

Provider Action Statement

Please use this template to tell CQC about the improvements you will make in response to your visit feedback report, including how and when the improvements will be made.

You should involve service users to determine the actions to be taken and to monitor their completion, wherever appropriate.

If you wish, you can use the 'comments' box to make any comments in response to our findings. If you need to add more actions, please copy and paste as many tables as you need for each action and make sure that you number each one.

Your Action Statement should be signed by the registered person and returned to CQC by the date that we stated on page 1 of our visit report.

Please list your actions on the following pages for each of the areas where we have specified that improvement is needed.

Action 1

Page in report:	Domain and issue:	MHA Section & CoP Ref:
18	<p>Domain 1- Purpose, Respect, Participation, Least Restriction</p> <ol style="list-style-type: none"> 1. How the trust will improve compliance with the MHA Code of Practice chapter 4 paragraph 4: ... Before it is decided that admission to hospital is necessary, consideration must be given to whether there are alternative means of providing the care and treatment which the patient requires. This includes consideration of whether there might be other effective forms of care or treatment which the patient would be willing to accept ... 2. How the trust will demonstrate that decisions made about crisis services do not disadvantage people living in rural areas in compliance with the MHA Code of Practice chapter 1 paragraph 6: ... People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken ... 	<p>MHA section: CoP Ref: Chapter 1.6, Chapter 4.4, 4.13 and 4.32</p>
<p>Action you will take:</p>		
<ol style="list-style-type: none"> 1. a. We will continue to improve the links between CMHTs and our Crisis teams with monthly meetings between the integrated team leaders of the CMHTs and Crisis teams. The Crisis Team will have a regular attendance at the Dorset County Council AMHP county meeting. b. We will write to all the AMHPs and CMHTs to remind them of the crisis and home treatment service provision and the role of the recovery house in providing an alternative to admissions and treatment at home. 2. a. The model for the crisis team in the west is in line with the service commissioned by the CCG. Trust has also arranged an independent review of the Crisis Team which includes in its terms of reference specific consideration of rurality. b. The Trust will inform the CCG of the comments made by the Commissioners within this report and ask them to take them into 		

consideration when they carry out their service review.

How you will know it is achieved:	Date when action will be completed: (dd/mm/yyyy)
<p>1. a. We will minute the meetings between the AMHPs and Community Mental Health Teams and Leaders.</p> <p>b. The letter written to them will be circulated to the teams by the ADs of inpatients and community MH services.</p> <p>2. a. The Trust will receive a report following this review</p> <p>b. The correspondence with the Commissioners will be recorded.</p>	<p>AMHP Lead End of February 2014</p> <p>Associate Director Inpatient Services, February 2014</p> <p>Associate Director Inpatient Services, April 2014</p> <p>Director Mental Health Services February 2014</p>
Comments:	Name of responsible manager:

Action 2

Page in report:	Domain and issue:	MHA Section & CoP Ref:
19	<p>Domain 1- Patient Admitted from the community</p> <p>How Dorset County Council will demonstrate compliance with MHA Code of Practice chapter 4 paragraph 33:</p> <p>...LSSAs are responsible for ensuring that sufficient AMHPs are available to carry out their roles under the Act, including assessing patients to decide whether an application for detention should be made. To fulfil their statutory duty, LSSAs must have arrangements in place in their area to provide a 24-hour service that can respond to patients' needs ...</p>	<p>MHA section: 13 CoP Ref: Chapter 4.33</p>

Action you will take:

- 1) There is a long-term plan to increase the overall number of AMHPs in Dorset. This includes agreed funding for:
 - a. At least, six places each year on the AMHP training course
 - b. An improved remuneration package for AMHPs to improve recruitment and retention
 - c. An agreement that each non-CMHT team in adult services will work towards having, at least, one AMHP in their team

- 2) In the shorter-term, a plan is in place to use the existing AMHPs in a more efficient way. This will be achieved by creating an 'AMHP Hub' of full-time AMHPs who will carry out the majority of the urgent MHA assessments that are required. The remaining Mental Health Act assessments will be scheduled among the wider group of AMHPs to ensure these assessments can be accommodated within their workload more effectively.

- 3) In the very short-term, arrangements are in place for:
 - a. AMHPs to have specialist supervision available to them on a regular basis
 - b. Refresher training is planned for February and March with further legal updates agreed in conjunction with Bournemouth and Poole Local Authorities for 2014/15
 - c. The DCC policy on Lone Workers (applicable to AMHPs carrying out assessments outside normal working hours) has been circulated to all AMHPs to remind them of the availability of support at these times.
 - d. DCC will continue to work in partnership with Dorset Healthcare to review how non Trust AMHPs can access patient

information out of hours. It is expected that a decision about all AMHPs having access to electronic records will be made by April 2014.

How you will know it is achieved:	Date when action will be completed: (dd/mm/yyyy)
<p>1) There will be an increase in the numbers of AMHPs available to work in Dorset. This will be monitored by the lead AMHP and a report presented to the MH Joint Operations Board (MH JOB) quarterly. Training will take place each year the improved remuneration package is expected to be agreed by April 2014.</p> <p>2) The hub will be evaluated during the next six months, with progress being monitored by the Lead AMHP, MCA Manager and the Head of Service for Specialist Services. The outcomes of this evaluation will be reported to the MH JOB.</p> <p>3) a. AMHPs and their managers will be satisfied that appropriate supervision takes place. This will be monitored and a report on outcomes presented to the MH JOB quarterly. This is available to most AMHPs at present and will be available to all AMHPs when the Hub begins</p> <p>b. Training records are kept and the Lead AMHP will monitor attendance to ensure all AMHPs undertake the necessary refresher training. Training is planned for 19th February and 4th March 2014. Dates for the 2014/15 training will be agreed by the three Local Authorities by the end of March 2014</p> <p>c. A record of the e-mail reminding AMHPs of the policy was received by the MCA Manager on 23rd January 2014.</p> <p>d. Non-Trust AMHP access to patient information out of hours will be monitored by the Lead AMHP and a report on any concerns will be presented to the MH JOB.</p>	<p>DCC/AMHP Lead October 2015.</p> <p>DCC/AMHP Lead March 2014</p> <p>DCC/AMHP Lead March 2014</p> <p>Local Authorities April 2014</p> <p>Complete</p> <p>DCC/Lead AMHP May 2014</p>
Comments:	Name of responsible manager:

Action 3

Page in report:	Domain and issue:	MHA Section & CoP Ref:
21	<p>Domain 1- Patients admitted from the community</p> <ol style="list-style-type: none"> 1. How partner agencies will ensure compliance with MHA Code of Practice chapter 1 paragraph 6: “People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken”. 2. How Dorset County Council will ensure compliance with the MHA Code of Practice chapter 1 paragraph 7: “All decisions must, of course, be lawful and informed by good professional practice. Lawfulness necessarily includes compliance with the Human Rights Act 1998”. 	<p>MHA section: CoP Ref: Chapter 1.6 and 1.7</p>

Action you will take:

1. The Trust & DCC will remind AMHP’s working within integrated teams that they must identify the current identity of the patient's NR, and should not rely on an historical record. AMHPs in other services outside of integrated teams do not have a right to access the Trust’s patient records. Patient information out of hours can be accessed via the Crisis Team.

2.
 - a. DCC will provide regular training to AMHPs to ensure their knowledge of legal developments is up to date.

 - b. Specialist supervision will be available to all AMHPs when the Hub is operational – which is expected to be from March 2014

 - c. AMHPs are expected to submit their reports to the lead AMHP in a timely manner following a MHA assessment. These reports will be scrutinised within two days of their receipt.

d. Discussions will take place with DCC legal services to ensure that specialist legal advice is available to AMHPs when they need it.

How you will know it is achieved:	Date when action will be completed: (dd/mm/yyyy)
<p>1. Through correspondence reminding AMHPs and through scrutiny of AMHP reports and via supervision</p> <p>2. a. The next legal update training for AMHPs is arranged for 19th February and will continue as an ongoing part of the AMHP service</p> <p>b. AMHPs and their managers will be satisfied that appropriate supervision takes place. This will be monitored by the Lead AMHP and a report on outcomes presented to the MH Joint Operational Board quarterly</p> <p>c. This will be monitored and a report will be presented to the MH Joint Operational Board quarterly</p> <p>d. AMHPs will feedback their experiences of accessing specialist legal advice at the County-wide AMHP meeting quarterly. The issue will be added to the agenda for the regular meetings that take place between the MCA Manager and Legal Services. The first discussion between the MCA Manager and Legal Services took place on this subject on 13th January 2014. It will form part of the regular meetings over the next six months.</p>	<p>MHA Legislation Manager/ DCC Lead AMHP March 2014</p> <p>DCC/AMHP Lead March 2014</p> <p>DCC/AMHP Lead March 2014</p> <p>DCC/AMHP Lead April 2014</p> <p>DCC/AMHP Lead July 2014</p>
Comments:	Name of responsible manager:

Action 4

Page in report:	Domain and issue:	MHA Section & CoP Ref:
22	<p>Domain 1- Patients admitted from the community</p> <p>How partner agencies will ensure bed availability enables compliance with the MHA Code of Practice chapter 4:</p> <p>“How partner agencies will ensure compliance with the MHA Code of Practice chapter 1 paragraph 6 guiding principle of effectiveness, efficiency and equity with regard to bed availability”.</p> <p>People taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken.</p>	<p>MHA section:</p> <p>CoP Ref: Chapter 4.31, 4.51 and 4.77</p>
Action you will take:		
<ul style="list-style-type: none"> a. The Trust recognises that a section is an "application" to the provider to admit the patient, and will make every effort, where commissioned to provide these services locally. The Trust and the CCG are in discussion around capacity for local PICU beds. b. Lead Consultant, Inpatient Services reviews all inpatient admissions with a length of stay greater than 90 days to ensure the appropriateness of the continued stay and where required facilitate a discharge or arrange a second opinion to ensure there is overall effective bed management. 		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
<ul style="list-style-type: none"> a. Outcome of the discussion with the CCG. b. Lead inpatient Consultant records the findings of reviews within RiO. 		<p>Director Mental Health Services February 2014</p> <p>Complete</p>
Comments:		Name of responsible manager:

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Action 5

Page in report:	Domain and issue:	MHA Section & CoP Ref:
23	<p>Domain 1- People detained using police powers</p> <p>How partner agencies will improve patient experience and compliance with MHA Code of Practice chapter 10 paragraph 24;</p> <p>... In identifying the most appropriate place of safety for an individual, consideration should be given to the impact that the proposed place of safety (and the journey to it) may have on the person and on their examination and interview. It should always be borne in mind that the use of a police station can give the impression that the person detained is suspected of having committed a crime. This may cause distress and anxiety to the person concerned and may affect their co-operation with, and therefore the effectiveness of, the assessment process ...</p> <p>Provision of evidence of the review of service users who have had more than three Section 136 assessments per year and related action plans.</p>	<p>MHA section: 136</p> <p>CoP Ref: Chapter 10.24</p>
Action you will take:		
<p>a. The Trust is monitoring the most appropriate location for the designated place of safety. This will ensure that it is provided in the location where there are sufficient numbers of staff to respond in an efficient and effective manner and where it is safe to do so for the service user.</p>		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
<p>a. An options appraisal paper will be considered by the Trust to inform a decision.</p>		<p>Associate Director, Inpatient Services April 2014</p>
Comments:		Name of responsible manager:

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Action 6

Page in report:	Domain and issue:	MHA Section & CoP Ref:
25	<p>Domain 1- Patients admitted from the community</p> <ol style="list-style-type: none"> 1. How the provider will improve compliance with MHA Code of Practice chapter 10 paragraph 28: “Assessment by the doctor and AMHP should begin as soon as possible after the arrival of the individual at the place of safety. Where possible, the assessment should be undertaken jointly by the doctor and the AMHP”. 2. How the provider will improve compliance with MHA Code of Practice chapter 13 paragraph 5: ... People who sign applications and make the supporting medical recommendations must take care to comply with the requirements of the Act. People who act on the authority of these documents should also make sure that they are in the proper form, as an incorrectly completed or indecipherable form may not constitute authority for a patient’s detention 3. How the provider will improve compliance with MHA Code of Practice Chapter 4 paragraph 73: ... Where practicable, at least one of the medical recommendations must be provided by a doctor with previous acquaintance with the patient. Preferably, this should be a doctor who has personally treated the patient. But it is sufficient for the doctor to have had some previous knowledge of the patient’s case ... 4. How the provider will ensure compliance with MHA Code of Practice chapter 4 paragraph 75: ... If the doctors reach the opinion that the patient needs to be admitted to 	<p>MHA section: CoP Ref: Chapter 10.28, Chapter 13.5, Chapter 4.73 and 4.75</p>

	<p>hospital, it is their responsibility to take the necessary steps to secure a suitable hospital bed. It is not the responsibility of the applicant, unless it has been agreed locally between the LSSA and the relevant NHS bodies that this will be done by any AMHP involved in the assessment ...</p>	
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Action you will take:

1. In the shorter-term, a plan is in place to use the existing AMHPs in a more efficient way. This will be achieved by creating an 'AMHP Hub' of full-time AMHPs who will carry out the majority of the urgent MHA assessments that are required. The remaining Mental Health Act assessments will be scheduled among the wider group of AMHPs to ensure these assessments can be accommodated within their workload more effectively

2. The 11 unlawful detentions referred to in the report were Pan Dorset of which 2 related to Dorset County Council. Prior to the CQC visits the Director of Mental Health Services wrote to all three Local Authorities outlining concerns regarding unlawful detentions. The DCC requested a breakdown and details of the unlawful detentions that related to their Services with the view to review practice. This was sent on 30th July 2013.

3. Each CMHT has a system in place to facilitate the availability of a section 12 doctor for urgent MHA assessments. Although the ideal would be for a Consultant with prior knowledge of the patient to be involved, this cannot always happen for emergency MHA assessments since community Consultants have other clinical commitments such as outpatient clinics. In the case of planned MHA assessments, arrangements are made to involve doctors with previous knowledge. AMHPs always try to involve the patients GP and will talk to the Consultant or another senior doctor who has been involved in the persons' treatment before.

4.
 - a. The Trust will recirculate the relevant section of the code of practice to the Doctors via the Medical Advisory Committee.
 - b. The AMHPs lead will advise the AMHP meeting and the Multi Agency Group that this action has been taken.
 - c. AMHPs will be asked to feedback issues to the AMHP lead, who can bring specific examples to the Multi Agency Group meeting.

How you will know it is achieved:

Date when action will be completed: (dd/mm/yyyy)

1. Monthly monitoring of the Section 136 will continue in the Multi-Agency Group.

Completed

<p>2 a. The Trust has escalated unlawful detentions to the Local Authorities. b. Training is planned for 19th February & 4th March 2014 to remind the AMHPs of this issue c. Monitoring of the unlawful detentions will continue through Hospital Mangers meeting.</p> <p>3 AMHP's will be reminded to always try to involve the patients GP and will talk to the Consultant or another senior doctor who has been involved in the persons' treatment before.</p> <p>4 a. The code of practice action will be minuted in the MAC meeting b. The AMHPs action will be minuted in the Multi Agency Group and AMHP Lead meeting minutes. c. This will be a standing item on the MAG agenda</p>	<p>Completed AMHP Lead, March 2014 Completed</p> <p>DCC/AMHP Lead March 2014</p> <p>MAC Chair, February 2014</p> <p>DCC/AMHP Lead/MHA Legislation Manager February 2014</p> <p>Mental Health Act Legislation Manager, February 2014</p>
<p>Comments:</p>	<p>Name of responsible manager:</p>

Action 7

Page in report:	Domain and issue:	MHA Section & CoP Ref:
26	<p>Domain 1- Purpose, Respect, Participation, Least Restriction</p> <p>How partner agencies will ensure that more emphasis is placed on meeting the housing needs of patients when they are discharged from hospital to enable compliance with the MHA Code of Practice.</p>	<p>MHA section: CoP Ref: Chapter 1.6</p>
Action you will take:		
<p>1) The Local Authority will continue to work with partner agencies to implement the Mental Health Housing & Support Strategy for Dorset. This aims to address the need for specialist high support, medium support and floating support options for people leaving hospital – as well as looking to develop alternative ways of offering people housing and support, such as increasing the use of schemes such as Shared Lives for people with dementia.</p>		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
1) Progress will be included in reports presented to the MH Joint Operational Board		Dorset County Council 2016
Comments:		Name of responsible manager:

Action 8

Page in report:	Domain and issue:	MHA Section & CoP Ref:
27	<p>Domain 1- Other areas</p> <p>How partner agencies will ensure improvements in interagency working Provision of evidence of a commitment to these improvements with reference to the guiding principles of the MHA Code of Practice</p>	<p>MHA section: CoP Ref: Chapter 1</p>
Action you will take:		
<p>1. The issues raised will form part of the agenda to be discussed during the first Strategic Mental Health Act Multi-Agency Group meeting.</p>		
How you will know it is achieved:		Date when action will be completed: (dd/mm/yyyy)
<p>1. This will be minuted following the meeting.</p>		<p>MHA Legislation Manager April 2014</p>
Comments:		Name of responsible manager:

Action 9

Page in report:	Domain and issue:	MHA Section & CoP Ref:
28	<p>Patient A</p> <p>We heard patient A had been initially detained at Pebble Lodge but transferred out of area. We heard that this has meant the patients relatives had difficulty in visiting the patient. Concern was also expressed about the availability of IMHA's and consultation with the patients relatives about the transfer. We have already raised this issue with DCC Senior management staff for speedy resolution of immediate issues</p>	
<p>Action you will take:</p>		
<p>We note that the action states this issue has been raised with DCC senior management, however DHC Trust has also responded to the CQC directly via email on 19th December 2013. Arrangements were made with the patients family to pay mileage twice weekly to facilitate visiting. In addition the Head of Specialist Services for Dorset Adult Social Services has agreed with the Head of DCC Children's Services that he will set up a meeting involving the patients relatives, a representative from the CCG and a representative from Dorset Mental Health Forum to look at the IMCA issue. This was confirmed with the lead CQC MHA Commissioner on 19th December 2013 by the Head of Specialist Adult Services.</p>		

<p>Signature:</p> <p>(on behalf of the registered person)</p>	
<p>Name:</p>	<p>Jane Elson</p>
<p>Role:</p>	<p>Director of Mental Health</p>
<p>Date:</p>	<p>28th January 2014</p>

(dd/mm/yyyy)	
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