Mental Health Act Annual Statement December 2009

Lancashire Care 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 the registration decisions.

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

Background
Lancashire Care NHS Trust was established in April 2002 from the services that were formerly part of Trusts in Blackpool, Chorley, Ormskirk, Preston, Burnley and Blackburn. In 2006 the services in Lancaster were taken over by the Trust. It became a Foundation Trust in 2007. It provides general inpatient and community mental health services for adults and older adults, together with substance misuse services across Lancashire and serves a population of about 1.4 million people in a mix of urban and rural areas across Lancashire. It also provides low and medium
secure services as well as Child and Adolescent Mental Health Services (CAMHS) in North Lancashire.

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.

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 are good throughout the Trust. Ward managers and staff on the ward are generally seen to be caring and positive. There have been some improvements both in the environment and treatment.

It is striking that there is still a wide variation of services standards and practice across the Trust e.g. around Mental Health Act documentation, which might be explained by the diverse organisations that came together to make up the Trust. Some of the variation can be explained by the variety of estate from which the Trust provides services. These range from excellent accommodation in new buildings with pleasant surroundings to old fashioned dormitories and no access to fresh air.

Across most units there are comments from detained patients that there are not enough staff on the wards to allow escorted leave, or to engage in therapeutic activities. A further problem patients experience is moving between units because there are not sufficient beds in the patient’s locality.

Many units are excellent with prompt responses to issues raised following Commissioner visits. A concern the Commission did have was the delay in some parts of the Trust in responding to our feedback reports following visits. However, this situation has now improved.

In the past the senior management team has not always welcomed the findings in the Annual Report but we believe that the new team is more receptive and look forward to developing positive working relations in the future.

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.

Improvements and Good Practice

Environment
The Trust faces many difficulties and problems which is discussed further below but the Commissioners have been very pleased to see improvement in the environment
provided by the refurbishment of some of the wards. This has led to the provision of quiet space, improved privacy and generally a more pleasant environment in some wards.

Rehabilitation
The Commission have in the past expressed concern at the slow pace of rehabilitation in the secure services and have been delighted to see new approaches which allow patients considerably more individualised treatment and care rather than being subject to blanket policies.

Medication
The Trust displays on all the wards information about medication and the Commission is pleased to see that they are encouraging patients to question their medication. One example of excellent practice was a detailed discussion in the notes where the Responsible Clinician noted that he had explained the medication to the patient, had discussed side effects and consequences of not taking the medication and assured himself that she had understood. This considers good practice. Only really informed consent will ensure compliance on discharge.

Innovation in Dementia Services
One ward taking patients with dementia has developed a family room where families of patients being admitted for the first time can be supported during the admission process. This means that families are not confronted by the behaviours of other patients with dementia which may well be distressing for people who have not been on such a ward before.

Legal
The Care Quality Commission is pleased to see that the Trust, through its Mental Health Act Administrators, ensures that all the detentions sampled are lawful and the scrutiny arrangements in place meet the requirements of the Mental Health Act. However, there is a wide variation in the procedures across the Trust to ensure that clinical staff comply with the deadlines set out in the Act and in the way documentation is managed. The Commission welcomes the Trust’s introduction of dividing Mental Health Act documentation in the patient’s notes, but this is not in place in all wards and some wards still have poor management of their documentation. The Trust should consider establishing one set of procedures and supporting documentation.

Section 58
On a number of wards it was found that staff were failing to attach Forms 38/39 and the new Form T2 with medication cards, as recommended by the Code of Practice. This raises the question about how nursing staff check the medication they are giving against the consent to treatment forms. There were also instances where patients were written up for medication that was not on the Forms T2/T3 or 38/39. This was often done by junior doctors. It is important that all medication prescribed is included on the Form T2 or T3.

Commissioners found very variable standards in the way Responsible Clinicians meet the Code of Practice expectation that patients are giving informed consent. The Commission has already noted above good practice in this area. On some wards a pre-typed document is attached to the consent form setting out the same
information. Whilst this meets the technical requirements of the Code of Practice, it would be helpful if the patient could sign this to show they are giving informed consent.

Section 17
The documentation was almost always properly completed but wards differ in the amount of detail included on the forms and not all wards use the same style of form. Practice varies across wards on where the forms are filed. Some file these with the Mental Health Act documentation and some with nurses’ notes. The Trust should have consistent practice in place for management of documentation. There seemed little evidence of copies of Section 17 leave forms are given to patients, carers and appropriate others.

Section 132 Rights
In most wards the Section 132 forms are completed but practice varies. In some wards there is clear evidence that staff repeat the process regularly, in line with the Code of Practice, but on other wards it seems to happen only on admission. Many of the patients interviewed did not recall being given their rights and given the distress many patients experience on admission it is important that staff ensure that their rights are explained to them. In this connection the provision of advocacy is important in helping patients. Many patients were not aware of advocacy services. It would help patients if staff took a proactive approach to supporting patients’ access advocacy services in line with paragraph 20.12 of the Code of Practice.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)
This came into effect in April 2009 and on all the wards visited since that time none of the staff were more than vaguely aware of DOLS and the introduction of Independent Mental Health Advocates. Some had no knowledge and others were expecting training.

Care Programme Approach (CPA) and Care Planning
Many patients were not aware of their care plans and many of the plans examined in the notes did not conform to the requirements of the Code of Practice which states that:

Paragraph 23.43 “A treatment plan should include a description of the immediate and long term goals for the patient and should give a clear indication of the treatments proposed and the methods of treatment”

Paragraph 23.44 “The treatment plan should form part of a coherent care plan under the CPA and be recorded in the patient’s notes”

Particularly patients wanted to know how their treatment helped them move towards discharge. Many plans were rather more general than that. A number of patients claimed that the sole method of treatment was medication and there were no other therapeutic interventions offered either on the ward or by referral such as psychology. Care and Treatment Plans will be a significant focus of the Commissioners work over the next year.
Other Issues

Estate
The Trust has buildings that range in quality from large light and airy wards with single rooms for patients and en-suite facilities, to dormitories where patients have no privacy and there are limited facilities on the ward and limited access to fresh air. The latter is particularly important for detained patients and for older patients who cannot leave a ward because of physical frailty. The CQC recognises that the Trust can do little to provide accommodation that is on a par with the best accommodation in the Trust without a major rebuild and this is underway. Nevertheless this is such a major factor for patients, that it cannot go unreported. There are particular problems on older peoples’ wards where many patients are frail, walk with aids and move slowly and often pace restlessly as part of their illness. There is not enough space to accommodate these patients moving around. There is a risk of bumping into furniture and falling.

The Commissioners welcome the refurbishment that has significantly improved the environment for some patients but regret that during refurbishment of some older peoples’ wards the opportunity was not taken to divide the dormitories and afford more privacy.

Pressure on Beds
Many detained patients complained to the Commissioners that they were moved around the Trust because they were no beds in their own locality. The Commission understands the problem the Trust faces in managing this but patients find the process of admission under detention already very distressing and to then have to move adds to their distress. Moreover it delays the beginning of treatment because the receiving ward knows the patient will not be there long. The Commission recognises that patients are moved between Psychiatric Intensive Care Units (PICUs) very often to accommodate the need for gender separation. The Commission accept that a lone woman should not be on what is generally a male PICU even if this means moving between units.

Cultural issues
None of the wards visited in those units which serve large black and minority ethnic communities had decoration which might reflect other cultures. However, all Muslim patients had access to the Imam if they wanted that. There were units in which the recording of ethnic origin was not adequate, either missing entirely or couched in terms like “Asian appearance” and this needs addressing.

Activities
Many patients complained of boredom on the wards. This was partly due to lack of staff to engage them in activity on the wards but also lack of facilities and specialist staff such as Occupational Therapists. The Medium Secure services have a much more rigorous programme of activities and facilities but even there patients still complain of boredom at times. The Commissioner noted, with some regret, that the Trust has invested in gym equipment in so many units but this is not used for lack of trained staff.
Inconsistency between units
Patients complained that different PICUs and wards have different standards and so what is acceptable on one unit is not on another and as patients are moved around the Trust this can be both confusing and frustrating. The Trust needs to ensure consistency across services.

Partnership Working
Commissioners met with the Local Authority Social Services Department (LASSD) and were concerned to learn from them that there have been problems in joint working to ensure that the Mental Health Act is implemented. The Trust and LASSD have begun to work together to make sure the best services are delivered to patients.

Recommendations For Action
1. The Trust should regularly audit the operation of Section 58 and ensure that Responsible Clinicians and junior doctors are aware that additional medication cannot be given unless it is recorded on the appropriate form. If the medication needs to be changed for clinical reasons, new forms must be completed, or a Second Opinion Appointed Doctor (SOAD) visit arranged.

2. The Trust should ensure that the best practice across the Trust in implementing the Mental Health Act and delivering services is standardised across the Trust. The Trust has been in existence for over five years and the variation in standards and practice should have by now been reduced if not eliminated.

3. The Trust should ensure that Care Plans provide a meaningful “road map” for patients regarding their care and treatment and should have both long and short term goals.

4. The Trust should ensure that there are sufficient staff to provide the full range of activities that patients need for them to recover and lead productive lives.

5. The Trust should ensure that it can provide the full range of therapies, including psychological therapies, to provide an alternative or complement to medication.

Forward Plan
Commissioners will continue to visit Lancashire Care NHS Foundation Trust in the coming year to monitor the operation of the Act and to meet with detained patients in private. This year there will be a focus on Care Plans.

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 Lancashire Care NHS Foundation Trust

Royal Blackburn Hospital
24 Jan 2009     Hyndburn
20 Apr 2009     Ribble
20 Jun 2009     Darwen
                Hyndburn
21 Jun 2009     Calder

Parkwood Hospital
18 Oct 2008     Stirling Ward
19 Oct 2008     Warwick Ward
25 Jan 2009     Balmoral Ward
                Bowland Unit

Burnley General Hospital
8 Aug 2009      Ward 19
                Ward 22

Chorley and South Ribble District General Hospital
23 Jan 2009     Healey
19 Jun 2009     Yarrow

Guild Lodge
9 Sep 2008      Greenside
                Mallowdale
10 Sep 2008     Calder
                Fairsnape
14 Aug 2009     Bleasdale

Ribbleton Hospital
19 Apr 2009     Ward 1
                Ward 2

Ridge Lea Hospital
28 Jul 2009     Silverdale
29 Jul 2009     Halton

Altham Meadows
24 Feb 2009     Altham Meadows

Oaklands
20 Feb 2009     Oaklands Unit

Daisy Banks (Mental Health - 7, 8, 9, 10, 19)
18 Feb 2009     Daisy Banks (Mental Health - 7, 8, 9, 10, 19)