

Mental Health Act Annual Statement November 2009

Cumbria Partnership NHS Foundation 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, ethnicity and gender of detained patients.
- Ward environment and culture, including physical environment, patient privacy and dignity, safety, choice/access to services/therapies, physical health checks, food, 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.

At the end of each visit a feedback summary is issued to the Trust 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 Trust 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 Health Check and making decisions about the inspection programme in both the NHS and Independent Sector. In future years it will be used to inform registration decisions.

A list of the wards visited within this Trust is provided at Appendix A.

Background

Cumbria Partnership NHS Foundation Trust provides in-patient care both for adults detained under the Mental Health Act and for non-detained patients. The service is provided at Carleton Clinic Carlisle, Furness Hospital Barrow, Westmoreland General Hospital Kendal, Ulverston Hospital and West Cumberland Hospital Whitehaven. The

service includes a Psychiatric Intensive Care Unit (PICU), Acute Admission and Assessment wards, a rehabilitation ward and long term care wards for complex needs, and is provided for adults and older people with mental health problems and learning disabilities.

This statement draws on findings from visits by Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission and those which took place after April 1 2009, when the functions of the Mental Health Act Commission were taken over by the Care Quality Commission. At this time, Janet Buckley became the named Commissioner for Cumbria Partnership NHS Foundation Trust.

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

Throughout the reporting period, the Commissioners have found ward staff, senior managers and Mental Health Act (MHA) staff to be very helpful and welcoming. 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.

During the period of the visits the Trust had begun to implement a major re configuration of services throughout the county as a result of the outcome of the consultation for improvements to mental health services for adults, that concluded in September 2008. This has impacted on staffing levels within the service and caused uncertainties and anxieties about the future role of some services. There has also been a lack of clarity at times about the processes and timescales of changes, and the involvement of patients and their carers in these processes. It is within this context that some of the following issues are highlighted.

Mental Health Act (MHA) and Code of Practice

The following points highlight those Mental Health Act issues raised by Commissioners on visits. The detailed evidence to support them has already been shared with the Trust and is not rehearsed here. For further discussions about these findings please contact the author of this report via the Care Quality Commission at the Nottingham office.

Detention

The Care Quality Commission is impressed with the diligence of the Mental Health Act Managers in ensuring that all detentions sampled are lawful. On the rare occasions where errors have been found, they have quickly been corrected.

Section 58

Responsible Clinicians continue to fail to record assessments of capacity when negotiating consent to treatment. This was evident on Hadrian Ward.

Also on Kentmere Ward there was no copy of a Section 62 Form on file or with the prescription card to provide the necessary authorisation to treat until the Second Opinion Appointed Doctor (SOAD) visit.

Section 132

The Commissioner found that generally patients had their rights regularly and routinely read to them. But there were an increasing number of occasions where there was no record on the ward of patients' rights being read to them, although in some instances the Mental Health Act Administrator had such a record. This was evident on Hadrian, Beckside, Manor and Yewdale Wards.

Section 17 leave

Commissioners received one complaint from a patient on Rowanwood PICU that escorted leave was not possible due to the lack of available nurses. The Trust has however, introduced new Section 17 forms that are clearer and provide an end date for the period of authorised leave.

Ethnicity Codes

Department of Health ethnicity codes continue not to be used and this was evidenced on Kentmere Ward due to the absence of a patient summary form, and on Ruskin Ward. It is noted however, that this requirement is now monitored by the Trust Board as a Key Performance Indicator.

Care Programme Approach

Care plans were found to relate to the management of patients while in hospital, including risk management and treatment. However, a number of patients seen were unaware of their care plans and were requesting this information.

The Care Quality Commission wishes to draw the Trust's attention to 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."

Section 136 Policy

A number of issues were raised about the operation of the Section 136 policy by those wards who have a designated Section 136 Suite, namely Beckside, Hadrian and Yewdale Wards. There were concerns expressed about police remaining in attendance, until mental health staff no longer require their presence, not notifying the ward beforehand, and at West Cumberland Hospital taking people directly to Accident and Emergency without the necessary paperwork.

Out of Hours Assessments

There were also some concerns about delays in out of hours assessments due to Approved Mental Health Professional (AMHP) vacancies and lack of Section 12 Approved Doctors.

Other issues raised from MHA visiting activity

The physical environment

Whilst the Trust has been implementing a major refurbishment programme, there remains some wards that require significant improvement and refurbishment. These

being Becksid Ward and Hadrian Ward e.g. on Becksid Ward some facilities were not in use due to remaining ligature points and there are patient privacy issues for those whose bathrooms and bedrooms overlook the car park. Some refurbishment is also required at Gill Rise to ensure a suitable patient environment until the ward is relocated to Furness Hospital site and the refurbishment programme has been delayed on Syra Ward.

However, Ruskin Ward has been significantly improved and it was very pleasing to see advice incorporated from the University of Stirling on providing a more individualistic environment for people with dementia.

The new PICU was being built throughout this period and this new provision is planned to provide a high quality environment for an increased number of patients from November 2009. The interim arrangements that are currently in place whilst not ideal are adequate.

Provision of activity

Provision of activities varies between wards but is generally given a low priority. Some wards have adequate Occupational Therapy (OT) input or activity co-ordinators. Others provide little or no activity on the ward and the advertised programmes depend on ward staff being able to fit activities in around their other duties. On some wards this lack of activities was caused by vacant OT/ Activity Co-ordinators posts.

Ward over occupancy levels and patient transfers

Over occupancy levels in April 2009 were running, at times, at 120% on Hadrian Ward. The Trust has acknowledged this requires prompt action and a six month improvement plan for the ward has been put in place to address this issue, which includes additional Multi Disciplinary Team (MDT) and community meetings to discuss potential discharges and patient issues.

The extreme pressure on beds has also resulted in some patients experiencing a series of transfers across the county during one inpatient episode. There were also concerns expressed at Manor Ward from which all patients will be transferred, that patients and carers had not been involved in forward planning until late in the process of transfer.

Staffing Issues

There were some concerns about the staffing levels and management arrangements due to the changes to the services, for example there is a heavy reliance on the use of bank staff on Ruskin Ward. There were ward manager and staff vacancies at Gill Rise and no manager on site at Syra House. Four members of staff at Kentmere were on temporary contracts at the time of the visit. There were concerns about the management arrangements in April 2009 for Hadrian Ward, but these had been resolved and the staff team had been strengthened by the August 2009 visit.

Patient Advice and Liaison Service (PALS)

There is a dedicated PALS service based at Carleton Clinic, which is well used by patients in North Cumbria. However, it does not have the capacity to provide the

same quality of service in South Cumbria, as it is also unable to recruit, and provide comprehensive training packages and support for PALS volunteers there.

New Requirements

The Trust is meeting its obligations to the following new requirements;

Deprivation of Liberty Safeguards (DOLS)

Three Full-Time Equivalent (FTE) members of staff have been funded, recruited and trained by the Trust to provide this service.

Independent Mental Health Advocates (IMHA)

Independent Advocates are now available in North Cumbria, but this service requires further promotion. At the time of writing there is no specific IMHA service available in South Cumbria.

Examples of Good Practice

A number of examples of good practice have been identified. These are;

- The Trust has developed a new en-suite facility for vulnerable adults and younger people (under 18years) on Hadrian Ward.
- The Crisis Resolution team attends reviews on Kentmere Ward 48 hours after admission, together with ward staff, care co-ordinator and staff grade doctor, to ensure a proactive approach to treatment and care planning to meet patients' needs and provide the opportunity for consideration of early discharge.
- A comprehensive improvement plan is being implemented for Hadrian Ward to improve the ward environment and patient experience, this includes the introduction of the "Productive Ward" to streamline processes and ensure staff can spend more therapeutic time with patients.
- The Trust, with NHS Direct, have developed a new 24 hour helpline Cumbria Partnership Direct for people with mental health problems and their carers, in direct response to requests from service users and carers.

Recommendations for Action

Statutory MHA requirements

1. The Trust should institute effective governance arrangements to ensure that there is an improvement in compliance with Section 58 of the Mental Health Act.
2. The Trust should undertake an audit to ensure patients' rights are regularly read and an appropriate record is kept on the ward and the Trust should continue to audit compliance with the recording of Department of Health ethnicity codes.
3. The Trust should monitor the number of times patients are not able to take their escorted Section 17 leave and increase staffing levels as necessary to ensure that patients receive their leave entitlement.

4. The Trust should continue to review the operation of the joint Section 136 Policy and ensure its partner agencies operate within this agreed policy.
5. The Trust should monitor the operation of the Mental Health Act, with particular regard to any delays arising from the lack of available AMHPs or Section 12 Doctors, and take appropriate action.

Best practice

1. The Trust should implement staff training in care planning and review all its processes to consider how best to ensure compliance with the participation principle laid out in the Code of Practice.
2. The Trust should complete the refurbishment programme for Beckside and Hadrian Wards and for Syra House.
3. The provision of activity across the Trust should be reviewed, including the amount of activity and range of activities available, the staff responsible for running activity programmes and the appropriateness of provision on different wards. Commissioners would expect to see patients engaging in an appropriate range of activities every time they visit Trust services.
4. The Trust should continue to monitor bed occupancy levels and patient transfers to ensure the actions they have taken are effective in resolving these problems and take further remedial action as appropriate if this is indicated.
5. The use of bank staff and temporary contracts should be reviewed in those areas where this has been identified as an issue and appropriate action taken to ensure a stable workforce who can provide continuity of care to patients. Management vacancies wherever possible should also be subject to permanent appointments.

Forward Plan

- Mental Health Act Commissioners will continue to visit Cumbria Partnership NHS Foundation Trust in the coming year to monitor the operation of the Act and to meet with detained patients in private.
- Commissioners will work with other colleagues in the Care Quality Commission to develop an integrated approach to the regulation of the Company's services.

Appendix A: List of wards visited at Cumbria Partnership NHS Foundation Trust

Date	Ward	Detained patients seen	Records checked
West Cumberland Hospital			
12 Jun 2009	Yewdale	3	3
Total for West Cumberland Hospital		3	3
Ulverston Hospital			
17 Feb 2009	Gill Rise	2	2
Total for Ulverston Hospital		2	2
Dane Garth			
27 Apr 2009	Manor Ward (7)	2	3
13 May 2009	Beckside Ward	1	3
Total for Dane Garth		3	6
Carleton Clinic			
30 Mar 2009	Ruskin Unit	3	3
	Syra House	2	2
23 Apr 2009	Hadrian Unit	4	4
15 Jun 2009	Rowanwood	2	3
17 Aug 2009	Hadrian Unit	1	4
Total for Carleton Clinic		12	16

Total Number of Visits: 8

Total Number of Wards visited: 8

Total number of Patients seen: 20

Total Number of documents checked: 27