

Mental Health Act Annual Statement November 2009

Mersey Care 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, 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 the registration decisions.

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

Background

Mersey Care NHS Trust provides specialist mental health and learning disability services for the people of Liverpool, Sefton and Kirkby including acute inpatient care, crisis resolution and home treatment and community care and treatment. It also offers medium secure services for Merseyside and Cheshire and high secure services covering England and Wales.

Liverpool, Sefton and Knowsley Primary Care Trusts have approved proposals to improve mental health in-patient environments by developing five new purpose-built centres with a total of 285 beds covering adult, older people, learning disability and addiction services.

This statement draws on findings from visits by Mental Health Act Commissioners both under the auspices of the Mental Health Act Commission and visits which took place after April 1 2009, when the functions of the Mental Health Act Commission were taken over by the Care Quality Commission.

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

Relationships with the Mental Health Act Administrators, Ward Managers and Senior Managers within the Trust have remained constructive throughout the reporting period. The Trust have always been keen to receive feedback about the quality and nature of services provided and have endeavoured to respond to findings in a timely manner. Previous Annual Reports have been well received by the Trust Board and during the visits undertaken progress against concerns expressed in and recommendations made by previous reports have been assessed.

The Commission notes very positive developments in regard to promoting and supporting the physical health and well being of patients. Examples of good practice were noted on Albert and Gladstone Wards.

Developments in the provision of services for women are apparent throughout the Trust. The establishment of a strategy group to consider specific behaviours and practices and the support available to staff are a valuable contribution in this area. Specific training re gender, equality and diversity is taking place Trust wide.

Progress continues in the provision of Occupational Therapy (OT) services and of meaningful activity for patients. In the main, patients spoke very positively of these services. Particular examples of good practice were noted on Harrington, Brunswick and Sandon Wards and in high secure services. The introduction of an assistant practitioner for activities has been particularly well received by both staff and patients on Harrington Ward.

The Star Unit has replaced Learning Disability services formerly provided at the Morley Unit and at Wavertree Lodge. The Unit has responded very positively to Commission feedback whilst in the process of developing policies and procedures and has the provision of OT support to the unit as a key objective for 2009/10.

The Commission commends the support to and very robust communication with the Service User and Carer Forum. Also the positive service developments arising from the work of the forum e.g. involvement in the selection, recruitment and induction of staff, Reader in Residence and Musician in Residence programmes and research regarding service user involvement and the impact on quality of life.

It is reassuring to note that, in the main, detained patients spoke highly of their care and of the staff who look after them.

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.

Care Planning

The quality and detail of care plans has been noted. However, plans were frequently not signed by the patient and their views on the care plan were often not recorded. As noted in previous reports, patients have often stated that they have not seen their care plans. Notable exceptions to this were evident at Rathbone Hospital on Childwall, the Psychiatric Intensive Care Unit (PICU) and the rehabilitation ward.

Advocacy

Patients understanding of and access to Advocacy services has been found to be patchy throughout the Trust. The Commission is aware of the Trust's commitment to continue to improve practice in this regard. The provision of Advocacy services for patients in the Scott Clinic is an excellent example of good practice with a proactive model of support to the care planning process.

Legal

The Care Quality Commission is impressed with the diligence of the Mental Health Act Managers in ensuring that all detentions sampled are lawful. The scrutiny arrangements in place and the availability of checklists, serve to ensure that the expectations of the Mental Health Act and Code of Practice are, in the main, met. A notably high standard of documentation, with useful flagging and recording systems were evidenced in some areas of the Trust including services in Southport and at the Scott Clinic.

Exceptions to this broadly positive message are outlined below.

Section 58

Practice concerning the recording of capacity and consent and Responsible Clinicians' discussions with patients remains inconsistent. Omissions in such recording were once again noted in both high secure services and local services.

Section 132 Rights

The provision of information to patients and the recording of their understanding including repeats when required remain problematic in many areas of the Trust, most notably in high secure services and in Stoddart House. In local services a useful checklist is in evidence in all units and training has been provided to staff. However, forms were found to be incomplete or not in relation to the current section. Many patients seen could not recall being told of their rights, often despite an indication on the record that rights had been explained. It is important that staff are pro-active, including with older patients, in using other means of engaging/informing them of their rights.

New Legislation

The use of Community Treatment Orders (CTOs) is increasing. The Commission is aware that work is in progress to develop protocols and procedures, including the provision of information under Section 132, information regarding complaints procedures and access to Advocacy. The current delays in the provision of a Second Opinion Appointed Doctor (SOAD) service have been formally brought to the attention of the CQC by the Trust.

Other Issues

Environment

The Commission has identified ongoing improvements to the ward environments with the provision of new furniture, access to fresh air and attention to the cultural diversity of service users. The Trust demonstrates a commitment to making best use of the existing estate. Attention has also been paid to enhancing the privacy and dignity of service users. However, some inconsistencies are evident in regard to service user privacy and security in medium secure services. Patients on some wards have expressed concerns that they cannot lock their doors. Rathbone Hospital developments provide an example of good practise in this regard.

Complaints

Whilst there is a comprehensive complaints policy in place for the Trust, the Commission noted a lack of information in some areas of local services regarding the complaints process. Reassurance has been given by the Trust that any shortfalls in this regard have been dealt with.

Recommendations for Action

1. The Trust should prioritise its endeavours to ensure that patients are located at the heart of Care Planning, with a strong emphasis on ensuring that patients feel both involved in their individual care plans, and have a strong sense of ownership and commitment to the content of such plans.
2. The Trust should continue to promote best practice in the provision of Advocacy services to service users.
3. The Trust should continue to regularly audit the operation of Sections 58 and Section 132, to pursue full compliance with the Code of Practice.
4. The Trust should continue its development of policies and procedures to ensure that the rights of those service users subject to Community Treatment Orders are safeguarded.
5. The Trust should address the concerns expressed by patients in regard to their feelings of safety in unlocked single rooms.
6. The Trust should continue to be diligent in regard to the provision of information about, and access to, the complaints procedure.

Best Practice

1. The Trust should ensure that staff training continues to support good practice in regard to patient rights – to the provision of information, to Advocacy, to information regarding complaints pathways.
2. The maintenance of positive interactions between staff and patients on most wards is to be commended.
3. The developments at Rathbone Hospital in involving patients in their care plans, utilising a recovery focus, and enabling patients to feel a stronger sense of ownership of their care plans, is to be commended and could be a useful source of learning for other sites.

Forward Plan

Commissioners will continue to visit the Mersey Care NHS Trust in the coming year to monitor the operation of the Act and to meet with detained patients in private.

Progress against issues raised in this report will be actively followed up by Commissioners in the forthcoming 12 months.

They will work with other colleagues in the Care Quality Commission to develop an integrated approach to the regulation of the Trust's services.

Appendix A: List of wards visited at Mersey Care NHS Trust:

Date	Ward	Detained patients seen	Records checked
Mossley Hill Hospital			
16 Jun 2009	Star Unit	0	3
22 Jul 2009	Ward 9 - Oak	0	3
Total for Mossley Hill Hospital		0	6
Rathbone Unit			
10 Mar 2009	Rathbone Rehabilitation Centre	4	3
24 Mar 2009	PICU	3	3
19 May 2009	Allerton	2	3
Total for Rathbone Unit		9	9
Southport General Infirmary			
18 Feb 2009	Boothroyd	1	3
Total for Southport General Infirmary		1	3
Stoddart House (Aintree Hospital Site)			
27 Oct 2008	Alexandra Ward (Prev Pine Ward)	1	3
27 Jan 2009	Ash	1	3
3 Feb 2009	Gladstone Ward (Prev Cedar Ward)	2	3
21 Jul 2009	Elm	2	4
2 Sep 2009	Alexandra Ward (Prev Pine Ward)	2	3
Total for Stoddart House (Aintree Hospital Site)		8	16
Ashworth Hospital			
24 Jan 2009	Johnson	3	3
	Ruskin Ward	2	4
28 Feb 2009	Arnold Ward	1	4
	Blake Ward	0	3
24 Apr 2009	Eliot Ward	4	3
	Tennyson Ward	2	3
31 Jul 2009	Lawrence Ward	3	4
Total for Ashworth Hospital		15	24
Windsor House			
4 Mar 2009	Windsor House	2	3
Total for Windsor House		2	3
Broadoak Unit			
29 Oct 2008	Albert Ward (Prev Newsham)	4	3
11 Aug 2009	Brunswick Ward	2	3
1 Sep 2009	Harrington Ward	2	3
Total for Broadoak Unit		8	9

Date	Ward	Detained patients seen	Records checked
Scott Clinic			
28 Nov 2008	Poplar Ward (Prev Ward 5)	3	3
29 Apr 2009	Myrtle Ward (Prev Ward 3)	1	3
29 May 2009	Ivy (Prev Ward 1)	2	3
	Olive Ward (Prev Ward 4)	1	3
15 Jun 2009	Poplar Ward (Prev Ward 5)	2	4
Total for Scott Clinic		9	16

The Hesketh Centre

13 Jan 2009	Park Unit	3	3
Total for The Hesketh Centre		3	3

Total Number of Visits: 24

Total Number of Wards visited: 26

Total number of Patients seen: 55

Total Number of documents checked: 89