

## Mental Health Act 1983 monitoring visit

<b>Provider:</b>	Humber NHS Foundation Trust
<b>Nominated Individual:</b>	Hilary Gledhill
<b>Region:</b>	North
<b>Location name:</b>	Willerby Hill
<b>Location address:</b>	Beverley Rd, Willerby, Hull, Humberside. HU10 6ED
<b>Ward(s) visited:</b>	Ouse, Derwent, Ullswater, Darley, Swale and Greentrees
<b>Type of visit:</b>	Seclusion
<b>Visit date:</b>	13 April 2016
<b>Visit reference:</b>	35991
<b>Date of issue:</b>	10 May 2016
<b>Date Provider Action Statement to be returned to CQC:</b>	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 However, even though we do not publish this report, it would not be exempt under the Freedom of Information Act 2000 and may be made available upon request.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

<b>Overall findings</b>
<b>Introduction:</b>
<p>The Humber Centre provides medium and low secure services with 80 beds across seven wards. Derwent ward is a 10 bed mental health admissions and assessment medium secure ward. Ouse ward is a 14 bed mental health treatment and rehabilitation medium secure ward. Greentrees is a 16 bed mental health medium secure ward. Swale ward is a 15 bed personality disorder unit providing medium secure accommodation for patients with a primary diagnosis of personality disorder that is functionally linked to their offending and risk behaviours. Ullswater ward is a 12 bed ward providing medium secure accommodation for patients diagnosed with a learning disability. Darley House is a nine bed low secure ward and South West Lodge provides low secure accommodation for four patients.</p> <p>There were seclusion rooms in five areas. The seclusion room at Greentrees had not been used for over five years but had not been decommissioned by the trust. The seclusion room at Ullswater ward had been used for the past two years to nurse one patient. Other seclusion rooms were situated on Darley house, Swale ward and Derwent ward.</p> <p>This was a focused review to examine the use of seclusion on the six wards making up secure services with the Humber trust. It was undertaken due to concerns about seclusion during a trust wide inspection.</p> <p>On the day of the visit there were no patients in seclusion. One patient on Ullswater ward was nursed in the seclusion suite using the segregation policy.</p>
<b>How we completed this review:</b>
<p>This was a review to examine the use of seclusion at the Humber Centre which was undertaken by three Mental Health Act Reviewers. We had the opportunity to inspect the vacant seclusion rooms on all wards. We had the opportunity to speak to staff on the different wards. We reviewed the current trust policy on seclusion and scrutinised the seclusion documentation for 13 patients. We did not review ward facilities as a full inspection team had visited the ward prior to our visit. We offered to speak to patients during the review. No patients who had been secluded were willing to speak to us on the day.</p>
<b>What people told us:</b>
<p>Staff told us there had been a change in practice since the seclusion review on Ullswater ward in December 2015. Ullswater ward staff were pleased with the progress of the patient there.</p>

Staff on Greentrees told us the seclusion room had not been used for over five years. They felt it was unlikely to be required for the patient group.

On Derwent ward we heard that seclusion was rarely used. Staff recognised that the facility was dated in comparison to other areas. We heard that the seclusion room on Swale had been updated six months ago.

#### **Past actions identified:**

There were no past actions identified as this was our first review of seclusion across this site. However a seclusion review had taken place on Ullswater ward in December 2015. The trust provided an update in relation to the specific patient to the Care Quality Commission (CQC). The patient was no longer subject to seclusion.

### **Domain areas**

#### **Purpose, respect, participation and least restriction:**

We reviewed the notes of 13 patients secluded at the Humber Centre. 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 given access to all available records. We found concerns in some areas which are detailed below.

There was one reported use of long-term segregation on Ullswater ward. The patient had remained in seclusion for almost two years prior to a full review by the trust following our visit in December 2015.

We found no evidence of exit plans when seclusion was commenced. We found in more recent 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 frequently deferred until medical reviews. This did not meet the principle of least restrictive within the Code of Practice.

We found patients were often settled for long periods and seclusion was not terminated. We were unclear why this was. On reviewing notes with staff they were unable to explain this. They accepted the notes appeared to indicate the need for seclusion had ended.

In a number of records we found locating chronological information was difficult. In some cases seclusion records appeared incomplete. We found patients had not been reviewed by a medic within the first period of seclusion. In a number of records

we found medical reviews took place between two and six hours after the patient was secluded. We found in records that some patients had not had the safeguards of the up to date seclusion policy. It was difficult to review current practice as there were a limited number of recent records to review using the new policy.

### **Control and security:**

We found in most records there was a clear rationale linked to initiating seclusion. However on some occasions it appeared that seclusion was used to pre-empt behaviour rather than deal with current presentation.

We found in one record seclusion was commenced when a patient returned from a period of being absent without leave. It was ended when the doctor arrived after one hour 30 minutes. It was used to assess the patient's mental state. It was unclear how this met the requirement of seclusion. The Code of Practice states seclusion should be commenced: "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).

In a further record we found a patient was taken to seclusion to discuss leave with them. This was because staff anticipated a negative response.

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

### **Consent to treatment:**

We found in one record on Swale ward that section 62 (MHA) had been used to administer medication while the patient was in seclusion.

### **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 recorded that intramuscular medication was administered during seclusion 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 as no patients were willing to speak to us.

**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. We were concerned the same hatch was used for urine in bottles or bowls. We found evidence that the hatch area and en-suite toilet were unclean in the seclusion suite on Derwent ward. It had not been cleaned prior to the end of our visit. We were later informed the room was out of use waiting for a deep clean.

We found that the only reviews taking place were nursing reviews and reviews with a nurse and member of the medical team. It was unclear when multi-disciplinary reviews (MDT) occurred. In one record we found evidence that the patient was settled for two days but seclusion continued. In these records we found reference to "awaiting MDT". In one record where seclusion lasted five days we found evidence of only one MDT review.

In one record we found a detailed entry of seclusion but it was unclear when it had ended. We heard there were some difficulties accessing incident reports to support this entry. This was linked to the computer system.

In more recent seclusion records we found seclusion care plans. It was difficult to establish if the patient had any involvement in these or whether the patient was aware of this. We found it was unclear what needed to happen for staff to end seclusion. There were no exit plans in any records reviewed.

Throughout we found it difficult to follow records and establish reviews were occurring as appropriate. In some records initials of staff were used rather than signatures.

**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.

The new policy dated February 2016 appeared to have come into use in late March. Staff reported they had used it on a limited number of occasions. No training had been offered to update staff regarding the changes.

**Physical environment and facilities:**

Derwent and Ouse ward shared one seclusion suite. On the day of the visit we found the shower and toilet facility were reached from the ante-room and patients

had to leave the seclusion room. The seclusion room had a blind at the window which could not be opened. There were no blind spots although we found that when standing the viewing panel to the room was set at a low height. The room had normal and dimmed lighting. We found the door handle appeared loose.

The seclusion room door contained a small hatch which was used to aid communication and pass items to and from the patient. This included bottles of urine and food. On the day of the visit we found something on the hatch which was described by the staff member as sticky. The top of the toilet did not appear clean to us. The room was not cleaned during our visit. We later confirmed that a deep clean had been requested and the room was out of use. The room also contained two large plastic boxes filled with items which the staff had recently used. These boxes could pose a risk to staff and patients should someone be taken into seclusion in restraint.

Darley ward had a seclusion room which included an en suite area with shower and toilet. The door to the en-suite could be locked open or closed. The room had a view to a private courtyard with an electric blind controlled from the viewing area. There was no intercom to aid communication. Within the ante-room the sink had a fault and water was dripping on to the floor. We heard this had been reported.

The seclusion room had its own private courtyard which had pictures over the wire mesh fence making it more pleasant. We found the outside area had moss, leaves and rubbish throughout.

Swale ward had a refurbished seclusion area. We found no blind spots; the room had natural daylight, a window blind, visible clock and a hatch. The toilet and shower were accessed from within the room and fitted with anti-ligature fittings. The room appeared to meet requirements of a seclusion facility.

The seclusion room on Ullswater ward met the requirements of a seclusion facility.

The seclusion room on Greentrees had not been used for five years and due to this it was no longer fit for purpose. The seclusion room needed cleaning, it appeared dusty and the floor was not clean. There was no blind in place and paint on the door was splitting. The bathroom was not clean. There was no hatch in place to pass food and drink to a patient. The toilet facility for the seclusion room was outside of the door. The door to the seclusion room was stiff. We found one blind spot. The room was not decommissioned therefore could be used by the trust.

## 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.

<p><b>Seclusion &amp; longer term segregation</b> Purpose, Respect, Participation, Least Restriction</p>	<p><b>CoP Ref: Chapter 26</b></p>
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<p><b>We found:</b></p>
<p>A patient returning from being absent without leave was immediately placed in seclusion. Seclusion was initiated in order to monitor mental health and await a medical review in one record reviewed. This does not fit with the Code of Practice least restrictive guiding principle.</p> <p>In some records we found the patient was settled for long periods and seclusion continued. It was difficult to understand or establish the rationale for this.</p>
<p><b>Your action statement should address:</b></p>
<p>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”.</p> <p>Can the trust confirm how monitoring and audit occurs to ensure that seclusion is utilised appropriately and as a last resort.</p> <p>Can the trust confirm how seclusion is monitored to ensure it ends at the earliest opportunity.</p>

**We found:**

Whilst we found that nursing reviews did occur, medical reviews were frequently delayed. We were informed MDT reviews were not always occurring. In one record where seclusion lasted five days we could only locate one MDT review. 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).

**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..."

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 exit plan in relation to how seclusion could end. There was no evidence that patients understood how they could exit seclusion. In the records where a seclusion care plan was completed it did not detail what staff could look for in order to end seclusion.

**Your action statement should address:**

The Code of practice paragraph 26.147 states:

A seclusion care plan should set out how the individual care needs of the patient will be met whilst the patient is in seclusion and record the steps that should be taken in order to bring the need for seclusion to an end as quickly as possible. As a minimum the seclusion care plan should include:

- a statement of clinical needs (including any physical or mental health problems), risks and treatment objectives
- a plan as to how needs are to be met, how de-escalation attempts will continue and how risks will be managed
- details of bedding and clothing to be provided
- details as to how the patient's dietary needs are to be provided for, and
- details of any family or carer contact/communication which will be maintained during the period of seclusion in accordance with paragraph 26.16.

What action will be taken to ensure that a seclusion plan is in place for all secluded patients, that it is accessible and that all staff involved in the care of secluded patients are aware of the content.

**We found:**

Greentrees seclusion room had not been used for about five years. It no longer appeared fit for purpose.

Derwent wards seclusion room had a loose handle and was unclean when reviewed. The blind at the window could not be opened. The patient needed to leave the seclusion room to use the toilet or en suite facility. Boxes in the ante-room could pose a hazard to patients.

**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, eg via an intercom...  
there should be no apparent safety hazards

What action will be taken to ensure that patients are nursed in a therapeutic environment that supports recovery.

**Seclusion & longer term segregation**  
General healthcare

**CoP Ref: Chapter 1  
& 26**

**We found:**

We found no regular physical observations were recorded during seclusion. We found intramuscular medication was given during one episode of seclusion.

**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.”

The Code of Practice paragraph 1.17 states: “Physical healthcare needs should be assessed and addressed including promotion of healthy living and steps taken to reduce any potential side effects associated with treatments.”

How the trust will ensure that patient’s physical health is monitored during seclusion.

How the trust will ensure that following medication patients are monitored following good practice guidelines.

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

## Information for the reader

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<b>Author</b>	Care Quality Commission
<b>Audience</b>	Providers
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