



CQC Mental Health Act

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Matthew Lockley
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22 December 2020

Our ref: ENQ1-10087276695

Dear Mr Lockley,

Re: Mental Health Act remote monitoring review of Options for Care Dartmouth House

Thank you for speaking with me and for making the arrangements for this remote review which we completed between 16-18 December 2020.

We had a discussion to enable the Care Quality Commission (CQC) to continue to monitor the care and treatment of patients detained under the Mental Health Act (MHA) during the COVID-19 pandemic. We hope in this way to avoid visiting your ward, unless we identify serious concerns with the quality of care and treatment being provided to detained patients. This is both to reduce infection risks and reduce any burden on services at this difficult time.

This letter is issued in place of the report format used before the pandemic. We have not been producing a formal 'provider action statement' for services to complete, but usually identify points in our feedback letters where we would expect action to be taken.

On this review I am pleased to note that no points for action have been identified.

During this review we spoke with you. We also spoke with two registered mental health nurses, speciality doctor, a carer and three patients. We received written responses from the responsible clinician (RC), MHA administrator, advocacy and five completed patient experience forms.

We spoke with staff who discussed at length how the hospital managed the pandemic:

- Dartmouth House has written protocols addressing all aspects of COVID-19. Patients are tested for COVID-19 before admission and nursed in a separate wing of the hospital for a week before they are admitted to the main hospital. At the start of the pandemic, one patient tested positive for the virus and was successfully treated at the hospital.

- Staff take patient temperatures daily and all patients have a COVID-19 management plan.
- Staff provided all patients with information about the virus. They have adapted the hospital environment which encourages patients to socially distance, for example placing tape on sofas which aims to discourage patients to sit beside each other. The RC continues to grant patients section 17 leave. The RC and multi-disciplinary team complete mental capacity assessments for patients who lack capacity to follow government guidance within the community. Their leave arrangements are adjusted to consider their safe management within the community. Staff have taught patients how to use personal protective equipment (PPE) which patients use whilst they are on leave.
- Dartmouth House follows government guidance relating to family carer visits. Patients who were able to visit their families are not able to do so due to revised government guidance, however, staff are able to arrange for patients to see their relatives in the courtyard outside of the hospital. In order to facilitate indoor family carer visits, the provider is in the process of writing a protocol for carers to be offered lateral flow testing for COVID-19. All patients could use their mobile phones within the hospital and had access to the hospital's cordless phone to keep in touch with their family.

We noted the hospital upheld the following safeguards:

- All patients are reminded of their rights under section 132 every month. The MHA administrator completes monthly audits to monitor this.
- Patients have access to advocacy services. POHWER provide the independent mental health, Care Act and independent mental capacity advocacy service at Dartmouth House. The advocate can offer weekly support at ward rounds if necessary. The advocate said during the pandemic, they have been providing support to clients remotely using a rights based approach by phone and video calls to communicate with clients and attend ward rounds. The advocate considers and carry out face to face visits following a robust risk assessments and use of personal protective equipment (PPE) where there are particular difficulties in communicating using the phone or video calls.
- Both the RC and MHA administrator stated there were no delays in receiving decisions made by the Ministry of Justice and access to the remote second opinion doctor (SOAD). The RC said the remote SOAD service "works well".
- The MHA administrator refers patients to advocacy services.
- Patients have virtual access to their solicitors, First Tier Tribunals and Hospital Managers hearings. An interpreter is available weekly to translate for a patient virtually and/or via telephone.

We spoke with three patients who all gave positive feedback about their care and treatment at Dartmouth House.

- All patients said they felt safe at the hospital, were aware of their rights to appeal against their detention, involved in writing their care plan and aware of their discharge pathway.
- All patients we spoke with identified themselves as south Asian. They said staff supported them to practice their religious faith and respected their cultural needs, for example going to the Temple with staff and eating food appropriate to their culture.

- They said staff have given them information about COVID-19 and how to keep themselves safe. Staff attitude was described as “professional, good and nice”.
- One patient was admitted to Dartmouth House during the pandemic. He said on admission, he was placed in a room in another part of the hospital which he described “suitable and spacious”.
- All patients were aware of advocacy services but do not need their service at present.
- We received five completed patient experience forms. Most feedback was positive. All forms indicated patients felt safe on the ward and described all staff attitude as good or very good.

We spoke with a carer. She said her family are happy with the care and treatment her brother is receiving at Dartmouth House.

- Due to the change in government guidance, this carer and her family have not been able to visit the hospital. She stated she engages with multidisciplinary team meetings via telephone loudspeaker and appreciates being kept up to date about her brother’s progress by staff. She believes staff listened to her and her family’s views.
- The carer described a recent incident where her brother was absent without leave from the hospital. She said staff kept her and her family up to date and informed the Police. She believed staff acted appropriately to this incident.

We saw examples of good practice:

- Staff spoke about a patient who died in September 2020. Staff said in response to this patient’s death, patients have been offered psychological support. Patients were invited to the funeral which they declined. The family of the late patient allowed the funeral procession to drive past the hospital, this action enabled patients at Dartmouth House to say goodbye to the late patient.
- Both patients and staff have access to weekly COVID-19 testing. However, staff said all patients have made the decision to be tested for COVID-19 monthly instead of weekly. Staff respected this decision and continue to offer the option of weekly testing.

Thank you again for your continued support to enable us to monitor the care and treatment of detained patients and use of the MHA.

Yours sincerely

pp *R. F. Clarke.*

Judy Davies
Mental Health Act Reviewer