Mental Health Act Annual Statement December 2009

Rampton Hospital (Nottinghamshire Healthcare NHS Trust)

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
Rampton Hospital is a high secure hospital providing 350 inpatient beds over 28 separate wards. The hospital provides mental health services for men and women, people with dangerous and severe personality disorders, people with personality disorders and people with learning disabilities. Rampton Hospital provides National High Secure Deaf, Women’s and Learning Disability Services. Development is well advanced on the new Learning Disability Unit which is due to open mid 2010.

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 April 1 2009 when the functions of the Mental Health Act Commission were absorbed by the CQC. 17 wards were visited, 42 patients were interviewed in private and 51 sets of documentation were checked.

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.

Main findings
Relations with Senior Managers of the hospital have been constructive and positive and it is to be hoped that this will be further developed with the new Mental Health Act Commissioner. In the majority of cases the hospital has responded promptly in replying to the findings resulting from those visits and to the recommendations made.

Visiting Commissioners have commented favourably on the helpfulness and responsiveness of Ward Managers and staff during visits, which are usually unannounced. The hospital has proved proactive in its sharing of information and inviting the Commission to be involved in a range of meetings relating to patient care, for example the seclusion monitoring group.

With the hospital wide smoking ban now established it has been good to see the old smoking rooms being put to good use in many cases as a gym area.

It is reassuring to note that, with very few exceptions, detained patients spoke highly of their care and of the staff who looked after them. The Mental Health Act Commissioner(s) often observed good patient staff interactions and the named Commissioner has been impressed by the interest and commitment shown by staff and ward managers.

Supervision and training arrangements for staff appear robust and there is a clear commitment to using de-escalation techniques to reduce incidents of seclusion wherever possible.

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 author of this Annual Statement via the CQC at the Nottingham office.
**Detention**
The hospital has now in place a separate legal documents file for each patient and this has markedly improved the ease of accessing the relevant documents such as detention paperwork. The files are clear and well laid out and latterly documentation relating to patient detention was present and accessible. The hospital has made a positive commitment to audit the legal files on a regular basis.

**Section 58**
It was routinely found across wards that old Forms 38 and 39 (now T2 and T3) were being kept both in the legal documents file and with medical charts, without being struck through or marked as no longer valid. In all cases swift action was taken by ward managers to rectify this, often on the day of the visit but it is an area which would benefit from regular auditing. The Commissioner noted that some forms are stamped with a reminder that out of date forms should be marked as cancelled and this practice should be rolled out through the hospital. The Code of Practice states at paragraph 24.82:

‘Hospital managers should make sure that arrangements are in place so certificates which no longer authorise treatment (or particular treatments) are clearly marked as such, as are all copies of those certificates kept with the patients notes and medication chart.’

An issue of concern was that records of the discussions with statutory consultees and discussions with the patient to ascertain their capacity to consent were not always found in patient files or on RiO. Responses to requirements to act on these have again been prompt and it is to be expected that checking these records will be included in the regular audits of the legal files.

Commissioners also found it difficult on some wards within the Women’s and Learning Disability Service to find evidence of the Commission being notified yearly of patients being treated on a T3 (old Form 39) using the MHAC1 in line with the Code of Practice, paragraph 24.73.

**Care Programme Approach (CPA)/Section117**
Visiting commissioners have been pleased to find patients overall, with some exceptions, reporting good relationships with ward staff and clinicians. Concerns were raised by some patients around not having copies of their care plans, not knowing CPA review dates and not knowing what they needed to do to be progressing whilst on the ward.

The CQC draws the provider’s attention to the participation principle in paragraph 1.5 of the Code of Practice, 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 as appropriate and effective for them as possible”.
The presence of regular community meetings on the majority of the wards visited is to be commended and one observed by the Commissioner particularly demonstrated the value of these for both patients and staff.

Over the coming year the Commission will be taking note of how participation both in terms of individual care planning and community meetings is being achieved across the hospital.

**Section 17 and Section 132**
The CQC notes that the hospital has an excellent form for recording the presentation of Section 132 rights and also clear guidance available to be displayed on the wards. However visiting Commissioners were regularly finding that these forms were either absent or not fully completed and reviewed. The CQC understands that checking Section 132 rights forms will form part of the auditing of the legal files to ensure they are completed in compliance with the requirements of the Code of Practice, paragraph 2.8 – 2.26. Particular attention is drawn to paragraph 2.24 which states:

‘Those with responsibility for patient care should ensure that patients are reminded from time to time of their rights and the effects of the Act. It may be necessary to convey the same information on a number of different occasions or in different formats and to check regularly that the patient has fully understood it. Information given to a patient who is unwell may need to be repeated when their condition has improved.’

**Section 134 – Withholding of Mail / Telephone Monitoring**
Two visits have been undertaken to monitor Section 134 and the Hospital Directions in relation to the monitoring of mail and telephone calls. Documentation should note in the review discussion with patients as to why monitoring is continued and what the patient needs to achieve to be taken off monitoring and what their rights of appeal are.

**Other issues raised from the Mental Health Act visiting activity**
The Mental Health Act Commissioner raised concerns over the time being taken for patients to have access to items stored in their grey boxes (up to three weeks in one instance). They were informed that there is no time scale set out in policy but porters should be delivering boxes within three days. The CQC would draw the providers attention to the Safety and Security Directions 2000 18(2) which state that:

‘A hospital authority shall ensure that when patients request a member of staff in charge of a ward store or central stores to give them a personal possession from the store patients are able to retrieve the item within 48 hours, excluding weekends and public or hospital holidays.’

The proposals currently out for consultation go further in 21(2a) to when a patient requests access to possessions stored on the ward access must be provided within 24 hours.

The CQC notes that food quality and choice is generally felt to be of a good standard by patients and commends the provider over their healthy eating initiative. However this is a contentious issue for patients, and has been raised as such during visits,
balancing as it does one of the basic needs and pleasures of detained patients with the responsibility to tackle issues of obesity and promote physical health. The commission has found that application of guidelines varies across wards with inflexible approaches being found by patients to be most frustrating and leading to poorer diets where patients are filling up on crisps and chocolate to compensate. Alongside this the CQC has also found that on some wards there is no opportunity for patients to have a snack, say toast, between Tea at 16.30 hours and breakfast at 8.30. This leaves patients for a long period without food and is not the case on all wards. The CQC welcomes the presence of an obesity steering group and strongly recommends patients and staff are provided with clear information on diet and portion control alongside actively listening to patient views on health eating and its administration.

On separate occasions visiting commissioners found staff on the Villas to be extremely busy and stretched and were informed that staff are often being moved, particularly from the Villas to cover shifts on other wards notably in the Women’s service, leaving other wards understaffed restricting the amount of time staff can spend individually with patients.

Deprivation of Liberty Safeguards (DOLS)  
The CQC recognises that as all patients at the hospital are detained under the Mental Health Act, the necessity to make an application under the Mental Capacity Act’s DOLS is unlikely to arise. It would, however, be good practice for clinical staff to be aware of the main points of the legislation.

Ward Administration / Mental Health Act Administration  
The introduction of a legal documents file has clearly improved the filing system across the hospital and regular audit will improve this still further. Patient files were generally well ordered. Ward administration did not seem to be an issue with all wards having a ward clerk, who is often shared across wards.

Commissioner contact with Mental Health Act Administration has been constructive with any enquiries being promptly responded to.

The Physical Environment  
The physical structure of wards differs across the hospital dependent on the location and individual issues and recommendations have been shared with the provider in the detailed reports.

The CQC notes there is an ongoing programme of refurbishment of the older wards to provide en-suite facilities.

The visiting Mental Health Act Commissioners have found cleanliness of shower/bathroom/toilet and seclusion areas to be an issue during a number of visits. The provider has given assurances that seclusion facilities are cleaned immediately they are vacated and the CQC would like to stress that maintaining standards of cleanliness should be seen as a priority in maintaining patient health and dignity.
Recommendations for Action

- The hospital should build on the development of the legal documents file with a robust system of internal audit to ensure compliance with the Code of Practice particularly in the areas which CQC visits have highlighted around Section 132, Section 58 and recording of decisions concerning capacity to consent to treatment decisions.

- The hospital should continue to build on its facilitation of community meetings with the support of advocacy services. The CQC is informed that patients are provided with a leaflet informing them of Independent Mental Health Advocates (IMHA’s) involvement and how they can be contacted by telephone free of charge. It is important that this information is regularly revisited with patients, community meetings may provide a good avenue for this to occur.

- The hospital needs to ensure that patients are fully involved in discussing their care and treatment having copies of care plans.

- The hospital needs to make clear its policy on patient access to belongings stored in blue and grey boxes bringing this in line with existing and subsequent safety and security directions.

- The hospital needs to ensure that initiatives around healthy eating and portion control and its administration are clearly explained and fully discussed with patients to reflect and respect the views of patients. Consideration needs to be given to recognising individual dietary needs across the patient group in respect of healthy eating.

- The hospital needs to ensure that in providing extra staff cover to other wards across the hospital it is not affecting patient care and opportunities on the main ward.

- Cleanliness of communal areas and seclusion facilities must be regularly monitored.

Forward Plan

- Mental Health Act Commissioners will continue to visit Rampton Hospital 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 those wards that it was not possible to visit this year. 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.
The Commissioner hopes to again meet with Carers representatives to ascertain their issues and views.
Appendix A

Commission Visit Information for Rampton Hospital (Nottinghamshire Healthcare NHS Trust) covering the period between 31 October 2008 and 31 October 2009

<table>
<thead>
<tr>
<th>Date</th>
<th>Ward</th>
<th>Det. Pats. seen</th>
<th>Records checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Feb 2009</td>
<td>Brecon Ward</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Jade Ward</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Ruby</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Topaz</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>27 Feb 2009</td>
<td>Acacias Ward</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Adwick</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Beeches Ward</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Jade Ward</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Mar 2009</td>
<td>Dolphin Ward</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>10 Mar 2009</td>
<td>Blake Ward</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Derwent Ward</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>16 Mar 2009</td>
<td>Connaught Ward</td>
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<td>4</td>
</tr>
<tr>
<td>21 Mar 2009</td>
<td>Malvern</td>
<td>6</td>
<td>4</td>
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<tr>
<td>25 Jun 2009</td>
<td>Erskine Ward</td>
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<td>9 Jul 2009</td>
<td>Cavendish Ward</td>
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<td>3</td>
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<tr>
<td>16 Jul 2009</td>
<td>Hawthorns Ward</td>
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<td>31 Jul 2009</td>
<td>Emerald Ward</td>
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<tr>
<td>19 Aug 2009</td>
<td>Brecon Ward</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Total for Rampton Hospital: 44 56

Total Number of Visits: 11
Total Number of Wards visited: 16
Total number of Patients seen: 44
Total Number of documents checked: 56