Mental Health Act Annual Statement January 2011

Coventry and Warwickshire Partnership NHS Trust

Executive Summary

This Annual Statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between 1 January 2010 and 31 October 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 Coventry and Warwickshire Partnership NHS Trust on 16 occasions, visiting 16 wards, interviewing 59 patients in private and scrutinising 58 sets of records.

In general MHA Commissioners found the trust was providing a good standard of care and services to patients across the sites visited by MHA Commissioners in the reporting period. MHA Commissioners observed good levels of staff-patient interaction on most visits and the majority of patients seen by MHA Commissioners were complimentary about staff and their care and treatment. MHA Commissioners were pleased to note the following during their visits: an improvement in relation to providing patients with information about rights; improvements in relation to the recording of leave conditions and parameters; Care Programme Approach (CPA) documentation was holistic and comprehensive on most wards visited; most wards visited had a good range of information available to patients; the range of risk assessment and planning tools used across the trust; the cleanliness of the wards visited; that a number of wards visited provided a pleasant ward environment; patients had their own en-suite bedrooms (which on many wards visited had been personalised by the patient).

MHA Commissioners raised issues/concerns in relation to the recording of capacity and consent to treatment, which remains a problematic area and challenge for the trust going forward. MHA Commissioners also raised issues in relation to: privacy and dignity in the context of gender separation on the trust’s mixed-sex wards; privacy in relation to telephone calls; annual physical healthcare checks; the ward environment and layout on some wards (in particular at Brooklands Hospital); the trust’s rights documentation/leaflets some of which requires updating; the level of Independent Mental Health Advocacy (IMHA) input/awareness on some wards visited; patient involvement in their CPA and the recording of patients’ views on their care plans; patients did not appear to be presented with copies of care plans and/or leave forms as a matter of routine practice and that files on some wards were bulky and disorderly (lacking front sheets and indexing for example). MHA Commissioners also made observations in relation to the level of staffing and occupancy on some wards, the level and range of ward based activities (which MHA Commissioners were informed was problematic for patients who were unable to leave the ward to access off ward activities) and the lack of smoking shelters across the sites.
On the whole, the trust responded positively in relation to issues raised by MHA Commissioners and various action plans were initiated to resolve these issues and/or to effect improvements. MHA Commissioners will continue to monitor these areas and the CQC will work/liaise with the trust as required in the next reporting period.

Main Findings

Coventry and Warwickshire Partnership Trust provides mental health, learning disability and substance misuse services for the people of Coventry and Warwickshire. Coventry and Warwickshire NHS Partnership Trust replaces the mental health, learning disability and substance misuse services previously provided by South Warwickshire PCT, North Warwickshire PCT, Rugby PCT and Coventry PCT.

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 Care Quality Commission’s Mental Health Operations office located at The Belgrave Centre, Nottingham.

Relationships with the provider in the reporting period

The current reporting period involved visits by MHA Commissioners who had not previously visited the trust. These MHA Commissioners were assisted by trust staff, in particular the Mental Health Act administrators, in co-ordinating and arranging visits. MHA Commissioners were also grateful to receive very good assistance and co-operation from ward staff during their visits and a site introduction from service managers at Brooklands Hospital.

The previous Annual Statement was received positively by the board and an action plan published. This has been monitored by visiting MHA Commissioners on their visits during the reporting period and considerable progress noted in a number of areas.

Mental Health Act and Code of Practice Issues

Leave – Section 17 and Absence without leave Section 18
MHA Commissioners noted on visits to a number of wards that patients were not provided with a copy of their leave form, or signing these forms to evidence their understanding and acceptance of their leave conditions. Further, that there was no evidence that clinicians were recording the outcome of leave. The Code of Practice states:

“Copies of the [leave] authorisation should be given to the patient…” (paragraph 21.21)
“The outcome of leave, whether or not it went well, particular problems encountered, concerns raised or benefits achieved – should also be recorded in patients’ notes to inform future decision-making. Patients should be encouraged to contribute by giving their own views on their leave’ some hospitals provide leave records specifically for this purpose.” (paragraph 21.22).

In response, the action agreed by the trust included the following:

- That a trust wide communication on this subject would be sent to address these points highlighting the joint responsibility of all staff to ensure complete and concise MHA documentation.
- The Mental Health Act Operational Group would be tasked with developing an audit and checking process for completeness of key Mental Health Act documentation.
- The outcome of the leave would be captured within the contemporaneous notes in the patient file.
- At ward level, ward managers would send letters to qualified staff asking them to ensure that copies of leave forms are given to all patients and to make an entry in the legal notes that this has taken place or that the patient has refused the leave form.

MHA Commissioners will continue to monitor progress in relation to the above in the next reporting period and report back to the trust as necessary.

**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 CQC reported in the previous Annual Statement that Responsible Clinicians (RC) were not fully complying with the Code of Practice in relation to recording capacity and consent to treatment. It was also noted that there was insufficient compliance by some RCs with their requirement to record the conversation they have with a detained patient following the visit of a Second Opinion Appointed Doctor (SOAD). The trust responded to the previous Annual Statement by informing the CQC that action would be taken in response to this issue.

It is, therefore, regrettable that MHA Commissioners continued to observe on a number of visits across the trust’s sites that many of its clinicians continue to fail to meet these requirements. MHA Commissioners’ review of patient files identified that there was non-compliance or insufficient compliance by clinicians with the full recording requirements of the Mental Health Act and Code of Practice in relation to consent to treatment. MHA Commissioners found insufficient records in patient notes of an assessment of capacity or a discussion about consent: at the time of first administration of medication following the patient’s arrival on the ward; at the three months stage (under the T2/T3 procedure) and where there had been a change to the patient’s treatment plan. MHA Commissioners reported that clinicians had failed to make full records in relation to capacity/consent, in particular about the information
that had been provided to the patient about their proposed medication. The Code of Practice states:

“Consent is the voluntary and continuing permission of a patient to be given a particular treatment, based on a sufficient knowledge of the purpose, nature, likely effects and risks of that treatment, including the likelihood of its success and any alternatives to it.” (paragraph 23.31)

“It is the duty of everyone seeking consent to use reasonable care and skill, not only in giving information prior to seeking consent, but also in meeting the continuing obligation to provide the patient with sufficient information about the proposed treatment and alternatives to it.” (paragraph 23.33)

“The information which must be given should be related to the particular patient, the particular treatment and relevant clinical knowledge and practice. In every case, sufficient information must be given to the patient to ensure that they understand in broad terms the nature, likely effects and all significant possible adverse outcomes of that treatment, including the likelihood of its success and any alternatives to it. A record should be kept of the information provided to patients.” (paragraph 23.34)

“Although the Mental Health Act permits some medical treat for mental disorder to be given without consent, the patient’s consent should still be sought before treatment is given, wherever practicable. The patient’s consent or refusal should be recorded in their notes, as should the treating clinician’s assessment of the patient’s capacity to consent.” (paragraph 23.37)

The trust has informed the CQC that the following action will be taken in response:

- An email will be sent out to remind all medical staff of the need to evidence consideration of capacity to consent through notes and via T2 documentation. This will also be raised at the Mental Health Act Operational Group.
- All medical staff (consultant and specialty grade doctors) have been requested to read the trust’s documentation advising that each client’s capacity to agree to take medication is formally assessed and a note made in the medical records.
- All medical staff to sign that they have agreed to the above.
- A record of signatures is to be held with medical secretaries.
- Contemporaneous medical records are held on each ward.

The CQC has asked the trust to ensure, as part of its response, that medical staff are fully aware of the specific requirements of the Code of Practice as set out by the MHA Commissioners, in particular, that a full note is made of the information provided to the patients about their medication when reviewing capacity/consent to treatment.

It is hoped that as this issue was also raised in the previous Annual Statement, it will be afforded priority by the trust and that evidence of change/compliance with the Code of Practice will be seen by MHA Commissioners in the next reporting period.
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

The following matters were raised by the MHA Commissioners on a number of visits:

- Many of the patients interviewed on these visits were not aware of their care plan or its purpose.
- Many of the patients interviewed were unable to confirm that they had provided input into their care plan or had been provided with a copy of their care plan. Some patients informed the MHA Commissioner that they had simply been asked to sign a care plan that had been produced for them.
- Care plans, whilst detailed and holistic (on some wards), did not set out the patients’ views in the text of the care plan.
- Not all care plans had been signed by the patient. Further, the care plan did not record whether or not a copy had been provided to the patient.
- Not all care plans contained adequate entries in relation to discharge planning.
- CPA documentation was in some cases disorderly, making it more difficult to navigate and identify the patient’s current care plan(s).

MHA Commissioners reported that it is an important element of effective CPA and the participation principle in the Code of Practice that: patients are fully involved in the completion of their care plans and its periodic review thereafter; their views are recorded on the care plan itself; they sign the care plans (to evidence their understanding and agreement with it), and are provided with a copy of their care plan(s). Further, discharge planning should be complete and integrated into care planning.

The trust has noted the feedback provided by MHA Commissioners and in response has informed the CQC that:

- All patients are encouraged to be fully involved in care plans. The service user’s care plan under CPA/Single Assessment Process (SAP) is developed (or reviewed if they were already engaged with community services) in partnership with the patient and to good practice principles. It is a collaborative effort involving the patient, inpatient staff and community/discharge liaison staff as part of their discharge planning and further support arrangements.
- The patient’s care plan should be developed/reviewed throughout their inpatient stay, and increasingly, as the trust moves to increased use of electronic documentation, will be retained on the ePEX system with the care co-ordinator being responsible for its development.
- Staff will ensure that the care plan accurately reflects the patient’s views and long term goals, that a copy is provided for them to sign and retain and that they feel as if they ‘own’ it.
- A front sheet is currently being devised in order to record whether or not a copy of the treatment plan has been provided to the patient. It is intended that this sheet will include a list of all current treatment plans and a section that can be signed by the patient and the named nurse confirming that a copy has been received.
• If a patient refuses to sign their care plan or declines a copy, a record will be made of this.
• Discharge planning would in future be incorporated into the care plan.
• All care plans are numbered. The trust was reviewing an index system for care plans as there will be a care plan for each issue and relevant assessment tool if appropriate. All named nurses have been advised to provide an index at the front of each treatment plan folder which will identify each individual treatment plan and the location of the review checklists.

The CQC would recommend that the above action is rolled out across all wards to ensure consistency and a standardised approach across the trust. The trust should also ensure this action incorporates the need to ensure patients remain aware of the nature, purpose and role of their care plan/CPA. Care planning/CPA and patient input/participation are areas that MHA Commissioners will continue to monitor in the next reporting period.

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

MHA Commissioners reported that there was a lack of awareness and/or input in relation to the IMHA service on a number of visits across trust sites. Patients and staff spoken to during these visits were not aware of the role of IMHA or who provided the IMHA Service for the ward in question. MHA Commissioners recommended that the trust take action to promote and raise awareness/input of IMHA on these wards. Chapter 20 of the Code of Practice refers to the purpose, role and importance of IMHA.

Independent mental health advocacy services provide an additional safeguard for patients who are subject to the Act. (Code of Practice, paragraph 20.2)

Certain people have a duty to take whatever steps are practicable to ensure that patients understand that help is available to them from IMHA services and how they can obtain that help. This must include giving the relevant information both orally and in writing. (Code of Practice, paragraph 20.12)

In response to the issue of awareness and input of IMHA, the trust has informed the CQC that:

• Ward staff routinely consider the use of Independent Mental Capacity Advocate (IMCA) and IMHA service in relation service user needs and decisions specific situations. Prompts and information are included in the Department of Health (DH) leaflet, trust’s section 132 form and the trust’s appeal form.
• The trust is in the process of planning further awareness-raising sessions during September/October 2010 for inpatient staff with the Advocacy Alliance service; they will also be able to provide further leaflets and information sheets.
• The IMHA service (at Brooklands Hospital) is provided by an organisation called ‘Independent Advocacy’. The IMHA has been invited to meet with the Service
Manager to discuss ways of inputting into more wards and raising the profile of IMHA with both staff and patients alike.

MHA Commissioners will continue to monitor the awareness, input and uptake of IMHA in the next reporting period.

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*

MHA Commissioners reported to the trust that some of its rights documentation required updating, for example, to make reference to the CQC (as opposed to the Mental Health Act Commission) and reference to a qualifying patient’s right to access an IMHA. In response, the trust informed the CQC it would ensure that all documentation was updated.

Other Patient Issues

Patient Files
MHA Commissioners noted on a number of visits that the files were bulky and disorderly. Some causes of this were that old documentation was kept on files rather than archived; documents were not filed or sequenced in accordance with their subject matter, and, many files lacked front sheets, indexes and dividers.

The trust responded by informing the CQC that action would be taken to ensure files were maintained appropriately and in a more user friendly manner which would make current information easier to readily locate.

Physical Health
MHA Commissioners were concerned to note on visits to Swanswell, 2 Oval, 3-4 Oval and Janet Shaw that a full annual physical healthcare check had not been completed for some patients and there were other patients for whom this annual check was overdue. The CQC informed the trust of the findings of MHA Commissioners in this key area emphasising the critical importance of ensuring full healthcare checks are completed in each 12 month period for each patient.

In response, the trust informed the CQC that a physical health assessment tool is used for the physical examination of patients on admission. The lead consultant had written to his colleagues to remind them with regard to the use of this document. The trust operates a system of undertaking annual health assessments. Nursing staff record vital signs using the MEWS (Modified Early Warning Store) – a track and trigger system to support early signs of changes to physical health. At Brooklands Hospital, two practice nurses undertake part of the health check and medical staff complete the second part of the check. A situation had arisen whereby the practice nurses capacity to undertake their part of the health assessment has exceeded the medical capacity to complete their assessments. All patients on the Brooklands Hospital site who have had part of their health check completed by the practice nurses would have the second part of their check completed by the medics by the end of December 2010. From January 2011, the trust would be implementing a system of undertaking two patient complete joint health assessments each and every
week. This will ensure all patients on the Brooklands Hospital site have a full physical health check annually.

The trust should ensure that it has a standardised system across its sites in relation to physical health care checks for patients and that such assessments are carried out annually. MHA Commissioners will be reviewing the trust’s compliance with this across its sites in the next reporting period.

**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*

MHA Commissioners raised concerns about the location of patient telephones on visits to Swanswell, Larches, 2-3 Sycamore, 2 Oval and 8-9 Sycamore. The location of the telephone on these wards did not afford due privacy to patients when making telephone calls and protection from background noise, as the telephone was located in a communal area. This received adverse comments from some of the patients interviewed by MHA Commissioners. The Code of Practices states:

“Article 8 of the European Convention on Human Rights requires public authorities to respect a person’s right to a private life. This includes people detained under the Act. Privacy and safety are therefore important constituents of the therapeutic environment. Hospital staff should make conscious efforts to respect the privacy of patients whilst maintaining safety. This encompasses the circumstances in which patients may meet or communicate with people of their choosing in private…” (paragraph 16.2)

“Hospitals should make every effort to support the patient in making and maintaining contact with family and friends by telephone and to enable such calls to be made with appropriate privacy… Hospitals should ensure that patients can use them without being overheard. Installing booths or hoods around them may help to provide the necessary level of privacy”. (paragraph 16.3)

The trust has responded positively where this issue has been raised and has informed the CQC ward telephones would be relocated or, where appropriate, a cordless phone would be purchased enabling better privacy for patients when making telephone calls.

**Gender Separation**

The trust currently operates a number of mixed sex wards. This is against the national trend in the NHS and the move towards single gender wards. The operation of mixed sex wards adds an extra responsibility and challenge in ensuring that the privacy and dignity of patients is fully safeguarded, and in doing so, to make appropriate provision for gender separation. The Code of Practice states:

“All sleeping areas (bedrooms and bed bays) must be segregated, and members of one sex should not have to walk through an area occupied by the other sex to reach toilets or bathrooms. Separate male – and female- only toilets and bathrooms must be provided, as should separate day rooms. If in an emergency it is necessary to treat a patient in an environment intended for the opposite sex, senior management
should be informed, steps should be taken to rectify the situation as soon as possible and staff should protect the patient’s privacy against intrusions – particularly in sleeping accommodation, toilets and bathrooms.” (paragraph 16.9)

On MHA Commissioners’ visits to mixed sex wards across the trust’s sites, concerns were raised in relation to the adequacy/appropriateness of the current gender separation arrangements on these wards. In particular, MHA Commissioners were concerned that although separate sleeping corridors are provided for male and female patients, the patient numbers do not permit this, resulting in mixed sleeping corridors as the norm. Further, MHA Commissioners were concerned about the adequacy and suitability of the separate ‘lounge/day’ areas provided for female patients, which on some wards consisted of a small room with chairs. The trust was reminded of the national trend to move away from mixed sex wards and the Government’s commitment to ending mixed sex wards in the NHS and its concerns about such ward in terms of privacy and dignity.

In response to this issue being raised by MHA Commissioners, the trust informed the CQC that a full review was to take place in relation to the points made by MHA Commissioners in relation to this by Operational Services. The results of this review would be discussed at its Mental Health Act Committee and shared with the CQC. At the time of writing the CQC is awaiting the results of this review and will respond accordingly.

Staffing
Concerns were expressed to MHA Commissioners by staff and patients on visits to Stanley Pemberton, Sherbourne, 2-3 Sycamore, 8-9 Sycamore and Janet Shaw about the staffing levels. MHA Commissioners were concerned to hear feedback that it was felt that these wards had been understaffed. Some of the problems reported to MHA Commissioners were:

- Occasionally staff were too busy to attend to patient needs.
- This was impacting on 1:2:1 time and staff-patient interaction.
- Wards were overstretched, particularly when operating high levels of observation.
- The level of staffing was having an impact on the provision of escorted leave and on patient activities.

MHA Commissioners reported these concerns to the trust in the feedback summaries following these visits. The trust informed the CQC of a peer review completed in March 2010, which looked at staffing levels and the skills mix of inpatient services. The peer review identified that staffing levels were comparable to other trusts but the skills mix could be improved. Discussions had taken place about increasing staffing levels and the skills mix across all Adult and Older Adult inpatient services. In the interim, changes had been made to staffing, with some shifts accommodating up to nine members of staff.

In response to this issue being raised by MHA Commissioners on some of the wards visited at Brooklands Hospital, the trust did not agree that the level of staffing is an issue and provided data showing that the number of staff in post was in accordance
with the agreed staffing level for the wards in question. However, it was acknowledged that high levels of escorted leave were a factor in hampering other areas of care such as leave and activities.

The CQC has requested information from the trust as to how/when it determined the agreed staffing levels for the relevant wards. Further, as it is acknowledged high levels of staff escorts is the main factor hampering the effective delivery of other services, details of the action taken or proposed by the trust to ensure extra resources are available to these wards during high levels of escorts. At the time of writing, this further response is awaited. MHA Commissioners will continue to monitor staffing levels in the next reporting period seeking feedback from staff and patients as appropriate.

**Bed Occupancy**

MHA Commissioners made observations in relation to seemingly high bed occupancy levels reported to them on visits to Swanswell, Larches, Beechwood and Hearsall Wards. On these visits, MHA Commissioners noted that the number of patients allocated to the ward was in excess (in some cases considerably so) of the number of beds available on the ward. These findings were reported to the trust.

In response to these observations, the trust informed the CQC that demand and throughput of bed occupancy is continually being monitored in order to ensure efficient use of trust resources. Recent restructuring of trust services have streamlined a number of inpatient facilities and directly linked these to Crisis/Home Treatment services in order to provide a more holistic approach to Crisis interventions and ensure appropriate services are delivered in the least restrictive environment. Although, there is a high demand for inpatient beds in some inpatient wards it is too early to gauge whether this is a natural fluctuation or a symptom of a lack of resources. In relation to outlier patients at the Caludon Centre, these patients were being treated on other wards for clinical reasons. Their home ward maintains an overview of these clients should they be returned but the care is being delivered by the other ward.

The CQC remains concerned about bed occupancy in that the number of patients allocated to some wards exceeds the number of available beds. If patients are accommodated on other wards for clinical reasons, it would seem preferable for them to be formally admitted or transferred to those wards as opposed to outlier status. Further, although a number of patients within the allocated numbers are on leave, high occupancy on the ward creates problems in accommodating these patients on their return to the ward. Consequently, MHA Commissioners will monitor this issue in the next reporting period and the CQC will seek further information from the trust as the trust will, in the next reporting period, be better placed to gauge/assess this area.

**Ward Activities**

MHA Commissioners raised issues in relation to the level and range of ward based activities on several visits during the current reporting period. A high number of patients informed MHA Commissioners that there were insufficient activities provided on the ward in contrast to activities provided off the ward. However, the latter were
not accessible by all patients; in particular those without section 17 leave. It was also noted that not all wards benefited from ward based Activities Co-ordinators and/or Occupational Therapists (OT), which impacted on the resources available for the provision of ward based activities.

In response to the feedback provided by MHA Commissioners, the trust informed the CQC of the following:

- Details of the activities provided on some of the wards visited.
- Ward managers would review the activity programme with the nursing team and activity workers to ensure activities take place as planned.
- Some wards were still trying to improve the star wards initiative.
- The trust is currently working towards evidencing that each patient has available to them opportunities for 25 hours per week structured activity as part of the Commissioning for Quality Innovation (CQUIN) Scheme.
- Each patient has a timetable indicating the structured activities available to them in any given week.
- At Brooklands Hospital, ward based activities currently include two and a half days input from a Day Services Coordinator. Work done in these sessions is patient led. Individual sessions take place as well as group sessions. All of these sessions are structured and supervised. Each patient is individually assessed and the sessions are then tailored to their individual needs. Each of the patients also have at least one education session per week. The evening and weekends are less structured this gives all the patients some free time to choose to listen to their music or watch TV, the patients usually make their family calls in the evening there is a range of board games accessible, the staff will assist the patients to play their computers games and at times play with them if requested.

The CQC is pleased to note the trust’s commitment to providing each patient with 25 hours of structured activities per week and the range of individual and group sessions to be provided. It is hoped that any new initiatives or re-structuring will ensure an appropriate level of ward based activities for those patients who are unable to leave the ward. MHA Commissioners will continue to review and listen to feedback from patients in relation to activities in the next reporting period.

Environment
MHA Commissioners made the following observations in relation to the ward environment on some of the wards visited during the reporting period:

- Reservations about the suitability of the ward layout/environment (following merging of wards) at 2-3 Sycamore, 8-9 Sycamore and 3-4 Oval wards at Brooklands Hospital.
- The state of decor and furnishings on Beechwood, 8-9 Sycamore, 3-4 Oval, Rowans and Hearsall Wards.
- The lack of smoking shelters available for patients across trust sites. This issue was raised in the previous Annual Statement and the trust informed the CQC that it had plans for dedicated smoking shelters.
In response to the above matters, the trust informed the CQC that the trust has an interim plan to locate all male low secure units at Brooklands Hospital into adjacent units on the site. There are further proposals to adapt the buildings so they meet the national low secure standards are due to be published imminently. The trust recognised and accepted the layout of the some of the buildings at Brooklands Hospital is not ideal. In relation to 3-4 Oval, the trust recognised that this ward is in need of a major upgrade and refurbishment. A plan has been developed and costed for this work to be undertaken so the environment is conducive to the patient group it cares for. In the new plans the whole building has been reconfigured providing a main reception area, improved patient facilities and improved staff facilities including better observation from office facilities. This will improve the décor and make the environment more therapeutic. The Brooklands Hospital interim plan which includes this proposal will be discussed at the Board’s finance and planning meeting.

The trust also informed the CQC it had purchased pictures and was discussing what steps could be taken to redecorate and improve the ward environment of those wards subject to comment by MHA Commissioners.

In relation to smoking shelters, the CQC was pleased to note the trust’s response that it had purchased a number of smoking shelters for both inpatient and rehabilitation settings across its sites and the identification and placement of these shelters had been agreed within operational areas. The trust was awaiting completion of the fitting of these smoking shelters.

**Recommendations and Actions Required**

The CQC recommends that Coventry and Warwickshire Partnership NHS Trust continues to take the following action:

- Ensure all patients are provided with a copy of their section 17 leave form and that the outcome of leave is recorded by staff. Further, to ensure staff make an entry in the file that this has been done or that the patient has refused the leave form.
- Ensure its clinicians/staff are aware and fully/consistently comply with the recording requirements of the Mental Health Act and Code of Practice in relation to capacity/consent to treatment (as set out by MHA Commissioners in their feedback summaries and in this Annual Statement). Further, to monitor compliance by its clinicians/staff in this critical area.
- Ensure the action it has stipulated in relation to care planning and CPA (as summarised in this Annual Statement) is standardised and rolled out across all wards to ensure consistency of approach and compliance across the trust.
- Raise awareness and uptake of IMHA across its sites and monitor the same.
- Update its section 132 rights leaflets and documentation, in particular at Brooklands Hospital, to make specific reference to the patient’s rights to consult an IMHA and to the CQC.
- Ensure files are maintained in an orderly manner on all wards, with consistent use of front sheets/dividers/indexes and the removal of old documentation where appropriate.
• Ensure standardised system across its sites in relation to physical health care checks, which will ensure that assessments are carried out annually for all patients.
• Inform the CQC of the results of the full review in relation to its mixed gender wards and the observations made by MHA Commissioners concerning gender separation and privacy and dignity on these wards.
• Consider what additional resources could be made available where wards have a high level of observations and/or escorted leave, to ensure no adverse impact on staffing resources available to provide other services and care to patients.
• Where there is a high demand for inpatient beds in some inpatient wards, to review at the appropriate stage whether this is a natural fluctuation or a symptom of a lack of resources.
• Ensure that the action and initiatives it is taking in relation to patient activities is rolled out across all wards.
• Inform the CQC of the outcome of its discussions, decisions and planning in relation to site re-design at Brooklands Hospital.
• Inform the CQC if it requires any input/clarification or assistance in relation to the above matters.
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.

Commission Visit Information
Coventry and Warwickshire Partnership NHS Trust
from 01/01/2010 to 31/10/2010

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<tbody>
<tr>
<td>17/02/2010</td>
<td>Quinton (Older Adults)</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>16/07/2010</td>
<td>Sherbourne (PICU)</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>17/07/2010</td>
<td>Swanswell Wing (Older Adults)</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>06/08/2010</td>
<td>Beechwood Wing (Adult)</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>07/08/2010</td>
<td>Spencer Ward (Adult (Female))</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>30/10/2010</td>
<td>Hersall (Adult)</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals for Caludon Centre</strong></td>
<td><strong>18</strong></td>
<td><strong>0</strong></td>
<td><strong>24</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Ward</th>
<th>Det. Pats seen</th>
<th>Pats in groups</th>
<th>Records checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/02/2010</td>
<td>Willowvale (Adults)</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>21/07/2010</td>
<td>Larches (Adults)</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>27/07/2010</td>
<td>Hazelwood Ward (Rehab)</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>28/09/2010</td>
<td>Rowans (PICU)</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals for St Michaels Hospital (Warwick)</strong></td>
<td><strong>7</strong></td>
<td><strong>0</strong></td>
<td><strong>15</strong></td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Visits: 16
Total Number of Patients Seen: 59
Total Number of Documents Checked: 58
Total Number of Wards Visited: 16
## Findings from Visits - Environment and Culture:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?</td>
<td>9</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]</td>
<td>10</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Do patients have lockable space which they can control?</td>
<td>5</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?</td>
<td>8</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Is there a ward phone for patients' use?</td>
<td>12</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Is it placed in a location which provides privacy?</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]</td>
<td>8</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc?</td>
<td>10</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

## Findings From Document Checks

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the detention papers available for inspection? Did the detention appear lawful</td>
<td>43</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Was there either an interim or a full AMHP report on file?</td>
<td>40</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>If the NR was identified was s/he consulted, If there was no consultation, were reasons given?</td>
<td>29</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Where appropriate was all psychotropic medication covered by a T2 and/or T3?</td>
<td>24</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Was there evidence a capacity assessment at the time of first administration of medication following detention?</td>
<td>8</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>Was there evidence a discussion about consent at the time of first administration of medication following detention?</td>
<td>4</td>
<td>31</td>
<td>13</td>
</tr>
<tr>
<td>Was there a record of the patient's capacity to consent at 3 months?</td>
<td>10</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?</td>
<td>20</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?</td>
<td>6</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?</td>
<td>38</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Was there evidence of further attempts to explain rights where necessary?</td>
<td>34</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Was there evidence of continuing explanations for longer stay patients?</td>
<td>23</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Is there evidence that the patient was informed of his/her right to an IMHA?</td>
<td>20</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Are the patient's own views recorded on a range of care planning tools?</td>
<td>13</td>
<td>31</td>
<td>4</td>
</tr>
<tr>
<td>Was there evidence that the patient was given a copy of their care plan?</td>
<td>5</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Is there evidence that the patient signed / refused to sign their care plan</td>
<td>20</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?</td>
<td>30</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Is there evidence of an up to date risk assessment and risk management plan?</td>
<td>42</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Is there evidence that discharge planning is included in the care plan?</td>
<td>20</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Were all superseded Section 17 leave forms struck through or removed?</td>
<td>20</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Was there evidence that the patient had been given a copy of the section 17 leave form?</td>
<td>12</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Are the timescales, frequency and conditions for the use of leave unambiguously specified?</td>
<td>30</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>For patients in hospital less than a year, is there evidence of a physical health check on admission?</td>
<td>29</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?</td>
<td>7</td>
<td>7</td>
<td>34</td>
</tr>
</tbody>
</table>
Enter 0 for none, 1 for one consultee, 2 for both consultees and n/a if no T3

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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]?</td>
<td>4</td>
<td>3</td>
<td>7</td>
<td>34</td>
</tr>
</tbody>
</table>
Annex B – CQC Methodology

The CQC visits all places where patients are detained under the Mental Health Act 1983. MHA Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. Since November 2008, MHA 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 MHA 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 CPA 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.