

## Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	TAF
<b>Our reference</b>	INS1-859499139
<b>Location name</b>	St Pancras Hospital
<b>Provider name</b>	Camden and Islington NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment <b>How the regulation was not being met:</b> <i>The trust did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people or where that did not apply for establishing and acting in accordance with people's best interests. Many staff in inpatient areas had little or no knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this meant that decisions were being made that might not take into account people's human rights.</i>  <i>This was in breach of Regulation 18(1)(a)(b)(2)</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<ol style="list-style-type: none"> <li>1. Appoint a Mental Health Law lead at senior manager level with expertise in MHA 1983/MCA2005 and associated legislation</li> <li>2. Review the mental health law function to strengthen existing governance and management arrangements</li> <li>3. Develop and implement Mental Capacity Act Policy and associated procedures including Deprivation of Liberty Safeguards to provide clear guidance for staff on: <ul style="list-style-type: none"> <li>• Mental capacity</li> <li>• Deprivation of liberty</li> <li>• Best interests</li> </ul> </li> <li>4. Establish a package of training to ensure that staff have appropriate knowledge and skills</li> <li>5. Review and revise consent to treatment procedures to ensure that arrangements are in place and are applied for obtaining and acting in accordance with the consent of people</li> <li>6. Consultant job plans to include objectives around recording consent, capacity and feedback of SOAD recommendations</li> <li>7. Ensure that MCA information cards are available and accessible on all wards</li> </ol>	

8. Work with consultants to improve the detail recorded in patient records
9. Review levels of advocacy and improve engagement with advocacy groups to develop a collaborative approach
10. Provide advice for service users, their families and staff through the development of a 'mental health hub'
11. Work with local authorities to develop:-
  - Joint protocols
  - Training
  - Resources, eg best interests assessors
  - Literature
12. Promote the use of advance planning and increase staff awareness
13. Ensure the new EPR system includes the facility to record and report on mental capacity assessments and deprivation of liberty safeguards
14. Review evidence base for "Family Review Conference" approach to improve involvement of service users and carers

**Who is responsible for the action?**

Medical Director

**How are you going to ensure that improvements have been made and are sustainable?  
What measures are you going to put in place to check this?**

- Review Terms of Reference and membership of Mental Health Law Group to oversee the establishment of systems and processes and monitor performance, taking remedial action to ensure that best practice is maintained
- Develop a comprehensive programme of audit to include:
  - Documentation and clinical practice for obtaining and acting in accordance with consent to treatment policy guidance;
  - Applications for Deprivation of Liberty Safeguards authorisations;
  - Use of advance planning;
  - Use of advocacy and engagement with advocacy groups
- Monitor improvements in recording of consent, capacity and feedback of SOAD recommendations through consultant objectives
- Appoint a Mental Health Law Manager to take overall responsibility for implementing a comprehensive package of training
- The Quality Committee, through the Quality Review Group, will monitor the implementation of the action plan to deliver the improvements

**Who is responsible?**

Director of Nursing and People

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Funding has been approved by the Trust Board for the appointment of a Mental Health Law Manager and resource available for an interim post pending this appointment  
An external consultant has been recruited to provide training to ward staff that can be shared with other staff.  
Funding for external trainer to deliver training to clinical teams

**Date actions will be completed:**

May 2015

**How will people who use the service(s) be affected by you not meeting this regulation**

**until this date?**

Training for ward managers that can be shared with other ward staff is underway. This will ensure that staff on the wards have knowledge and skills in this area  
There is an established audit of capacity and consent that will continue with actions identified to improve practice where required  
The Trust will liaise closely with the Local Authority to improve practice around DoLS authorisations and best interest assessments

<b>Completed by:</b> (please print name(s) in full)	
<b>Position(s):</b>	
<b>Date:</b>	

