Mental Welfare Commission for Scotland

Report on announced visit to: Arran and Mull Hubs, Iona 2, The State Hospital 110 Lampits Road, Carstairs Junction, Lanark, ML11 8RP

Date of visit: 3 September 2019

Where we visited

The State Hospital is a high security hospital and is the national service for Scotland and Northern Ireland for patients with secure care needs. Patients in the State Hospital are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings.

The Commission visits the State Hospital twice each year to give patients an opportunity to speak with Commission visitors. We last visited the State Hospital on 12 February 2019 but our last visit to Arran and Mull Hubs was on 30 August 2018.

On the day of this visit we wanted to give patients on Arran and Mull hubs an opportunity to speak with Commission visitors regarding their care and treatment. We also spoke with several patients in the Iona 2 Ward (learning disability ward) due to ongoing discussions with the Commission.

We also wanted to follow up on the issues identified from previous visits. On our last visit to these hubs we raised an issues about the Commission not receiving copies of medical consent forms and we also highlighted difficulties arising for patients when there are difficulties in maintaining staffing levels.

The hubs at the state hospital normally consist of three wards each with 12 single en-suite bedrooms. At the time of this visits one ward on each of Arran and Mull hubs continued to be closed mainly due to low patient numbers, so we saw patients in wards Arran 1 & 2 and Mull 1 & 2.

Who we met with

We met with and/or reviewed the care and treatment of 18 patients, and spoke with the charge nurses and other staff on the wards we visited.

In addition we had individual discussions with the clinical operations manager, the patient advocacy service manager, social work manager, and the patient-centred improvement lead.

Commission visitors

Paul Noyes, Social Work Officer

Dr Moira Connolly, Medical Director (Interim)

Mary Hattie, Nursing Officer

Anne Buchanan, Nursing Officer

Claire Lamza, Nursing Officer

Tracy Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were generally satisfied with their care and treatment. They also said that staff were supportive and helpful, and we saw staff engaging with patients with friendliness and respect.

We found patient documentation to be clear and well-recorded on the easily accessible RIO electronic system.

Patient notes were good, with evidence of weekly multidisciplinary meetings discussing patient progress. Care plans were clearly patient specific and individualised, and there were also detailed risk assessments as we would expect for patients in a high security setting. We saw good evidence of patient involvement in their care and documentation of regular one-to-one sessions with nursing staff.

As with previous visits, patients had good levels of contact with their doctors and good input from a range of other health professionals working in the State Hospital; most had input from psychology, occupational therapy and pharmacy, and many had input from social work, dietitians, physiotherapy and speech and language therapy.

A number of patients we saw had serious physical health conditions and they were receiving good input in to their relation physical healthcare. We also noted good practice in the management of a patient with dementia with increased staff training and environmental changes being implemented.

There continues to be a focus on diet, weight and exercise due to high levels of obesity and diabetes amongst the patients. Physical activity is part of care planning with the levels of physical activity being monitored.

Most of the patients we spoke with had some specific issues relating to their individual situations, any collective concerns mainly related to activity provision and staffing available.

We heard from several patients, staff, and advocacy that staffing shortages continue to cause difficulties despite significant efforts to minimise the effects on patients.

Staffing shortages can result in patients having to remain in wards with no access to off-ward, more therapeutic activities. A priority is to maintain safe staffing numbers but some staff felt the current pressures often compromise their work with patients which can create additional difficulties. We were pleased to hear that even at times of particular staffing difficulties, the staffing levels on Iona 2 Ward for learning disability patients are prioritised due to the specific needs of these patients.

The difficulty in maintaining staffing levels has been a continuing feature of the Commission's recent visit reports to the State Hospital. Managers are well aware of the difficulties and various plans are in place trying to improve the situation. The Commission has asked to be informed when patients are excessively restricted due to staffing issues.

Many of the patients we spoke with had regular contact with advocacy and praised the advocacy service. One patient, however, raised a concern that there had been a recent change to the patient drop in service now only operating on one day a week in favour of more visits to patient on the wards. There should be opportunities to discuss such concerns through the patient partnership forum.

Advocacy raised the difficulty of patients coming to the hospital from prison with very little access to funds for clothing and personal spending.

Use of mental health and incapacity legislation

Given the high level of restrictions on patients at the State Hospital, they are all detained under either the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment (Scotland) Act 2003. Legal documentation well maintained and accessible in personal files.

We reviewed the consent to treatment certificates (T2) and certificates authorising treatment (T3) that authorise prescribed medication and no particular issues were identified with these forms. The issue of the Commission not receiving copies of medical consent forms appears to have been resolved (a previous recommendation).

Rights and restrictions

Patients in the State Hospital patients (a high security facility) are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings. At the time of our visit, as we expected, all patients were legally detained, had access to legal representation and also had ready access to advocacy support.

We found patients had T2 and T3 forms where required. The issue of the Commission not receiving copies of medical consent forms appears to have been resolved (previous recommendation).

The issue of patients coming to the State Hospital under the 'exceptional circumstances' clause (a situation where a patient is placed in the State Hospital where no lower security option is available) is still an issue due to a scarcity of beds in medium and low security. The Commission has asked managers to make them aware of situations of concern.

The Commission is also aware that several patients at the hospital are awaiting moves to lower security hospitals. This has resulted in recent appeals to the Supreme Court by two patients due to excessive delays. We are also aware of delays for other patients; the Commission wishes to be kept informed of such transfer delays that disadvantage patients.

The Commission has developed *Rights in Mind*. This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at https://www.mwcscot.org.uk/rights-mind/

Activity and occupation

Patients have access to a good range of recreational and therapeutic activities, particularly through the Skye Centre. However, it can however be difficult to engage some patients and

there have been recent changes to the activities available and the introduction of an 'active day' programme.

Activity provision at the hospital is very vulnerable to pressures on staffing as we have already highlighted. The issue of activity being cancelled and less time available to facilitate off ward activities for patients continues to be an issue raised by patients and staff.

We heard from one patient that "patients do not always know what they are doing from day to day, because they don't know if there will be enough staff." Another patient said that patients had no choice about leaving the ward and having to go to the Skye Centre (activity centre) even if they did not want to. Advocacy also reported that there is little at the Skye Centre particularly to engage the older age group patients. We heard that there had been closure of services enjoyed by patients such as woodwork and some reductions and changes to other activities.

We have made previous recommendations in relation to the need to provide sufficient staff to ensure continuity in the provision of activities, but it would seem that the nature of the activity provision also requires more debate. It is likely to be helpful to involve the patient participation forum and hospital staff in these discussions.

The Commission has made previous recommendations regarding the provision of activities and we will discuss further with the Chief Executive and the senior management team at our next meeting.

Recommendation 1:
Managers should evaluate and review the current activity provision at the hospital with the involvement of patients and staff.

The physical environment

The physical environment of Arran and Mull hubs is unchanged since our last visit. These units and are very much fit for purpose with single en-suite rooms, access to a secure garden area and appropriate areas to nurse patients safely and securely.

We did however receive comment from patients on one of the wards that the wards are too small and there is not much space if other patients are distressed.

Any other comments

The hospital is still in the process of reviewing the clinical model of care and is looking at the potential options. There are ongoing discussions taking place to identify the most appropriate model.

Summary of recommendations

1. Managers should evaluate and review the current activity provision at the hospital with the involvement of patients and staff.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

MIKE DIAMOND
Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons Inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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