

Mental Health Act 1983 monitoring visit

Provider:	Humber NHS Foundation Trust
Nominated Individual:	Hillary Gledhill
Region:	North
Location name:	Newbridges
Location address:	Birkdale Way, New Bridge Road, Hull, Humberside. HU9 2BH
Ward(s) visited:	Newbridges
Type of visit:	Seclusion
Visit date:	14 April 2016
Visit reference:	35990
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Date Provider Action Statement to be returned to CQC:	31 May 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 However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.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:

Seclusion and longer term segregation	
<input checked="" type="checkbox"/>	Purpose, respect, participation and least restriction
<input checked="" type="checkbox"/>	Control and security
<input type="checkbox"/>	Consent to treatment
<input type="checkbox"/>	General healthcare
<input type="checkbox"/>	Patient experience
<input checked="" type="checkbox"/>	Staff practice
<input checked="" type="checkbox"/>	Governance
<input checked="" type="checkbox"/>	Physical environment

Findings and areas for your action statement

Overall findings

Introduction:

Newbridges is a stand-alone unit provided by Humber NHS Foundation Trust in Hull. The ward was an acute assessment/treatment ward containing 18 beds. The ward aimed to provide a safe, therapeutic environment for males suffering from any form of mental illness who needed to be in hospital. On the day of the visit a number of patients were on leave. Additional patients were utilising their beds and the ward had 23 patients in total. One bedroom was out of use following a fire.

This was a focused review to examine the use of seclusion on Newbridges. It was undertaken due to concerns about seclusion during a trust wide inspection.

On the day of the visit there were no patients in seclusion. The charge nurse and deputy charge nurse were on duty supported by a staff team.

How we completed this review:

This was a review to examine the use of seclusion on Newbridges ward which was undertaken by a Mental Health Act Reviewer. We had the opportunity to inspect the vacant seclusion room. We had the opportunity to speak to the charge nurse and deputy charge nurse. We reviewed the current trust policy on seclusion and scrutinised the seclusion documentation for four patients. We also had the opportunity to discuss our findings with the charge nurse. We did not review ward facilities or interview patients, as a full inspection team had visited the ward prior to our visit. We utilised information found during that visit and explored some areas further.

What people told us:

Staff told us that the seclusion room was dated and that this caused some issues when caring for a patient. Patients were often unable to access the shower or toilet area. The hatch was used to pass items to and from the patient. This included food, drinks and bowls or bottles after the patient had used them, as they would a toilet. They then contained urine or faeces.

The seclusion room retained the cold and after a number of issues the heating was now left on. In some cases the room had been reported as cold but this was put down to staff error in using the heating controls rather than an issue with the heating system.

The trust had advised that patients should not be brought downstairs in restraint therefore at those times the patient's bedrooms should be used for seclusion. We

were informed this had not been necessary.

Current building work was required due to a previous fire in a bedroom and changes to the layout of the ward. During this time the seclusion room remained in use and had been used. The seclusion room had been in use on the day the inspection team visited. That was two days prior to this focused review. Contractors had been requested to ensure the corridor to access the seclusion room was kept clear.

Past actions identified:

There were no past actions identified as this was our first review of seclusion on this ward.

Domain areas

Purpose, respect, participation and least restriction:

We reviewed the notes of four patients secluded on Newbridges ward. We found 15 minute observation recording was completed in all cases. There was evidence of food and drink being offered and accepted in all records. We were told we had access to all available records. We found concerns in some areas which are detailed below.

We found in one record the patient had been admitted directly into seclusion following a period of being absent without leave. We noted that within records it reported the patient appeared under the influence of alcohol or drugs. It was unclear that this met the Code of Practice criteria for instigating seclusion which states: "...where it is immediately necessary for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others". (Code of Practice paragraph 26.103)

We found the patient complained of the cold throughout their time in seclusion. The heating was eventually reported and an engineer called. There was no record that an engineer had arrived. There was no record that the temperature in the room had been checked to establish if the room was an adequate temperature. We found this could have occurred as the patient was coming out of the room during this time to use the toilet and garden. Patients being cold was further mentioned in other seclusion records.

One patient reported that the room was unclean during their time in seclusion. In further records we found requests for blankets but no record this was provided.

We were concerned to see in two records that the patient appeared to be engaging well with staff and exhibiting no concerning behaviour yet remained in seclusion. This was despite a lengthy period of settled behaviour. We noted in two cases that settled periods were followed by verbal hostility to staff as seclusion was not ended.

We could not be assured the patient understood what they needed to do in order to get out of seclusion. We were concerned this hostility was the result of frustration and lack of opportunity to engage in meaningful activity.

We found no evidence of exit plans when seclusion was commenced. We found in two records a basic plan for seclusion. This did not detail what the patient needed to do for seclusion to end or what behaviour or settled period was required to end seclusion. There was no recorded evidence that this was discussed with the patient.

While nursing reviews did take place we found that decision making regarding ending seclusion was deferred until medical reviews. This did not meet the principle of least restrictive within the Code of Practice.

In one set of records we found locating chronological information was difficult. We could not be assured the patient had been reviewed by a medic within the first period of seclusion.

We found in one record that staff had reduced reviews as the patient had been in seclusion over 72 hours. Staff indicated this was in line with the long term segregation part of the policy. We were concerned that this was not indicated within the policy.

Control and security:

We heard from staff that restraint was only used where necessary and then as a last resort. We had concern that seclusion was not ended when records appeared to indicate the patient had settled behaviour. Staff spoke to us about individual cases and we concluded that in some records information was not adequate to determine when it would be appropriate to end seclusion.

We found in some cases that patients were allowed access to fresh air and the toilet/ shower facility. We were concerned that despite there being no recorded issues during these times seclusion behind a locked door was restarted. In some cases it continued for a lengthy period following this.

We were told that staff had received appropriate training in the management of actual or potential aggression (MAPA).

Consent to treatment:

This domain was not reviewed on this visit.

General healthcare:

There were arrangements in place to meet the physical healthcare needs of the main ward population. We were concerned that within the records reviewed it did not appear that current good practice guidance was utilised in relation to recording

physical observations of patients. We found that while it was reported that one patient appeared under the influence of alcohol or drugs no physical observations were recorded. We found limited evidence that physical observations were ever recorded.

Seclusion

Patients experiences:

We did not review this at this visit.

Staff practice:

Patients were under constant observation and these observations were recorded at least every 15 minutes as per the trust's seclusion policy. We found patients were offered regular food and drink and this was recorded. We found reference to this being passed through the hatch of the seclusion door. The charge nurse was unable to confirm there was a policy in place and in use regarding this. We were concerned the same hatch was used for urine or faeces in bottles or bowls. We noted that in some records this appeared like an exchange with the patient passing through urine and the staff member passing through a drink or food while the hatch was open.

The procedural safeguards required by the Code of Practice state that seclusion should be reviewed by two independent nurses every two hours and by a doctor at least twice in every 24 hour period following the first multi-disciplinary (MDT) review were not followed. The Code of Practice paragraph 26.139 states that "Further MDT reviews should take place once in every 24-hour period of continuous seclusion". There was no evidence in any records reviewed that this had occurred. Staff were unable to provide this evidence. They accepted that MDT reviews were not taking place.

We found that the only reviews taking place were nursing reviews and reviews with a nurse and member of the medical team. We found nursing reviews did not always involve two registered nurses. In some cases it appeared the review was undertaken by one registered nurse. In other records the second person was recorded as a healthcare assistant (HCA).

The Code requires less frequent monitoring of patients subject to longer term segregation (paragraph 26.156). Staff on the ward reported that patients in seclusion over 72 hours were safeguarded under the segregation part of the "Use of seclusion or long term segregation" policy. This required less frequent reviews. The trust policy did not appear to support this view.

Governance:

We examined the trust seclusion policy version 4.02 which was dated 2011 and had

been reviewed and updated in February 2016. The now superseded policy did not take into account the requirements of the Code of Practice which was issued in April 2015. The trust had not had a longer term segregation policy prior to the updated policy in February 2016. This meant the trust had used a seclusion policy which did not meet the requirement of the Code of Practice for almost one year.

The new policy dated February 2016 appeared to have come into use in late March. Staff reported they had used it on three occasions. This policy took into account the changes made in April 2015 to the Code of Practice. No training had been offered to update staff regarding the changes. During the visit earlier in the week the inspection team found the old policy within the seclusion file in the seclusion suite for a patient who was in seclusion at the time of the visit.

The charge nurse reviewed seclusion documentation. We heard that this review had resulted in some staff being reminded of their responsibilities and monitoring put in place to audit their recording and practice. We were told that seclusion reports would usually be provided to the operations management group for the monitoring of seclusion.

Physical environment and facilities:

The seclusion room was situated off the main ward. On the day of the visit the ward was subject to building work. We found that the area around the seclusion room was the area where active building work was taking place. As we walked to the seclusion room we passed builders, builder's tools and dusty corridors. We saw a drill and other small pieces of equipment on the first part of the corridor. Noise levels at times were high as banging and drilling occurred. We were concerned about this in relation to patient safety and dignity as this was the route a patient would take.

The seclusion suite had adjacent toilet and showering facilities. The patient had to leave the room to access this. We noted that the seclusion room had no blind spots. Temperature and lighting could be controlled from outside the seclusion room. There was no intercom to aid communication. The seclusion room had a small hatch through which medication and food could be passed. The hatch was also opened to facilitate communication. A clock with the time and date was visible to the patient.

There was an intercom for staff to contact other staff in the office. If no one was in the office no one would respond. This was facing away from the seclusion room on the wall of the viewing area. It was not possible to maintain eye contact on the patient while using this. We heard the ward had radios to contact each other but at the time of the visit these were not utilised. All staff had alarms should they require assistance.

On the day of the visit the inside of the seclusion room door had graffiti engraved on it. This included the word "shit". We were unclear when this would be removed. We heard it would involve the door being removed and recoated. We found this would impact on a patient's right to dignity and respect while placed in seclusion looking at this.

Prior to our visit a patient had managed to push through the window of the seclusion room. This had been repaired. We were concerned to find in a seclusion record several weeks prior to this that a different patient had stated the window was loose and could be pushed through. The charge nurse was unaware of this and it appeared this information had neither been passed on nor acted on. This impacted on the safety of patients.

Longer term segregation

Patients experiences:

This was not reviewed at this visit.

Staff practice:

This was not reviewed at this visit.

Governance:

This was not reviewed at this visit.

Physical environment and facilities:

This was not reviewed at this visit.

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.

Seclusion & longer term segregation Purpose, Respect, Participation, Least Restriction	CoP Ref: Chapter 1 & 26
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We found:
Several patients complained about the cold in the seclusion room. A further patient complained the seclusion room was unclean.
We found the inside of the seclusion room door had the word “shit” engraved into it. We were unclear when this would be removed.
We were concerned that patients were not treated with dignity and respect due to the above.
Your action statement should address:
The Code of Practice paragraph 1.13 states: “Patients and carers should be treated with respect and dignity. Practitioners performing functions under the Act should respect the rights and dignity of patients and their carers, while also ensuring their safety and that of others.”
Furthermore the Code of Practice paragraph 26.110 states: Provider policies should include detailed guidance on the use of seclusion and should be consistent with the guiding principles of the Code. (See chapter 1.) The policy should: ... designate a suitable environment that takes account of the patient’s dignity and physical wellbeing...
How the trust will ensure that patients using the seclusion room have a clean, warm and appropriate environment to ensure their dignity and physical wellbeing is maintained.
When the graffiti will be removed from the door.

We found:

Whilst we found that the arrangements for reviewing the patient's seclusion should be agreed by the MDT, we were unable to locate where this was recorded. We were then informed MDT reviews were not occurring. We were unable to find evidence that the reviewing of patient's seclusion met the requirements of seclusion as outlined in the Code of Practice (2015).

We found that nursing reviews were not always completed by two registered nurses. There were delays in recording reviews.

We found decisions to end seclusion were deferred until medical reviews occurred.

We found in some records that the first medical review did not occur within one hour of seclusion commencing.

Your action statement should address:

In relation to seclusion, the Code of Practice paragraph 26.126 states:

A series of review processes should be instigated when a patient is secluded. These include the multi-disciplinary team (MDT), nursing, medical and independent MDT reviews...

Furthermore the Code of Practice paragraph 26.134 states: "Nursing reviews of the secluded patient should take place at least every two hours following the commencement of seclusion. These should be undertaken by two individuals who are registered nurses, and at least one of whom should not have been involved directly in the decision to seclude."

What action the trust will take to ensure that seclusion is reviewed in accordance with the requirements of the Code of Practice.

How the arrangements for the reviewing of seclusion will be recorded within the seclusion documentation.

We found:

In records reviewed there was no care plan to state how the patient would need to present for seclusion to end. There was no evidence that patients understood how they could leave seclusion. In the two records where a seclusion care plan was completed it did not detail what staff could look for in order to end seclusion. There was no evidence that patients had contributed to care plans or decisions about seclusion ending.

We found in two records evidence that patients were engaging well with staff, exhibiting no behaviours that challenged or hostility and were allowed time out of locked seclusion. In these cases it appeared seclusion was continued despite long periods of settled behaviour.

We did not see evidence that post-seclusion debriefs occurred and this was not mentioned by staff when asked.

Your action statement should address:

The Code of Practice 26.148 states:

Wherever possible, the patient should be supported to contribute to the seclusion care plan and steps should be taken to ensure that the patient is aware of what they need to do for the seclusion to come to an end. In view of the potentially traumatising effect of seclusion, care plans should provide details of the support that will be provided when the seclusion comes to an end.

How the trust can ensure that patients are involved in their care and treatment plans. This should include contributing to seclusion care plans and decision making where possible.

How the trust can ensure that an exit plan is available and discussed with patients when seclusion commences and at regular intervals during periods of seclusion.

Can the trust detail how patients are supported post seclusion and how they are ensuring this is monitored to ensure it is occurring at ward level.

We found:

There was extensive building work taking place around the seclusion room area. While walking to the seclusion room we passed builders, small items of builder's equipment and noted high levels of noise.

We were concerned that patients used the same route to seclusion. We were concerned that communication with a patient behind a locked door would be affected by the noise levels around the area. We found there was no intercom to communicate with patients, however there was a hatch which could be opened.

The window had been pushed through prior to our visit. We found in another patient's record that the patient had commented the window was loose and that it could be pushed through. This was in the weeks prior to the incident. The ward manager seemed unaware of this and it appeared no one had checked the window after seclusion ended to ensure it was safe.

Your action statement should address:

The Code of Practice paragraph 1.16 states:

Patients should be offered treatment and care in environments that are safe for them, staff and any visitors and are supportive and therapeutic...

The Code of Practice paragraph 26.109 states:

The following factors should be taken into account in the design of rooms or areas where seclusion is to be carried out:
the room should allow for communication with the patient when the patient is in the room and the door is locked, e.g. via an intercom
there should be no apparent safety hazards...

How the trust can ensure that patients are safe while accessing the seclusion room during the building work.

How the trust can ensure that information is passed to the appropriate staff and acted upon to avoid potential safety hazards.

How the trust can ensure that communication with patients is clear in the situation described above.

Seclusion & longer term segregation

Purpose, Respect, Participation, Least Restriction

MHA section:**CoP Ref:** Chapter 26**We found:**

Seclusion was instigated in one record when the patient returned to the ward following a period being absent without leave. It is recorded the patient appeared to be under the influence of drugs or alcohol.

We were unclear that this met the requirement of seclusion. We found no regular physical observations were recorded during seclusion. We found the patient complained of the cold over several days.

Your action statement should address:

The Code of Practice paragraph 26.103 states:

Seclusion refers to the supervised confinement and isolation of a patient, away from other patients, in an area from which the patient is prevented from leaving, where it is immediately necessary for the purpose of the containment of severe behavioural disturbance which is likely to cause harm to others.

Can the trust confirm how monitoring and audit occurs to ensure that seclusion is utilised appropriately and as a last resort.

Can the trust provide assurances that physical health monitoring is undertaken for those in seclusion or those exhibiting signs of drug or alcohol use.

We found:

The hatch of the seclusion door was used to aid communication and pass items to and from the patient. This included food and drinks as well as patients urine or stools in bottles or bowls.

We requested the policy to ensure this was risk assessed and met infection control requirements during our visit. The staff member was unaware of the policy and guidelines and could not provide it.

Your action statement should address:

The Code of Practice paragraph 26.41 states: "Restrictive interventions should be used in a way that minimises any risk to the patient's health and safety and that causes the minimum interference to their autonomy, privacy and dignity, while being sufficient to protect the patient and other people..."

How the trust is ensuring that the patient's health is not affected by using the same hatch for food and body waste.

What policies are available to staff to ensure health and safety and infection control guidelines are met.

How the trust can ensure all staff are aware of and following this guidance.

During our visit, no patients raised specific issues regarding their care, treatment and human rights.

Information for the reader

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Contact details for the Care Quality Commission

Website: www.cqc.org.uk

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Postal address: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA