Care Quality Commission

Mental Health Act Annual Statement December 2010

Alternative Futures Group (North West)

Executive Summary

This statement reflects the findings of visiting Mental Health Act (MHA) Commissioners in the period between October 2009 and September 2010. Where appropriate this statement includes consideration of the responses given by the provider to those visits. During the reporting period the Care Quality Commission (CQC) has visited six independent hospitals, interviewing 17 patients in private, meeting with eight patients in a group and scrutinising 16 sets of records.

In general the MHA Commissioner found that the directors, managers and staff were a pleasure to deal with. All the independent hospitals visited were built and maintained to a high standard with grounds that gave pleasure to patients. Most were in community settings with easy access to local facilities to assist rehabilitation processes. The independent hospitals visited are:

Oak Lodge
Fir Trees
Meadow Park
Weaver Lodge
Mill Brook
Lea Court

Main findings

Alternative Futures provides in-patient care both for adults detained under the Mental Health Act and for non-detained patients with mental health needs. The emphasis of care is rehabilitation towards a community placement.

The following points highlight those Mental Health Act issues raised by Commissioners on visits and is drawn from the data presented in annex A. The detailed evidence to support them has already been shared with the provider through the feedback summaries and is not repeated here. For further discussion about the findings of this Annual Statement please contact the author via the Care Quality Commission's Mental Health Operations Office located at The Belgrave Centre, Nottingham.

Relationships with the provider in the reporting period

The previous Annual Statement was received positively by the board and an action plan published and acted upon. This has been monitored by visiting Mental Health Act Commissioners on their visits during the reporting period.

Considerable progress of each unit continues to be supported by the board. Hospital managers and staff without exception have welcomed positively the Commissioners visits. Responses reflect the high standards of care and effective leadership. There are currently no feedback summaries awaiting a response. Meetings with board members have always been courteous and supportive.

Mental Health Act and Code of Practice Issues

Section 58 – Statutory Consultees
There was some improvement, but three instances of none compliance were noted where the statutory consultees had not recorded the discussion between themselves and the Second Opinion Appointed Doctor (SOAD) regarding the patients' treatment plan (two instances at Mill Brook and one at Weaver Lodge).

Consent to Treatment
Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcomes 2C and 9E

There were three instances noted (two at Mill Brook and one at Weaver Lodge) where the Responsible Clinician (RC) had not recorded assessment of the patient's capacity to consent and discussion surrounding treatment.

Section 117 / Care Programme Approach (CPA)
Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 4A and 4R

There was good evidence in all hospitals that CPA was timely, thorough and all the multidisciplinary team were involved. Care co-ordinators were keen to have good contacts with each patient, ensuring needs are identified and supported.

Section 132 – Information to Patients
Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1A

The Commissioner evidenced in all hospitals that patients had written and verbal information regarding rights, which were regularly reviewed

Legal Documentation
Documentation was easy to access and in date order. However, some notes were on loose sheets and could pose a risk of infringement of privacy. The Care Quality Commission has been informed that this situation has now been rectified in all hospitals.

Mental Capacity Act, Deprivation of Liberty Safeguards
Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 7L

Deprivation of Liberty assessments have been carried out for all patients and care planned accordingly for patients not detained under the MHA.

Equality and Human Rights

There appeared to be a good awareness of and practice in maintaining patients' rights. Advocacy services are available in all hospitals.

Collaborative Approaches

Head office and hospital managers show a keen willingness to work with the Commissioner. Monthly meetings are held between all hospital managers to support and encourage cross fusion of practice.

There is evidence of excellent co-operation with local education facilities. Care plans show each patient has an activity program that in part is community activated.

Training and Development

The commitment by the organisation to psychosocial interventions (PSI) training and practice of the psycho-social model has been completed for all staff. Supervision and support to enable staff to support patients in this way is key to its further development and was clearly valued. Alternative Futures have keenly invested in this area.

Provision of activities

Much was available, both on an individual and group basis, although during visits three patients in Mill Brook complained of boredom.

Participation

Concerns in this area may contribute to an understanding of the CQC's evaluation of the Provider's compliance with the Essential Standards of Safety and Quality Regulatory Outcome 1

Care plans showed good patient involvement. Emphasis on community activities is evidenced in almost all care plans.

Environment

Alternative Futures show a commitment to the upkeep and maintenance of their independent hospitals and garden décor is bright and cheerful. Cleaning of areas is completed to a high standard. Dining areas are bright and welcoming and catering staff show a desire to produce healthy and well presented food that also caters for patients' likes and dislikes.

Healthy lifestyles

In each hospital a staff member is designated to encourage patients in this area.

Physical Health

All patients now have attachment to a GP practice.

Staff Morale

Staff were well motivated, knowledgeable and warm. They were open in discussion and keen to improve care and practice.

Recommendations and Actions Required

1. Section 58: Alternative Futures, as a matter of urgency should institute effective governance arrangements to ensure a continued improvement with compliance with section 58. The Care Quality Commission expect to see regular audit and review by practitioners' appraisal. This concern has been raised previously. The recent appointment of a common Responsible Clinician may assist in ensuring effectiveness and audit.

2. The role of the statutory consultee: Managers must ensure that the role and responsibilities of the statutory consultee is both understood and carried out. Training should be completed for anyone undertaking this role and practice audited during supervision. This concern has been raised previously.

3. Patient Activity: Alternative Futures should continue to offer and improve patient activity. This should be care planned and monitored. The improvements noted this year should be continued and audited during supervision sessions.

Annex A

The quantitative data will only apply to visits completed from 1 April 2010 which is the time that the new data started to be captured uniformly.

Date	Ward	Patients seen	Patients seen in groups	Records checked
Fir Trees				
13/07/2010	Rehab Unit	3	0	3
Totals for Fir Trees		**3**	**0**	**3**
Lea Court				
23/06/2010	Lea Court	4	0	2
Totals for Lea Court		**4**	**0**	**2**
Meadow Park Independent Hospital				
25/06/2010	Rehab Unit	2	0	3
Totals for Meadow Park Independent Hospital		**2**	**0**	**3**
Mill Brook				
06/07/2010	Rehab Unit	2	0	2
Totals for Mill Brook		**2**	**0**	**2**
Oak Lodge				
28/06/2010	Rehab Unit	3	8	3
Totals for Oak Lodge		**3**	**8**	**3**
Weaver Lodge				
29/06/2010	Rehab Unit	3	0	3
Totals for Weaver Lodge		**3**	**0**	**3**

Total Number of Visits:	6
Total Number of Patients Seen:	25
Total Number of Documents Checked:	16
Total Number of Wards Visited:	6

Findings from Visits – Environment and Culture:	YES	NO	N\A
If the door is locked is there evidence that informal patients are informed of their right to leave the ward and given the means to do so?	4	1	1
Are you satisfied that there is evidence that informal patients are free to leave the ward in line with legal requirements?	2	4	0
Do patients have the ability to lock their rooms securely and the means to do so? [answer no if in dormitories]	6	0	0
Do patients have lockable space which they can control?	6	0	0
Are arrangements to cover viewing panels in bedroom doors adequate to protect patient privacy?	3	3	0
Are curtains or other window coverings in patient bedrooms adequate to protect privacy from people outside the ward?	6	0	0
Does the ward provide single gender sleeping areas, toilets, bathrooms and lounges?	5	1	0
Is there a ward phone for patients' use?	4	2	0
Is it placed in a location which provides privacy?	3	3	0
Are there any circumstances under which patients may have their mobile phones? [answer N/A if HSH]	6	0	0
Do patients have an opportunity to participate in influencing the ward they are on via such mechanisms as community meetings, patients' councils etc?	3	0	3

Findings From Document Checks		YES	NO	N\A
Were the detention papers available for inspection? Did the detention appear lawful		14	0	2
Was there either an interim or a full AMHP report on file?		14	0	2
If the NR was identified was s/he consulted, If there was no consultation, were reasons given?		12	1	3
Where appropriate was all psychotropic medication covered by a T2 and/or T3?		13	0	3
Was there evidence a capacity assessment at the time of first administration of medication following detention?		11	2	1
Was there evidence a discussion about consent at the time of first administration of medication following detention?		12	2	2
Was there a record of the patient's capacity to consent at 3 months?		11	5	0
Was there a record of a meaningful discussion about consent between the AC and the patient at 3 months?		12	2	2
Was there evidence that the RC had advised the patient of the outcome of the SOAD visit or an explanation why not?		1	6	9
Was there evidence of discussions about rights on first detention and an assessment of the patient's level of understanding?		16	0	0
Was there evidence of further attempts to explain rights where necessary?		12	0	4
Was there evidence of continuing explanations for longer stay patients?		12	0	4
Is there evidence that the patient was informed of his/her right to an IMHA?		13	2	1
Are the patient's own views recorded on a range of care planning tools?		15	0	1
Was there evidence that the patient was given a copy of their care plan?		13	4	1
Is there evidence that the patient signed / refused to sign their care plan		14	1	1
Was there evidence of care plans being individualised, holistic, regularly reviewed and evaluated?		16	0	0
Is there evidence of an up to date risk assessment and risk management plan?		15	0	1
Is there evidence that discharge planning is included in the care plan?		11	4	1
Were all superseded Section 17 leave forms struck through or removed?		10	6	0
Was there evidence that the patient had been given a copy of the section 17 leave form?		14	1	1
Are the timescales, frequency and conditions for the use of leave unambiguously specified?		16	0	0
For patients in hospital less than a year, is there evidence of a physical health check on admission?		14	1	1
For patients in hospital over than a year, is there evidence of a physical health check within the last 12 months?		11	1	4
	0	**1**	**2**	**N\A**
If the patient's medication was authorised on a T3, was there a record of the discussion between the SOAD and the statutory consultees [enter 0 for none, 1 for one consultee, 2 for both consultees, and n/a if no T3]?	3	0	4	9

Annex B – CQC Methodology

The Care Quality Commission visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. Since November 2008, Commissioners have also been meeting with patients who are subject to Community Treatment Orders. As part of the routine visit programme information is recorded relating to:

- Basic factual details for each ward visited, including function, bed occupancy, staffing, and the age range, ethnicity and gender of detained patients.
- Ward environment and culture, including physical environment, rights to leave, patient privacy and dignity, gender separation, choice/access to services/therapies, communication facilities, physical health checks, food, and staff/patient ratios, smoking facilities, staff patient engagement, diversity and cultural sensitivity, cleanliness and upkeep of the ward, fresh air and exercise, physical safety and environmental risks.
- Issues raised by patients and patient views of the service provided, from both private conversations with detained patients and any other patient contacts made during the course of the visit.
- Legal and other statutory matters, including assessing the providers compliance with the Mental Health Act 1983 and the Code of Practice including scrutinising the supporting documentation, records, policies and systems. The Commissioner reviews the basis and evidence of detention, including compliance with Sections 132, 132a (information to the detained patient about their rights), Section 58 and 58A (consent to treatment), the provision of the Independent Mental Health Advocacy (IMHA) service, the use of the Mental Capacity Act Deprivation of Liberty safeguards, Section 17 and 17A (leave and Community Treatment Orders) and reviews the evidence of the patient's participation in their treatment by reference to the Care Programme Approach documentation. The patient's access to physical care and treatment is also assessed.

At the end of each visit a "feedback summary" is issued to the provider identifying any areas requiring attention. The summary may also include observations about service developments and / or good practice. Areas requiring attention are listed and the provider is asked to respond stating what action has been taken. The response is assessed and followed up if further information is required. The information is used by the CQC to inform the process of registration and ongoing compliance with the outcomes and essential standards of safety and quality in accordance with the Health and Social Care Act 2008.