Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between 1 November 2009 and 31 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 trust on 20 occasions, visiting 17 wards, interviewing 61 patients in private and scrutinising 67 sets of records. With the exception of Hawkwell Court, which had no detained patients for much of the visiting period, all wards across the trust were visited at least once.

In general the MHA Commissioners, found improvements in some areas across the trust, which are detailed below under the heading “Main Findings”. The MHA Commissioners found that the trust’s administration of the MHA continued to be of a high standard across the trust. The physical environments of the wards were, for the most part, well maintained, clean and tidy. With the exception of Naseberry Court and the Woodbury Unit, where four bedded dormitories still exist, patients have their own rooms, some with en-suite facilities. There has been a significant improvement in the quality of the trust’s responses to the visiting Commissioners’ feedback summaries. At the time of writing there were only two feedback summaries awaiting a response following very recent visits.

The Commission has ongoing concerns with respect to clinical practice under section 58 (consent to treatment), section 17 leave, management of informal patients and participation of patients in care planning processes. These concerns are dealt with more fully under the heading “Mental Health Act and Code of Practice Issues”.

Main findings

The trust provides a range of inpatient, outpatient and community mental health services for the populations of Barking and Dagenham, Havering, and Redbridge and Waltham Forest. It also provides a range of rehabilitation services and Psychiatric Intensive Care Unit (PICU) facilities at Goodmayes Hospital.

A new facility, being built on the Goodmayes site, adjacent to Chapters House is in the final stages of construction, and is due to open to patients in early 2011. It will combine resources with Chapters House. In addition to the existing services, the combined unit will provide a 16 bedded detoxification unit, acute recovery wards for older male and female patients, a 15 bedded low secure unit and, a 15 bedded high dependency unit for female patients. The surrounding grounds are to provide new car parking facilities and landscaped garden areas for service users and staff.

Other organisational changes included a move to separate male and female wards at the elderly care unit at Woodbury. The Commission was pleased to note that a
substantive ward manager had been appointed to the Pathways PICU at Goodmayes Hospital, as well as a full time consultant psychiatrist, a full time activities co-ordinator and funding approved for a dedicated unit psychologist.

The Commission was, however, disappointed to learn that the vacant post for a much needed Activities Co-ordinator at the Woodbury Unit has yet to be filled, although the Commission was assured by senior managers that the trust is still actively recruiting to fill this key position.

Visiting Commissioners continue to find the Mental Health Act Law Manager and administrators to be pro-active in addressing and resolving issues arising in relation to the statutory documentation, producing audit tools and templates, such as the one used by statutory consultees to record their discussions with Second Opinion Appointed Doctors (SOADs), as a means to ensure good practice and compliance with the Mental Health Act and Code of Practice. The trust recently informed the Commission of the relocation of the Locality Mental Health Act Manager to Naseberry Court, enabling staff to seek guidance and support on the operation of the MHA and Code of Practice, at an early stage.

The MHA Commissioners were particularly impressed with their findings on Victor Hugo Ward, a specialist ward for adult patients with learning difficulties, at Goodmayes Hospital. It was apparent that a great deal of thought had gone into supporting patients with communication issues. Good examples of this included: pictorial signage, client-centred approaches to information sharing and respectful care delivery. The availability of audio-based information about medication and the use of pictogram supported care planning is an example of good practice for the rest of the trust. In addition, the Commissioners were impressed with the participatory nature of care planning on this ward, and the participatory approach using ‘widgits’ technology which was focused on the needs of the client group.

With a few exceptions, compliance with the provisions of section 132 has significantly improved across the trust during the reporting period. Following a visit by MHA Commissioners to Brookside Adolescent Unit, the trust reported that a task group is being convened to develop a patient rights leaflet that is appropriate to the age and understanding of young people. The Commission was pleased to note that the young people at Brookside, as well as Child and Adolescent Mental Health Service (CAMHS) service users and Users Quality Assurance Teams (UQATs) are to be consulted and engaged in the development of the resource.

The trust is commended for its continuing commitment to involving service users in the evaluation and improvement of services through the User Quality Action Team, and for its continued efforts to improve the experience and treatment outcomes of people who are inpatients on the various wards/units across the trust, through the Productive Ward, Star Ward and Ward Transformation initiatives.

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
Relationships with the provider in the reporting period

The previous Annual Statement was received positively by the Board and a written action plan was published by the trust, responding specifically to the 2009 Annual Statement. The findings and recommendations made in the Annual Statement and, the trust’s action plan have been monitored by visiting MHA Commissioners on their visits during the reporting period. Considerable improvements have been noted in some areas, and where there have been areas of poor practice or non compliance with the Act/Code of Practice and/or the trust policy, the trust has responded positively with action plans to address these issues, which are referred to below.

During visits, individual MHA Commissioners have welcomed the opportunity to meet with senior managers to discuss ways of improving poor practice, and raising standards for detained patients, and to hear of the steps that are being taken to address specific areas of concern raised by MHA Commissioners on earlier visits.

Mental Health Act and Code of Practice Issues

Detention
The visiting MHA Commissioners were able to check the lawfulness of a patient’s detention through scrutiny of the relevant statutory documentation available on patient files. In all but one case, detentions were found to be lawful. In the one instance the Commissioner found that when a patient had been informally admitted to Mascalls Park, from a Community Treatment Order (CTO), he had been unlawfully placed on section 5(2) of the Mental Health Act 1983, prior to then being recalled and the CTO revoked."

The trust took immediate steps to notify the patient and his solicitor of the errors found, and provided assurances to the Commission that further training would be provided to clinicians on the recall and revocation procedures of CTOs under the MHA.

In other cases where errors had been found on the statutory documentation, they had been picked up during scrutiny by the Mental Health Act Administrators, and the appropriate action taken.

An improvement was also noted in the number of interim or full Approved Mental Health Practitioner (AMHP) reports found on patient files.

De Facto Detention
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 7L

The visiting MHA Commissioners continued to find deficiencies in the management of informal patients, despite concerns having been raised during the previous reporting period (1 November 2008 – 31October 2009). In some cases informal
patients had been placed on level 2 or 3 observation but their care plans had not addressed the circumstances in which their movement around the ward, or their right to leave the ward, would be restricted. The use of the terms “Absent without Leave (AWOL), “absconded” and “granted leave” were still being found on entries recorded on RiO.

Commissioners found that on some wards which were justifiably locked for safety and security reasons, there were no signs at the main exit door of the ward, notifying patients that the ward was locked to protect patients, or advising informal patients of their right to leave the ward and how this could be achieved.

The Commission is particularly concerned about its findings in this area as they indicate that little progress has been made since receipt of the 2009 Annual Statement which included at its sixth recommendation:

“Further training should be given to staff to ensure that they are clear about the status and rights of all patients, particularly informal patients. Clear best practice policy guidance should be implemented by the trust on the management of informal patients, to ensure that their legal and human rights are protected.”

The trust has acknowledged that the steps already taken to address this issue may have proved insufficient, and will take a more robust approach, through refresher training provided by the Mental Health Law Manager, and regular auditing of entries made on RiO. While various sections of individual trust polices, such as “Procedure for Managing Entry and Exit to Inpatient Wards” and the “Privacy, Dignity and Respect Policy”, refer to informal patients, the Commission does not consider that this goes far enough in making a clear distinction for staff between the management of formal and informal patients. The trust in its response to a feedback summary on Mark Twain Ward stated, that it would:

“draw up some guidelines on the management of informal patients....”

With a completion date for the end of September 2010. The trust is urged to issue this guidance as quickly as possible to ensure that the legal and human rights of informal patients are protected and respected.

Leave – Section 17 and Absence without leave Section 18
While the MHA Commissioners did not find any instances of unauthorised section 17 leave, record keeping and compliance with the provisions of the Code of Practice, and the trust’s own policy on section 17 leave were found to be generally poor across the trust. In a number of instances, section 17 leave forms that were no longer valid or had been superseded had not been crossed through or removed from the patient files. In some cases, the section 17 leave forms were found not on patient files, but in a folder held in the nursing office, and on one ward, the folder was found to be in a disorganised and confusing state. In a number of cases there was no evidence that patients/ carers/relevant healthcare professionals had received copies of the section 17 leave forms. This issue is not just about good record keeping. Inadvertently allowing a patient on leave that is no longer authorized can
have serious consequences for the safety and well being of the patient and/or others.

In response, the trust has assured the Commission of its commitment to raising standards in this area by improving staff knowledge and understanding of the relevant provisions of the Code, and the trust’s own section 17 leave policy, through refresher training and regular auditing. The Commission looks forward to seeing improvements in this area on future visits.

**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*

This remains the Commission’s greatest area of concern, particularly as this issue was highlighted in the Commission’s last Annual Statement and, in previous Annual Reports by the former Mental Health Act Commission. Issues relevant to section 58 were identified on most visits to the trust’s wards, and included: failure of the Approved Clinician (AC) to advise patients of the outcome of SOAD visits, failure to record assessment of capacity and of discussions with the patient on consent to treatment both upon admission and at three months. The trust is reminded that the Commission scrutinises clinical practice under this section of the Act, and the accompanying sections of the Code of practice, with particular care. There are a number of reasons for this:

- In the one circumstance where compulsion is permitted in healthcare, it is fundamental to the human rights of patients (as protected by the Human Rights Act 1998) that all safeguards written into the legislation are met.

- In interviews with Commissioners, patients frequently raise concerns about their medication with regard to side effects, information and possible alternative treatments.

- It is the Commission’s view that the recording of a patient’s attitude to medication over time provides vital evidence of progress and significant data helpful in predicting future compliance.

- A growing body of research on informed decision making and consent shows that both patients and providers benefit when patients are well informed and play a significant role in deciding how they are going to treat or manage their health conditions. Informed patients are more likely to stick with the regimes the treatment requires, and they often end up rating their health after treatment as better.¹ The Government’s recent White Paper endorses the principle of shared decision making².

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² Department of Health Equity and Excellence July 2010
Where patients are not provided with adequate information about their treatment, genuine consent, and any opportunity to develop treatment models of partnership between patients and doctors as required under GMC Guidance, will remain an unachievable ideal.

In response to the concerns raised by MHA Commissioners during this reporting period, the trust has reported the implementation of further measures to strengthen clinical practice in this area. Such measures include refresher training for clinicians, audits to be undertaken of clinical entries on RiO by senior managers and the development of a “Consent to Treatment” checklist to be issued to all Approved Clinicians.

The trust is reminded that performance under this section of the MHA is linked to regulatory outcomes under the CQC’s registration requirements. This is an area that the MHA Commissioners will continue to closely monitor on future visits.

**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

‘During this reporting period the IMHA service has been provided by “Speaking Up” (Redbridge), “HUBB” (Barking and Dagenham and Havering) and “Powher” (Waltham Forest). It is understood that the name of Speaking Up has now changed to "Voice Ability." With a few exceptions, the MHA Commissioners found that patients had good access to the service. Patient awareness of the service is raised through ward posters/leaflets, and the presence of the advocates on the wards on a regular basis. Staff at Naseberry Court reported that advocates had less presence on the wards, than in recent months, although were still accessible to patients. Visiting Commissioners will continue to monitor access to IMHA on future visits.

**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

Although there is not a designated seclusion room at Chapters House, MHA Commissioners have raised concerns in the past regarding the use of the “observation room” on Pathways Psychiatric Intensive Care Unit (PICU) as a “time out” room. Visiting Commissioners noted on their most recent visit that covert CCTV was in use. Requests for clear written policy guidance on the purpose and use of this room have in the past not been forthcoming. The trust has recently informed the Commission that a laminated poster has been placed in the observation room advising patients that the room has CCTV. In addition, the trust reported that:

“Proposal is being considered to convert the room into a seclusion room, and the Modern Matron and Pathways team is reviewing the purpose and a policy on its use is to be put in place.”

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Other Patient Issues

Participation and Care Planning
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

Evidence of patient participation remained variable across the trust. Many of the patients confirmed to the MHA Commissioners that they had received and/or signed copies of their care plans, while others appeared to have no knowledge of their existence or, of the Care Programme Approach in general. It was often the case that the level of participation was not reflected in the care plans and, in most cases the care plans did not include the views of the patient and/or carer. There was little evidence of patient/carer participation recorded in progress notes. Staff often asserted that patients were encouraged to participate, and that attempts had been made to engage patients in reviews of their care plans during Patient Protected Time (PPT), or in dedicated care planning groups. However staff recordings of such participation on RiO fell short of their verbal accounts. The Commissioners found several instances of recording of PPT that gave no reference to any meaningful interaction/engagement between patient and staff.

While the Commissioners noted some improvement in care plans being drawn up in a more individual patient focused way, they continue to be profession specific with little evidence of a holistic/integrated approach. There were several instances of care plans providing outdated information, or not having been reviewed following a change in the patient’s behaviour or treatment plan.

In response to the concerns raised on this issue on Emily Bronte Ward the trust has informed the Commission that in future:

“all ward staff entries in the progress notes are required to be linked to Care Plan targets numerically, this focuses the progress note entry on how support relates to and has enabled each aspect of the Care Plan.”

In addition, to strengthen its effort in improving practice, the trust reported that senior managers are to undertake regular RiO audits, which will include the monitoring of standards on care planning, risk assessments, and the quality of progress notes. Mini team meetings are to be scheduled in the rehabilitation service to ensure a multi-disciplinary approach to care planning, and care planning reading sessions are to be held to enable patients to read and discuss care plans with their key workers. The trust is reminded of the fundamental principle of “Participation” set out in the Code of Practice at paragraph 1.5 which states:

“Patients must be given the opportunity to be involved, as far as is practicable in the circumstances, in planning, developing, and reviewing their own treatment and care to help ensure that it is delivered in a way that is appropriate and effective for them as possible.”

The trust must therefore ensure that “care planning reading sessions” are not simply about consulting patients on care plans that staff have already drawn up, but rather about staff working collaboratively with patients and/or their carers from the outset in
formulating patient centred care plans, which record the patient/carers own views and aspirations/goals. Care plans should be reviewed and updated on a regular basis in collaboration with the patient (and/or carer).

These issues were raised in the last Annual Statement and throughout the reporting period. Visiting Commissioners will continue to monitor care planning and patient participation very closely on future visits. the trust is reminded that performance under this section of the MHA is linked to regulatory outcomes under the CQC’s registration requirements.

Environment
In the last Annual Statement (2009) the Commission had raised concerns regarding the male rehabilitation ward, the Bridge, at Goodmayes Hospital. Of particular concern were the ward’s isolation in the main building to the rest of the service provided at Chapters House, and the poor state of decoration and repair in areas of the ward. As mentioned above, the ward has undergone some refurbishment/redecoration. This extends to some of the bedrooms, bathrooms and lounge. The Activities of Daily Living and beverage kitchen have been refurbished, and an industrial sized kitchen replaces the old smoking room.

The Commission was informed by senior managers that the Bridge and Emily Bronte (female rehabilitation ward) are to merge, and relocate to Mark Twain Ward. While remaining single sex compliant, resources from the two wards will combine to provide a more focused approach to rehabilitation. It is understood that a strategy paper is being written by senior managers of the trust with a view to providing an integrated complex recovery service, and reconfiguration of community recovery services. The Commission looks forward to learning more about the service on future visits.

A number of potential ligature points have been noted during MHA Commission visits to Naseberry Court and the Woodbury Unit. The trust is fully aware of them, and some have already been addressed. The trust has reported that those outstanding, such as the grab rails at the Woodbury Unit have received higher priority on the Risk Register and will be addressed as soon as funding becomes available.

Privacy
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, 10F, 10M

While there has been improvement in this area, the visiting Commissioners continued to find instances where bedrooms were without appropriate screening at windows and/or observation panels in bedroom doors. Arrangements in place to cover the viewing panels in some bedroom doors are not adequate. The shutters over these viewing panels can only be controlled by staff from outside the room using a special key. The patients occupying of these rooms are unable to close the shutters to protect their privacy and dignity.

In its response to this issue the trust reported that an audit of ‘privacy and dignity’ was carried out and its recommendations are to be considered by the trust. One recommendation stated:
“The Director of Nursing and individual ward managers should review the use of all observation panels on patients’ doors. Where it is decided that their use is still required they should ensure all panels can be closed from the inside enhancing patient’s privacy and dignity. This audit is due to be considered by the trust’s service user reference group and its recommendations will then be taken forward.”

Recommendations and Actions Required

1. The trust must continue to focus its efforts on strengthening the understanding and practice of ward and clinical staff regarding established the trust policies and compliance with the Act and Code of Practice, paying particular attention to issues under section 58 (consent to treatment), and the rights of informal patients.

2. The trust should produce and distribute written policies on the management of informal patients, and the purpose and use of the “observation room” at Pathways PICU as quickly as possible.

3. The trust should strengthen its training and development efforts with clinical staff to improve practice in relation to patient participation in the care planning process, in line with the Code of Practice participation principle and national guidance on the Care Programme Approach. Such efforts should also include a review of the trust’s methodology for ensuring that care plans are reviewed and updated on a regular basis.

4. In respect of matters of privacy and dignity, the trust should ratify and implement any recommendations following its audit at the earliest opportunity.
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Ward</th>
<th>Det. Pats seen</th>
<th>Pats in groups</th>
<th>Records checked</th>
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<td></td>
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<td></td>
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<td>0</td>
<td>3</td>
</tr>
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<td>The Bridge</td>
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<td>3</td>
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<tr>
<td>27/04/2010</td>
<td>Victor Hugo</td>
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<td>1</td>
</tr>
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<td>06/05/2010</td>
<td>Thomas Hardy Ward</td>
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<td>Camara Laye Ward</td>
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<td>0</td>
<td>3</td>
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<tr>
<td>24/09/2010</td>
<td>Emily Bronte</td>
<td>2</td>
<td>0</td>
<td>3</td>
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<td>31</td>
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<td><strong>Mascalls Park</strong></td>
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<td></td>
</tr>
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<td>2</td>
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<td>3</td>
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<td>05/10/2010</td>
<td>Ward 2</td>
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<td>0</td>
<td>3</td>
</tr>
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<td><strong>Totals for Naseberry Court</strong></td>
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<td><strong>Woodbury Unit</strong></td>
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<td>0</td>
<td>3</td>
</tr>
<tr>
<td>11/02/2010</td>
<td>Ward 2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>07/10/2010</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>07/10/2010</td>
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<td>0</td>
<td>4</td>
</tr>
<tr>
<td>07/10/2010</td>
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</tr>
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<td><strong>Totals for Woodbury Unit</strong></td>
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| Total Number of Visits:       | 20 |
| Total Number of Patients Seen: | 61 |
| Total Number of Documents Checked: | 67 |
| Total Number of Wards Visited: | 17 |
### Findings from Visits - Environment and Culture:

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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
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<td>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?</td>
<td>7</td>
<td>5</td>
<td>1</td>
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<tr>
<td>Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?</td>
<td>9</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Do patients have lockable space which they can control?</td>
<td>4</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?</td>
<td>10</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?</td>
<td>12</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?</td>
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<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is there a ward phone for patients’ use?</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Is it placed in a location which provides privacy?</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]</td>
<td>12</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients’ councils etc?</td>
<td>11</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Findings From Document Checks</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Were the detention papers available for inspection? Did the detention appear lawful</td>
<td>46</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Was there either an interim or a full AMHP report on file?</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>If the NR was identified was s/he consulted, If there was no consultation, were reasons given?</td>
<td>28</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Where appropriate was all psychotropic medication covered by a T2 and/or T3?</td>
<td>22</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Was there evidence a capacity assessment at the time of first administration of medication following detention?</td>
<td>10</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Was there evidence a discussion about consent at the time of first administration of medication following detention?</td>
<td>16</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Was there a record of the patient’s capacity to consent at 3 months?</td>
<td>13</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?</td>
<td>11</td>
<td>35</td>
<td>0</td>
</tr>
<tr>
<td>Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?</td>
<td>1</td>
<td>45</td>
<td>0</td>
</tr>
<tr>
<td>Was there evidence of discussions about rights on first detention and an assessment of the patient’s level of understanding?</td>
<td>42</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Was there evidence of further attempts to explain rights where necessary?</td>
<td>24</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Was there evidence of continuing explanations for longer stay patients?</td>
<td>15</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Is there evidence that the patient was informed of his/her right to an IMHA?</td>
<td>38</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Are the patient’s own views recorded on a range of care planning tools?</td>
<td>26</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Was there evidence that the patient was given a copy of their care plan?</td>
<td>15</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Is there evidence that the patient signed / refused to sign their care plan</td>
<td>14</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?</td>
<td>32</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Is there evidence of an up to date risk assessment and risk management plan?</td>
<td>43</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Is there evidence that discharge planning is included in the care plan?</td>
<td>27</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Were all superseded Section 17 leave forms struck through or removed?</td>
<td>8</td>
<td>36</td>
<td>2</td>
</tr>
<tr>
<td>Was there evidence that the patient had been given a copy of the section 17 leave form?</td>
<td>1</td>
<td>43</td>
<td>2</td>
</tr>
<tr>
<td>Are the timescales, frequency and conditions for the use of leave unambiguously specified?</td>
<td>19</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>For patients in hospital less than a year, is there evidence of a physical health check on admission?</td>
<td>40</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?</td>
<td>4</td>
<td>33</td>
<td>9</td>
</tr>
</tbody>
</table>

| 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]? | 3   | 4  | 3   | 36  |
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.