

Clinical Audit of MHA documentation for patients on section 3 staying 90 days and over in adult wards at Roseberry park hospital, Middlesbrough

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Background

There is an expectation of high standards of MHA documentation in detained patients. These standards are set out in MHA code of practice, Trust guidance for new admissions (24 hour medic review to assess capacity and consent) and Action plans following previous CQC visits.

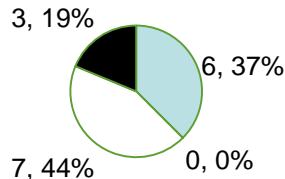
Criteria and Standards

MHA documentation in the form of capacity to consent (MCA1 form) at admission and close to 3 months, T2 form in those having capacity, SOAD request documentation and T3 form documentation should be done in 100% of cases.

Methodology

Data collected from all inpatients on section 3 staying 90 days and over, in Adult acute and rehab wards on Roseberry park hospital between the time period 28/10/19 – 04/11/19. Using a designated audit data collection tool, information was gathered from each patient's electronic record pertaining to the standards.

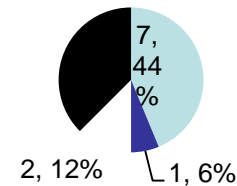
Initial Capacity to consent



Data Analysis/Results

- Case note entry only
- MCA1 form only
- Both case note and MCA1 form
- None

3 month consent



- Case note entry only
- MCA1 form only
- Both case note entry and MCA1 form
- None

16 patients records were identified as meeting criteria of staying 90 days and over detained under section 3 of MHA. MCA1 form needs to be completed in all patients at admission and at 3 months which is currently 44% and 6% respectively. SOAD request to be sent for every patient lacking capacity which is currently at 78% and to be documented in case notes which is low at 56% currently. T3 form obtained and documented in case notes in 45% of the patients and the authorization was discussed and recorded in only 11% of cases.

Discussion

T2 form was completed and recorded in all patients who had capacity to consent to treatment. Which indicated good practice. In 81% of cases initial capacity to consent to admission was documented, Where as at 3 months, documentation of capacity to consent dropped to 62%. SOAD request was sent in 78% of cases and recorded in case notes in 56% of them.

Conclusions

There is scope to improve practice with regards to MHA documentation in detained patients.

Action plan

To circulate aide memoire of flow chart for MHA documentation to all inpatient wards and re-audit in 12 months time.

making a

difference

together