Mental Health Act 1983 monitoring visit

Provider:	Humber NHS Foundation Trust
Nominated individual:	Hilary Gledhill
Region:	North
Location name:	St. Andrew's Place, 271 St Georges Road, Hull, Humberside HU3 3SW
Ward(s) visited:	St. Andrew's Place
Ward types(s):	Rehabilitation ward for adults of working age
Type of visit:	Unannounced
Visit date:	25 May 2016
Visit reference:	36107
Date of issue:	30 June 2016
Date Provider Action Statement to be returned to CQC:	20 July 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 admissions 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 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 However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.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	☒	Protecting patients' rights and autonomy	☐	Purpose, respect, participation and least restriction
☐	Patients admitted from the community (civil powers)	☒	Assessment, transport and admission to hospital	☐	Discharge from hospital, CTO conditions and info about rights
☐	Patients subject to criminal proceedings	☐	Additional considerations for specific patients	☐	Consent to treatment
☐	Patients detained when already in hospital	☒	Care, support and treatment in hospital	☐	Review, recall to hospital and discharge
☐	Police detained using police powers	☒	Leaving hospital		
		☒	Professional responsibilities		

Findings and areas for your action statement

Overall findings

Introduction:

St. Andrew's Place is a 13 bedded recovery and rehabilitation unit for people with mental health problems. This included a self contained flat for one person that was used to help people prepare for independent living before moving on. The unit admitted people for recovery and rehabilitation purposes, usually after a period of assessment and treatment in another unit. It was situated close to shops and community facilities.

There were 13 patients on the day of our visit. There were two female and one male detained patients. Gender separation was achieved by the use of separate corridors and flexible use of the one assisted bedroom on the ground floor. There was a separate female lounge. Bathroom and toilet facilities were shared by each gender as bedrooms were not en suite.

There were two registered nurses and two healthcare workers on duty. In addition the charge nurse worked office hours. There was an ocuupational therapy (OT) assistant. There were vacancies for an OT and clinical psychologist, although limited cover was offered by staff based elsewhere. The responsible clinician (RC) visited the unit regularly and was supported by other medical staff who also covered a second rehabilitation unit.

How we completed this review:

We talked with three patients in private. Two were detained and the third was an informal patient. We reviewed the files of the three detained patients. We talked with a range of staff and looked around the unit. We read an extensive range of information on display in the corridors.

What people told us:

Patients told us that they had made real progress since their admission.
"The staff are all brilliant." They said they felt safe in the unit as it was more settled than the admission units. The detained patients said that they understood their rights. They told us that the RC and the nursing staff explained what their medication was for. They said staff listened to their views about treatment and supported them to make progress. They found there was not always enough to do but said staff tried very hard to offer a range of activities. "They took us out on Sunday when the weather was good. We go swimming every week. We go to an allotment group too." They said staff used discussion groups about current affairs and used a variety of games.

The patients told us they were all involved in meal planning. Patients took turns to

shop for and prepare lunch. One patient told us they had shopped for and prepared lunch on the day of our visit. We saw one patient chairing the daily morning planning meeting. They enjoyed the “fakeaway“evenings when they prepared and ate freshly prepared food such as Indian or Chinese meals. Patients said the food was always good and praised the chef for his cooking and preparing buffets for special themed nights.

Staff told us that they worked in a very supportive, highly motivated team and were committed to working with this patient group. They used community resources as much as possible to prepare patients for moving on to community living and independence. They found patients’ progress very satisfying.

Staff said they offered an outreach service following discharge for a short period. They used a questionnaire recently to find out what patients thought about the service. Patients told them that support from the inpatient staff team who knew them had made a difference as they settled into their new routine. Staff said they were going to review the service to find out how best to meet patients’ needs.

Staff told us they had not received any training on the Mental Health Act or the changes to the revised Code of Practice (CoP). The charge nurse used his previous experience in a busy admissions unit to ensure that the team met their responsibilities towards detained patients.

Staff said some patients continued to use their own GP but other patients from further afield registered with a local practice.

Staff said they made sure that patients registered to vote during their stay. One voting card arrived during our visit. They could not find a trust policy on this. They said that they discussed the forthcoming referendum at daily meetings when reviewing the papers.

Past actions identified:

We visited on 5 November 2014 and raised a number of issues:

Section 17 leave forms had an expiry date. Despite this, it was difficult at times to find the current leave form in the patient’s files as none were crossed out and they were not always filed in date order.

Documents relating to the current period of detention were not always held on the current file. Although they were found on archived files, the authority to detain a patient should be available for scrutiny at all times.

The shower on one male corridor was not in use. Staff thought that there had been a leak but were surprised to see a notice on the door asking people not to use the shower.

On this visit the issues above were resolved.

On our last visit the information leaflet seen on the files of the two detained patients did not make reference to the role of the independent mental health advocate (IMHA) service. One patient said they were not aware that they could see an IMHA.

On this visit the trust's information leaflet did not refer to the role of the IMHA, although the detained patients were aware of the service.

On our last visit patients did not have access to the internet on the unit. On this visit we were told that patients could use their mobile phones but that the server in use would block a lot of sites, restricting access. Patients could use the internet at local libraries or internet cafes. Staff did not know whether the trust had plans to change this.

Domain areas

Protecting patients' rights and autonomy:

The detained patients who spoke with us demonstrated a full understanding of their rights as required under section 132. Both expressed concerns about the choice of their nearest relative. One had started the process to replace them, but both were not able to specify whether they meant their next of kin or nearest relative.
We found evidence on the three files that staff gave patients information about their rights on a regular basis.

A checklist prompted staff to give leaflets about the IMHA service but the trust's information for detained patients made no reference to the IMHA. However information about the IMHA service was clearly displayed on the unit's corridors alongside a very comprehensive range of information such as rights, how to complain, facilities, activities, community resources, performance data, action taken in response to patients' comments and much more. The unit admission booklet also contained information about the IMHA.

We found staff took care to check with patients that they were happy for their relatives to be involved in care planning. They also assessed and reviewed patients' capacity to make such decisions.

Patients were able to keep their mobile phones. They did not have direct access to the internet on the unit but could use their mobile data as well as visiting internet cafes and libraries.

The door to access the building was locked but patients could leave the unit without staff intervention. All patients were asked to talk to staff and detained patients were informed that they could only leave with authorised section 17 leave in place. We observed patients were happy to let staff know their plans.

Staff ensured that bedroom corridors and the assisted bedroom were used flexibly to ensure that men and women were on separate corridors.

Assessment, transport and admission to hospital:

We found all documentation relating to detention was kept on the patient's file. The approved mental health professional's (AMHP) report was in the file for each episode of detention, providing useful information about the patient's background and the circumstances of the admission.

The patient's capacity was assessed on admission and for specific decisions.

Additional considerations for specific patients:

We did not review this area.

Care, support and treatment in hospital:
Staff used the recovery star to develop and review patients' care plans. We heard from patients that staff listened to their views about their care. We found evidence on patients' files that their views were taken into consideration whenever possible. Staff told us they gave copies of the most recent recovery care plan to patients. One patient told us they had not seen their latest care plan. We asked staff to check this out. We saw evidence that care plans were regularly reviewed by the multidisciplinary team. We found the RC documented patients' capacity and their discussion with the patient on completion of Forms T2. Some discontinued T2s remained on files without being crossed out, leaving room for errors to be made. We did not find any evidence of restrictive practice. Staff told us that they had not used control and restraint techniques. They said they did not have or need a seclusion room. If a patient was so unsettled they would not be suitable to stay on the unit and would be transferred to an acute unit. Patients told us there was not always enough to do and they felt bored at times. They said staff tried to offer activities as often as possible but had other demands on their time. Staff encouraged them to make suggestions about activities in the daily meetings and staff would try to accommodate these. We saw that patients could book themselves an appointment to meet the RC on a board in the corridor.
Leaving hospital:
Section 17 leave forms displayed a commencement and end date. The conditions of leave were clearly specified by the RC and signed by the patient. We found section 17 leave forms were marked as discontinued in almost all cases. Recent section 17 leave forms for one patient displayed an incorrect section. We drew this to the attention of staff for correction. Staff assisted patients with any issues such as accommodation needs, bill payment, benefit checks that could impact on discharge. Patients told us about their discharge plans, for example, being placed on a community treatment order (CTO) and its implications for them.
Professional responsibilities:
Staff told us they had not received any training on the Mental Health Act or the changes to the revised CoP. They had received training on the Mental Capacity Act and were confident about their skills in identifying safeguarding issues. The charge nurse undertook a defensible documentation audit on a monthly basis to ensure that files were in good order and staff were meeting their responsibilities towards detained and informal patients.

Other areas:
We did not review any other areas.

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 **Care, support and treatment in hospital**	**MHA section:** 58 **CoP Ref: Chapter 25**
We found:	
Some discontinued T2s remained on files without being crossed out, leaving room for errors to be made.	
Your action statement should address:	
What action you will take to ensure discontinued T2s or T3s are marked as such.	

Domain 2 **Leaving hospital**	**MHA section:** 17 **CoP Ref: Chapter 27**
We found:	
Recent section 17 leave forms for one patient displayed an incorrect section. We drew this to the attention of staff for correction.	
Your action statement should address:	
What steps you have taken to ensure that section 17 leave forms display correct information and thus are valid for use as required by the CoP which states: 27. 17 “Responsible clinicians should regularly review any short term leave they authorise on this basis and amend it as necessary”.	

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	A
Issue: changing their nearest relative	
The patient would like their son rather than their daughter (who is the eldest) to be their nearest relative or next of kin. They struggled to understand the difference between these two roles. We asked staff to discuss this further with the patient.	

Patient reference	C
Issue:	
The patient told us that they were recently separated from their spouse and would like to appoint a new nearest relative. They thought this was already resolved but this was not clear when we read the file. We asked staff to discuss this with the patient.	

Patient reference	C
Issue:	
The patient said they had not received a copy of their current care plan. We asked staff to check this out.	

Information for the reader

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Audience	Providers
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