

**Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust**

**Care Quality Commission – Action Plan 2010**

<b>Item</b>	<b>Comments from Care Quality Commission</b>	<b>Immediate action following the initial feedback</b>	<b>Action required following Annual Statement</b>	<b>Lead Person(s)</b>	<b>Target Date for Completion</b>
<b>1. Detention</b>	The Trust must ensure that a copy of current detention documentation is available in patients' notes at all times, and that these notes are available on the ward where the patient is resident.	<b>21658 Emerald Line 3</b> Was filed incorrectly. Ward Clerk retrained in filing order.	All staff at Ward level instructed to ensure that copies of detention papers are taken immediately the patient is admitted and filed into the case notes.	MHA Manager & Modern Matrons	28.02.2011
		<b>21766 Skelbrooke Line 5</b> Ward staff reminded to ensure copies taken. MHA Office to ensure copies sent asap.	All MHA Office staff instructed to ensure that copies of the scrutinised detention papers are at Ward level as soon as is practically possible following the completion of the scrutiny process.	MHA Manager	28.02.2011
		<b>20361 Swallownest Court Line 2</b> Patient transferred the evening prior to CQC Visit. Patient Renewal of Section Hearing took place the following morning at RDGH and once the papers were signed off they were taken immediately to the Ward and place in the medical notes.	Issue to be raised at each local MHA Legislation Monitoring Group meeting.	MHA Manager	28.02.2011
<b>2. Consent to Treatment Section 58</b>	There still appear to be significant gaps in the implementation of the requirements of section 58 as required in the Code of Practice. The Trust needs to ensure that all relevant information is fully recorded in patient files to ensure compliance with the Code of Practice and also Article 8 Human Rights Act. Regular audits	<b>21126 Amber Line 2</b> Amber Lodge staff who act as Statutory Consultees to be provided with written guidelines on roles and responsibilities of Section 58 – Treatment that requires a second opinion	Minimum recording standards issued to the Consultants on 24.5.2010.	MHA Manager / Medical Director MHA Office	24.5.2010
		<b>21766 Cusworth Line 3</b> This document will be re-circulated to the nursing team and the ward manager will discuss its use through supervision with each member of qualified staff.	Compliance Audit conducted during July, August, September and results shared with the Mental Health Legislation Committee at its' November meeting. Subsequent follow up actions taken:	MHA Manager / Medical Director MHA Office	6.12.2010
		<b>21658 Ruby Line 5</b> Training pertaining to the nurses	<ul style="list-style-type: none"> <li>• Results to be taken to the Trust wide Consultants Meeting (6 December 2010)</li> <li>• Pack to be sent to each</li> </ul>		

	<p>should be carried out to ensure compliance.</p>	<p>responsibilities under the Mental Health Act to be delivered to the staff team  <b>21126 Sapphire Line 4 &amp; 5</b>  I have contacted the Trust Mental Health Act Manager, Helen Moran, who is already in discussions with the Trust Medical Director, regarding the Section 58 requirements. I understand they are to issue checklists which will include the basic requirements for a SOAD doctor to complete in the patient's case notes. This again is being addressed by the Trust Mental Health Manager and I am personally circulating copies of Chapter 24 from the Code of Practice to all the Registered Nurses on Sapphire Lodge to heighten their awareness if they act as consultees. Again, it is the intention to have a checklist issued from the Mental Health Act Office.  <b>20153 Sycamore, G/Oaks Line 1 &amp; 2</b>  The issues have been raised with the clinical director and this will be addressed in the consultant's managers meeting. The local MHA monitoring in NL will table this issue on the 2/3/10 and a discussion will take place around systems of recording and how this can be monitored and audited so a fail safe process is implemented and maintained. Through the local MHA monitoring group and in consultation with Marie Staves (Social work consultant) this issue will be addressed through staff supervision and staff will be directed as to what constitutes the meaning of a statutory consultee and their role and responsibilities in relation to this area of the act.  <b>20153 Tennyson Line 2</b></p>	<p>Consultant, as and when consents are due which will incorporate: Form T2 / Minimum recording guidelines / Form to record discussion regarding medication and capacity assessment</p> <ul style="list-style-type: none"> <li>• Pack to be sent to each Consultant following the attendance of the SOAD in relation to T3 consent which will incorporate: Guidelines on the Wooder Judgement / Form to record discussion with the patient following the SOAD visit</li> <li>• Findings to be shared with the local Mental Health Legislation Monitoring Groups, both trust wide findings and local area findings</li> </ul> <p>Re-audit in Quarter 4 (January – March 2011) and report back to the Mental Health Legislation Committee at the May 2011 meeting.</p>	<p>MHA Office</p> <p>MHA Office</p> <p>MHA Office</p>	<p>1.1.2011</p> <p>31.1.2011</p> <p>31.3.2011</p>
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		<p>September which the outcome of which will be reported to the Trust Mental Health Legislation Committee in November 2010. Subsequent follow up action will follow, as appropriate including further audits of these standards.</p> <p><b>21720 C3 Line 6 &amp; 7</b> (See above)</p> <p><b>21164 Windermere Line 8</b> Information is displayed in the ward office and is available for all staff to view. The Trust has reviewed the mental Health Act training package and specific sessions are now available in respect of the requirements of Section 58, and consent to treatment. All qualified staff are being asked to attend this training</p>			
<p><b>3.</b> <b>Section 130A Independent Advocacy</b></p>	<p>Staff in elderly areas should be made aware of the need to ensure that patients who lack capacity have access to an Independent Advocate, and that carers are given information in respect of advocacy services.</p>	<p><b>21164 Windermere Line 6</b> The Form 14a Section 132 Rights has been reviewed in light of this comment and now includes this information.</p>	<p>Each of the locality MHA Offices refer all applicable patients to the IMHA service (Cloverleaf).</p> <p>The MHA Office writes to each patient outlining their detention details, incorporating a Section Rights Leaflet and an IMHA service Leaflet.</p> <p>The MHA Office writes to each patient's Nearest Relative (if the patient consents) outlining their detention details, incorporating a Section Rights Leaflet and an IMHA service leaflet.</p> <p>The Form 14a Rights Form now incorporates the information regarding IMHA services, so the</p>	<p>MHA Office</p> <p>MHA Office</p> <p>MHA Office</p> <p>MHA Manager</p>	<p>1.4.2009 onwards</p> <p>Ongoing</p> <p>Ongoing</p> <p>July 2010</p>

			Nursing Staff make sure that the patient receives an IMHA service leaflet at the time of the reading of their rights.		
<b>4. Section 132</b>	It is important that all staff are aware of their responsibilities under section 132, and that information to patients is given in a timely and correct manner. Staff need to be aware of a patient's capacity to understand and retain the information given. The Code of Practice Ch 2 also reminds providers that all staff responsible for giving information to patients are fully trained to do so. Failure to meet the requirements of giving information to patients is also a breach of article 6 of the Human Rights Act. Regular audits of patient files should be carried out to ensure compliance with the Code of Practice and the Human Rights Act.	<p><b>21766 Brodsworth Line 1</b> All staff informed via the staff meeting and through clinical supervision that all detained patients must have their rights read to them as soon as possible, and that this information needs to be documented in the blue nurse notes and on a Form 14 (a) and 14 (b). Staff have also been informed that the rights must be re-read until the patient has an understanding of their rights.</p> <p><b>21766 Cusworth Line 1</b> The nursing records have been reviewed and a clear filing system is in place where all documents relating to detention and rights is to be stored. This system will be audited through the monthly nursing documentation audit that is completed by the ward management team.</p> <p><b>21164 Maple Line 1</b> The patients' rights were read immediately whilst the CQC were present on the Ward. However on further investigation it was later found that the rights had previously been read and that evidence was in fact on file.</p> <p><b>21658 Ruby Line 7</b> All detained patients to be re read their rights and given the appropriate information leaflet and the relevant form completed to evidence this has been carried out. All detained patients are to be re read</p>	<p>The Trust has in place 3 Forms for the Recording of the Reading of Patients Rights (Form 14a, Form 14b and Form 14c). Information for the completion of these Forms is available and has been circulated to all Modern Matrons for discussion at Ward Level.</p> <p>Compliance Audit conducted during July, August, September and results shared with the Mental Health Legislation Committee at its' November meeting. Subsequent follow up actions taken:</p> <ul style="list-style-type: none"> <li>Findings to be shared with the local Mental Health Legislation Monitoring Groups, both trust wide findings and local area findings</li> <li>Modern Matrons to address the points raised in the overall findings and the local area findings</li> <li>Service Managers to be forwarded the findings and information circulated to Care Co-ordinators to highlight the need to re-read CTO patients their rights and complete the Form 14b.</li> <li>Form 14c to be reviewed by the MHA Manager to incorporate the</li> </ul>	<p>MHA Manager</p> <p>MHA Office</p> <p>MHA Office</p> <p>Modern Matrons</p> <p>Service Managers</p> <p>MHA Manager</p>	<p>28.02.2011</p> <p>30.9.2010</p> <p>28.02.2011</p> <p>28.02.2011</p> <p>28.02.2011</p> <p>28.02.2011</p>

		<p>their rights and given the appropriate information leaflet on a monthly basis and the relevant form 14 (b) completed to evidence this has been carried out. Diarised entries to act as an aide memoir for key workers to ensure all detained patients have their rights re read and the appropriate information leaflet given to them and to complete the relevant form to evidence this has been carried out.</p> <p><b>21766 Skelbrooke Line 6</b> To ensure that all nursing staff read patients rights regularly so that they are aware of the procedure to appeal against detention.</p> <p><b>20361 Swallownest Line 1</b> Refer to MH Act Manager Discuss at local MHA Monitoring Groups in order to establish a trust wide approach to the reading and re-reading of rights.</p> <p><b>20153 Sycamore, G/Oaks Line 6</b> There is to be a systematic review of the whole process in relation to the localised paperwork and the needs of the trust as a whole. This work will be done locally and in conjunction with the nurse consultant for the trust. Both these issues in sections 5 and 6 will again be tabled at the local MHA monitoring group.</p> <p><b>21164 Windermere Line 7</b> Staff to be reminded via the ward handovers and ward meetings of the importance of contacting nearest relatives when it is apparent that the patient is unable to understand their rights.</p>	<p>patients signature.</p> <p>Re-audit in Quarter 4 (January-March) and report back to the Mental Health Legislation Committee at the May 2011 meeting.</p>	<p>MHA Office</p>	<p>31.3.2011</p>
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<p><b>5. Seclusion</b></p>	<p>The Trust needs to review the situation in regard to the response time by clinicians to see patients who have been secluded. (CoP.Ch15.15.49) Seclusion records should be audited on a regular basis to ensure compliance.</p> <p>The Trust needs to look at the proper provision of a plinth bed with appropriate mattress for its seclusion suites and the provision of immediate replacement of mattresses in the event of damage.</p> <p>The Trust needs to ensure that the seclusion suite in the new build meets all current requirements and that plans are in place to improve the current suite on Skelbrook ward.</p>	<p><b>21766 Skelbrooke Line 3, 4 &amp; 8</b> Order a new mattress for the Seclusion Suite. Address with the Staff through staff meetings. To contact SHO in a timely manner during an episode of seclusion. Address the issue of excluding natural light when the area is due to be refurbished.</p> <p><b>21720 C3 Line 2</b></p> <ul style="list-style-type: none"> <li>• Screening to windows has been modified and sealed which ensures privacy and dignity is maintained at all times when the seclusion room is in use.</li> <li>• An Intercom will be available within the new Rotherham service reprovision</li> <li>• Comments regarding the availability of Patients seeing a clock will be considered by the Location Project Group. A clock has now been placed in the office which faces the</li> </ul>	<p>The new seclusion bed is on order for Skelbrooke Ward.</p> <p>There is an on going audit of the documentation following each episode of seclusion by the Modern Matrons. Compliance with the required response times is monitored through this audit.</p> <p>Finance has been secured within the Adult Business Division to replace the seclusion room window with a safe vent one which has an inbuilt blind to allow for the exclusion of natural light, and to enable an intercom to be fitted. This work will be completed by the end of the financial year and will bring the Doncaster seclusion facility up to the same standard as those in the new builds for Rotherham and North Lincolnshire.</p> <p>Screening to the seclusion room window on Ward C3 is now included in the weekly checks to ensure that it remains in place.</p> <p>An intercom has been included in the service redesigns for the seclusion facilities in Rotherham and North Lincolnshire. Within the new seclusion facilities clocks will be positioned in the lobby area so they can be seen from inside the seclusion room.</p>	<p>Nurse Consultant – Adult Services</p>	<p>28.2.2011</p> <p>Ongoing</p> <p>30.6.2011</p> <p>Ongoing</p> <p>30.6.2011</p> <p>30.6.2011</p>
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<p><b>8. Gender Separation</b></p>	<p>The Trust should review the arrangement of bedrooms in the elderly wards to ensure patients privacy and dignity.</p> <p>The Trust needs to ensure clear signage on all toilet and bathroom doors to ensure single gender use.</p>	<p><b>21164 Coniston Line 1 &amp; Windermere Line 1</b> Ward Manager / Modern Matron to complete option appraisal for submission to Older Persons' Business Division for consideration and financing.</p> <p><b>21164 Windermere Line 3</b> The ward manager is currently looking at appropriate signage for the patient group. The ward is currently part of the "enhancing the healing environment project" and this work forms part of the action plan.</p>	<p>Following a review of the wards Coniston Lodge now has designated male and female corridors to address the privacy and dignity issues. This had been implemented on Windermere Lodge however with the merge of Maple Lodge patients onto Windermere this has not been possible to maintain. As part of the ongoing assessment and care individuals are assessed as to the most suitable room to use within the ward area.</p> <p>Signage has been purchased and is in place on bedrooms. EHE project remains ongoing.</p>	<p>Modern Matron Older Peoples Services</p> <p>Modern Matron Older Peoples Services</p>	<p>30.6.2010</p> <p>31.10.2010</p>
<p><b>9. Religious needs</b></p>	<p>The Trust needs to ensure that all wards have the capacity to advise patients on compass bearings to ensure that those of the Islamic faith can face East to pray. Failure to do so could be seen as a breach of Article 9 Human Rights Act. Staff training and the provision of a compass on each ward would assist the process.</p>	<p><b>21766 Skelbrooke Line 7</b> Address the issue of staff being aware of patient's religious needs with staff through staff meetings and supervision. Staff training.</p> <p><b>21720 C1 Line 6 &amp; C3 Line 4</b> Prayer mats incorporating a compass have been purchased and will be sited in all Ward areas.</p>	<p>Prayer mats with in-built compasses have been purchased and issued to all the Adult Inpatient wards.</p> <p>The Trusts chaplaincy services have developed a programme of staff training in respect of meeting the spirituality/religious needs of patients.</p>	<p>Nurse Consultant – Adult Services</p>	<p>31.12.2010</p>

<p><b>10. Patient safety</b></p>	<p>To work towards ensuring patient safety the Trust should have a policy in place relating to the management of significantly dangerous objects such as disposable razors. All staff must be made aware of the dangers posed by such objects, and the safe management of same. This situation has been seen on previous visits and reported on in the last Annual Report.</p>	<p><b>21720 C1 Line 4</b>  Feedback given to all Ward Managers regarding potential risks associated with Patients identified personal belongings.  <b>Ensure</b></p> <ol style="list-style-type: none"> <li>1. Individual risk assessments are undertaken for all Patients</li> <li>2. In-house search check list of patient bed / bathroom areas are now in operation on a 2 hourly basis, verified by staff signatures.</li> <li>3. Any risk items located are safely disposed of.</li> <li>4. Ward Managers to complete monthly audit of in-house search check list.</li> </ol>	<p>There is an on going monitoring programme to be maintained by staff to ensure that these issues are addressed routinely (see column 3)</p>	<p>Nurse Consultant – Adult Services</p>	<p>31.12.2010</p>
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