

Mental Health

Outcome-focused care trigger



Outcome focused care trigger: Mental Health

Name of service:

Inspector:

Date:

Background

The Mental Welfare Commission made a recommendation in their report, Living with Severe and Enduring Illness (August 2016):

http://www.mwcscot.org.uk/media/340411/living_with_severe_and_enduring_mental_illness_in_scotland_report_final_2.pdf

- **The Mental Welfare Commission and the Care Inspectorate will discuss how the Care Inspectorate can strengthen the focus on better outcomes for people with severe and enduring mental illness as part of the inspections of care at home and housing support services, looking at how services promote wellbeing and social development.**

The Mental Health Strategy (Scottish Government, 2017) includes the following areas for improvement:

- better integrate with other sectors and organisations in order to provide the best levels of care
- supporting community mental health provision
- introduce preventative measures and early intervention techniques to reduce the strain on health services
- developing your digital mental health care provision as a way of supporting the integration of health and social care teams
- assess how to keep track of children and young people when transitioning to adult services
- social factors that can impact mental health sufferers.

Criteria	
<p>Is the age range specified on the registration certificate?</p>	<p>Registration certificate</p> <p>No one under the age of 18 should be placed in an adult mental health care service – Mental Health (Care and Treatment) (Scotland) Act 2003 Part 1, section 2</p>
<p>Are there any diagnostic groups specified on the registration Certificate?</p>	
<p>Are there policies and procedure in place related for:</p>	<ul style="list-style-type: none"> - Pre-admission assessment - Admission - Risk Management and assessment - Care planning - Discharge planning - Transfer to/from NHS services - Missing people - Covert medication - Substance misuse - Improving physical health

<p>Does the service have a policy regarding observation?</p>	<p>The policy should have been revised within the last year</p> <p>Engaging People – Observation of People with Acute Mental Health Problems – 2002 (under review)</p>
<p>Does the service have a policy on restraint, which includes:</p> <ul style="list-style-type: none"> • Rights, Risks and Limits to Freedom (MWC 2013) • Deprivation of Liberty • Mental Health (Care and Treatment) Act 2003 • Adults with Incapacity (Scotland) Act 2000 	<p>Policies should have references to these documents</p>
<p>Is there a transfer policy and procedure between the care home and other services and vice versa?</p>	<p>Policy manual</p>

Notes:

Quality of Care

Criteria	Act/Regulations/Standard/Best Practice Guidance
Is there an assessment of physical health needs?	
Is there a physical activity programme?	https://www.samh.org.uk/documents/SAMH_View_Sport_and_Physical_Activity.pdf
Are there any barriers to those who use services accessing health services?	
Does the service encourage those who use services to make healthy life style choices?	
Are those who wish to, encouraged/enabled to take up some form of physical activity?	https://www.samh.org.uk/documents/SAMH_View_Sport_and_Physical_Activity.pdf
Do those who use services have a Wellness Recovery Action Plan (WRAP)?	

Are individuals encouraged to contribute towards their recovery story?	
Are there advanced statements in place?	
Are Advocacy services available to individuals?	
How are individuals supported to use/access SDS?	
Is the service engaged with any of the following: <ul style="list-style-type: none"> • See Me • Mental Health Foundation • SAMH • SRN • The Alliance • Other, please specify: 	

Quality of Environment

Evidence	Act/Regulations/Standard/Best Practice Guidance
At what level does the service comply with the Matrix of security?	See matrix of security at appendix 2
What restrictions are there within the environment?	
Are there separate areas for men and women?	
Is there a designated smoking room/area?	
Is there access to outside space?	

Quality of Staff, management and leadership

Criteria	Evidence
How many staff are there with experience, skills and knowledge of mental health? <ul style="list-style-type: none">• RNs Mental Health• Senior Carers• Carers	
Are staff up to date with all/any of the following: <ul style="list-style-type: none">• SRN2• WRAP• Other	See appendix 1
What evidence is there of staff being connected to up-to-date training and development in mental health?	Training records

Notes:

Appendix 1

Indicator	Assessments	Care plans	Service information	Service Provider	Service User	Informal carer
Basic needs are identified and addressed	Routinely considered	Routinely considered	No data required	We identify and address basic needs	My basic needs are well met	My needs are considered by the service
Goals are identified and addressed	Routinely considered	Personalised self-set goals are routinely addressed	No data required	When we care plan we consider peoples' self-set goals	My goals are considered	No data required
Personalised services are provided	Personal choice is routinely considered	Considerable variation between care plans	Personal choice is identified as fundamental	We ensure people receive a personal unique and tailored service	I get a service which is tailored to my individual needs	No data required
Service is strengths based	Routinely identified and explored	Strengths routinely integrated	Strengths based approach is promoted	We consider peoples strengths, skills and abilities	My strengths skills and abilities are considered	No data required
Service promotes social inclusion	Social connectedness considered	Mainstream services and community are routinely addressed	Information is provided that promotes social inclusion	We provide a good range of options to promote social inclusion	The service helps me to feel connected to my community	No data required
Service promotes and acts on service user involvement	No data required	No data required	Information is provided that promotes individual service user involvement	Significant changes has taken place as a result of service user involvement	People who use this service have a say in how things are done	No data required
Informal carers are routinely	Routinely considered	Routinely involved	Information is provided that	We fully involve informal carers	If I want it, my informal carer is	I am fully involved by the service

involved			promotes informal carer involvement	whenever we can	involved	
Service encourages advance planning and self-management	Routinely considered	Routinely integrated	Information provided that promotes advance planning and self-management	We encourage advanced planning and self-management	I'm encouraged to plan for the future including periods of poor mental health	I'm involved in the planning for the future of the person I care for
Staff are supported and valued	No data required	No data required	Training supervision and well-being policies or initiatives exist	Staff are supported and valued and opportunities exist to reflect on practice	The staff here seem satisfied in their work	The staff here seem satisfied in their work
Practice is recovery	Promotes hopes and optimism	Responsibilities are routinely shared	Information is provided that identifies recovery focussed practice is fundamental	We are recovery focussed practitioners	Staff are supported, positive and approachable	The service helps me feel hope for the future

Notes:

Appendix 2

THE MATRIX OF SECURITY IS AN EXCERPT OF THE DEFINITIONS OF LEVELS OF SECURITY REPORT

Table 7 The Matrix of Security

ENVIRONMENTAL SECURITY					
Delineator	LOW			Medium	High
	Open ward	IPCU/locked rehab	Locked forensic unit/ward		
DESIGN AND CONSTRUCTION					
Perimeter (e.g. fence)	Standard hospital specifications		No secure perimeter, but secure outside area. Secure external windows	No secure perimeter, but secure outside area. Secure external windows. Deterrent perimeter fence with motion sensors	5.2m secure fence, additional motion detection perimeter
Control of access to the site	Standard hospital specifications	double locked doors		electronic airlock	Airport level security
Building design to deter escape	Standard hospital specifications - not specifically designed to deter escape	Specifically designed to deter escape		robust construction able to deter and delay determined escape	robust construction able to withstand determined escape with tools
Window / door security	Standard hospital specifications	Window restrictors / reinforced windows	Doors opening outward (interview room and bedroom), window restrictors / reinforced windows	Keypad entry, internal doors reinforced. Communicating doors alarmed if kept open. Two way opening (interview room and bedroom) doors, reinforced windows with anti-smuggling grid on external windows.	Prison service approved locks, airlock systems some break-proof windows, some use of electronic control of doors. No external windows
Furniture design	standard hospital furniture			Heavy and robust	
EQUIPMENT					
X-ray / metal detector / ion detector	None routinely used	Hand held metal detector			xray machine, arch and handheld metal detector, ion detector, sniffer dogs from partner organisations if required
Personal alarm systems	Standard personal alarms	location specific		location specific - response team alerted by pager	location specific security alerted and tannoy to hospital campus and response team
Physical restraints	None used				handcuffs for exceptional leave
Campus observation (CCTV)	Limited to specific locations			Complete external, point of access, air locks, kept 2 weeks	complete campus and perimeter, kept 3 weeks
Availability of additional secure area for behaviourally disturbed patients	None	normal bedrooms used		Individual additional secure area available with bedroom and living area	A range of individual secure areas with bedroom and living space

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.com

Care Inspectorate Enquiries: 0345 600 9527

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