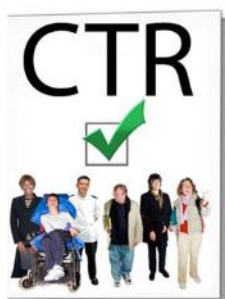


## Workbook 3 - Care and Treatment Review (CTR)

### Key lines of enquiry

#### Adult – hospital CTR (secure)

Date of CTR \_\_\_\_\_



This workbook helps CTR panels use key lines of enquiry (called KLOEs). It shows what sort of questions to ask and where to find evidence. It will help with deciding what goes into the CTR report.

You must give this workbook to the CTR chairperson at the end of the CTR. The CTR chairperson will record the panel's findings on a different document. The CTR Report will come from this and you will be able to say if it is OK or not before it is sent out.

This is one of six workbooks for CTR panels:

1. Adult – community CTR
2. Adult - hospital CTR (non-secure) eg. assessment and treatment unit
3. Adult - hospital CTR (secure) ✓
4. Child or young person – community CETR
5. Child or young person - hospital CETR (non-secure)
6. Child or young person - hospital CETR (secure)




**On the day** - the panel should agree who will do what. You can ask your own questions as well as the ones listed. These are just to give you some ideas. You should look for evidence or proof to support your findings. Evidence can be in the person's notes or in what people say. Try to write down important things said by the person, family carers, advocates and other people. CTR panel members are there to support each other and work together as equals. The CTR chairperson should give the panel time to discuss their findings with each other and what the actions could be.

The key lines of enquiry, or KLOEs, are:

1. Does the person need to be in hospital? .....	4
2. Is the person receiving the right care and treatment? .....	6
3. Is the person involved in their care and treatment? .....	8
4. Are the person's health needs known and met? .....	10
5. Is the use of any medicine appropriate and safe? .....	12
6. Is there a clear, safe and proportionate approach to the way risk is assessed or managed?.....	14
7. Are any autism needs known and met?.....	16
8. Is there active planning for the future and for discharge? .....	18
9. Are family and carers being listened to and involved?.....	20



At the end of each KLOE, there is space for you to say what your findings are. If there is an urgent concern that needs action NOW, please stop and speak to the CTR chairperson. You can also tick one of the traffic lights at the end of each KLOE, to show what you think of the person's **quality of care** overall:

-  Red – You have great concern about the person's experience of care, safety, or whether there are good plans with clear outcomes
-  Amber - You have some concern about the person's experience of care, safety, or whether there are good plans with clear outcomes
-  Green – You have no concerns about the person's experience of care, safety, or evidence of good plans with clear outcomes



## About the person

For example

- Important things that have happened in the past (called a chronology)
- What is important to the person?
- What the person finds helpful or unhelpful

## 1. Does the person need to be in hospital?



You can ask or find out about things like:

- Can the clinical team say why the person is in hospital and if any restrictions are in place? Is all this clearly written down?
- If the person knows why they are in hospital and if they think it is the right place for them
- Why the person is in a secure hospital – could their treatment be given safely in a less secure place?
- What is working or not working about being in hospital
- Why the person was detained under the Mental Health Act
- Are other professionals involved eg. National Offender Management Service; MAPPA; Victim Liaison officer; probation; solicitor; local police services, local commissioner?
- If the person was transferred from prison, why should the person remain in hospital rather than go back to prison?

## How do you find out?



Clinical records

Treatment plans

Medication records

Multi Disciplinary Team (MDT) minutes

Community CTR record

Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team, community clinical team

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What do the person and/or their family say about needing to be in hospital? Please use **their** words.



What are your main findings about whether the person needs to be in hospital?

Traffic lighting rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 2. Is the person receiving the right care and treatment?



You can ask or find out about things like:

- If there is a 'formulation' which says what the person's main difficulties are, with ideas about why this is
- What the diagnosis is
- If there is a clear treatment plan linked to a formulation and diagnosis
- Expected outcomes of treatment, and by when these should happen by
- Is there a link between the person's offending and their diagnosis or treatment? If so, is there a treatment plan with outcomes for the cause of the offending?
- Is the person getting the right care for their diagnosis and treatment plan?
- What's working well or not working well
- The quality and standard of care and treatment
- Whether being in hospital is making the person's problems better or worse
- And easier or harder for them to return to the community
- Is there clear evidence of assessment and work supporting; psychological therapies; social and life skills; symptom management; relapse prevention; discharge planning?
- How long is the treatment expected to last and how is this monitored?
- If no treatment is taking place – why not?
- Is the Ministry of Justice (MoJ) role clearly shown in care and treatment plans? Are requests followed up on quickly?
- The quality and standard of care, education and treatment
- Does the place have a good CQC rating by the Care Quality Commission?

## How do you find out?



Clinical records

Treatment plans

Medication records

MDT minutes


Discussions with: the person, family members, advocate, care coordinator and keyworker, responsible clinician / consultant, inpatient clinical team, community clinical team


Reference to clinical guidelines in notes and in treatment plan (e.g. NICE guidelines)


Social care plans

CQC [www.cqc.org.uk](http://www.cqc.org.uk)




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 What do the person and/or their family say about their care and treatment? Please use **their own** words.

 **What are your main findings about the quality of the person's care and treatment?**

 For any concern needing URGENT action now, please stop and speak to the chair of the CTR

**Traffic light rating**

### 3. Is the person involved in their care and treatment?



You can ask or find out about things like:

- If the person and/or their family has any concerns about their care
- If the person had a communication assessment before or soon after admission
- How well the person is supported to communicate eg. cultural needs, communication passport and/or other ways of engaging with the person
- If there are person-centred assessments, care and treatment plans
- How involved the person is with their care plan and behaviour support plan
- Is there a clear and active Positive Behaviour Support plan?
- If the person is well supported by an advocate and knows what advocacy is for
- If everything is available for good communication and behaviour support to be given

### How do you find out?



- Person centred plans
- Speech and language assessments
- Nursing assessments
- Communication passports
- Person-centred plans
- Positive behaviour support plans (by a trained professional)
- My Shared Pathway
- Social care plans
- Discussions with the person, family members, advocate, care coordinator, keyworker, consultant, inpatient clinical team, community clinical team or social worker





What do the person and/or their family say about how well they are involved in their care and treatment?  
Please use **their own** words.



What are your main findings about how well the person is involved in their care and treatment?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 4. Are the person's health needs known and met?

You can ask or find out about things like:



- Is the person's capacity to make health decisions known and written down?
  - If the person has regular check-ups eg. dental, eye sight, hearing, and cancer screening eg. breast, cervix, or in older people, bowel
  - If the person's health could be affecting their behaviour
  - When the person last had an annual health check
  - If there is a record of any reasonable adjustments needed
- Are long-term conditions or health risks written in care plans and monitored?
- Do staff know what to do if the person is in pain or ill?
- Is there any monitoring or recording of what the person eats and drinks?
- If health risks such as difficulty swallowing or constipation have been assessed
- If the person sometimes harms themselves eg, cutting or taking overdoses, is this recorded, planned for and checked?
- Is healthy living promoted eg. healthy weight, sexual health, information about stopping smoking, drug or alcohol abuse?
- Are there any other health concerns that the panel feel need to be addressed?
- Has the person been shown how to manage their health or medication?
- What physical activity can the person take part in? Could this be improved?
- Does the person have regular access to fresh air?

## How do you find out?



Health assessment records

Up-to-date health action plan with clear actions by named people

Reasonable adjustments shown in Health Passports, Crisis plans etc.

Use of tools to assess and monitor pain eg. Dis-DAT or Abbey pain tool

Regular nursing and medical examinations

Swallowing assessment by Speech and Language Therapist

Regular recording of weight and Body Mass Index (BMI)

Personalised health information

Activities for wellbeing

Assessments of capacity

written in clinical records  
Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team



What do the person and/or their family say about well their health needs are known and met? Please use **their own** words.



**What are your main findings about how well the person's health care needs are known and met?**

**Traffic light rating**



for any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 5. Is the use of any medicine appropriate and safe?



You can ask or find out about things like:

- Do the multi-disciplinary team (MDT), family and the person agree that all the medicines are needed?
- Are the medicines working and still needed?
- Have the person, their family and carers been able to discuss the need for the medicines, the risks and the benefits?
- How and when does the MDT check or review the need for the medicines?
- Are there any medication issues that need the person to stay in hospital?
- Do full and regular medication reviews happen, involving the person, family and the multi-disciplinary team?
- Are any non-drug methods being used to stop over use of psychotropic medicines, such as medicines for psychosis, depression, anxiety, sleep, epilepsy?
- Is the person monitored for side-effects of medication eg. weight gain, diabetes, blood pressure, movement disorders?
- Is PRN (emergency) medication often used?
- How often does the person take sleeping tablets? Has anything else been tried?

## How do you find out?



Discussions

Medical and nursing records

Drug prescription and administration records

Protocols for the use of medication

Medication reviews discussed in ward rounds

Ward pharmacist reviews, comments, advice

Evidence of use of psychotropic drugs and if reduction has been tried

Evidence that the person has gained from the use of medication and recent attempts to withdraw it have not worked

Easy read information on drug treatments for person / leaflets provided to family

Evidence of non-drug therapies, positive behaviour

support  
Ward pharmacist reviews,  
comments, advice.  
Use of tools for rating  
movement disorders (e.g.  
AIMS – Abnormal and  
Involuntary Movement Scale)



What do the person and/or their family say about how well and safely medicines are used? Please use **their own** words.



**What are your main findings about how well and safely medicines are used?**

**Traffic light  
rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 6. Is there a clear, safe and proportionate\* approach to the way risk is assessed or managed?

**\*Proportionate means it is right for the amount of risk there is.**

You can ask or find out about things like:



- Is this the least restrictive place where the person's risk can be safely managed?
- Is there a clear and detailed risk assessment in place?
- Is it up to date? Does it show the person's risk now and in the future?
- Does it include the views of the person, family and community staff?
- Does the person's care and treatment plan show a positive approach to risk? How?
- Has the person been restrained while in hospital? Was face-down restraint used?
- Has the person been secluded or segregated from others?
- How are restraint and seclusion monitored?
- What is being done to reduce the use of restraint, seclusion or segregation?
- Are any other rules or controls used?
- Are there any restriction orders and how are these taken into account?
- Is the Mental Health Act Code of Practice (Chapter 26) followed?
- Are staffing levels right for the person?
- Do risk assessments explain the involvement of the MoJ or probation services?
- Are any risks to victims taken into account?
- Is there any evidence that the person's risks are reducing?

## How do you find out?



Evidence that risks have been discussed with the person and family

Risk assessment tools used

Risk management plans for specific activities

Records of restraints and seclusions

Records of all safeguarding incidents in last six months

Mental Health Act Code of Practice

Evidence of Positive Behaviour Support (PBS) being used well

Proof of staff PBS competency

Advocacy reports

Risk assessments seen

Care plans show positive management of behavioural challenges

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What do the person and/or their family say about how clearly, safely and appropriately risk is assessed or managed? Please use **their own** words.



**What are your main findings about how clearly, safely and appropriately risk is assessed or managed?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 7. Are any autism needs known and met?

You can ask or find out about things like:

### Autism friendly

- Does the person have a diagnosis of autism? If not, does this need to be assessed?
- Is assessment and diagnosis of autism part of the clinical plan? If so is it carried out within NICE guidelines?
- Do staff and clinicians understand autism?
- Is there a communication assessment for any issues related to autism?
- Have any physical or mental health conditions been thoroughly assessed?
- What methods are used to support any needs due to autism? eg. educational, sensory, social, communication
- Is any challenging behaviour understood in terms of autism?
- Is medication used to “treat” the autism?
- Is the person affected by the environment (hospital, residential setting, home)?

## How do you find out?



Clear record of diagnosis

Use of standardised assessments used in reaching diagnosis (eg ADOS, ADI, DISCO)?

Evidence of staff autism training

Specific communication, occupational therapy, sensory assessments related to autism



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What do the person and/or their family say about how well autism needs are met? Please use **their own** words.



**What are your main findings about how well the person's autism needs are met?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 8. Is there active planning for the future and for discharge?



You can ask or find out about things like:

- How the person is involved in decisions about their future care
- If/how the person's risks can be safely managed in a less restrictive way
- If different types of care and support been considered
- How the person is or will be involved in choosing a future provider
- Are experienced providers/commissioners involved in the planning?
- Is there a person-centred plan showing the person's likes, hopes and dreams?
- If yes, is it being used to design a future service specification?
- Does the current care team believe that the person can be supported safely and with a good quality of life in the community?
- Which people or organisations in the person's life need to be involved?
- Have the Care Coordinator and Secure Commissioner been informed of the person's progress and have they attended CPA meetings / peer reviews in last 6-12 months?
- Is the National Offender Management Service involved?

## How do you find out?



Evidence of what people have done to find out about the best plans for the future

Details of any joint commissioning issues

Details of providers who have enough experience and ability to support the person in the community

Availability of community housing

Person centred planning for the future

Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team

CPA report(s)

Discharge Plan under development

Are people following NICE guidance NG53 (Transition between in-patient mental

health settings and community or care home settings)

DoLS arrangements considered

Referrals and applications for continuing financial support from social care/Health underway

Advocacy involvement



What do the person and/or their family say about plans for the future and how involved they are in them? Please use **their own** words.



What are your main findings about the quality of planning for the person's future and discharge from hospital?

Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 9. Are family and carers being listened to and involved?



You can ask or find out about things like:

- Is the person supported to keep in touch with friends and family, if they want this? How? Could it be improved?
- Is there a good understanding of what family/carers think of where the person lives now and in the future?
- How well do family, carers, friends and the person understand arrangements for staying in contact during a hospital stay?
- Is it clear who will provide any necessary financial support to enable family members to stay in touch?
- Do family/carers feel listened to and involved in the person's care and future plans?
- Does the family want the person to return to live closer to home?
- Are the family involved (or will be) in developing the person's future care package?
- Are there any disagreements between family / carers and professionals about current and future care and treatment plans?
- If there are disagreements, have professionals tried to reach agreements and / or to understand their views? Have families had access to Patient Advice and Liaison Services / Carers Link or Complaints processes, family advocacy?
- Are the family/carers happy about the person's current/future living arrangements?

## How do you find out?



Feedback from family/carers and the person or advocate

Written submissions from family/carers

Satisfactory involvement of named nurse/care co-ordinator/ keyworker

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Does the person think family/carers are involved enough? Do they feel supported to have contact with them? Please use **their own** words.



**What are your main findings about how well families and carers are listened to and involved?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CTR

## 10. Are the person's rights and freedoms being protected and upheld?



You can ask or find out about things like:

- Does being in a secure hospital or legal restriction affect the person's human rights? If so, what is being done about this?
- Who is involved in protecting and supporting the person's rights (eg. the person, carers, professionals including advocacy, health, social care, legal)?
- Does the person have an independent advocate? If not, has this been offered? If there is no right to advocacy, will it be offered?
- Have people considered if the Mental Health Act or Mental Capacity Act can be used to support the person safely in the community? (eg. Community Treatment Orders, Guardianship, Section 17 leave, Deprivation of Liberty Safeguards (DoLS))
- Have people assessed the person's capacity to make decisions about their care and treatment?
- If people think that the person does not have capacity, has there been a proper process of deciding what would be in their best interests?
- Do Deprivation of Liberty safeguards apply to the person?
- Is the person cared for away from other people in a segregated area?
- Are leave arrangements clearly documented and followed through? Does the person agree with these plans?

## How do you find out?



Everyone understands what the person's rights are

The person has been offered advocacy support correctly

Advocacy support has included an IMHA or IMCA or other and best interests procedures have been followed properly

Discharge planning has taken into account the legal status of the person upon discharge to meet their needs safely and appropriately

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Does the person feel their rights are upheld eg. having choice, equality, being treated well, contact with family, advocacy, how well they are treated, quality of life, respect for personal life and beliefs? Please use **their own** words.



**What are your main findings about how well the person's rights are protected and upheld?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CTR