Mental Health Act Annual Statement December 2010

Berkshire Healthcare NHS Foundation Trust

Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between 1 November 2009 and 23 September 2010. Where appropriate this statement includes consideration of the responses given by the provider to those visits. During the reporting period the Care Quality Commission (CQC) has visited Berkshire Healthcare NHS Foundation Trust on 11 occasions, visiting 11 wards, interviewing 27 patients in private and scrutinising 33 sets of records.

In general the MHA Commissioners found that documentation, environment, care and treatment of patients were generally satisfactory and of good quality.

Main findings

The Berkshire Healthcare NHS Foundation Trust provides specialist NHS Mental Health care for the people of the county. It provides both inpatient care and community services, with specialist community teams for Assertive Outreach, Crisis Resolution, Dementia, Child and Adolescent Mental Health Services (CAMHS), Substance Misuse and Learning Disabilities.

The following points highlight those Mental Health Act issues raised by Commissioners on visits and is drawn from the data presented in annex A. The detailed evidence to support them has already been shared with the provider through the feedback summaries and is not repeated here. For further discussion about the findings of this Annual Statement please contact the author of via the Care Quality Commission's Mental Health Operations Office located at the Belgrave Centre, Nottingham.

Relationships with the Provider in the reporting period

Recommendations made in last year's Annual Statement have been monitored by visiting Mental Health Act Commissioners on their visits during the reporting period and progress noted in a number of areas. The trust has been generally responsive in following up issues raised by Commissioners.

The Commission has received one complaint from a patient during the reporting period. There has been one death of a detained patient from natural causes notified.

An inquest in September has been held on a detained patient's death in 2008. The Commission has recently written to the trust concerning the inquest, and has requested details on how the trust intends to involving family and carers in the care planning and risk management process, the terms of reference of the Positives Risk

Panel and an update on the progress has been made on the recommendations made in the Serious Untoward Incident report

Mental Health Act and Code of Practice Issues

Detention
Detention documentation was generally found to be correct and easily located in the patients' notes. A few forms were missing from patients' files but were located and correctly replaced on file. Two forms were queried with MHA administrators relating to their document scrutiny procedures to ensure detention documentation was correctly completed.

Leave – Section 17 and Section 18 absence without leave
Section 17 leave procedures were generally satisfactory, with minor lapses in the administration of these procedures. Some patients had not received a copy of their leave authorisations and there were still instances of non current section 17 authorisations being on patient files which had not been struck through or removed from the file.

The trust provided statutory notifications relating to section 18 which came into force this April.

Consent to Treatment
Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcomes 2C and 9E

Last year's Annual Statement recommended that the trust should have procedures in place to ensure there is consistent recording of the Responsible Clinician's assessment of capacity when negotiating consent to treatment. This recommendation was not found to be implemented successfully. Commissioners frequently found that such recording was still not being made. Other issues concerned irregularities with a few examples of a T2 form being missing or of not being complied with.

Similarly the recommendation that the trust should have procedures in place to ensure there is consistent recording of the discussions of statutory consultees. The Responsible Clinician (RC) did not record their consultation with the Second Opinion Appointed Doctor (SOAD) and the communication of the outcome of the SOAD's visit with the patient in the files of half of the patients seen by the SOAD. The trust has again reminded its clinicians of their obligations with this recording to comply with the Code of Practice.

The CQC is reliant upon trusts supporting consultant psychiatrists to become Second Opinion Appointed Doctors and would welcome applications from psychiatrists from the trust to support this important national service.

Section 130A – Independent Mental Health Advocacy (IMHA)

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1A

The trust's performance in informing patients of their right to an Independent Mental Health Advocate and having visiting IMHA services was generally good, with few exceptions.

Section 132 – Information to Patients

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1A

Commissioners found that last year's recommendation that the trust should ensure that it has procedures in place to comply with the requirements of section 132 was successfully implemented, with only several exceptions. Patients were informed of their rights, although less so frequently for longer stay patients.

Participation

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1

The Commissioners found good evidence of care plans being individualised, holistic, regularly reviewed and updated, but the trust was less successful in recording the views of patients' participation in their care and treatment planning. The trust has responded to this by carrying out reviews and introducing systems to collate and capture patients' views and participation. The Commissioners had found that only half of reviewed documentation showed that patients had been given a copy of their care plan and most were not signed (or refused) by the patient.

Environment

On the whole the ward environments were found to be in good repair and condition. Repairs and maintenance of the existing facilities at the Wexham Park Hospital and Heatherwood Hospital sites was seen to be continuing. The Trust is seeking public views as to the future developments with these hospitals at present and is looking at several options.

Forward Plan

The Mental Health Act Commissioner will continue to visit and monitor the implementation of recommendations made on ward visits.

Annex A

The quantitative data will only apply to visits completed from 1April 2010 which is the time that the new forms data started to be captured uniformly.

Date	Ward	Det. Pats seen	Pats in groups	Records checked
Heatherwood Hospital				
27/11/2009	Ward 14 Elderly	0	0	7
01/05/2010	Ward 12	3	0	3
Totals for Heatherwood Hospital		**3**	**0**	**10**
Prospect Park Hospital				
04/03/2010	Rose Ward	3	0	3
19/03/2010	Orchid Ward	2	0	2
19/03/2010	Acorn Ward	2	0	3
24/06/2010	Daisy Ward	4	0	3
10/08/2010	Bluebell Ward	3	0	3
29/08/2010	Campion Ward	3	0	3
Totals for Prospect Park Hospital		**17**	**0**	**17**
St Marks Hospital				
27/11/2009	Charles Ward	1	0	2
Totals for St Marks Hospital		**1**	**0**	**2**
The Little House				
28/08/2010	The Little House	1	0	1
Totals for The Little House		**1**	**0**	**1**
Wexham Park Hospital				
23/02/2010	Ward 10	5	0	3
Totals for Wexham Park Hospital		**5**	**0**	**3**

Total Number of Visits:	10
Total Number of Patients Seen:	27
Total Number of Documents Checked:	33
Total Number of Wards Visited:	11

Findings from Visits - Environment and Culture:	YES	NO	N\A
If the door is locked is there evidence that informal patients are informed of their right to leave the ward and given the means to do so?	9	0	0
Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?	8	1	0
Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]	5	4	0
Do patients have lockable space which they can control?	5	4	0
Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?	7	1	1
Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?	9	0	0
Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?	7	2	0
Is there a ward phone for patients' use?	8	1	0
Is it placed in a location which provides privacy?	7	1	1
Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]	9	0	0
Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc?	5	0	4

Findings From Document Checks	YES	NO	N\A
Were the detention papers available for inspection? Did the detention appear lawful	21	3	0
Was there either an interim or a full AMHP report on file?	21	3	0
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?	17	6	1
Where appropriate was all psychotropic medication covered by a T2 and/or T3?	12	1	11
Was there evidence a capacity assessment at the time of first administration of medication following detention?	2	8	12
Was there evidence a discussion about consent at the time of first administration of medication following detention?	2	8	14
Was there a record of the patient's capacity to consent at 3 months?	1	3	20
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?	1	2	21
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?	2	3	19
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?	14	2	8
Was there evidence of further attempts to explain rights where necessary?	17	5	2
Was there evidence of continuing explanations for longer stay patients?	13	3	8
Is there evidence that the patient was informed of his/her right to an IMHA?	11	5	8
Are the patient's own views recorded on a range of care planning tools?	10	11	3
Was there evidence that the patient was given a copy of their care plan?	7	4	4
Is there evidence that the patient signed / refused to sign their care plan	4	8	12
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?	19	4	1
Is there evidence of an up to date risk assessment and risk management plan?	23	1	0
Is there evidence that discharge planning is included in the care plan?	13	4	7
Were all superseded Section 17 leave forms struck through or removed?	14	7	3
Was there evidence that the patient had been given a copy of the section 17 leave form?	9	8	7
Are the timescales, frequency and conditions for the use of leave unambiguously specified?	13	3	8
For patients in hospital less than a year, is there evidence of a physical health check on admission?	13	5	6
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?	7	1	16

	0	1	2	N\A
If the patient's medication was authorised on a T3, was there a record of the discussion between the SOAD and the statutory consultees [enter 0 for none, 1 for one consultee, 2 for both consultees, and n/a if no T3]?	0	0	5	19

Annex B – CQC Methodology

The Care Quality Commission 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. Since November 2008, Commissioners have also been meeting with patients who are subject to Community Treatment Orders. 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, rights to leave, patient privacy and dignity, gender separation, choice/access to services/therapies, communication facilities, physical health checks, food, and staff/patient ratios, smoking facilities, staff patient engagement, diversity and cultural sensitivity, cleanliness and upkeep of the ward, fresh air and exercise, physical safety and environmental risks.

- 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 assessing the providers compliance with the Mental Health Act 1983 and the Code of Practice including scrutinising the supporting documentation, records, policies and systems. The Commissioner reviews the basis and evidence of detention, including compliance with Sections 132, 132a (information to the detained patient about their rights), Section 58 and 58A (consent to treatment), the provision of the Independent Mental Health Advocacy (IMHA) service, the use of the Mental Capacity Act Deprivation of Liberty safeguards, Section 17 and 17A (leave and Community Treatment Orders) and reviews the evidence of the patient's participation in their treatment by reference to the Care Programme Approach documentation. The patient's access to physical care and treatment is also assessed.

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 to inform the process of registration and ongoing compliance with the outcomes and essential standards of safety and quality in accordance with the Health and Social Care Act 2008.