

Our ref: 29878

23 December 2013

Mrs Catherine Driscoll  
Director for Adult and Community Services  
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[www.cqc.org.uk](http://www.cqc.org.uk)

Dear Mrs Driscoll

### **Monitoring under section 120 of the Mental Health Act 1983**

I am writing following the assessment and admission visit to Dorset which took place on 12 and 13 December 2013. I recognise that such visits as these require a considerable amount of preparation and the team would like to take this opportunity to thank Viv Payne for her help with the visit.

During the visit, the visiting team met with a number of agencies as well as service users and carers. One of the groups the team met were the approved mental health professionals (AMHPs) employed by the council. The issues they raised were of such significance that members of the visiting team had grave concerns about the safety of the service to such an extent that they felt the service was not safe. Prior to the feedback meeting on the second day, the team met with Mr Gocoul, the head of specialist services, to discuss the concerns. Whilst Mr Gocoul did not share the view that the service was not safe, he did recognise that the service was "on the brink". The areas of concern identified by the visiting team are as follows:

#### **The Management of the Service**

The AMHP service is an important service and is the responsibility of the local authority. The visiting team gained the impression that nobody is overall managing the service although it is acknowledged that Viv Payne as the lead AMHP is trying to hold things together. However, there do not appear to be effective arrangements in place to manage the service and to deal with the various issues that regularly emerge as far as the AMHPs and the service are concerned.

## **Morale**

From listening to AMHPs, the visiting team concluded that morale was a major problem. AMHPs told us that, as a group, they feel isolated and that they are not listened to. Communication in general was a concern. They were aware of plans for the service to be reconfigured with a hub, but did not know if this was going to happen. They were also not aware of the street triage project which the team heard about from Mr Gocoul, which is due to be introduced next April and will affect their work.

The AMHPs expressed concern about their pay and conditions. AMHPs explained that discussions to try and resolve this are ongoing but the fact that Bournemouth and Poole are paying their AMHPs more was an issue. The team were told that the AMHPs employed by your council, who work for the out of hours service, are paid £3000 less than the other AMHPs employed in the out of hours service by Bournemouth and Poole. These AMHPs provide the same service across the three authorities.

## **Recruitment**

The visiting team were told that within the county there are 29 AMHPs available for daytime work although this number will decrease shortly. Within that number there is one occupational therapist and a community psychiatric nurse both of whom are employed by Dorset Health University NHS Foundation Trust (DHUFT). The team were told that guidelines suggested that a county the size of Dorset should have 41 AMHPs. There are plans for three social workers to start training. However, there are three further training places available and three DHUFT staff have expressed an interest in undertaking AMHP training. There does not appear to be any agreement between the council and DHUFT to facilitate this. This would appear to be a missed opportunity. There appears to be a lack of interagency working on this and other issues.

## **Time off**

AMHPs told us that they regularly work extra hours in order to complete mental health act assessments. This involves them working into the evenings and working on their day off. A number of staff told us that they have in excess of 120 hours of flexi time to take. Other staff told us that their managers do not always encourage the AMHPs to take back their time as the managers are more concerned with the day service they are managing.

In recent months because of problems with the availability of beds, a number of placements have been made at hospitals some considerable way from Dorset. Some AMHPs have been required to visit these hospitals to deal with applications. One AMHP was asked to travel in a day to the south east of the country. The AMHP expressed concern about undertaking such a long journey and eventually the authority in whose area the patient had been placed undertook the assessment.

## **Risk**

The visiting team were very concerned about the risk to staff as they were told that if AMHPs go out on an assessment late in the afternoon there is no system consistently in place to protect them in the event of an incident. Some AMHPs appear to have an informal arrangement to let a colleague know when they have completed their AMHP work. Within the AMHP report there is a reference to risk, but it was not clear whether this was risk to the patient or risk to the AMHP.

## **Supervision**

The AMHPs told the visiting team that they did not receive regular supervision as far as their AMHP work was concerned.

## **Training**

The AMHPs were asked about arrangements for their continued professional development and the requirement to complete 18 hours training. The AMHPs appeared to have limited knowledge about this and said that they needed additional training particularly around legal updates. This issue was raised with Viv Payne who suggested that the 18 hours requirement was considered through the re-approval process. Subsequently the team were told that the learning and development unit kept this information and that all AMHPs had undertaken the requisite number of hours. Some reassurance on this would be helpful. Some of the AMHPs also said that they did not have access to a current Jones manual.

## **Quality Assurance**

One of the Mental Health Act commissioners, who was part of the visiting team, regularly visits hospitals in Dorset that admit patients detained in accordance with the Mental Health Act and has part of this work, looks at AMHP reports.

Some of the reports seen are of variable quality. During the visit, the team read a number of AMHP reports. There were a number of points that arose, particularly around nearest relative issues. The visiting team asked about arrangements for monitoring AMHP reports but the team were told that this does not routinely happen.

There was also a lack of clarity about what happened to the AMHP reports when work needed to be followed up. In recent months Viv Payne has come to an arrangement whereby staff in the mental health legislation office of DHUFT email the AMHP report as the reports are uploaded on to the electronic system. The council does not appear to have a system in place to capture information about AMHP work. It was not clear how any outstanding work would be carried out and by whom.

I would be grateful if arrangements could be made to address the concerns as set out above and look forward to receiving your comments no later than 24 January 2014. I understand that Mr Gocoul has indicated to the visiting team that he would start addressing the issues and develop an action plan which the CQC would welcome a copy.

With very best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Patti Boden', enclosed within a thin black rectangular border.

Patti Boden  
Operations Manager (Mental Health)

Yours sincerely