

Mental Health Act Annual Statement November 2009

Tees, Esk and Wear Valleys 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 during the period 1 October 2008 to 30 September 2009 is provided at Appendix A.

Background

Tees, Esk and Wear Valleys NHS Foundation Trust was formed in April 2006 and awarded foundation status in July 2008. It provides a range of mental health, learning disability and substance misuse services for people living in County Durham, the Tees Valley and North East Yorkshire. At 30 September 2009 453 of the Trust’s patients were subject to the Mental Health Act.

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.

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.

Main findings

Relations between Mental Health Act Commissioners and the Trust's clinicians and senior managers continue to be very constructive. The final Annual Report of the Mental Health Act Commission was received positively by the Trust Board at its February 2009 meeting. In response the Trust published a detailed action plan which has been monitored by Commissioners on their visits and clear evidence of progress has been noted in several areas. The Trust continues to act promptly whenever Commissioners raised concerns; in particular Commissioners were particularly impressed at the immediate and purposeful way in which the Trust responded to resolve the issues raised at a visit to Wells Villa. The comprehensive set of actions, including swapping the service to a neighbouring unit brought significant benefits to the patients.

Throughout the reporting period the named Commissioner for the Trust, Garry Millard, has attended meetings of the Mental Health Act Management Committee, the Board sub-committee responsible for providing oversight of the Trust's application of the Act, including issues raised by Commissioners and the Annual Report.

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 their visits. The detailed evidence to support them has already been shared with the Trust and is not repeated 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 were lawful. There was consistent evidence of effective systems supporting the operation of the Mental Health Act and compliance with the Code of Practice including medical and administrative scrutiny.

On the rare occasions when errors were found they have quickly been corrected and steps taken to ensure that they are not repeated. The Commissioners' continue to value their contact with the Mental Health Act Office and their helpful and prompt response for information and clarification.

Section 58

With comparatively few exceptions Responsible Clinicians continue to fail to record their assessments of the patient's capacity when negotiating consent to treatment. They also do not regularly record that they have discussed consent to treatment and assessed capacity during the first three months of detention. The Trust has developed and circulated new documentation to be used to capture the required information.

Statutory consultees often omitted to make a record of the conversations they had with a Second Opinion Appointed Doctor (SOAD).

Care Programme Approach (CPA) / Section 117

While Commissioners consistently heard reports from both patients and staff of good CPA practices in terms of well attended and effective clinical team meetings, the quality and clarity of care plans remains patchy. In particular visiting Commissioners found the linkage between the CPA care plan and the intervention plan to be unclear and inadequate evidence of service user participation in that plans were frequently not signed by the patient and their views on the care plan were frequently absent.

The quality of care planning was raised as an issue in the Mental Health Act Commission's 2008 report and the Commission was pleased that a comprehensive review was undertaken which clarified the areas to be addressed and made proposals for improvement. Also during the year the Trust with its Local Authority partners revised its CPA policy and procedures.

Section 132

Most wards were found to maintain a good system for ensuring that detained patients were engaged in discussion of their rights and given information at the appropriate times. The forms used to record these discussions are well designed and record the date, together with the patient's level of comprehension and the review date.

However, Commissioners found several instances of rights not being refreshed when a patient's detention was renewed, of review dates being missed and of no action plan being implemented when it was recorded that a patient had not comprehended the information.

Section 17

The completion of leave forms continues to be very good. It was consistently found that leave was clearly described and the forms were signed by the patient's Responsible Clinician and by the patient themselves. Copies were routinely given to the patient and a record made of the outcome of the leave. Only rarely was it found that staffing shortages had prohibited a patient taking the leave at the time it had been authorised.

Other issues raised from Mental Health Act visiting activity

Activities / Occupational Therapy Input

There were few concerns from patients about recreational and therapeutic activities and in contrast there were many reports of the broad range of activities available.

Commissioners were pleased to see that the organisational arrangements for Occupational Therapists highlighted in the 2008 report had been reviewed. Ward staff consistently expressed satisfaction at therapists being a dedicated member of the ward team.

Staff Patient Interaction / Care Pathways

Commissioners continue to report many instances of excellent interactions observed between staff and patients and of the implementation of effective patient centred care pathways. At Park House, Commissioners were pleased to see that a weekly formulation meeting based on Psychosocial Intervention principles has replaced the ward round as the forum where patients' needs are discussed and plans drawn up. Commissioners also reported an impressive level of collaborative working between community and ward based teams; at Wingfield Ward, Sandwell Park Hospital a meeting is held each day attended by representatives of the ward staff, community team, Social Services and Medical Staff to share information on community and inpatients and to plan care.

The physical environment

The Trust manages a wide assortment of buildings ranging from new purpose built accommodation to hospitals dating from the Victorian era. In order to provide services in accommodation that is of a consistently high standard the Trust has embarked on a substantial capital development programme, which includes two Private Finance Initiative (PFI) schemes.

Commissioners were pleased to be given the opportunity to visit the site of the Roseberry Park development scheme, which promises to provide an extremely high standard of accommodation for patients. It is also reassuring to see that the older buildings and those that are to be replaced are being maintained to an acceptable standard by a programme of adaptation, redecoration and refurbishment. The issue of smoking shelters raised in last year's report has been addressed and individual environmental issues identified by Commissioners were addressed promptly by ward staff.

Recommendations for Action

Statutory Mental Health Act requirements

1. The Tees, Esk and Wear Valleys NHS Foundation Trust should press forward with its agreed action to ensure that there is an improvement in compliance with Section 58 of the Mental Health Act. The Commission would expect to see regular audit of this practice and review through practitioner appraisal.
2. The Tees, Esk and Wear Valleys NHS Foundation Trust should review how it promotes and monitors its responsibility to inform detained patients of their rights in accordance with Section 132 of the Mental Health Act with the view to improving compliance.

Best practice

1. The project to improve the overall quality of care planning and the introduction of the new CPA policy is clearly a significant piece of work. Commissioners will continue to monitor and report on this in their feedback summaries and the

Commission would be grateful to receive a report from the Trust on how this work is being implemented and of the progress being made.

Forward Plan

Mental Health Act Commissioners will continue to visit the Tees, Esk and Wear Valleys NHS Foundation 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.

During the year the named Commissioner plans to work with the MHA Management Committee to review progress on the issues raised in this report.

Appendix A: List of units visited at Tees, Esk and Wear Valleys NHS Foundation Trust

Date	Hospital	Detained patients seen	Records checked
Cross Lane Hospital			
5 Dec 2008	Rowan Lea	1	1
Total for Cross Lane Hospital		1	1
Earls House Hospital			
24 Oct 2008	Dunelm Villa	2	2
28 Jan 2009	Picktree Ward, Bowes Lyon Unit	1	1
	Roseberry Ward, Bowes Lyon Unit	1	2
Total for Earls House Hospital		4	5
Derwent Clinic			
14 Jan 2009	Allensford	1	3
21 Jan 2009	Lindasfarne	1	1
Total for Derwent Clinic		2	4
Primrose Lodge			
2 Feb 2009	Primrose Lodge	2	3
Total for Primrose Lodge		2	3
Earlston House			
14 Nov 2008	Earlston House	0	1
Total for Earlston House		0	1
Shildon Cecu (Middleton Road)			
27 May 2009	Shildon Community Extended Care Unit	2	2
Total for Shildon Cecu (Middleton Road)		2	2
University Hospital of North Tees			
7 Nov 2008	Stephenson Centre	0	2
10 Nov 2008	Cook Centre	2	3
Total for University Hospital of North Tees		2	5
9-11 Imperial Avenue			
7 Nov 2008	Imperial Avenue	1	1
Total for 9-11 Imperial Avenue		1	1
Bankfields Court & Lodge			
3 Dec 2008	Unit 1a	1	1
	Unit 3	1	3
	Unit 4	2	2
31 Mar 2009	The Lodge	1	4
Total for Bankfields Court & Lodge		5	10

Date	Hospital	Detained patients seen	Records checked
Hart Lodge			
9 Dec 2008	Hart Lodge	0	1
Total for Hart Lodge		0	1
Spinnaker Lodge			
5 Dec 2008	Spinnaker Lodge	2	2
Total for Spinnaker Lodge		2	2
West Lane Hospital			
20 Oct 2008	Westwood Centre	2	3
20 Apr 2009	Newberry Centre	1	1
Total for West Lane Hospital		3	4
Hutton Centre			
13 Feb 2009	Marton	3	3
11 Mar 2009	Ingleby Ward	4	2
22 Apr 2009	Swainby Ward	0	3
4 Jun 2009	Ingleby Ward	2	2
22 Sep 2009	Glaisdale Ward	0	0
Total for Hutton Centre		9	10
St Lukes Hospital (Midd'Bro)			
19 Dec 2008	Coulby (PICU)	1	4
29 Dec 2008	Tyne Ward	2	3
23 Jan 2009	Bath Villa	1	2
	Wells Villa	0	3
13 Feb 2009	Durham Ward	2	2
3 Mar 2009	Ayton F (Teesbay)	0	3
	Thornton M (Teesbay)	1	3
21 Aug 2009	Sandalwood	3	2
Total for St Lukes Hospital (Midd'Bro)		10	22
Park House (Previously Parkside)			
12 Aug 2009	Park House	0	3
Total for Park House (Previously Parkside)		0	3
Auckland Park Hospital			
14 Nov 2008	Binchester Ward	1	2
30 Apr 2009	Hamsterley	1	1
Total for Auckland Park Hospital		2	3
West Park Hospital (Darlington)			
12 Feb 2009	Birch Ward	2	3
	Maple Ward	1	3
25 Jun 2009	Willow	3	3
15 Jul 2009	Cedar	3	3
Total for West Park Hospital (Darlington)		9	12

Date	Hospital	Detained patients seen	Records checked
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Phoenix Lodge

31 Mar 2009	Phoenix Lodge	0	2
Total for Phoenix Lodge		0	2

Sandwell Park Hospital

27 Mar 2009	Lincoln Ward	2	3
29 May 2009	Wingfield Ward	1	3
Total for Sandwell Park Hospital		3	6

Lustrum Vale

23 Oct 2008	Lustrum Vale	3	3
Total for Lustrum Vale		3	3

The Dales

8 Jan 2009	Eskdale Ward	2	2
Total for The Dales		2	2

Total Number of Visits: 39

Total Number of Wards visited: 44

Total number of Patients seen: 62

Total Number of documents checked: 102