Mental Health Commission Unannounced visit to Manannan Court 10/Nov/2017

An Unannounced visit to Manannan Court took place on 10 November 2017.

All members of the Commission were present:

Dr. Richard Crellin

Dr. Pablo Vandenabeele

Ian Buxton

Helen Kneale

Francis Masserick

Frank Pattison

Colin Ring

Overview

In some ways this report describes a move forward in the development of the Unit. There are inevitably areas where we make recommendations and express our disappointment that some items that would appear to be capable of easy rectification have not moved forward. On the other hand the staff morale issues do appear to have been addressed with a strongly expressed view that staff are listened to more openly. Patient care at least as noted in RIO seems positive and we received no significant complaint from patients this visit. Some of our recommendations are almost at the level of good housekeeping and will probably alleviate relatively minor irritations for both staff and patients. Others notably in the area of Patient Advocacy and Occupational Therapy are recognised to be more significant and it is understood will take longer to address.

This visit marks we feel the end of the looking back to Grianagh Court and the beginning of looking forward to a different way of working. Most of the foundations are now in place. This report includes comments from Mental Health Service [MHS] staff, who were given the opportunity to consider the report and give their feedback upon the findings. Their comments are recorded in bold type below. We are pleased to note that MHS staff are in general responsive to our comments and willing to take action to ameliorate issues raised, as will be seen below, although some issues remain outstanding, as outlined at the end of this report.

Optional Protocol to the Convention against Torture (OPCAT)

The Isle of Man Mental Health Commission (MHC) acts to discharge in part the functions of the "National Preventive Mechanism" as set out in Part IV Articles 19-23 of the Convention in regard to those persons detained under the Mental Health Act.

The MHC does this by:

Paying unannounced visits to places where persons detained are held.

Examining warrants of detention to ensure persons are detained only in accordance with the law.

Ensuring that detained persons are provided with the opportunity to challenge in law their detention.

Ensuring that any use of restraint by staff and any use of seclusion or other restraint is the minimum required and deployed only as a last resort.

Checking that medication prescribed for detained persons is in accordance with nationally approved guidance and is used as treatment and not for any other purpose.

Ensuring that the conditions in which detained persons are held are decent clean and well maintained.

1. Context

Since the last full visit in April there had been two visits each by two (lay) members of the Commission, one in early August and one in October. The visit in August raised significant concerns for the Commission that staff morale was at a very low point and that this would inevitably impact on patient care. Following this first interim visit the Chair of the Commission met with the Head of Mental Health Services. The concerns identified in that August visit were broadly accepted and chimed in with concerns that had been voiced internally within the organisation. A number of priority work streams had been identified to address some key staff concerns and a meeting to "clear the air" had taken place. Some managerial changes were to be programmed.

The members who visited in October found the atmosphere to be a great deal more positive and were assured by staff and patients that overall matters were being taken in the right direction. This full unannounced visit, in addition to the usual checks and concerns aimed to seek to confirm that improvements were established and not likely to fall back again and also to check on progress made in the areas shown as "amber" in the response to the last report.

2. Occupancy

On the adult ward at the time of the visit there were 3 patients detained under s.2, 7 detained under s.3 and 6 informal patients. One of the patients was on leave at the time of the visit. It was noted that three of the patients were under 18 years of age.

3. Seclusion, incidents, use of restraint, admissions under s.132

Records of the use of seclusion, recorded incidents including the use of restraint and the use of S.132 were examined.

Seclusion had been used once since the last full visit. One female patient had been placed in seclusion for a period of 11 hours 30 minutes. The seclusion suite had been used on a number of occasions to allow patients to calm themselves but these occasions did not involve the use of the secure room itself. The seclusion suite was visited and appeared a safe and well-designed facility.

Use of the capacity to admit patients brought in under s.132 had been reduced for a period because of the need to nurse one patient on his own in the suite because he was considered to be too vulnerable to survive on the ward with other patients. Nonetheless s.132 had been used on frequent occasions (table of use attached at Annexe A). It is worth noting that in the majority of occasions patients were quickly returned to the Community.

Incident reports were examined and appeared to have been conscientiously filled in. It was worthy of note that there had been a significant number of incidents of staff assault arising in the Older Adults unit (Glen Ward) as well as the need to apply restraint to prevent assaults on staff or patients or self-harming. **The MHS have informed us that, following these incidents, which involved a period during which a number of unsettled patients were present at the unit, an action plan has been prepared, including a greater focus on medication management, which has helped to mitigate against such incidents taking place during the last 6-8 weeks.**

4. Staffing issues

Core staffing levels had been set at 7 staff for each of the three shifts (am pm and overnight). These levels were mostly being achieved and it was acknowledged that the raised level had led to greater staff involvement and availability to interact with patients. Nonetheless one patient interviewed had been unable to see their named nurse in the first three days of their arrival.

Staff availability was inevitably reduced by the need to nurse three patients who needed to be kept within arm's length observation and one patient who was subject to intermittent 15 minute observations. Inevitably a conjunction of such events would place a strain on any target staffing profile. One suggestion had been made that a lower staffing figure with a reserve capacity to apply an algorithm to step up with additional staff to meet spikes in requirement might be worth considering although issues of roster predictability for staff would need to be addressed. **MHS have commented that the discussion around therapeutic observation and the impact that this has on staffing levels is ongoing and that overall staffing levels seem improved.**

5. Patient Advocacy

There had been a twelve month contract to provide an independent advocacy service although this had now lapsed and at the time of the visit there was no such service in place. This is clearly a matter of concern not least because there has recently been a significant increase in the number of patients subject to the Mental Health Act in Glen Ward. Where there are capacity concerns it becomes even more critical to have in place an advocacy service. The Commission appreciates that the Service will wish to have opportunity to reflect on the first experience of having an advocacy experiment undertaken but hopes that a successor project can soon be in place. **We discussed this with MHS staff, who would like to see this issue progressed as a matter of priority.**

6. Review of medications and use of RIO

When reviewing the Section papers and RIO Notes the Commission was struck by the very high proportion of patients who were detained. It seems that at least as far as the patients on Glen Ward (older adults) the policy is now to detain patients who are non-capacitous but not positively resisting admission. Such patients had previously been considered to be consenting by virtue of not actively resisting admission. This change is in the spirit of the Act and foreshadows arrangements that are expected to be in the forthcoming Mental Capacity legislation. There is an implication for the costs of supporting such patients on S115 aftercare.

In general RIO notes are positive; entries are relevant and do not contain pejorative or judgemental comments.

Ward Round entries on the Adult Acute side generally show evidence of clear decisions being made about updating risk assessments and patients' mental states as well as reference to the patient's mental capacity at the time of the ward round. All of this is good practice. The notes for the Older Adults do not always contain a similar record. The notes would benefit from the recording of clearer indications as to when important decisions were made and who was involved with them. They may be found somewhere in the notes but a "Best Interests " meeting note would help with an indication of who is representing the patients best interests other than the professional team. Reference has been made to the absence of an Advocacy Service elsewhere in this report. Note was made of two instances of inconsistencies in section papers that have been drawn to staff attention. **MHS have commented that the records for Older Adults have now been amended to reflect consideration of capacity and consent at ward round in the same manner as that undertaken in the Acute unit. We were informed that the inconsistencies in the section papers have also now been addressed.**

References to SOADs were all up to date but one patient had had a treatment added since a SOAD visit rendering it non-compliant. The non-authorised treatment had not been administered which may indicate that the inconsistency had been identified. It may assist to have a more noticeable sticker on the card alerting the nurse and doctors to the fact that any drug given or prescribed (eg by an on call Doctor) must be covered by the S47 where there is one in place. **MHS staff informed us that steps have been taken to ensure that all are aware of SOAD visits and reports and any issues resulting, for example by using a sticker system to notify all that a SOAD visit has taken place.**

It is not always clear from RIO that all patients have received their rights and understood them. There is a point on the RIO screen where this can be recorded but it is not always completed. **MHS advised us that steps have now been taken to ensure that this will be completed, with a record of any issues, such as distress being caused to the patient by attempting to inform them of their rights.**

The attached table (Annexe B) records our findings in the RIO records on the Older Adults ward and refers to 6 of the 8 detained under s3 at the time of our visit.

The key is straightforward: D refers to Documents, MHA refers to actions taken at the time the Section is implemented, WR is Ward Round notes.

7. Mental Health Act documentation

The documentation of all patients subject to detention under the Mental Health Act was reviewed. A number of small administrative errors were drawn to the attention of staff.

The use of Section 17 leave was reviewed and appeared in order although this will be subject to a more focussed thematic review at a future visit.

8. Patient concerns

Our attention was drawn to a patient who was wearing a scarf and using headphones. Given the lengths that have been taken to reduce the risk of harm by using ligatures we were concerned that one patient's belongings might be used by another to self-harm. We recognise the comments made by the Coroner in the inquest into the death of RW that there is a balance to be struck between keeping patients safe and not denying them basic facilities to lead a decent life in the unit. Nonetheless provision might be made for a wireless/Bluetooth system to play music in earphones. **MHS stated that this is a difficult and complex area, a position with which we concur. They stated that the wellbeing of the patient in question was improved by being able to care for her appearance, that the use of Bluetooth or wireless systems might be problematic for technical reasons and that this issue is best dealt with by managing ligature risk on a patient-by-patient basis.**

9. Items noted as "amber" on previous report

A number of the items from our previous report appeared to have had little progress noted as yet.

There were still no facilities for children visiting and there was no outdoor bell for returning patients or visitors. **MHS have informed us that there are now children's toys available in the visiting room and that a bell has now been fitted. We are pleased to note that action has been taken on these issues.**

The "blanket" policy of locking off bedroom areas during the day remains in place. The Commission understands that encouraging patients to participate and not to become reclusive is broadly sensible and it is appreciated that the more parts of the unit that patients can access can lead to a depleted and stretched staff group monitoring more of the unit. Nonetheless the application of a blanket rule is rarely always correct. Particularly in the light of the very limited range of activities available to patients this rule is harder to justify. The TV is only available from early evening onwards and again in the absence of much else to stimulate patients allowing daytime access might not be unreasonable. We were not persuaded that allowing access to the TV might give rise to arguments about channel selection: that presumably is managed during the evening. **MHS staff have agreed that patient activities need to be increased and are implementing the 'Star Wards' programme, devised by an independent organisation aimed at improving the experience of inpatients in mental health units (https://www.starwards.org.uk/). We are pleased to hear that the television is now on during**

the daytime, following feedback from a new patient forum. There will be a meeting of Occupational Therapists in January 2018 to discuss the provision of activities. It is hoped that a 'Healthy for life' scheme will be implemented with a personal trainer visiting the unit on a regular basis. We are pleased to hear that more activities are being introduced and will monitor the level of activities provided carefully over the forthcoming months.

Storage facilities for patients' property seemed again to be casual at best and wholly at variance to the response provided to our last report. **MHS have responded that this is an ongoing issue with a new protocol introduced for safe storage and return of patient goods. We will also monitor this on an ongoing basis.**

Opportunities to participate in structured activities were very limited and we were disappointed that this is the case. This is an area that needs addressing soon. **This point is addressed above.**

Recommendations

It will be seen that some of the recommendations have been addressed in the MHS feedback given above. We will continue to monitor the issues raised on an ongoing basis, together with any other pertinent matters arising.

The continuing need for an Advocacy Service needs to be addressed.

Additional activity opportunities need to be created for patients during the day.

The RIO notes need to reflect the issues of capacity especially for the Older Adults.

The Service might wish to review the staffing policy to ensure that higher (and most welcome) staffing levels are not undermined by higher numbers of patients who require one to one supervision.

The MHC remains to be convinced that the policy of preventing access to bedrooms during the day needs to be applied quite as strictly as at present.

Housekeeping points

Facilities for storage of patients' property remains poor.

Annexe A

Full unannounced visit to Manannan Court SEC 132's

06/04/2017 - 13/10/2017

Name	Date From	Date To	Transport	Time In	Time Out	Disposal
	06/04/2017		Police	4.35am		Sec 4
	15/04/2017		Ambulance	19.49pm	23.00pm	RTC
	24/04/2017		Police	23.45pm	01.15pm	RTC
	02/05/2017		Ambulance	21.49pm		Admitted Children's Ward Nobles Hospital
	02/05/2017		Police	12.45pm	16.00pm	RTC
	08/05/2017	09/05/2017	Police	22.05pm	00.30am	RTC
	21/05/2017		Police	00.35am	02.00am	RTC
	25/05/2017		Police	21.00pm	23.00pm	RTC
	11/05/2017		Police	20.05pm	21.20pm	RTC
	25/05/2017		Police	08.25am	13.30pm	RTC
	25/05/2017		Police	08.25am	12.00pm	RTC
	05/06/2017	06/06/2017	Police	21.57pm	00.40am	RTC
	01/07/2017		Police	17.35pm	19.15pm	RTC
	06/07/2017		Police	15.45pm	18.35pm	RTC
	20/07/2017		Ambulance	22.00pm	23.20pm	RTC
	04/08/2017		Police	15.45pm	18.35pm	RTC
	09/08/2017		Police	13.30pm		Sec 2
	22/08/2017		Police	16.30pm	18.40pm	RTC
	29/08/2017	31/08/2017	Police	17.34pm		Informal Patient
	30/08/2017		Ambulance	18.42pm	20.40pm	RTC
	10/09/2017	11/09/2017	Police	22.45pm	00.30am	RTC
	13/10/2017		Police	19.00pm	20.40pm	RTC

THIRD PARTY INFORMATION REMOVED

There were additional Section 132's between 13/10/2017 and date of unannounced visit to Manannan Court, however they hadn't been processed and added to file.

Annexe B

Table recording RIO findings, Older Person's Unit, 10 11 17

Patient no	Rights letter (D)	Admin check list (D)	Section admission paper (D)	Patient rights explained (MHA)	Relative informed (D or MHA)	Level of understanding recorded (MHA)	Capacity (WR)	Best Interests (WR)
1	y	y	y	n	y	n	n	n
2	n	n	y	y	y	y	n	n
3	n	n	y	n	y	n	n	n
4	n	n	y	n	y	n	n	n
5	y	n	y	y	y	y	n	n
6	n	n	y	y	y	y	n	n