

**Visit Feedback Summary**

Visit Ref	Provider/Trust	Location/Ward
20102	Herefordshire PCT	Jenny Lind, Stonebow Unit
<b>Name of Commissioner:</b>		<b>Date of Visit:</b> 23 <sup>rd</sup> January 2010
<p><b>The Mental Health Act Commissioner would wish to bring the following items to your attention and where necessary agree follow-up action. This represents the findings of the Commission and will be used to inform the next MHA Annual Statement for your services. Although not a public document, this visit summary may, on occasions be shared with colleagues within the Care Quality Commission and is disclosable through a Freedom of Information Inquiry. Should further dissemination be necessary, any patient identifiable material will be removed.</b></p>		
<b>Introductory comments and matters of good practice</b>		
<p>The ward has been completely refurbished and had only been open a week prior to the Commission visit. The environment was of an exceptionally high quality with all bedrooms sole occupancy and three further having ensuite facilities. The case file of the one detained patient on the ward was reviewed, the Commissioner met with the patient and his wife and spoke with nursing staff. The patient expressed himself as happy with his care and treatment and his wife said that she felt included in care planning. She was also pleased that staff provided her with a lunch when she visited so that she and her husband could eat together. The staff team is a relatively new one formed to work together on the ward and few have much experience of working with older adults. The ward manager said that they were being provided with a programme of training concerning mental health problems amongst older adults as well as training in nursing people with significant physical healthcare problems. The ward manager also said that he was involved in a rolling programme of training on the Mental Capacity Act 2005. The ward benefits from the input of a physiotherapist and an Occupational Therapist. The plan is that the O/T will support skills development amongst nursing staff in developing recreational and therapeutic activities with older adults. The Stonebow unit has had no Unit Manager for some time and the ward were looking forward to the new Unit Manager taking up his post by mid-February.</p>		
<b>Good practice</b>		
<p>'Rights' presentation was excellent in that it was regularly undertaken and the recording made clear the extent of the patient's understanding and whether or not he had been provided with a rights information leaflet. The Commission also noted that the leaflet includes information about the Independent Mental Health Advocacy Service. There was evidence of discussion about consent alongside a detailed assessment of capacity at the beginning of the patient's detention. The statutory consultees involved due to the treatment plan of ECT for a patient lacking mental capacity had provided extremely detailed accounts of their rationale for agreeing with the treatment plan. The patient was prone to falling and the ward had involved a physiotherapist to review his care, a falls diary had been developed as well as a falls risk assessment and risk management plan.</p>		
Responses to all issues raised should be sent to the CQC by the following date unless stated otherwise in the final column of the report:	1 <sup>st</sup> March 2010	
Person who received the patient identifier coding sheet		
<b>Name and contact details of person accountable for this response [Recipient organisation to complete]</b>	Mark Hemming, Directorate Manager, Mental Health Services <a href="mailto:mark.hemming@herefordpct.nhs.uk">mark.hemming@herefordpct.nhs.uk</a> 01432 361669	

Issue No.	Category	Details	Response	Target Date
1.	Code of Practice: Informal patients	The Commission recommends that the PCT ensure that information is provided to informal in-patients and relatives concerning their status and freedom of movement. The Code of Practice paragraph 2.45 refers: <i>Although the Act does not impose any duties to give information to informal patients, these patients should be made aware of their legal position and rights. Local policies and arrangements about movement around the hospital and its grounds must be clearly explained to the patients concerned. Failure to do so could lead to a patient mistakenly believing that they are not allowed freedom of movement, which could result in an unlawful deprivation of their liberty.</i> The Commission would be grateful for a copy of the Trust's policies concerning the provision of information to informal patients.	<p>Voluntary Patients' Leave Form available which identifies the difference between voluntary (informal) patients and detained patients and explains our responsibility for the freedom of movement in and around the unit.</p> <p>Staff to be made aware of the voluntary leave form &amp; audit its use.</p> <p>Information Pack is being developed.</p> <p>Operational Manager will lead the implementation of the Patient Information Pack.</p>	<p>30.04.10</p> <p>30.06.10</p> <p>30.09.10</p>
2.	Care Programme Approach	The Commissioner was informed that care co-ordinators rarely attend ward reviews and suggests that this is not an effective means of promoting continuity of care between hospital and community. She recommends that the PCT reiterate the importance to community-based care co-ordinators of regular attendance at ward reviews. The Commissioner looked at the CPA documentation and noted that there is no means to record whether or not patient have been given copies of their care plan. She suggests that consideration be given to amending the form to make this clear.	<p>Attendance of care co-ordinators to be audited over three months to identify issues.</p> <p>Operational Manager for Acute Services to audit attendances and develop action plan to ensure regular attendance of care co-ordinators at ward reviews.</p> <p>Care plans to be amended to include a box to indicate that a copy of the plan has been offered to the patient.</p>	<p>30.06.10</p> <p>31.07.10</p> <p>30.06.10</p>
3.	Staff supervision	There is no formal system of supervision for nursing staff and the Commission asks that the PCT consider developing regular supervision for all nursing staff	Staff supervision is a priority for the service. The Operational Manager for Acute Services to look at this issue and develop a business case/action plan to develop this within the service	30.09.10

