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ISLE OF MAN
MENTAL HEALTH
COMMISSION

Report on Unannounced Visit to Manannan Court on October 31st 2023.

The Mental Health Commission made an unannounced visit to the in-patient unit on Tuesday 31st October 2023.

The visiting team comprised 2 professional members, Dr. Malar Babu Sandilyan, and Dr. Richard Hillier and 3 lay members, Mr. Paul Kane, Ms. Laura Bazille, and Mr. Ian Buxton (chair). This was the Commission's second visit this year with a reduced team. Apologies were received from Mr. Patrick Swanney who has recently left the Mental Health Commission. Two MHC roles will be recruited before the next visit.

As the visit was unannounced, there were no pre-visit documentation requests.

Pre-visit Meeting with Management

At the start of the visit, the Commission met with management staff. Present were: General Manager Integrated Mental Health Service, Operational Manager Adult Mental Health, Matron Mental Health, and Care Quality & Safety Lead

The management team engaged very positively with the Commission from the outset and throughout the visit. A disclosure was made immediately about an unlawful detention that had taken place. The detention was deemed unlawful due to insufficient independence of the doctors signing the form, both doctors report to the same manager. The matter was quickly detected, the Section was nullified and a Section 5(2) was applied until the Section could be correctly and lawfully applied. The MHC members noted positively the degree of internal scrutiny and safeguarding that minimized the risk and impact of the error as well as the speed of response to implement a corrective action. The MHC questioned the root cause of the occurrence and understood this to be due to a new doctor not realising the common line of reporting and that this had also not been detected by the social worker at the time the section was applied. An improvement to the Section form could perhaps be developed to highlight the requirement for the second doctor to declare their independence and prevent recurrence.

Management also reported progress to release the policy for Clozapine and Accuphase drug use that was a significant finding at the previous visit.

Two areas of concern were highlighted with regard to the relationship between Manannan Court and Nobles Hospital. An example of "an us vs. them" relationship was highlighted by a request for 24hr cover from a Harbour Suite nurse for "one of yours". The Commission noted that the request was directed to nursing staff and not management and recommended that staff be empowered to refuse requests that will leave the MC ward short staffed and refer Nobles team to the S.17 leave conditions at transfer that are needs and risk assessed. A second issue was raised with regard to a Manannan Court funded staff member being on loan to Nobles.

The Commission were informed of a number of staff changes that had taken place including the two nursing managers who had been appointed to new roles outside Manannan Court. The Commission expressed that while this would be a loss to Manannan Court team, they would be highly valuable additions to the Business Intelligence and Drug and Alcohol teams.

The Commission understood that a new 8B manager has been created role alongside two 8A ward managers but noted that there was no progress to enable increased HCA to Nursing role progression, which has been an ongoing a concern for HCA staff frustrated by the inability to develop and progress their careers. It was reported that the Ballamona Association were sponsoring a HCA to become a nurse but that this was not more widely available due to restrictions in Manx Care. The MHC will raise this longstanding concern with the Department for Health and Social Care as this is of strategic importance to the care provision in the Isle of Man and could reduce both the cost and the need to rely on the use of agency staff.

Management described that more beds were available with a change of medical lead taking a more positive risk based approach and a focus on utilising beds for acute care and shorter admissions. Overall, management felt that positive progress was being made over the last twelve months.

General Observations and Environment

Occupancy

Detention	Harbour	Glen
Section 3:	3 patients	4 Patients
Section 2:	3 patients	
Informal:	5 patients	
Empty beds:	0	0

Ward Environment Observations

The focus of this visit was mostly on Glen Ward due to the reduced MHC team available.

Harbour Wing

3 patients in communal area were all fully engaged with OT and activity co-ordinator. The wing was noticeably quieter and less crowded than on previous visits.

Glen Wing – Patient Physical health

We visited Glen Suite and spoke to the staff and patients; we focused on staff attitudes towards physical health needs of frail and older patients.

The 4 patients in communal area were all fully engaged with staff. One had newly washed hair in rollers. The environment was clean, warm and welcoming. The activities room is well-equipped, tidy and there was evidence of seasonal activity. Stool charts, sleep charts and NEWS were all completed properly and up-to-date. A low BP had been noted and followed up appropriately.

Legal Paperwork and Admission Papers

The MHC review the legal paperwork records for all patients that are detained during the visit and some processes that occur between visits.

Section 132

Patients who are detained under section 132 require an outcome within the stipulated 72 hours.

We reviewed the section 132 episodes, the reasons for placing people on section 132 seem appropriate, all assessments had been completed in a timely manner, two forms had incomplete details.

Drug Cards and form 46 / 47

Form 46 is filled by the RC for capacious and consenting detained patients. Form 47 are Second Opinion Authorised Doctor (SOAD) review forms that are put in place after a detention exceeds 3 months to safeguard patients. If the detention exceeds 3 months, doctors must prescribe only what the SOAD has independently agreed.

Three patients were subject to consent to treatment (CTT), one of the form 47 plans was not in place at the time of review but was located later during the visit.

One patient had a Benzodiazepine prescribed that was not on their Form 47. While this medication had recently been added and had not yet been administered at the time of inspection, it would have been able to be administered by staff despite this error.

The MHC have the following recommendations:

1. We would urge doctors to consider all patients to be subject to Form 47 in the first instance and check for this before prescribing. In the event the form is absent and the period of detention is verified to be less than 3 months then prescription can proceed without a Form 47.
2. Additional Pharmacist scrutiny of medical cards assuming Form 47 exists in the first instance
3. Additional checks by nursing staff before medication is administered could be considered.

Admissions Paperwork, Capacity and Rights

In total there were ten patients detained under the MHA, six on Harbour Suite and four on Glen Suite.

All detained patients had their rights read upon admission, but there were inconsistencies in documenting this in various places in progress notes, MHA Rio section, documents etc. The MHC believe that could be standardised and simplified.

Having reviewed the respective drugs charts and the CTT forms all medications were appropriately authorised. It was noted that some section papers lack detail in several examples examined.

Some patients' notes had evidence of their nearest relative having been informed of their rights by letter.

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.

The MHC reviewed the tribunal data during this period, in total 12 hearings were scheduled and of those, 4 took place on scheduled dates and there was one adjournment where further details were requested from social circumstances report regarding accommodation etc. for the patient. The rest of the hearings were cancelled as patients were discharged from detention prior to the tribunal.

The MHC were able to find evidence that patients seem to have been given opportunities to appeal against their detentions and there is evidence that hearings have been appropriately arranged.

Associate Hospital Managers Hearing

During a patients 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 able to find evidence that referrals had been made upon renewal to Managers' Hearings at the

previous visit. No observations were recorded during this visit.

Section 17 Leave

No observations were made during this visit but it was evident leave was in place for some patients from interaction and interviews.

Summary of legal paperwork review

The following table summarises the review of legal paperwork and highlights areas of concern with clear explanations in patient's notes and with recording the understanding of their rights.

Checklist for Consultant Psychiatrist responsible for Medical Scrutiny of admission Section Papers.			
31/10/2023			
	Ward	**Glen**	**Harbour**
1	An explicit statement about the presence of a named **mental disorder** and the reasons for believing this.	Yes 3 No 1	Yes 5 No 1
2	**Descriptions** of degree and / or nature of the mental disorder that warranted 24 hour hospital detention under the care of a Responsible Clinician.	Yes 3 No 1	Yes 5 No 1
3	Reasons for 24 hour hospital detention and why a less restrictive option (management in the community) was not possible.	Yes 1 No 3	Yes 5 No 1
4	Reasons why informal admission was not justified.	Yes 3 No 1	Yes 6 No 0
5	If the Doctor stated that detention was in the interest of the patient's **health**, clear reasons why.	Yes 2 No 2	Yes 5 No 1
6	If the Doctor stated that detention was in the interest of the patient's **safety**, clear reasons why.	Yes 2 No 2	Yes 5 No 1
7	If the Doctor stated that detention was necessary for the **protection of others**, clear reasons why.	Yes 0 No 3 N/A 1	Yes 1 No 3 N/A 2
Record of MHA rights explained by staff S128 form			
1	On detention	Yes 1 No 0 No Capacity 2 Blank 1	Yes 5 No 0 No Capacity 1
2	Second opportunity	Yes 1 No 0 No Capacity 2 Blank 1	Yes 2 No 0 No Capacity 1 Blank 3
Section Renewal			
1	Date of renewal	N/A 3 1 Date set	N/A 5 1 Date set
2	Referral to MHRT - S76	Yes 1	Yes 1
3	Date of Tribunal Hearing	1 Date set	1 not set
Section 17 Leave form (current)			
1	Has S17 leave been granted?	Yes 4	Yes 2 No 4
2	Is the form current and in date?	Yes 4	Yes 2 N/A 4
Notes		Old Forms need update. Whilst the line is often ticked that the patient is a risk to others, the specific risk is often not described in the section papers. Some papers consistently speak about lack of capacity as a justification or detention without describing any mental disorder, its nature , degree or risks	Old forms need update. "Acutely Unwell" is not a specific mental disorder and "risks" to others are not specified.

Review of use of Seclusion

We visited the seclusion suite which was adjacent to 132 suite in Harbour. The room itself has two parts- the de-escalation area and then the locked seclusion area, which has secure doors with glass panes to enable continuous observation. The room is clean and tidy with minimal furniture to reduce risks that can be an issue with agitated patients who would require seclusion. There are paper forms for each multidisciplinary team review (8 hourly review should be an independent review) and nursing assessments which are required to be done 2, 4 and 8 hourly during the seclusion.

The professional member reviewed the episodes of seclusion since the last visit.

The indication for placing patients in seclusion seemed clinically appropriate from Rio notes. Appropriate nursing and medical reviews had taken place as documented on Rio notes as per the seclusion policy, there were a few seclusion incidents where the paper copies of reviews (seclusion packs) were not uploaded on Rio but progress notes entries were made. The Admin team are requested to please upload seclusion papers promptly to Rio.

There was one patient who had two seclusion episodes (from 19-4-23 to 25-4-23 and again from 12-5-23 to 12-5-23) due to severe violence and aggression. The patient was discharged between these two episodes from MHA on 4-5-23, and again he had to be detained on section 5(2) on 12-5-23 following which the patient was placed in seclusion due to disturbed behaviour. The Rio notes indicate that the patient had been quite unstable throughout this period and it may be a learning point for the clinical team if the discharge from MHA may have been premature. This patient was said to have been repeatedly refusing to take his Clopixol (documented on Rio) despite being given this treatment during this time when he was informal. The clinical team are urged to consider capacity issues for treatment of informal patients.

There are regular reviews conducted to observe the patients during their period of seclusion as evidenced by nursing and medical entries during these seclusion episodes. The level of monitoring and reviews appear to be in line with the seclusion statutory requirements and policy.

Interviews with Staff

A qualified nurse is leaving in 3 weeks for a community post which offers better working hours and more stable management. It was reported that one recent ward manager had not been competent and had to be removed. A plan to rotate staff was not popular. New temporary ward manager – an agency nurse had started that morning with a contract until December 24th. They have extensive agency experience and may apply for a permanent post.

An experienced and committed worker on band 3 raised a concern that she may have to leave to progress in their career. They expressed that they were keen to do nurse / associate training but no opportunity was available at present. A historic issue of staff on band 4 taking less responsibility was raised. Additional opportunity for more responsibility e.g. physical health champion would be a welcome development opportunity if this came with additional remuneration.

A qualified nurse raised the question of Community Treatment Orders (not available in IoM) to prevent discharged patients spiralling downwards before re-admission.

A qualified nurse spoke of staff turbulence and the difficulty of acquainting new staff with routines and procedures in a busy environment.

The Occupational Therapist was keen to share the wide range of activities now offered by herself and 4 co-ordinators. This is an area that has been significantly improved and is highlighted for recognition.

Patient Interviews:

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.

Patient Interview: (Glen Suite)

N/A

Patient Interview: (Harbour Suite)

One patient was obviously unwell, and beyond the facts that he wanted to be released and allowed to smoke we learned little.

The second patient missed physical exercise, particularly fell running, which was important for his wellbeing. He is permitted daily runs, but thought access to a treadmill would be beneficial.

End of visit meeting with management

The Mental Health Commission would like to thank staff for their help and co-operation during the unannounced visit.

Summary

This was again a positive visit, the management team engaged in a very transparent manner throughout the visit. The MHC is pleased to be able to challenge practices with an independent view and continuous improvement mind-set and that Management takes time to listen and understand concerns and recommendations and acts upon these with a sense of urgency. A high level of co-operation was again observed from all staff and the culture is much improved compared to the past.

Positive observations:

- The open disclosure of an unsafe section, rapid corrective action and follow up was welcomed and positively recognised by the MHC. This error was handled appropriately and professionally.
- The Occupational therapy delivery is significantly improved and highlighted for recognition.
- Tribunals are taking place as expected.
- Use of seclusion showed improvement in record keeping.
- A focus on positive risk taking and reduced occupancy was noted.
- An Acuphase policy is in circulation in response to the observation during the last visit.
- Patient's rights appears to be getting more attention and this is being recorded more clearly.

Areas of concern observed:

Priority concern areas

- Management reported that the Pharmacist role funded by Manannan Court is increasingly utilised by Noble's Hospital. The Commission support management to reassign duties to plan.
- Paperwork for admissions requires additional detail in some areas, especially reasons for detention. The Commission would like to see random audits used to drive improvement.
- The progress of HCAs to Nursing needs to be reviewed by Manx Care and the Department of Health as a matter of high importance for the IOM health care delivery strategy. Continued use and reliance on agency staff is not sustainable.
- The published Patient guide to Manannan Court continues to refer to an advocacy service that is not in place. Manx Care continue to await an independent service to be commissioned.

  "Mental Health Advocacy Project Advocacy is when you get support to say what you want. There is a Mental Health Advocate who can help to support you to have your say if you are not happy with your care, listen to your views and concerns and give you information to help you make decisions. The advocate is independent and is not employed by the Department of Health and Social Care. You can ask for support from the Advocate at a time while you are a patient – speak to your named nurse who will help you to do this."

  The Mental Health Commission has raised the lack of patient advocacy with the Department of Health and Social Care for more than six years and continues to press the department for this service to be defined and commissioned as a matter of urgency. This is not a Manx Care issue.

Other concerns

- The relationship with Noble's hospital needs some attention at a senior level to improve operational interaction.
- Nursing staff should be supported by management to empower them to push back on unreasonable or misdirected requests to support the above improvement in relationship between the hospitals.