

Mental Health Act Annual Statement December 2009

Hertfordshire 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
- 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 Healthcheck 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

Hertfordshire Partnership NHS Foundation Trust (referred to in this report as “The Trust”) provides all specialist NHS Mental Health and Learning Disability care for the people of the county of Hertfordshire, which includes both in-patient care and community services, with specialist community teams for Assertive Outreach, Crisis Intervention, Child and Adolescent Mental Health Services, substance abuse and eating disorders.

The Trust also provides specialist services at Little Plumstead Hospital including Medium Secure and rehabilitation services for men with a Learning Disability.

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

Relations between Mental Health Act Commissioners and senior managers of the Trust have remained constructive throughout the reporting period. The final Annual Report of the Mental Health Act Commission was received positively by the Board. This has been monitored by visiting Mental Health Act Commissioners on their visits during the reporting period and considerable progress noted in a number of areas.

In particular Commissioners were pleased to note an improvement in the entries that Statutory Consultees have made on patient records following their consultation with the Second Opinion Appointed Doctor (SOAD). This has been a matter of concern in previous years and it is reassuring to report an improvement in the Trusts performance in this area.

In May 2009 the named Mental Health Act Commissioner for the Trust met with the Tina Kavanagh, Directorate Manager (Mental Health Legislation) and Keith Moullin, Interim Executive Director of Service Delivery and Transformation to discuss issues with the quality of visit responses made by the Trust to the Commission, as well as discussing progress that the Trust was making with key visit recommendations. The meeting was positive, and the Trust have made considerable improvements to both the timeliness and the quality of their responses to visit reports.

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.

Mental Health Act 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.

Section 58

Responsible Clinicians continue to fail to record assessments of capacity when negotiating consent to treatment. They also do not regularly demonstrate, that they have discussed consent and assessed capacity during the first three months of detention.

Additionally, on one visit Commissioners found that medication had been administered to patients without full legal authority. This was during a period where

the unit experienced difficulty in allocating Responsible Clinicians to patients due to locum cover and recruitment issues.

The compliance of Responsible Clinicians with their requirement to record the conversation they have with a detained patient following the visit of a SOAD remains patchy.

Seclusion

The use and management of seclusion across services on the Harperbury Hospital site remains a concern for the Commission. There is a lack of clarity amongst the staff team as to when an episode of seclusion occurs, particularly when this takes place in a patient's bedroom or an annexe room. Record keeping is poor, and seclusion records have been found to be incomplete or missing on a number of visits, making the use of seclusion difficult to monitor and audit.

The Trust have a number of specially built units across the Harperbury site which include annexes where a number of patients are secluded from the activities on the ward for varying amounts of time. Such patients are considered by the CQC to be in long-term seclusion, and are therefore safeguarded by the revised Code of Practice standards for long-term segregation.

The Trust has made considerable progress at integrating patients back into ward activities. Visiting Commissioners have noted that individual patients over time are spending more time on the ward. The patient records and ward staff can demonstrate that care plans are reviewed and there is clear evidence of the plans to increase the time that these patients spend out of seclusion. The Trust has recently prepared a new policy on longer-term segregation and this meets the standards required of the Trust in the Code of Practice. However, concern remains at the recording and governance of these episodes of seclusion, and the level of staff training and awareness of the Trust's seclusion policy.

Gender Separation

Gender Separation at the Trust remains problematic particularly in the community provision for older people. There have been a number of improvements made to units which has enabled better separation and allowed for single rooms where previously patients slept in dormitories. The Commission recognises that at some units the Trust has made creative use of space to improve sexual safety, but this still falls short of the Code of Practice standards, particularly on assessment units where the numbers of patients and the gender fluctuates.

Recommendations for Action

Statutory Mental Health Act requirements

- The Trust should, as a matter of urgency institute effective governance arrangements to ensure that there is an improvement in compliance with Section 58 of the Mental Health Act. There must be regular audit of this practice and review through practitioner appraisal.
- The Trust should institute effective governance arrangements to ensure that Staff across the Trust are well-trained and supervised to implement the Trust's own

policy on seclusion and longer-term segregation. The Commission would expect to see regular audit of this practice and evidence on visits that seclusion records are of a high standard. Audits of the use and management of seclusion and segregation across the Trust should occur regularly with reviews at a senior level, the findings of the audits and reviews leading the development of practice.

- The Trust should ensure that the sexual safety of all patients, regardless of their age or placement, is assured through the provision of gender separated bedroom areas.

Forward Plan

- Mental Health Act Commissioners will continue to visit the Trust in the coming year to monitor the operation of the Act and to meet with detained patients in private.
- 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

Commission Visit Information for Hertfordshire Partnerships NHS Foundation Trust covering the period between 1 October 2008 and 18 September 2009

Date	Ward	Det. Pats. seen	Records checked
305 Ware Road			
18 May 2009	Cuffley Ward	1	1
	Spellbrook Ward	0	0
Total for 305 Ware Road		1	1
Community Support Unit (Watford)			
6 Mar 2009	Alice House (Now Closed)	2	2
	Langley House (Now Closed)	0	0
Total for Community Support Unit (Watford)		2	2
Eric Shepherd Unit			
13 Mar 2009	Crossways Ward	6	4
20 Mar 2009	1 Warren Court	5	3
	3 Warren Court	4	4
27 Mar 2009	4 Warren Court	5	3
Total for Eric Shepherd Unit		20	14
Loganden EMI Unit			
13 Aug 2009	Loganden	0	0
Total for Loganden EMI Unit		0	0
Queen Elizabeth li Hospital (Mental Health Unit)			
9 Oct 2008	Mymms Ward	5	3
	Thumbswood Ward	1	1
23 Jan 2009	Hatfield Ward	1	1
Total for Queen Elizabeth li Hospital (Mental Health)		7	5
Shrodells Unit			
4 Aug 2009	Malden Ward	4	3
Total for Shrodells Unit		4	3
St Albans Cdc (No Detained Patients)			
19 Dec 2008	Abbey Ward (Now Closed)	4	3
	Deacon Ward (Now Closed)	4	3
Total for St Albans Cdc (No Detained Patients)		8	6

The Stewarts

13 Aug 2009	The Stewarts	0	0
Total for The Stewarts		0	0

145 Harper Lane

27 Feb 2009	145 Harper Lane	0	0
Total for 145 Harper Lane		0	0

The Kestrels

31 Jul 2009	Bungalows 2 - 4	2	3
Total for The Kestrels		2	3

Harperbury

5 Mar 2009	1 Bowlers Green	6	3
	3 Bowlers Green	2	0
	4 Bowlers Green	3	3
24 Jun 2009	1 Forest Lane	1	1
	2 Forest Lane	0	3
	3 Forest Lane (No Detained Patients)	0	3
	4 Forest Lane	0	1
	5 Forest Lane	2	2
	6 Forest Lane	2	3
	7 Forest Lane	1	2
Total for Harperbury		17	21

Lister Hospital

12 Dec 2008	Aston Ward	4	3
27 Feb 2009	Edenbrook Ward	2	2
	Fairland Ward	0	0
Total for Lister Hospital		6	5

Little Plumstead Hospital

30 Mar 2009	Poplar House	0	4
Total for Little Plumstead Hospital		0	4

Total Number of Visits: 18

Total Number of Wards visited: 32

Total number of Patients seen: 67

Total Number of documents checked: 64