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ISLE OF MAN
MENTAL HEALTH
COMMISSION

Report on Announced Visit to Mannanan Court on March 14th 2023

The Mental Health Commission made an announced visit to the In-patient unit on Tuesday 14th March 2023. This report also mentions findings from an additional short unannounced visit by Dr. Hiller and Mr. Buxton on Thursday 9th February 2023.

The MHC team comprised 2 professional members, Dr. Malar Babu Sandilyan, and Dr. Richard Hillier and 3 lay members, Mr. Paul Kane, Ms. Laura Baziel (new lay member) and Mr. Ian Buxton (chair). The professional members were remote on this occasion due to multiple flight cancellations caused by a combination of weather and airport safety system upgrades. Review of medical cards was undertaken by Mr. Buxton in conference with Dr. Hillier due to flight cancellations. This was the first visit for a new lay member Ms. Baziel. Two lay members had personal appointments that shortened the visit to the morning only. Apologies were received from Mr. Patrick Swanney due to a serious business emergency.

Pre-visit Meeting with Management

At the start of the visit, the Commission met with management staff. Present were: Operational Manager Adult Mental Health Services, Associate Director of Nursing, Mental Health, Acute Inpatient Service Manager, Locum Consultant, Associate Specialist Psychiatry, Mental Health Act Lead / CQS Compliance Officer, Ward Manager Harbours Suite

A short discussion took place about the environment and the way the visit would be carried out with the restrictions imposed by travel and personal health appointments. The consensus was that the visit would go ahead as the professional members were able to work remotely on critical items.

Mr. Buxton summarized the response to the findings at the last visit regarding the treatment of informal patients and recognized the response of the leadership team to take swift corrective action. The management staff confirmed that this change had a positive effect on both staff and patients.

General Observations and Environment

Occupancy

Harbour	**Glen**
Section 3: 8 patients	6 Patients
Section 2: 1 patients	1 Patient
Informal: 8 patients	1 patient
Empty beds: 1	

Environment Observations

The patient storage area was visited and a significant improvement was noted in the orderly storage of patient's belongings compared to previous visits. There is evidence that the respect for patient's belongings is being maintained and that a prior poor attitude toward patients' belongings has ceased.

The suites appeared clean, and tidy and there was evidence of activities being planned on both suites on the whiteboard.

Glen Suite – Patient Physical health

Two lay members visited the Glen suite and spoke to staff who mentioned receiving good training on physical care of patients. National Early Warning Score (NEWS assessment) was considered very useful especially for the Health Care Assistants to give them confidence when to escalate concerns. The MHC raised concerns about training gaps and attitudes towards physical health needs of frail and older patients and this appears to be improved.

Concerns were previously raised that mandatory training such as Basic Life Saving and Intermediate Life Saving are not being kept up to date by staff. Staff shortages and training on hold during Covid were cited as the predominant reasons. We were informed that training for 35 staff in BLS was arranged with a Paramedic Trainer. We will review this has been completed and is maintained in subsequent visits.

Legal Paperwork and Admission Papers

Section 132

The section 132 suite was not visited on this occasion but has been reviewed in the last 12 months.

We note from the statistics sent prior to the visit that only 6 admissions and 26 informal admissions to hospital resulted from the 98 detained under section 132. We would like to understand if there is a low threshold to use of S.132 in Isle of Man compared to similar jurisdictions and the UK as the majority of S.132 detentions in IOM result in return to community.

Drug Cards and form 46 / 47

The drug cards and forms 46 & 47 form the record of medicines that are prescribed to patients. The drug card should only contain the same types of medicines as the SOAD has approved if a SOAD review has taken place. The following table details the review of these records for 16 detained patients.

No	Consistent with BNF	Notes
1	crushed was spelled as "crashed"	
2	Depot initiation 2 x 150mg Paliperidone > BNF recommendation	Datix already raised.
3	Yes	
4	Yes	
5	Yes	
6	Yes	
7	Yes	
8	Yes	
9	Yes	
10	Yes & Consistent with Form 47 13/12/22	Covert administration pathway
11	Yes	Covert administration pathway
12	Yes & Consistent with Form 47 – changes recommended now implemented.	Form 47 – not uploaded Covert administration pathway
13	Yes	Covert administration pathway – S3 written on front of sheet S2 on back.
14	Yes	
15	Yes	
16	Within BNF Limits but form 47 lists 1 depot and 1 oral antipsychotic but Lorazepam also prescribed.	Lorazepam written up for on PRN from 31/01/23 on 2 drug charts (2 &3) - but never been administered.

Admissions Paperwork, Capacity and Rights

Harbour suite:
The section papers for all detained patients were on uploaded on Rio, the medical recommendations contained the following:

1. Brief description of mental state of the patient
2. Mental disorder or provisional diagnosis
3. Risks
4. Reasons for detention mentioned albeit briefly.

Upon admission, 7 out of 8 patients had their rights explained to them via written letter, this was by the MHA administrator.

There is a separate section on Rio under MHA where nurses document on patients' rights being read to them verbally and also document if patient did not understand etc. This section is consistently empty and it is not clear if rights are being read verbally to patients upon after their admission.

Some patients (5 out of 8) had evidence of their nearest relative being informed of their rights, again via letter form MHA office. Patients do have the right to refuse to notify nearest relatives.

Glen Suite:
All section papers were documented on Rio, they all had brief description of patient's presentation, risks and reasons for detention briefly.

Two patients on section 2 had very poor documentation on the medical recommendations with one line "declines admission, needs further admission". This is not an acceptable level of detail on a legal document as it does not provide enough reasons for detention and is an example of poor practice.

There were letters uploaded on Rio to suggest patients and their relatives had received written information detailing their rights upon detention sent to them by MHA office. These records were not detailed in the rights section of Rio.

There were two patients who should have form 47, SOAD report. Only one patient had form 47 uploaded on Rio, the record for one patient was missing.

One patient with severe dementia is now on section 3 since 5-10-2022. This patient was previously treated as informal and was receiving medication covertly during 2021 presumably because they were refusing. This was highlighted at the last visit and is now rectified by the patient being on section.

The notes of informal patients on Glen suite were reviewed, they did not raise any concerns about their informal status and seemed appropriate.

There weren't any patients who had their section 3 renewed.

Two patients had form 46 consent to treatment completed and relevant capacity forms uploaded.

Mental Health Review Tribunals

Under section 76 of the MHA 98 the hospital managers are required by law to refer patient to the MHRT where the patient has not made an appeal application within the first 6 months of detention. This should be made within the first 7 days of the renewed detention as stated in the code of practice.

Harbour Suite:
There was one patient for whom there is a progress note entry that she had ticked the box to request appeal to MHRT and managers, but this was not followed up by an appeal request. It was unclear during the visit how this was resolved but the MHAO later confirmed the patient did not progress this.

One patient had appealed against their section and was discharged from hospital but was then readmitted within few days.

One other patient who was admitted on 12-1-23 had a MHRT hearing on 2-3-2023.

Another patient appealed against section on 20-9-23 and then was discharged on 23-9-23 and was then detained again on 30-10-2023.

Glen Suite:
One patient had been on section since 9-5-22, this patient had a tribunal hearing on 9-3-23, after two adjournments. The reasons for adjournment we understand, as being due to the hospital not providing sufficient reports. This appears to have caused delay in the patient having their hearing in a timely manner and could be improved.

There is evidence that patients are exercising their rights to appeal and are having hearings in due course.

Associate Hospital Managers Hearing

During a detention under section 2 or 3 of the MHA 98, patients are entitled to request a review of the detention at any time. This is separate from the renewal process which is heard automatically upon the consultant reviewing the patients' detention and deciding if a further detention is required.

The MHC were previously able to find evidence that referrals had been made upon renewal to Managers' Hearings, this was not applicable on this visit.

Section 17 Leave

Harbour Suite:
All patients have valid section 17 leave forms uploaded on Rio, only some of them have patients' signatures on them. On previous visits none of the S.17 forms were signed by the patient, while this is an improvement, it remains a legal requirement to get the patient to sign the S.17 form or to document the reason why that has not been possible e.g. patient refused.

Glen Suite:
All patients who had section 17 leave forms had relevant sections filled but again patients signatures were missing in some.

Review of use of Seclusion

We did not visit the seclusion suite which is adjacent to S.132 suite in Harbour suite on this occasion. The room itself has two parts, the de-escalation area and the locked seclusion area, which has glass doors to enable continuous observation. The room has been assessed on previous visits and was clean and tidy with minimal furniture to reduce risks that can be an issue with agitated patients who would require seclusion.

In total there were 9 seclusion incidents reported, there was one patient who was placed in seclusion twice and one of the episodes lasted for thirteen days. Clinical notes were reviewed and it was verified that the patient had remained quite challenging in behaviour so this seems to be a clinically appropriate intervention.

All the patients had seclusion packs uploaded on to Rio which is an improvement in documentation and also these documents evidence all the necessary reviews that took place. The notes indicate all the nursing reviews, medical reviews and MDT reviews have taken place in timely manner. The rationale for seclusion were documented clearly and the rationale for continuing or ending seclusion were also documented.

There was evidence on most occasions that nearest relative and MHC were informed soon after seclusion commenced. For those patients who were too aggressive or refusing observation such as vital signs, visual checks had been performed and documented.

Interviews with Staff

During the short unannounced visit by Dr. Hillier and Mr. Buxton, staff offered unprompted positive feedback about their interaction with the manager of Glen suite. Staff felt well supported by the manager and morale appeared to be very good.

One staff member reported that the staffing level had improved and that good training on physical care of patients had taken place.

Online training about Diabetes is available for those that need it. The NEWS was considered to be very useful especially for HCAs and provides them with confidence to be able to escalate appropriately. Paramedic training has been arranged for 35 staff for Basic Life Support, we will review this at the next visit.

Staff stated that activities are more regular and have improved, this was also evident from discussions with staff and patients during the two recent visits.

Some newly qualified nurses are feeling that training commitments are not being honoured this was possibly linked to staff rostering described as “feast or famine” with annual leave also having an impact and leaving the suites short of nursing staff.

Two HCAs are currently taking access courses but this is only valid for one year, we would like to understand the impact of this one year limit further. This issue has been raised previously and we highlight this now as a concern. It was stated previously by an HCA that there was a “policy” not to develop staff but to recruit agency staff. This “policy” was described as required so as not to create a precedent in Manannan Court that would impact Nobles Hospital. The MHC would like to understand the actual policy and metrics regarding HCA staff development to Nursing as this would appear to be a sensible route to create sustainable nursing resources on the island.

Nurses reported that they are undertaking tasks that they felt should be completed by doctors including ECG, Bloods. The Nursing and Midwifery Council (NMC) standards for Registered Nurses and the training thereof place an emphasis on the need for all nurses to demonstrate competence across a range of physical health matters and this includes the taking of blood for example. We highlight this for comment by the management team to address this perception with staff. A comment was made regarding the availability of a permanent psychiatrist and their schedule to visit the patients, it was unclear if this was related to the previous comment regarding activities to be undertaken by the doctor.

The Physical Health nurse (Adult Branch) that was shared with community appears to have left and not been replaced. The MHC previously highlighted the need to support Mental Health Nurses who may not have physical health training as part of their training with a physical health nurse, especially on the Glen suite. We note that there is a recent change in the NMC standards of training and practice now include physical health for Mental Health Nurses but it will take some time for nurses with this training to qualify and be recruited. We would like to be reassured that sufficient cover for physical health is being scheduled to cover the gap that has been highlighted.

Patient Interviews

Several patients agreed to an interview during this visit.

Patient comments are reported, it should be noted that MHC lay members are not medically trained and able to judge the patient's state of health or accuracy of statements that may not be contemporaneous.

Legal rights

Glen: One informal patient spoke with us and informed us he was fully aware of his rights and follow up support when he leaves.

Harbour: Four patients from Harbour suite spoke with lay members of the MHC on this visit. None of the patients raised concerns about their rights.

Nursing care and staff attitudes

Glen: An informal patient was full of praise for the staff and the care provided and stated that they felt safe. During the short unannounced visit one patient with dementia spoke with us for some time about the care given by the staff. We observed the way two members of staff talked with the patient and noted how they were able to carefully reengage positively with the patient when they felt upset about their situation which soon passed.

Harbour: One patient reported that they felt bullied by other patients even with staff present. The MHC members have previously met this patient and were made aware of issues with another patient. Staff may be able to improve help to enable both patients to self-regulate their interaction. This patient also reported that their mobile phone had been removed as punishment but did not state why.

Access to therapies

Glen: An informal patient reported being fully consulted regarding his medication and treatment.

Harbour: One patient raised the concern that they could see a nurse but that it was very difficult to see the doctor. One patient stated that their medication was not helping and that they did not like anti-psychotics. Diazepam was felt to be more helpful but they expressed concerns about becoming addicted.

Food

Glen: The food provided was praised by the informal patient.

Harbour: One patient mentioned mealtimes and that they felt there was no privacy or different sittings.

Visits

Glen: Visit arrangements were described as being good.

Activities

Glen: The informal patient had been offered trips out and gardening activities but preferred to retreat to their own room when other patients were noisy. They described feeling a bit lonely as there is nobody to interact with except staff as other patients have dementia.

Physical Health Needs

No patients raised any physical health concerns apart from the ban on smoking.

Accommodation and environment

Glen: The patient was very positive about the facilities and the cleanliness of the suite.

Harbour: Two patients raised the ban on smoking as being a problem. One patient we understand does not have S.17 leave so is unable to leave the hospital to smoke.

End of visit meeting with management

Unannounced Visit:
During the short unannounced visit in February, Dr. Hiller and Mr. Buxton received spontaneous positive feedback from staff on Glen suite about the manager. The staff reported a good, strong positive relationship and that they highly valued her leadership and management approach.

The MHC observed that both Suite managers were acting as nurse in charge on the day due to staff illness. Both managers were in uniform and fully part of the team delivering care. Our visit coincided with a use of seclusion suite and a S.132 admission with several members of staff on sick leave but was found to be operating smoothly and calmly with no adverse effects on patient care evident.

Announced Visit:
An end of announced visit meeting did not take place on this visit due to the shortage of lay members and the professional members being remote due to flight cancellations.

The Mental Health Commission would like to thank all of the staff for their help and co-operation during both the short unannounced and the announced visits.

Summary

This report covers a short unannounced visit in February and an announced visit with limitations due to cancelled flights in March. Both of these visits were positive, the management team remain open to feedback on both positive observations and areas for improvement. There is evidence of a sustained improvement in culture and morale within the organisation over the last couple of years compared to earlier periods prior to service delivery by Manx Care. Steady progress by management to tackle longstanding issues is evident.

Positive observations:

- Staffing levels were maintained at safe levels with managers wearing uniform and acting as nurses as part of the team when illness affected staff availability.
- Staff offered unprompted positive compliments about their manager on Glen Suite.
- Complaints raised with MHC prior to being raised with Manx Care are being investigated by Manx Care and we have confidence that the appropriate process is being followed.
- Activities are now taking place and being publicised on the whiteboards.
- The MHC notes and welcomes the recent progression in seniority for the Mental Health Act Lead / CQS Compliance Officer. This is a key role in the safe and effective execution of the Mental Health Act providing checks and balances to the clinical team and management.

Areas of concern observed:

Priority concern areas

- One incident of a second Depot injection was found to be at the incorrect (initial) dose.
    - This was also found internally prior to the visit and a Datix incident was raised.
    - The process of Depot dose allocation could be reviewed for error proofing opportunities e.g. only the lower dose is administered without an override check for first treatment.
- One drug card record contained a listing for Lorazepam that was not approved by SOAD.
    - Lorazepam was on sheet 2 on 31/1/23 and carried over to sheet 3 on 14/3/23.
    - The drug was never administered but it appears that the drug cards are not being checked against form 47 as errors on an expiring card can be carried over to a new card.
- Patient notes record Depot being administered but not the actual drug used.
    - The Depot injection should be explicitly named.
- We remain concerned that physical health needs require additional support in the suites.
- Some patient records are incomplete, in particular the rights section in Rio.
    - In some cases rights are recorded in progress notes, this practice makes compliance for a key part of the Mental Health Act difficult to verify and assure.
- The MHC would like to understand the policy around training for HCAs to progress to nursing.

Other concerns

- S.17 leave paperwork is not legally required to be signed by the patient but it is good practice for them to do so or for patient declined to be recorded.
- We remain concerned that BLS and ILS training needs urgent attention but understand this has been scheduled for 35 staff and will review at the next visit.
- We have noted a few delays in reports required to support tribunals and feel this area could be reviewed by management for improvement opportunities.
- We have received a few complaints via MHC clerk from patients prior to these being registered by Manx Care as complaints.
    - We have referred these patients to Manx Care to make their complaint and allow the complaints policy to be enacted.
    - We question whether the complaints policy is not being made clear to patients in the first instance.

    - It seems the MHC is being used in the first instance in some cases which we feel is inappropriate and will lead to delay in investigations.
- A review of patient medication during the ward rounds does not appear to be happening, the professional members feel that this could be best practice to ensure this is fresh in mind.