

Mental Health Act Annual Statement November 2010

Tees, Esk and Wear Valleys NHS Foundation Trust

Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between 1 October 2009 and 30 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) visited Tees, Esk and Wear Valleys NHS Foundation Trust on 38 occasions, visiting 52 wards, one community service, interviewing 83 patients in private and scrutinising 131 sets of records.

In general Commissioners found that the trust's operation of the MHA was of a very good standard. All detentions were lawful and there was evidence of sound operational and governance systems to secure compliance with the MHA and the Code of Practice. The trust's use of section 17 to grant patients leave of absence from the hospital remained very good and improvements were seen in how the trust informed detained patients of their legal position and rights, in that compliance with section 132 of the MHA was generally found to be of a uniformly good standard across the inpatient wards. However, no appreciable improvement was seen in the Responsible Clinicians recording of consent and capacity as required by section 58 and in the general recording of the patients' participation in their care.

The Commissioners' reports to the trust after each visit invariably contained a record of the helpfulness and courtesy shown to them by the ward manager and staff during their visit. Whenever Commissioners raised concerns, either on behalf of individual patients or about a ward or service the trust always acted swiftly and appropriately. During the reporting period Commissioners raised serious concerns about two services, Mulberry House and Eskdale Ward; on both occasions the trust responded openly and implemented changes that were seen to bring about immediate benefits for patients.

With very few exceptions detained patients spoke highly of their care and of the staff who looked after them.

This statement makes two recommendations; to improve compliance with section 58 of the MHA and to provide more evidence of the patients' participation in their care.

Main findings

Tees, Esk and Wear Valleys NHS Foundation Trust provides a range of mental health, learning disability and substance misuse services for the 1.3 million people living in County Durham, the Tees Valley and North East Yorkshire. At 30 September 2010 530 of the trust's patients were subject to the MHA.

The following points highlight those MHA issues raised by Commissioners on visits and are 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 via the Care Quality Commission's Mental Health Operations Office located at The Belgrave Centre, Nottingham.

Relationships with the provider in the reporting period

Relations between Commissioners and the trust's clinicians and senior managers continued to be constructive. The previous Annual Statement was received positively by the board at its January 2010 meeting and the trust published an action plan addressing the statement's recommendations. This has been monitored by Commissioners during the reporting period and progress has been noted.

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 MHA including issues raised by Commissioners in their feedback summaries and in the annual statement.

Mental Health Act and Code of Practice Issues

Detention

All detentions and community treatment orders (CTOs) sampled were lawful. On the rare occasions when Commissioners either found that the detention or CTO papers were not filed in the current case records or raised a query about the application of the MHA the matter was always addressed promptly, and when appropriate steps were taken to prevent a reoccurrence.

Commissioners saw consistent evidence of good operational practices, which included staff receiving regular MHA update training, expert advice provided by the MHA Office, medical and administrative scrutiny of detention and CTO papers and regular audits.

During the reporting period no patient died while being detained by the trust.

Leave – Section 17 and Absence without Leave - Section 18

During the year the trust introduced a new form for staff to record a patient's leave information. This is well designed in that it presents the information in a very clear and accessible way. The forms were found to be very well completed in all locations of the trust. The purpose, duration and any conditions of the leave were described very specifically and the forms were always signed by the patient's Responsible Clinician and frequently by the patient themselves. Copies were not always seen to be given to the patient or to other people who may need to see it, such as carers or family members. Only rarely was it found that staffing pressures had prohibited a patient taking the leave agreed.

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 Outcome 2C and 9E

Commissioners again found that with some exceptions Responsible Clinicians (RCs) generally omitted to record the consent and capacity of patients during the first three months of treatment. This was also seen in cases where patients had consented to treatment and the RCs are required to record their discussion with the patient and the steps they had taken to confirm that the patient had the capacity to consent. These findings are consistent with those reported in previous Annual Statements.

It was a similar picture with statutory consultees, who in the main did not make a record of their conversations with the Second Opinion Appointed Doctor (SOAD). Commissioners also saw very few records of RCs advising patients of the outcome of the visit by the SOAD.

Commissioners are aware that the trust has been working to improve this position and welcome the action of the trust's Medical Director who in July 2010 wrote to all Approved Clinicians to remind them of their responsibilities under the MHA and to implement a new procedure for the handling of consent and capacity information.

Section 117 / Care Programme Approach (CPA)

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 4A and 4R

Commissioners continued to see evidence of well attended and effective clinical team meetings. It was seen that many wards held an initial planning meeting within 24 hours of a patient's admission and a formulation meeting within 72 hours. This was frequently supported by the use of a visual control board which presented information on the patients' status and details of the actions that were being progressed on the patients' behalf. It was also found that care coordinators were clearly identified in both ward and community services and that care coordination meetings were routinely held prior to the patients discharge.

Section 130A – Independent Mental Health Advocacy

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

On every ward visit Commissioners now look for evidence that advocacy services are available and that detained patients have access to them. During the reporting period no concerns were identified.

Commissioners invariably found that ward managers and their staff had a good understanding of the advocacy services available to their ward and in many cases had developed positive relationships with individual advocates. This was supported by interviews with detained patients who generally had a good awareness of the services and how they could get in touch.

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

The previous Annual Statement contained a recommendation for the trust to review how it promoted and monitored its responsibility to inform detained patients about their legal position and rights. This was because Commissioners had 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.

While some instances of this kind were seen this year Commissioners were pleased that there were significantly fewer and that wards in general were maintaining good systems for ensuring that detained patients were engaged in discussions about their rights and provided with information as required by the MHA.

The trust has reported that this system is to be adopted by the community service visited which was found not to have established a system for providing information to patients who were subject to a CTO.

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

From April 2010 visiting Commissioners have been collecting evidence of patients' participation in their care planning. This included whether a patient's own views had been recorded on a range of care planning tools and whether patients had signed and been given a copy of their care plan. Commissioners found that patients' views were generally not well recorded, with the least evidence seen in the computerised intervention plans. There were also relatively few records of patients being given a copy of their care plan or signing them; which was supported by interviews with many patients who said they were unaware of the contents of their plans. The computerised record does not have dedicated fields where staff can record whether the patient has agreed to their care plan, or been given or signed a paper copy.

Commissioners have been reporting on the quality of the trust's care plans for some time and although these findings are generally consistent with those found last year Commissioners also saw some very good examples of individualised plans and of patients' participation recorded in the care files.

The documentation used on Bek, Talbot and Ramsey Wards at Lanchester Road Hospital contained many excellent examples of patients being fully involved in decisions about their care. Patients at The Lodge, Normanby drew up their own activity schedules and Lincoln Ward's use of the tidal model at Sandwell Park Hospital promoted many examples of patients' participation. Each patient on Primrose Lodge had a recovery care plan based on the Mental Health Concern model in which they provided the issues that were important to their recovery and a self assessment of their progress.

Environment

Ward environments were generally found to be clean and in a good state of decoration. Very few privacy issues were seen by Commissioners during the year; most bedrooms had either a lockable drawer or a safe for personal belongings and on some wards patients held the keys to their bedrooms. The environmental issues identified by Commissioners were addressed promptly by ward staff.

During the year the trust's two new hospital facilities at Lanchester Road, Durham and Roseberry Park, Middlesbrough became operational and replaced buildings that dated from the Victorian era. Commissioners were pleased to have been shown the Roseberry Park site and to have had an opportunity to meet local ward managers and clinical staff. Both hospitals are impressively modern and spacious, all bedrooms have en-suite facilities and wards have multipurpose activity, therapy and recreational rooms. Patients interviewed there by Commissioners said they were very impressed with standard of the accommodation and with the gym, coffee shop and other facilities on the sites.

Recommendations and actions required

1. Section 58: The trust's plan to address the recommendation contained in the previous Annual Statement included actions to establish of a programme of briefing sessions, undertake regular audits and address performance in practitioner appraisals. During the reporting period the Medical Director initiated a new procedure whereby all Approved Clinicians were asked to print their record of capacity and consent from the electronic record and attach it to the T2 form. Although this has been introduced only recently it is showing early promise. During the last visit of the reporting period (to Primrose Lodge) the Commissioner was very pleased to see printouts of the Responsible Clinician's records, and that these were being kept with the prescription record alongside the T2 and T3 forms.
2. In addition to continuing this work it is recommended that the trust should identify and implement a set of actions that will improve the consultees recording of their discussions with the SOAD, and the Responsible Clinicians recording of patients being advised of the outcome of the SOAD visit.
3. Patient Participation: Despite Commissioners seeing care documents that contained excellent examples of patients participating in their care, more were seen that contained very few recordings of patients' views.
4. It is recommended that the trust continues its project to improve the quality of care planning and concentrates on actions that will ensure the consistent recording of patients' participation. This should incorporate the routine recording of patients' views, including whether the patient has agreed to the plan and has received a copy.

Annex A – List of units visited at Tees, Esk and Wear Valleys NHS Foundation Trust from 1 October 2009 to 30 September 2010

The quantitative data only applies to visits completed after 1 April 2010, which is when the new data started to be captured uniformly.

Date	Ward	Patients seen	Patients seen in groups	Records checked
<u>9-11 Imperial Avenue</u>				
05/03/2010	Imperial Avenue	1	0	1
Totals for 9-11 Imperial Avenue		1	0	1
<u>Auckland Park Hospital</u>				
07/05/2010	Hamsterley	0	0	1
07/05/2010	Binchester Ward	0	0	1
Totals for Auckland Park Hospital		0	0	2
<u>Bankfields Court & Lodge</u>				
12/11/2009	Unit 3	0	0	2
26/07/2010	Unit 4	0	0	2
26/07/2010	The Lodge	2	0	3
26/07/2010	Unit 1a	1	0	1
26/07/2010	Unit 1	0	0	1
Totals for Bankfields Court & Lodge		3	0	9
<u>Cross Lane Hospital</u>				
10/02/2010	Esk Ward	5	0	5
17/02/2010	Danby Ward	0	0	3
23/02/2010	Rowan Lea	1	0	4
Totals for Cross Lane Hospital		6	0	12
<u>Earlston House</u>				
07/06/2010	Earlston House	0	0	1
Totals for Earlston House		0	0	1
<u>Hutton Centre</u>				
06/11/2009	Rosedale Ward	0	0	3
11/01/2010	Helmsley Ward	2	0	3
Totals for Hutton Centre		2	0	6
<u>Lanchester Road Hospital</u>				
10/02/2010	Bek Ward	1	0	1
10/02/2010	Talbot Ward	1	0	1
10/02/2010	Ramsey Ward	0	0	1
11/03/2010	Farnham Ward	3	0	3
18/03/2010	Roseberry Ward, Bowes Lyon Unit	1	0	1
18/03/2010	Tunstall Ward	2	0	3
24/05/2010	Langley Ward	1	0	3
Totals for Lanchester Road Hospital		9	0	13
<u>Lustrum Vale</u>				
05/03/2010	Lustrum Vale	3	0	3
Totals for Lustrum Vale		3	0	3

Date	Ward	Patients seen	Patients seen in groups	Records checked
<u>Malton Community Hospital</u>				
17/02/2010	Springwood	1	0	1
Totals for Malton Community Hospital		1	0	1
<u>Mulberry House</u>				
19/10/2009	Mulberry House	2	0	3
12/02/2010	Mulberry House	0	0	2
Totals for Mulberry House		2	0	5
<u>Oakwood Unit</u>				
06/01/2010	Oakwood	3	0	3
Totals for Oakwood Unit		3	0	3
<u>Phoenix Lodge</u>				
10/09/2010	Phoenix Lodge	2	0	3
Totals for Phoenix Lodge		2	0	3
<u>Primrose Lodge</u>				
24/09/2010	Primrose Lodge	3	0	3
Totals for Primrose Lodge		3	0	3
<u>Roseberry Park Hospital</u>				
16/07/2010	Mandarin, Ridgeway Building	6	0	6
09/08/2010	Kirkdale, Dalesway Building	4	0	3
09/08/2010	Westerdale South	0	0	3
01/09/2010	Linnet, Ridgeway Building	2	0	3
Totals for Roseberry Park Hospital		12	0	15
<u>Sandwell Park Hospital</u>				
10/09/2010	Lincoln Ward	2	0	3
Totals for Sandwell Park Hospital		2	0	3
<u>Sedgefield Community Hospital</u>				
23/11/2009	Hardwycke	1	0	1
Totals for Sedgefield Community Hospital		1	0	1
<u>Shildon Cecu (Middleton Road)</u>				
07/06/2010	Shildon Community Extended Care Unit	2	0	2
Totals for Shildon Cecu (Middleton Road)		2	0	2
<u>St Lukes Hospital (Midd'Bro)</u>				
12/10/2009	Beechwood Ward	4	0	3
13/01/2010	Redwood Ward	2	0	3
05/11/2009	CTO	2	0	3
05/02/2010	Maplewood Ward	5	0	3
03/03/2010	Tyne Ward	1	0	3
17/03/2010	Ayton F (Teesbay)	0	0	3
17/03/2010	Thornton M (Teesbay)	1	0	3
19/03/2010	Coulby (PICU)	2	0	3
26/04/2010	Bath Villa	2	0	3
Totals for St Lukes Hospital (Midd'Bro)		19	0	27

Date	Ward	Patients seen	Patients seen in groups	Records checked
<u>The Dales</u>				
27/11/2009	Eskdale Ward	1	0	1
27/11/2009	Teasdale Ward	0	0	1
Totals for The Dales		1	0	2
<u>University Hospital of North Tees</u>				
26/02/2010	Cook Centre	2	0	3
Totals for University Hospital of North Tees		2	0	3
<u>West Lane Hospital</u>				
22/02/2010	Westwood Centre	1	0	3
16/06/2010	Newberry Centre	2	0	2
16/06/2010	Westwood Centre	1	0	1
Totals for West Lane Hospital		4	0	6
<u>West Park Hospital (Darlington)</u>				
28/10/2009	Elm Ward	1	0	3
28/10/2009	Oak Ward	0	0	1
18/05/2010	Birch Ward	3	0	3
25/06/2010	Maple Ward	1	0	3
Totals for West Park Hospital (Darlington)		5	0	10
Total Number of Visits:		38		
Total Number of Patients Seen:		83		
Total Number of Documents Checked:		131		
Total Number of Wards Visited:		52		

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?	21	1	9
Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?	18	4	9
Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]	24	5	2
Do patients have lockable space which they can control?	26	4	1
Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?	25	4	2
Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?	30	0	1
Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?	19	8	4
Is there a ward phone for patients' use?	29	0	2
Is it placed in a location which provides privacy?	25	4	2
Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]	25	4	2
Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc?	20	1	10

Findings From Document Checks	YES	NO	N/A	
Were the detention papers available for inspection? Did the detention appear lawful	71	3	3	
Was there either an interim or a full AMHP report on file?	71	3	3	
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?	61	3	13	
Where appropriate was all psychotropic medication covered by a T2 and/or T3?	30	15	32	
Was there evidence a capacity assessment at the time of first administration of medication following detention?	11	35	24	
Was there evidence a discussion about consent at the time of first administration of medication following detention?	12	35	30	
Was there a record of the patient's capacity to consent at 3 months?	16	23	38	
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?	12	26	39	
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?	5	18	54	
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?	57	5	15	
Was there evidence of further attempts to explain rights where necessary?	64	5	8	
Was there evidence of continuing explanations for longer stay patients?	53	4	20	
Is there evidence that the patient was informed of his/her right to an IMHA?	49	19	9	
Are the patient's own views recorded on a range of care planning tools?	28	40	9	
Was there evidence that the patient was given a copy of their care plan?	15	48	7	
Is there evidence that the patient signed / refused to sign their care plan	12	35	30	
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?	55	14	8	
Is there evidence of an up to date risk assessment and risk management plan?	70	0	7	
Is there evidence that discharge planning is included in the care plan?	18	48	11	
Were all superseded Section 17 leave forms struck through or removed?	39	19	19	
Was there evidence that the patient had been given a copy of the section 17 leave form?	47	15	15	
Are the timescales, frequency and conditions for the use of leave unambiguously specified?	57	5	15	
For patients in hospital less than a year, is there evidence of a physical health check on admission?	48	0	29	
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?	29	16	32	
	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]?	8	3	2	64

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.