Mental Health Act Annual Statement November 2010

Surrey and Borders Partnership NHS Foundation Trust

Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between November 2009 and 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 the trust on 14 occasions, had 32 private meetings with patients and scrutinised 35 sets of records.

During the reporting period, services have continued to develop across the trust with benefit to service users. A new registration system was introduced this year, Surrey and Borders Partnership NHS Foundation Trust was one of 22 trusts judged not to be meeting essential standards of quality and safety and was registered on the condition that it improved. The areas where improvement was required were in the formulation of care plans and consent to treatment. Both conditions were lifted during the year and further details can be found under the appropriate headings later in this report.

Main findings

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 CQC's Mental Health Operations Office located at The Belgrave Centre, Nottingham.

The trust provides health and social care services for people of all ages with mental health problems, drug and alcohol problems and learning disabilities in Surrey and North East Hampshire. It also provides some specific services into Croydon and Hampshire. It had an overall income of £174 million for the 2009/2010 financial year and employs more than 3,200 staff to serve a population of 1.3 million.

Many of its buildings are old and unsuitable for the provision of modern therapeutic care. The trust has consulted widely on plans to build three new hospitals in Guildford, Redhill and Chertsey and has received support from 70% of respondents, from NHS Surrey and from the Health Scrutiny Committees of Surrey and Hampshire County Councils. It is anticipated that work will start on the first development at Farnham Road Hospital in Guildford in spring 2011 and is expected to take two years to complete. The Commission is pleased to report that during this period the trust has continued to invest in improving the existing accommodation. High quality refurbishments have been carried out on a number of sites, with particular attention paid to the removal of potential ligature risks.

Much good work has been done in creating closer working relationships between ward and community teams, with Wingfield Ward described by the visiting Commissioner as "*the most successfully integrated seamless service I have seen anywhere in Surrey or Sussex."*

Progress has also been noted on some wards in the provision of individualised care with 1:1 meetings replacing ward rounds; and private contacts with the nurse when medication is dispensed.

Relationships with the provider in the reporting period

Good relations have been established with the Director of Quality and Performance who was appointed in January 2010 and is the main link between the trust and the CQC. Regular meetings are held and all matters raised are dealt with promptly and in a spirit of co-operation.

Mental Health Act and Code of Practice Issues

De Facto Detention

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 7L

The CQC has noted the inappropriate use of terms such as "leave" and "escorted leave" in relation to informal patients and has raised with the trust doubts about staff understanding of the rights of these patients. Most wards which are locked have a notice on the door explaining the right of informal patients to leave whenever they wish. However, this notice is on the outside of the ward door on Primrose 2 where patients cannot see it.

Leave – Section 17 and Absence Without Leave (AWOL) Section 18

The Commission continues to find problems with section 17 leave forms: old forms not crossed through; lack of evidence that patients have been given copies and in one case, the frequency of leave not defined.

On Delius Ward, a patient on leave was wrongly reported AWOL and brought back to the ward by the Police, to his great distress. Whilst this particular incident was resolved to the patient's satisfaction, it did highlight a failure in communication during handover.

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

The last Annual Statement and previous Annual Reports of the Mental Health Act Commission have highlighted problems with assessing capacity and recording discussions with patients and the Second Opinion Appointed Doctors (SOAD) on consent to treatment. As noted above, the CQC imposed a condition requiring the trust to take action by 1 July to ensure that:

- All people detained under the Mental Health Act were informed about the treatment they would receive, were assessed on their capacity to consent to treatment, and outcomes relating to their consent were fully documented.

The CQC visited the trust on 4 August to check whether the necessary improvements had been made. The files of 67 patients from a variety of wards including services for adults of working age, older people and people with learning disabilities were scrutinised. The Commission found that the trust has taken action to ensure that it complies with this condition and the condition was lifted in September. The trust had introduced a new form which involved both assessing a patient's ability to give consent in the first instance, and also to agree to the treatment recommended. The form also required clinical staff to complete the form within set timelines.

- Audits showed the trust had achieved 100 per cent compliance in completing the forms within required times.
- The trust was also required to ensure that patients continuing their treatment were continually assessed and their patient notes were properly updated. An audit of patient progress notes found 100 per cent complete.
- The trust effectively communicated the form filling procedures with staff, carried out two audits and shared the results with teams.

Commissioners have found on subsequent visits that practice continues to be improved and will continue to monitor this issue in 2011.

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

Patients are given information about the IMHA service and it is advertised on the wards. It does not, however, form part of the nursing checklist when giving information on rights.

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

Whilst patients are given information on their rights, the Commission has found in a number of areas that staff are not following the trust's own policy of repeating this information on a regular basis.

Other Patient Issues

Care Plans and Risk Assessments

As recorded in the Executive Summary above, the CQC required the trust to take action to ensure that:

- All people who use services have up to date care plans and that staff receive training in the assessment and recording of risk.

The trust provided us with evidence to show that it has met the condition before the deadline and applied for the condition to be removed.

Following an inspection in May where we interviewed patients and staff and reviewed documents at six units, we discovered that the trust has:

- Put in place monthly record-keeping audits to check on care plans and risk assessments.
- Designated a nurse to primarily be responsible for auditing the quality of the Care Plan Approach and risk assessments.
- Organised an audit group to carry out regular inspections of inpatient services including record-keeping, assessments and care plans.
- Trained all relevant staff in their three-yearly Care Plan Approach and risk training, and will provide them with 10 clinical supervision sessions and an annual appraisal.

The condition was lifted in July. However, on Commission visits in August and September, it was recorded that some patients did not have care plans reviewed at the appropriate time, for example when changing from a section 2 to a section 3 detention. Whilst there was evidence that some patients had been given a copy of the care plan, there was no evidence of this occurring with all 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 Commission has found little evidence of patient involvement in the development of nursing care plans. It may be that this is happening but staff are failing to record the relevant discussions. This issue has been raised with the trust and the Commission will be carefully monitoring this aspect of care on future visits.

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

The Commission was pleased to learn that action to preserve patients' privacy had been taken at West Park Hospital by applying a painted film to bedroom windows. The Commission had requested that similar action be taken at Epsom but at the time of writing this statement, this has not happened.

There is no lockable space in the older people's wards at Farnham Road Hospital or at West Park Hospital.

Gender Separation

Bluebell 1 and 2 at West Park Hospital have now been split by gender but Primrose 2 and 3 still have mixed accommodation and unisex toilet and bathroom facilities. Not all acute wards have a separate female lounge.

Dormitory Accommodation
With in-patient numbers falling due to the continued development of the community services, the trust has been able to discontinue the use of dormitory bays at Farnham Road Hospital and on Elgar Ward in Epsom Hospital. The Commission welcomes these developments. However, the dormitory bays are still used in four other wards across the trust.

Recommendations and Actions Required

1. The trust should take steps to ensure that all staff understand and respect the rights of informal patients.

2. The trust should continue to audit section 17 leave forms. The process of communicating information about patients on leave at handover should be reviewed.

3. The trust should consider whether the information about the IMHA service should form part of the checklist when giving information under section 132 on patient rights.

4. The trust should ensure that care plans are reviewed on a regular basis, that there is clear evidence of patient participation in the formulation of care plans and that when care plans are given to patients, this is clearly evidenced in the notes.

5. The trust should ensure that all patients have at least a lockable drawer in their bedrooms.

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	Det. Pats seen	Pats in groups	Records checked
Abraham Cowley Unit				
21/01/2010	Spenser	1	0	1
21/01/2010	Hayworth House	1	0	2
20/08/2010	Clare	3	0	3
15/09/2010	Blake	5	0	3
Totals for Abraham Cowley Unit		**10**	**0**	**9**
Arreton House				
09/03/2010	Arreton House	1	0	1
Totals for Arreton House		**1**	**0**	**1**
Epsom General Hospital				
28/01/2010	Elgar	2	0	2
18/02/2010	Fenby ICU	5	0	2
29/03/2010	Delius	2	0	3
Totals for Epsom General Hospital		**9**	**0**	**7**
Farnham Road Hospital				
11/03/2010	Victoria	1	0	1
22/02/2010	Arc 1	2	0	3
13/08/2010	Arc 2	3	0	4
Totals for Farnham Road Hospital		**6**	**0**	**8**
Margaret Laurie House (East Surrey)				
30/03/2010	Margaret Laurie House	1	0	2
Totals for Margaret Laurie House (East Surrey)		**1**	**0**	**2**
Oaklands House				
16/03/2010	Grandview	1	0	2
Totals for Oaklands House		**1**	**0**	**2**
The Ridgewood Centre				
28/07/2010	Wingfield Ward	4	0	4
Totals for The Ridgewood Centre		**4**	**0**	**4**

West Park Hospital				
25/02/2010	Primrose 2	0	0	2
Totals for West Park Hospital		**0**	**0**	**2**

Total Number of Visits:	14
Total Number of Patients Seen:	32
Total Number of Documents Checked:	35
Total Number of Wards Visited:	15

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

Findings From Document Checks	YES	NO	N\A
Were the detention papers available for inspection? Did the detention appear lawful	18	1	0
Was there either an interim or a full AMHP report on file?	17	1	1
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?	15	1	3
Where appropriate was all psychotropic medication covered by a T2 and/or T3?	6	0	13
Was there evidence a capacity assessment at the time of first administration of medication following detention?	13	0	6
Was there evidence a discussion about consent at the time of first administration of medication following detention?	13	0	6
Was there a record of the patient's capacity to consent at 3 months?	5	1	13
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?	6	0	13
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?	2	2	15
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?	15	0	4
Was there evidence of further attempts to explain rights where necessary?	9	6	4
Was there evidence of continuing explanations for longer stay patients?	4	2	13
Is there evidence that the patient was informed of his/her right to an IMHA?	10	7	2
Are the patient's own views recorded on a range of care planning tools?	5	14	0
Was there evidence that the patient was given a copy of their care plan?	5	6	0
Is there evidence that the patient signed / refused to sign their care plan	6	8	5
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?	12	6	1
Is there evidence of an up to date risk assessment and risk management plan?	15	3	1
Is there evidence that discharge planning is included in the care plan?	11	6	2
Were all superseded Section 17 leave forms struck through or removed?	9	7	3
Was there evidence that the patient had been given a copy of the section 17 leave form?	11	4	4
Are the timescales, frequency and conditions for the use of leave unambiguously specified?	9	6	4
For patients in hospital less than a year, is there evidence of a physical health check on admission?	15	1	3
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?	2	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	2	0	17

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.