

Mental Health Act Annual Statement November 2010

Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust

Executive Summary

This Annual Statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between January 2010 and August 2010. Where appropriate this Annual Statement includes consideration of the responses given by the provider to those visits. During the reporting period the Care Quality Commission (CQC) has visited Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust on seven occasions, visiting 16 wards, interviewing nine patients in private and scrutinising 32 sets of records.

In general the MHA Commissioner found that the trust has managed the care of detained patients in a satisfactory manner and has been positive in its responses to issues raised by MHA Commissioners during their visits. A number of issues have been identified relating to patient care and the application of the Mental Health Act and these will be commented on under specific headings in this statement.

MHA Commissioners were pleased to see the introduction of activity nurses in most areas to help with patient's rehabilitation and diversionary activities.

Main Findings

The Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust provides all specialist NHS Mental Health and Learning Disability care for the people of both main communities, with an acute unit and elderly wards based in Scunthorpe. It provides both in-patient care and community services, with specialist community teams for Assertive Outreach, Crisis Intervention and substance abuse. Medium Secure care is purchased as required to meet patient clinical needs.

The following points highlight those Mental Health Act issues raised by MHA 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 via the CQC's Mental Health Operations office located at The Belgrave Centre, Nottingham.

Relationships with the provider in the reporting period

The previous Annual Statement was received positively by the board and an action plan published. This has been monitored by the MHA Commissioners on their visits during the reporting period and considerable progress noted in a number of areas. Constructive meetings with the trust link, the Chief Operating Officer, have proved positive where issues have been discussed and resolved. MHA Commissioners are pleased to note that the Chief Operating Officer has always made themselves available to meet during visits to discuss issues and to keep MHA Commissioners informed of any proposed changes in service.

Mental Health Act and Code of Practice Issues

Detention

During two visits MHA Commissioners failed to find any section documentation relating to a detained patient on two wards.

Leave – Section 17 and Absence without leave Section 18

It was noted in a number of wards that extant leave forms had either not been crossed through or remained in the patient's current file. Staff appeared unaware of the need to remove or cancel these forms.

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

Staff interviewed, in some non acute areas, were not aware of their responsibilities under section 58. The MHA Commissioner is aware that the trust has introduced new forms to aid Statutory Consultees to meet the requirements of the Code of Practice, but not all staff had an awareness of these.

On a number of files it was not possible to find written entries in respect of treatment plans, capacity to consent to medication, or written evidence to support the requirements of a Second Opinion Appointed Doctor (SOAD) visit. Chapters 24 and 25 of the Code of Practice refer.

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

Patients seen and interviewed appeared to understand the care planning process and access to care plans was available if patients requested.

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

Overall a satisfactory advocacy service was available to all patients, however in the elderly wards very little appeared to be done for patients who did not have the capacity to read or understand the information regarding the availability or function of advocates.

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 quality of this was variable across the trust, in some areas the process was well documented but in others it was patchy or could not be found at all.

Seclusion and the management of Violence

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 4Q, 7F and 7H

The trust has seclusion facilities on both its acute sites in Rotherham and Doncaster. Both these areas need upgrading to meet current standards. MHA Commissioners understand that

the Rotherham unit will close next year and move to a new build. Both seclusion suites lacked a mattress for the patient to lie on, these having been damaged in use. At Doncaster there was no facility to exclude/ reduce natural light in the room.

MHA Commissioners noted that in some cases the response by medical staff following the placing of a patient in seclusion was unacceptably long. The Code of Practice recommends the immediate attendance of a clinician when a patient has been secluded. Code of Practice paragraph 15.49 refers.

MHA Commissioners found that there were no mattresses in either seclusion room due to damage by 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

Most wards visited in the trust have regular meetings between staff and patients to discuss issues and the availability of PALS staff to address problems.

Environment

It was noted that on the Psychiatric Intensive Care Unit (PICU) at Rotherham that patients did not have access to fresh air. This is a basic Human Right and has been reported on in previous Annual Statements.

It was noted on the elderly wards that there were no name plates available adjacent to bedroom doors to identify the occupant.

Privacy

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, 10F, 10M

It was noted during visits that most wards had the observation windows in patient bedrooms open and that some of these windows were still lever operated from outside the room. In one elderly ward it was noted that the female dormitory did not have curtains over the windows on the doors leading to the main ward corridor.

Gender Separation

In the elderly wards there was no gender separation, males and females sleeping in adjacent rooms. Some elderly wards do not have signage for sanitary facilities designating gender usage.

Religious Needs

MHA Commissioners found that in some wards staff were unaware of compass direction to enable them to advise patients accordingly. Failure to be able to advise Muslim patients the compass direction for east could be seen as a breach of Article 9 of the Human Rights Act.

Patient safety

It was noted that during a visit to C1, Rotherham that patients disposable razors were left in a bathroom in the male dormitory. This is the second time this has been found and has been reported on in a previous Annual Statement.

Deaths in Custody

A representative of the CQC has attended three inquests touching on the deaths of detained patients during this reporting period. Questions have been raised with the trust in relation to these deaths.

Recommendations and Actions Required

1. Detention: The trust must ensure that a copy of current detention documentation is available in a patient's notes at all times and that these notes are available on the ward where the patient is resident.
2. Consent to Treatment – Section 58: 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 of the Human Rights Act. Regular audits should be carried out to ensure compliance.
3. Section 130A – IMHA: Staff in elderly areas should be made aware of the need to ensure that patients who lack capacity have access to an IMHA and that carers are given information in respect of advocacy services.
4. Section 132: 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 Chapter 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.
5. Seclusion: The trust needs to review the situation in regard to the response time by clinicians to see patients who have been secluded. Code of Practice paragraph 15.49 refers. Seclusion records should be audited on a regular basis to ensure compliance. 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. 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 Skelbrooke Ward.

6. Environment: The trust needs to review the access to fresh air for those patients who use the PICU at Rotherham, currently routine access is not available. Failure to do so could be seen as a breach of Article 8 of the Human Rights Act.
7. Privacy: The trust must ensure that patient's dignity and privacy are met at all times. Observation windows in patient bedrooms should be kept closed unless being used for observation.
8. Gender Separation: The trust should review the arrangement of bedrooms in the elderly wards to ensure patients' privacy and dignity. The trust needs to ensure clear signage on all toilet and bathroom doors to ensure single gender use.
9. Religious needs: 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 of the Human Rights Act. Staff training and the provision of a compass on each ward would assist the process.
10. Patient safety: 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 Statement.

Some of these points have been responded to by the trust following visit feedback and MHA Commissioners will continue to monitor them closely during the next visiting period.

Annex A

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

Date	Ward	Patients seen	Patients seen in groups	Records checked
<u>Emerald Lodge</u>				
06/08/2010	Emerald Lodge	1	0	2
Totals for Emerald Lodge		1	0	2
<u>Great Oaks Mental Health Unit</u>				
26/01/2010	Sycamore House	0	0	2
26/01/2010	Willow House	0	0	0
Totals for Great Oaks Mental Health Unit		0	0	2
<u>Rotherham District General Hospital</u>				
17/08/2010	Ward C1	1	0	3
17/08/2010	Ward C3 (PICU)	1	0	4
Totals for Rotherham District General Hospital		2	0	7
<u>Scunthorpe General Hospital</u>				
26/01/2010	Tennyson Ward	0	0	0
Totals for Scunthorpe General Hospital		0	0	0
<u>St Catherine's Site</u>				
12/05/2010	Sapphire Lodge	1	0	2
12/05/2010	Amber Lodge	0	0	2
19/05/2010	Windermere Lodge	0	0	3
19/05/2010	Coniston Lodge	1	0	1
19/05/2010	Maple Ward	0	0	1
06/08/2010	Ruby Lodge Ward	0	0	2
24/08/2010	Brodsworth Ward, Adult Mental Health Inpatient Unit	0	0	2
24/08/2010	Cusworth Ward, Adult Mental Health Inpatient Unit	0	0	3
24/08/2010	Skelbrooke Ward, Adult Mental Health Inpatient Unit	1	0	2
Totals for St Catherine's Site		3	0	18
<u>Swallownest Court</u>				
19/02/2010	The Ward	3	0	3
Totals for Swallownest Court		3	0	3
Total Number of Visits:		7		
Total Number of Patients Seen:		9		
Total Number of Documents Checked:		32		
Total Number of Wards Visited:		16		

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?	8	3	1
Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?	7	4	1
Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]	4	7	1
Do patients have lockable space which they can control?	7	4	1
Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?	6	3	3
Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?	12	0	0
Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?	7	4	1
Is there a ward phone for patients' use?	10	2	0
Is it placed in a location which provides privacy?	10	1	1
Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]	6	5	1
Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc?	9	3	0

Findings From Document Checks	YES	NO	N/A	
Were the detention papers available for inspection? Did the detention appear lawful	26	1	0	
Was there either an interim or a full AMHP report on file?	26	1	0	
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?	23	2	2	
Where appropriate was all psychotropic medication covered by a T2 and/or T3?	19	4	4	
Was there evidence a capacity assessment at the time of first administration of medication following detention?	12	11	4	
Was there evidence a discussion about consent at the time of first administration of medication following detention?	10	11	6	
Was there a record of the patient's capacity to consent at 3 months?	10	6	11	
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?	9	6	12	
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?	1	8	18	
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?	19	2	6	
Was there evidence of further attempts to explain rights where necessary?	8	10	9	
Was there evidence of continuing explanations for longer stay patients?	14	6	7	
Is there evidence that the patient was informed of his/her right to an IMHA?	19	6	2	
Are the patient's own views recorded on a range of care planning tools?	19	6	2	
Was there evidence that the patient was given a copy of their care plan?	18	2	3	
Is there evidence that the patient signed / refused to sign their care plan	18	7	2	
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?	25	0	2	
Is there evidence of an up to date risk assessment and risk management plan?	21	1	5	
Is there evidence that discharge planning is included in the care plan?	17	2	8	
Were all superseded Section 17 leave forms struck through or removed?	9	7	11	
Was there evidence that the patient had been given a copy of the section 17 leave form?	10	8	9	
Are the timescales, frequency and conditions for the use of leave unambiguously specified?	18	0	9	
For patients in hospital less than a year, is there evidence of a physical health check on admission?	21	0	6	
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?	5	0	22	
	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]?	2	0	2	23

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.