Mental Health Act 1983 monitoring visit

Provider:	Humber NHS Foundation Trust
Nominated Individual:	Jules Williams
Region:	North
Location name:	Townend Court
Location address:	298 Cottingham Road, Hull, Humberside. HU6 8QG
Ward(s) visited:	Lilac
Ward type(s):	Learning disability
Type of visit:	Unannounced
Visit date:	24 August 2015
Visit reference:	34644
Date of issue:	04 September 2015
Date Provider Action Statement to be returned to CQC:	24 September 2015

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 However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.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:

Lilac Ward was an assessment and treatment ward for people with learning disabilities at Townend Court in Hull.

On the day of our visit there were six patients on the ward. Two patients were detained under the Mental Health Act 1983 (MHA); one female and one male patient.

There were separate male and female lounges, a dining room, a large lounge and small seating area adjacent to the nursing office. There were a range of activity and meeting rooms and an assessment kitchen to which patients have access. Single sex toilets were provided in the main areas. There were eight en suite bedrooms, one of which was fitted with a profiling bed and bathroom for people who had physical disabilities. The ward had an enclosed garden area with a mix of flower beds and planters to which patients had access and was used as a smoking area.

There was a daily patients' meeting in which patients and staff discussed a range of issues in relation to care and treatment on the ward. This was recorded in "You said, We did" meeting minutes. The minutes were patient orientated and incorporated symbols and short statements to aid understanding.

During the day there were four staff on duty with the deputy unit manager supernumerary. On the day of our visit there were three qualified nurses on duty and one health care assistant. The deputy unit manager was included in those numbers because a member of staff was off sick.

There was a consultant psychiatrist supported by junior medical staff, who provided the medical care. In addition the ward had access to occupational therapy, clinical psychology and physiotherapy services.

How we completed this review:

This was an unannounced visit and we would like to thank staff for their hospitality during the course of our visit.

We spoke with patients and staff informally. Two of the detained patients agreed to speak with us in private.

We looked around the facilities available on the ward and one patient showed us their bedroom.

We saw a range of information posted on noticeboards for patients. In addition, a range of symbols were posted throughout the ward to aid patient recognition.

We reviewed the MHA records and care plans for two patients.

What people told us:

We were told by patients we spoke with that they were well cared for by the staff. Neither of the patients we spoke with liked being in hospital, but both of them knew that staff were in the process of arranging placements for them in the community. One patient was particularly keen to keep telling us the date when he would be moving to his new home.

We saw that patients appeared to be comfortable talking to the staff, who made themselves available at all times, particularly when patients seemed restless and unsettled. We observed staff taking time to reassure patients and to discuss their worries with them. We also noted that staff took note of the patient's preferences about which staff supported them.

The deputy unit manager told us that the ward layout made it possible to work in a constructive way with the patient group compared to the previous facilities they had worked in. There was sufficient space for everyone and staff could manage the care of disturbed patients more easily because they had more rooms available to use to ensure the dignity of patients.

We were told that the multi-disciplinary team worked well together and that working relationships with community teams were very good. They had a range of training and problem sharing forums which helped with their work. We were told that there was a part-time activities co-ordinator three days per week, but staff organised activities with patients both on a one to one basis and in groups throughout the rest of the week. We were told that there were plans to have activities co-ordinator input throughout the week.

We were told that staff worked very closely with patients to develop their care plans and each patient had their own records they could keep in their rooms. We were shown a range of documentation which indicated how patients were involved in their care. It was also emphasised to us how much work went on to fully involve families in the care process.

We were very impressed with the depth of knowledge the staff demonstrated they had about their patients and how they anticipated their emotional and psychological needs.

Past actions identified:

The last inspection took place on 15 January 2014 and no concerns were raised on that visit.

Domain areas

Purpose, respect, participation and least restriction:

We were able to read the notes of the "You said, We did" meetings held every morning on the ward. The patients in the main appeared to have no significant recurring issues.

We saw notices posted on the ward about independent mental health advocacy (IMHA).

We saw evidence that staff were providing an explanation of rights under section 132 MHA and this was repeated on a regular basis.

We reviewed the patient files and were satisfied that staff were fully involving patients in the planning of their care. There were daily entries in the records for each patient. These noted the patient's daily activities and behaviour, mental state and any additional comments relevant to the patient's care and treatment.

We saw evidence in the patient files of comprehensive, individualised care plans, which related to the patients mental and physical health, behaviours, risk management, activities and legal status.

Admission to the ward:

We were able to inspect the MHA documentation for two patients who were detained under section 3 of the MHA.

All the patients appeared to be lawfully detained.

We found, in the case of one patient detained under section 3, that the approved mental health professional (AMHP) had made attempts but been unable to establish contact with the nearest relative when the application for detention was being made. We could not find any information in the patient's record indicating if a nearest relative had been identified.

Tribunals and hearings:

This domain area was not reviewed on this visit.

Leave of absence:

The responsible clinician (RC) authorised section 17 leave and outlined clearly leave conditions. It appeared that patients had signed their leave authorisation and were given a copy of it.

We saw documentation indicating that staff risk assessed the patient before leave was taken and we were shown records of the outcomes of leave.

Transfers:

This domain area was not reviewed on this visit.

Control and security:

We noted that the doors were controlled by keypads. The number to exit the communal area was clearly displayed. Staff on Lilac unit told us that patients were given the number for the keypad to keep in their rooms if they were informal patients. The decision about displaying the number on the door was reviewed daily according to patient needs.

Consent to treatment:

We reviewed compliance with section 58 MHA requirements. We saw records indicating that there were discussions with patients about their medication and whether or not they consented to the treatment.

Certificates authorising treatment were in place in accordance with legislative requirements

We did not see any records of assessments of capacity to consent to treatment for either of the two patients detained on the ward.

General healthcare:

The general healthcare needs of patients were reviewed for all patients who access either their own general practitioner (GP) or a GP practice nearby that has agreed to offer this service. We found no issues in this domain

Other areas:

There were no other issues to report on.

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 Purpose, Respect, Participation, Least Restriction	**MHA section: 58** **CoP Ref: Chapter 13**

We found:

Assessments of capacity to consent to treatment were not completed for two detained patients in accordance with code of practice (CoP) guidance.

Your action statement should address:

How the trust will ensure that assessments of capacity are undertaken in accordance with 13.21 of the CoP which states:

> As capacity relates to specific matters and can change over time, capacity should be reassessed as appropriate over time and in respect of specific treatment decisions. Decision-makers should note that the MCA test of capacity should be used whenever assessing a patient's capacity to consent for the purposes of the Act (including, for instance, under section 58 of the Act).

Domain 2 Admission to the ward	MHA section: 26 CoP Ref: Chapter 5

We found:

One patient detained under section 3 did not appear to have had a nearest relative identified within the meaning of the Act.

Your action statement should address:

How the trust will ensure in collaboration with the local authority that a nearest relative is identified or appointed in accordance with 5.6 of the CoP which states:

> Where an approved mental health professional (AMHP) discovers, when assessing a patient for possible detention or guardianship under the Act (or at any other time), that the patient appears to have no nearest relative, the AMHP should advise the patient of their right to apply to the county court for the appointment of a person to act as their nearest relative. If the patient lacks capacity to decide to apply themselves, the AMHP should apply to the county court.

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

Information for the reader

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Audience	Providers
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