, budget management, English and maths lessons with a tutor and a wide range of community based activities such as forestry commission, walking group, gym, the allotment and football. Patients were pleased with the range of activities on offer to them.

Recommendations and Actions Required

1. Cambian Healthcare should ensure that all clinicians clearly record discussions of capacity and consent in relation to medical treatment in the single clinical record to comply with the Code of Practice and section 58 of the MHA.

2. Cambian Healthcare 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 to comply with the Code of Practice – Participation Principle.

3. Cambian Healthcare should continue to ensure that detained patients are regularly informed of their rights, including their right to an IMHA, section 132 of the MHA.

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

The Mental Health Act Commissioners will continue to work with other colleagues within the CQC to develop an integrated approach to the regulations of Cambian Healthcare'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.

Date	Ward	Patients seen	Patients seen in groups	Records checked
Sherwood House (Mansfield)				
18/09/2010	Sherwood House	6	0	3
Totals for Sherwood House (Mansfield)		**6**	**0**	**3**
Storthfield House				
31/08/2010	Storthfield House	7	0	3
Totals for Storthfield House		**7**	**0**	**3**
The Limes Care Centre				
17/09/2010	The Limes Nursing Home	5	0	3
Totals for The Limes Care Centre		**5**	**0**	**3**

Total Number of Visits:	3
Total Number of Patients Seen:	18
Total Number of Documents Checked:	9
Total Number of Wards Visited:	3

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?	3	0	0
Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?	3	0	0
Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]	3	0	0
Do patients have lockable space which they can control?	3	0	0
Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?	1	0	2
Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?	2	0	1
Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?	2	0	1
Is there a ward phone for patients' use?	3	0	0
Is it placed in a location which provides privacy?	2	0	1
Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]	3	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?	3	0	0

Findings From Document Checks		YES	NO	N\A
Were the detention papers available for inspection? Did the detention appear lawful		9	0	0
Was there either an interim or a full AMHP report on file?		9	0	0
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?		4	1	4
Where appropriate was all psychotropic medication covered by a T2 and/or T3?		8	0	1
Was there evidence a capacity assessment at the time of first administration of medication following detention?		0	7	2
Was there evidence a discussion about consent at the time of first administration of medication following detention?		0	7	2
Was there a record of the patient's capacity to consent at 3 months?		2	6	1
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?		4	4	1
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?		3	2	4
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?		5	3	1
Was there evidence of further attempts to explain rights where necessary?		7	1	1
Was there evidence of continuing explanations for longer stay patients?		7	0	2
Is there evidence that the patient was informed of his/her right to an IMHA?		2	6	1
Are the patient's own views recorded on a range of care planning tools?		8	0	1
Was there evidence that the patient was given a copy of their care plan?		0	5	0
Is there evidence that the patient signed / refused to sign their care plan		9	0	0
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?		9	0	0
Is there evidence of an up to date risk assessment and risk management plan?		9	0	0
Is there evidence that discharge planning is included in the care plan?		4	5	0
Were all superseded Section 17 leave forms struck through or removed?		6	3	0
Was there evidence that the patient had been given a copy of the section 17 leave form?		3	6	0
Are the timescales, frequency and conditions for the use of leave unambiguously specified?		9	0	0
For patients in hospital less than a year, is there evidence of a physical health check on admission?		1	0	8
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?		7	0	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]?	2	0	3	4

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.