Mental Health Act 1983 monitoring visit

Provider:	Humber NHS Foundation Trust
Nominated Individual:	Jules Williams
Region:	North
Location name:	Millview
Location address:	Castle Hill Hospital, Castle Road, Cottingham, Humberside. HU16 5JQ
Ward(s) visited:	Mill View Lodge
Ward type(s):	Old age psychiatry
Type of visit:	Unannounced
Visit date:	26 January 2016
Visit reference:	35589
Date of issue:	02 March 2016
Date Provider Action Statement to be returned to CQC:	22 March 2016

What is a Mental Health Act monitoring visit?

By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act. We do this by looking across the whole patient pathway experience from admission to discharge – whether patients have their treatment in the community under a supervised treatment order or are detained in hospital.

Mental Health Act Reviewers do this on behalf of CQC, by interviewing detained patients or those who have their rights restricted under the Act and discussing their experience. They also talk to relatives, carers, staff, advocates and managers, and they review records and documents.

This report sets out the findings from a visit to monitor the use of the Mental Health Act at the location named above. It is not a public report, but you may use it as the basis for an action statement, to set out how you will make any improvements needed to ensure compliance with the Act and its Code of Practice. You should involve patients as appropriate in developing and monitoring the actions that you will take and, in particular, you should inform patients of what you are doing to address any findings that we have raised in light of their experience of being detained.

This report – and how you act on any identified areas for improvement – will feed directly into our public reporting on the use of the Act and to our monitoring of your compliance with the Health and Social Care Act 2008. However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.

Our monitoring framework

We looked at the following parts of our monitoring framework for the MHA:

Domain 1 Assessment and application for detention		**Domain 2** Detention in hospital		**Domain 3** Supervised community treatment and discharge from detention	
☐	Purpose, respect, participation and least restriction	☒	Purpose, respect, participation and least restriction	☐	Purpose, respect, participation and least restriction
☐	Patients admitted from the community (civil powers)	☒	Admission to the ward	☐	Discharge from hospital, CTO conditions and info about rights
☐	Patients subject to criminal proceedings	☐	Tribunals and hearings	☐	Consent to treatment
☐	Patients detained when already in hospital	☒	Leave of absence	☐	Review, recall to hospital and discharge
☐	People detained using police powers	☐	Transfers		
		☒	Control and security		
		☒	Consent to treatment		
		☒	General healthcare		

Findings and areas for your action statement

Overall findings

Introduction:

Mill View Lodge is a standalone unit for older men and women with functional mental health problems. The ward had nine beds and there were five detained patients on the day of our visit.

All bedrooms were en suite. There were four female and four male bedrooms on opposite sides of the communal area. The ninth bedroom was on the corridor near the nursing office and could be used for either gender. There were also two separate bathrooms, one with an assisted bath. There was a meeting room with a digital reminiscence therapy (DRT) machine for patients' use in groups and a patients' phone, a large lounge with TV and open garden access and a smaller female lounge. There was a patient kitchen where patients and visitors could make hot drinks and select snacks from the fridge. They could also prepare meals as part of their assessment or care plan.

Patients' meals were served in the communal area adjacent to the bedrooms. The staff office was now in the former activities room.

The walls of the corridor displayed a range of information about the services such as the recovery star model, patients' rights, the advocacy service, photos of staff and safer wards.

Staff worked a three shift system. There were four staff on early and late shifts and two were registered nurses. At night there was one registered nurse and two healthcare assistants. The charge nurse and the band six nurse worked office hours from Monday to Friday. There were additional staff on shift during our visit as three patients required escorts to attend for electro convulsive therapy (ECT) at another trust site.

How we completed this review:

We looked at the files of the five detained patients and met with three of them and one carer in private. We spoke to staff and looked around the ward.

What people told us:

Patients told us that they were happy with their care and found the staff helpful and approachable.
"I am quite content to stay here for now. I would like them to tell me how long I will be here."
"It is good care here. The staff look after you."

“The doctor did take time to explain my treatment to my wife and me. I am not happy but agreed to give it a go.”
“It is cold at night in my room”.

Staff said that they had finally been able to recruit a band 6 occupational therapist (OT) who was due to start work the following week. They had covered the vacancy with input from the OT from Maister Lodge and the use of agency staff. They were looking forward to having a full multi-disciplinary team in place. They had pharmacy, physiotherapy and psychology input into the team. Psychology staff had started two groups for sleep hygiene and coping with emotions.

Staff held daily clinical reviews at 08.30 every day with representatives from the Intensive Home Treatment team who acted as gatekeepers to inpatient services. They worked closely with the community mental health teams (CMHTs) whose staff were usually the care coordinators for patients.

Staff found that the patients often had a number of physical healthcare needs due to their age. These were assessed by the junior medical staff. The Lodge benefitted from its relationship with and location in the grounds of Castle Hill, a large general hospital.

Staff were in discussion within the trust to establish whether the Lodge met the gender separation requirements defined in the Code of Practice. The lodge was already short of space, and staff were concerned that partition walls would make it more difficult to provide a service.

Staff had identified a number of ligature risks within the lodge. They managed risk with the use of high engagement /observation levels and ongoing risk assessments. They said there were plans to remove some ligature risks when finances were available but grab rails and other equipment were necessary for the patient group. Staff told us that, following assessment, patients who had capacity would be given the keypad number to exit the ward but were asked to inform staff if they planned to go out.

Staff showed us that all bedrooms contained a welcome pack of information for patients and carers. Bedrooms had night sensor lights for patient safety if they got up in the night. They used falls sensors for patients who were prone to falls.
Staff found that new line management arrangements worked well as all older peoples’ services including community staff were managed together. Staff found this gave new energy and purpose to the service.

Past actions identified:

We last visited the ward on 14 October 2014 and identified no action points.

Domain areas

Purpose, respect, participation and least restriction:

Patients told us that the staff treated them respectfully and were approachable. They said that staff explained their treatment to them and did take their views into consideration. We found evidence of this in the patients' notes, including when patients were not happy about the proposed treatment. Treatment plans, observation levels and risk assessments were reviewed regularly with patients and their carers.

We observed that staff treated patients with respect and dignity at all times during our visit. They took time to encourage patients to eat and drink when this was an issue. They tried to engage patients in activities such as reading the newspapers and discussing any news. They used volunteers who had been patients to spend time with patients in addition to staff time.

Admission to the ward:

We found detention documents were held in good order on files. We did not find evidence that detained patients were given information about their rights on a regular basis even where the record showed that the patient had not understood previous attempts. However the three patients who met with us in private did have a basic understanding of the possible length of their detention but were less clear about the right to appeal or to meet with an independent mental health advocate (IMHA).

Tribunals and hearings:

The domain area was not reviewed on this visit.

Leave of absence:

We did not find evidence that patients had signed section 17 leave forms or that they or their carers had been given copies of the form. Some carers were escorting their family member on leave and did need to be aware of their responsibilities. Some section 17 leave forms had not been crossed out or marked as discontinued. Practice did vary but there was the potential for errors to occur in permitting leave. We saw a few examples where two forms had overlapping dates but different leave allowances.

Transfers:

The domain area was not reviewed on this visit.

Control and security:
Entry to and exit from the ward was controlled by a keypad. Staff told us that patients who had capacity were given the code to leave the ward but were asked to let staff know that they were leaving. We found that staff completed comprehensive risk assessments and management plans using the Galatean Risk Screening tool (GRIST). These were updated as required when new information or events came to light. The records showed sensitive consideration of engagement/observation levels and their potential impact on patients. Observation levels were reviewed daily.
Consent to treatment:
We found that three patients had commenced ECT due to their lack of sustained response to medication. All three had been visited by a second opinion appointed doctor (SOAD) to authorise treatment on form T6. One T6 had not yet been received from the SOAD, and the patient had started urgent ECT under section 62. We found that the use of ECT and its expected benefits had been fully explained to the patients and their carer, where appropriate.
General healthcare:
Staff told us that the patient group tended to have high levels of physical healthcare needs due to their age. Junior doctors provided ongoing assessments of any issues, and there were good links with the adjacent general hospital.
Other areas:
Staff and management were having ongoing discussions to consider whether the gender separation arrangements on the ward were sufficient to meet the requirements of the Code of Practice. There was concern that any partition to demarcate the separation of the two areas would restrict the use of already overstretched space on the lodge.

Section 120B of the Act allows CQC to require providers to produce a statement of the actions that they will take as a result of a monitoring visit. Your action statement should include the areas set out below, and reach us by the date specified on page 1 of this report.

Domain 2 Admission to the ward	**MHA section: Section 132** **CoP Ref:** Chapter 4

We found:

We did not find evidence that detained patients were given section 132 information about their rights on a regular basis even where the record showed that the patient had not understood previous attempts. However the three patients who met with us in private did have a basic understanding of the possible length of their detention but were less clear about the right to appeal or to meet with an IMHA.

Your action statement should address:

What action you have taken to audit compliance with the code of practice chapter 4.28 which states:-

> Those with responsibility for patient care should ensure that patients are reminded from time to time of their rights and the effects of the Act. It may be necessary to give the same information on a number of different occasions or in different formats and to check regularly that the patient has fully understood it. Information that is given to a patient who is unwell may need to be repeated when their condition has improved. It is helpful to ensure that patients are aware that an IMHA can help them to understand the information…

Domain 2 Leave of absence	**CoP Ref:** Chapter 27

We found:

We did not find evidence that patients had signed section 17 leave forms or that they or their carers had been given copies of the form. Some carers were escorting their family member on leave and did need to be aware of their potential responsibilities.

Some section 17 leave forms had not been crossed out or marked as discontinued. Practice did vary but there was the potential for errors to occur in permitting leave. We saw a few examples where two forms had overlapping dates but different leave allowances.

Your action statement should address:

The Code of Practice at paragraph 27.17 states:- “Responsible clinicians should regularly review any short term leave they authorise on this basis and amend it as necessary “

Paragraph 27.22 states: “Copies of the authorisation should be given to the patient and to any carers, professionals and other people in the community who need to know.”

What action you will take to ensure that the requirements of the Code of Practice are met.

During our visit, patients raised specific issues regarding their care, treatment and human rights. These issues are noted below for your action, and you should address them in your action statement.

Individual issues raised by patients that are not reported above:

Patient reference:	D

Issue:

The patient told us that they were cold at night in their bedroom. They had not liked to complain but said they would be happy for us to raise this with staff, which we did.

Information for the reader

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Audience	Providers
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