Mental Health Act 1983 monitoring visit

Provider:	Humber NHS Foundation Trust
Nominated Individual:	Jules Williams
Region:	North
Location name:	Willerby Hill
Location address:	Beverley Road, Willerby, Hull, Humberside. HU10 6ED
Ward(s) visited:	Greentrees Lodge and South West Lodge (low secure)
Ward type(s):	Medium secure
Type of visit:	Unannounced
Visit date:	8 December 2015
Visit reference:	35131
Date of issue:	22 December 2015
Date Provider Action Statement to be returned to CQC:	14 January 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 However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.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:

Greentrees Lodge is a long stay medium secure unit for male patients. It had 16 beds and there were 13 patients on the day of our visit.
South West Lodge is a low secure unit for four male patients. There were two patients with two admissions planned for the near future from the Humber Centre, the main site for forensic services. The unit had no staff on duty but staff from Greentrees visited at fixed times as well as being available at other times by phone or visits by patients to Greentrees. Patients who came to South West Lodge spent time in Greentrees initially to build relationships with staff.
All bedrooms were en suite. There was also an assisted bathroom and additional toilets. There was open access to the garden area where patients could smoke at set times.
There were three healthcare assistants and one registered nurse on shift. A nurse and a healthcare assistant had rung in sick. The deputy charge nurse undertook some nursing duties as a result of these circumstances. The charge nurse was also available on site.
There was a seclusion suite that had not been used since our last visit.

How we completed this review:

We looked around the facilities including the activities rooms off a separate locked corridor. We looked in a number of patient bedrooms and en suites. We visited South West Lodge but no patients were present at the time.
We spoke to a number of patients informally and met with one patient in private. We looked at four patient files and talked to staff.

What people told us:

Patients told us that they were happy with their care and were aware of their rights as detained patients.
“I have been to the cafe today with staff for a Christmas lunch. It was really nice.”
“The staff here look after you really well”.

Staff said that there had been significant changes to the management structure for forensic services. They said they were uncertain about future plans for the service but meetings were planned shortly with senior managers to talk about the future. They had not been able to advertise current vacancies. There were vacancies for one registered nurse and two healthcare assistants. They had to use bank staff to cover shifts. The activities coordinator had retired and was not replaced which had had a major impact on patients’ activity opportunities. Staff thought that activities had reduced by 60 per cent. Staff told us that shortages did necessitate

rescheduling of section 17 leave at times but that they would always try to prioritise leave.
Staff said that reviews were under way of staffing establishments across the whole of the forensic service. They said that allied health professional services were also being reviewed.
Staff told us that the last female patient had recently moved to a low secure placement and that both lodges were now for male patients only.
Staff said that each patient had a monthly multi-disciplinary (MDT) review. Staff could access training, some of which was provided on the unit. All staff had regular supervision and annual appraisals, some of which were still for completion this year. The clinical psychologist offered fortnightly peer group supervision sessions that staff found very helpful.
Staff told us that potential ligature risks were identified on a ligature risk audit and were removed where possible when finance was available. Staff managed the existing risks by reviewing risk assessments and observation levels.

Past actions identified:

On our last visit in November 2014 we found that out of date section 17 leave forms had not been crossed out, making it harder to find the current leave form amongst out of date ones. This remained an outstanding issue on this visit.

We found evidence that some patients from out of the local geographical area but within the forensic regional services had difficulty at times in accessing the full range of GP services. This remained an outstanding issue on this visit.

Domain areas

Purpose, respect, participation and least restriction:

We observed that staff treated patients with dignity and respect at all times during our visit. Patients told us that they were well cared for and understood their rights as detained patients. There were fewer activities for patients due to the loss of the activities coordinator's post although staff tried to promote as many activities as possible.
Patients at South West Lodge had more section 17 leave and made full use of this and community facilities.

Admission to the ward:

On the files that we reviewed we saw that patients were given information about their rights on a regular basis. However we did not find a record that the patient understood their rights or confirmation that they had been informed of the role of the independent mental health advocate (IMHA). There was nowhere on the rights form in use to put this information. We did not find a record in daily notes about the content of the section 132 discussion with the patient.

One patient had been detained on section 3 when his detention on section 37/41 was terminated by the Ministry of Justice due to his fitness to plead. The timeline of events was not clear in the notes and staff could not explain what had happened. However the RC was able to clarify the situation. There was neither an outline nor a full approved mental health professional (AMHP) report on the file.

Tribunals and hearings:

We saw evidence that patients accessed tribunals and managers' hearings. Staff went through their reports with patients prior to all meetings and encouraged patients to have input from the IMHA and a solicitor.

Leave of absence:

Staff told us that they tried to prioritise section 17 leave but had to cancel planned leave at times when there were staffing shortages or Greentrees was unsettled. They completed incident reports when they could not facilitate section 17 leave. Staff were frustrated that they had to cover the main reception at times or escort estates staff who came to undertake maintenance work. They thought there were a range of tasks that took away time that they wanted to spend on direct patient contact.
Section 17 leave forms were not crossed out or removed from the patient file when they were no longer valid. This could lead to mistakes being made and was raised on our visit over a year ago.

Transfers:

We found that patients who were ready to move to low secure unstaffed accommodation in South West Lodge would move to Greentrees to get to know the staff for a short period. This seemed to work well in the interests of patients and staff.

Control and security:

Both lodges were locked due to being medium or low secure accommodation. Patients could access Greentrees Lodge garden during daylight hours.
Patients in South West Lodge had electronic passes to enable them to leave and return to the lodge on section 17 leave without staff involvement. They could meet with families and friends in the community and shop to prepare their own meals but had staff support on hand when needed.

Consent to treatment:

We found that the RC recorded capacity assessments for patients prior to decisions about medication. We saw documented records between the RC and the patient of

discussion about any medication changes.
We found that T2s and T3s that were no longer valid had not always been scored out or removed from patients' files. This could lead to mistakes being made. The T3 was not held with the medication card on one file that we reviewed.

General healthcare:

Patients from out of the local geographical area but within the forensic regional services had difficulty at times in accessing the full range of GP services. Although a GP and a practice nurse held regular clinics in the lodge, patients were not registered with their practice. If a patient required routine surgery or other services, they could be registered temporarily with the GP practice in Hull that provided a service to the homeless population. Staff told us that discussions to try to resolve this issue were ongoing with the clinical commissioning group (CCG). This was a longstanding issue that was not conducive to meeting patients' physical healthcare needs with consistency. We were not aware of any reason why patients who had been resident in the Humber area for many years by virtue of their detention should be disadvantaged in this way.

Other areas:

We found that some of the en suite showers were not kept in good condition. The shower traps in some were rusting and one had insects on it. The flooring in some en suites was marked and in poor condition. This did not show appropriate respect to patients whose lives are lived in hospital.
One patient told us that his fan was not working in his en suite. Another patient said that the water did not drain away quickly from his shower.

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	**CoP Ref:** Chapter 1

We found:

There had been a significant reduction in the availability of activities due to staffing constraints and the loss of the activities coordinator post.

Your action statement should address:

What action you will take to ensure that there are sufficient varied activities, including evenings and weekends in line with the Purpose and Effectiveness principle of the Code of Practice, paragraph 1.16 states:-

> … Commissioners, providers and professionals should consider the broad range of interventions and services needed to promote recovery not only in hospital but after a patient leaves hospital, including maintaining relationships, housing, opportunities for meaningful daytime activity and employment opportunities.

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

We found:

Out of date section 17 leave forms remained on patients files and were not scored out. This could lead to mistakes being made about leave.

Your action statement should address:

What action the trust will take to ensure that the current leave form can be readily identified by crossing out or using an out of date stamp on old forms.
The Code of Practice paragraph 27.17 states: - “Responsible clinicians should regularly review any short term leave they authorise on this basis and amend it as necessary”.

Domain 2 Consent to treatment	**CoP Ref:** Chapter 25

We found:

On some files old T2s or T3s had not been removed or scored through to show they were no longer in use. One patient's medication card did not have the T3 attached to it.

Your action statement should address:

How you can assure us that nursing staff administering medication have legal authority to do so and what action you will take to ensure compliance with the Code of Practice paragraph 25.86 which states:-
Hospital managers should make sure that arrangements are in place so that certificates which no longer authorise treatment (or particular treatments) are clearly marked as such, as are all copies of those certificates kept with the patient's notes and medication chart.

Domain 2 Patients detained when already in hospital	**CoP Ref:** Chapter 14

We found:

One patient had been detained on section 3 when his detention on section 37/41 was terminated by the Ministry of Justice due to his fitness to plead. The timeline of events was not clear in the notes and staff could not explain what had happened. However the RC was able to clarify the situation. There was neither an outline nor a full approved mental health professional (AMHP) report on the file.

Your action statement should address:

What action you have taken to ensure that the AMHP report is available on the file in accordance with the Code of Practice, paragraphs 14.93, 14.94 and 14.95 state:- "The AMHP should provide an outline report at the time the patient is first admitted or detained, giving reasons for the application and any practical matters about the patient's circumstances that the hospital should know.

> Where it is not realistic for the AMHP to accompany the patient to the hospital it is acceptable for them to provide the information outlined above by telephone, fax or other electronic means compatible with transferring confidential information. If providing the information by telephone the AMHP should ensure that a written report is sent to the admitting hospital as soon as possible.

"An outline report does not take the place of the full report which AMHPs are expected to complete for their employer."

Domain 2 Purpose, Respect, Participation, Least Restriction	**CoP Ref:** Chapter 4 and chapter 6

We found:

No record that the patient understood their rights when given information under section 132. There was no record that they had been informed of the role of the independent mental health advocate (IMHA). There was nowhere on the rights form in use to put this information and no record in daily notes about the content of the section 132 discussion with the patient.

Your action statement should address:

What action you will take to ensure that practice is in line with the requirements of chapter 4 of the Code of Practice at 4.9 where it states: “The Act requires hospital managers to take steps to ensure that patients who are detained in hospital under the Act understand important information about how the Act applies to them. This must be done as soon as practicable after the start of the patient’s detention.”

And at paragraph 6.15 “Certain people (the hospital managers) have a duty to take whatever steps are practicable to ensure that patients understand that help is available to them from the IMHA services and how they can obtain that help…This must include giving the relevant information both orally and in writing.”

Domain 2 General healthcare	**CoP Ref:** Chapter 24

We found:

Patients from out of the local geographical area but within the forensic regional services had difficulty at times in accessing the full range of GP services. Although a GP and a practice nurse held regular clinics in the lodge, patients were not registered with their practice. If a patient required routine surgery or other services, they could be registered temporarily with the GP practice in Hull that provided a service to the homeless population. Staff told us that discussions to try to resolve this issue were ongoing with the clinical commissioning group (CCG). This was a longstanding issue that was not conducive to meeting patients' physical healthcare needs with consistency. We were not aware of any reason why patients who had been resident in the Humber area for many years by virtue of their detention should be disadvantaged in this way.

Your action statement should address:

What action the trust, service commissioners and the clinical commissioning group (CCG) will take to ensure that all patients are registered with local GPs and have access to the full range of GP services. The Code of Practice paragraph 24.57 states:- "Commissioners and providers should ensure that patients with a mental disorder receive physical healthcare that is equivalent to that received by people without a mental disorder..."

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

Information for the reader

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