mental welfare commission for scotland

Mental Welfare Commission for Scotland

Report on unannounced visit to: Radernie Ward, Stratheden Hospital, Springfield, Cupar, Fife, KY15 5RR

Date of visit: 19 September 2019

Where we visited

Radernie is a low secure forensic ward that is based in the grounds of Stratheden Hospital in Fife. It is a male only facility and the main ward can accommodate 10 patients. Patients in a low secure setting will have been subject to court proceedings, or may not have been able to be safely cared for in adult mental health services

Since our last visit, additional accommodation has been developed within the hospital grounds. This new facility provides a degree of semi independence for those patients who are ready for discharge. This is called Chestnut Lodge and accommodates two patients. It is not staffed on a 24-hour basis and patients are subject to lesser restrictions. Staff visit patients three times a day to provide input here.

We last visited this service on 22 August 2018 and made two recommendations: one in relation to providing support services and communication processes for families and carers, and the other in relation to GP services for the unit. We received a follow-up action plan from NHS Fife in relation to both recommendations.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendations, and also look at ongoing care and treatment, plans for those patients currently awaiting discharge and the overall throughput of patients moving in and out of the ward. This was an unannounced visit.

Who we met with

We met with and/or reviewed the care and treatment of six patients. There were 11 patients in total including those in the new facility. Unfortunately we were not able to speak to any carers, relatives or friends given the unannounced nature of our visit. On the day of our visit the ward was full and two patients were residing in Chestnut Lodge. We were also advised that three patients from the NHS Fife area, currently in higher levels of secure care, were awaiting placement in Radernie.

In general, patients were positive about the care and treatment they received.

We spoke with the senior charge nurse (SCN), members of the nursing team, the occupational therapist (OT), and one of the doctors that covers the ward.

Commission visitors

Paula John, Social Work Officer

Claire Lamza, Nursing Officer

What people told us and what we found?

Care, treatment, support and participation

We spoke to six patients who advised us that their care and treatment was of a good standard. Some, however, were unhappy with certain aspects of their care such as medication options and the amount of time that they had off the ward. We were able to give advice in these general areas, but added that these issues could be raised with the clinical team. We also suggested that advocacy staff could support in raising these issues.

Patients were positive about their relationships with nursing and medical staff, and we were able to observe good social interactions between both. In addition, we noted that the ward was busy with a range of professional visitors and patients coming and going to attend community placements or take physical exercise.

All patients at Radernie are subject to the Care Programme Approach (CPA), which is a multi-disciplinary care management forum. There was evidence of patients, relatives and advocacy staff participating in these meetings .Thorough assessment paperwork was prepared prior to each meeting with patient views evident. Care management plans and risk assessment documentation was also on record. The minutes were detailed and gave a clear indication of future plans for each patient. All of the CPA documentation was kept in paper form.

We were pleased to note that the ward has a well-represented multi-disciplinary team (MDT) including psychiatry, nursing, occupational therapy, music therapy and social work services. Psychology services are now in place, and we were advised that in addition to ongoing work, they provide an important role in contributing to reflective practice and holding complex case reviews.

In relation to case recording and care planning, Radernie Ward has an electronic system in place. We were able to access this and found it contained good content with detailed progress notes and personalised information. Each patient has an activity calendar and we were able to view at a glance what work was ongoing that week. There were a range of activities with the OT being involved with all patients. It was clear that there were elements of rehabilitative work being undertaken.

Reviews of care plans were being undertaken and these are supplemented by additional reviews of care in MDT meetings. Although the majority of records are now held electronically at Radernie, paper files are also in existence. This does not duplicate any document, but did mean that staff have to work across two files.

As mentioned earlier in the report, we were not able to interview any relatives or carers on the day as our visit was unannounced. However, we were keen to hear of improvements made to carer engagement and communication which have taken place since our last visit.

We were advised that two staff members have now been identified to work on this issue and develop and improve information for visitors. A more flexible visiting scheme has also been introduced although some prior discussion with the ward is still required. We are encouraged by these improvements and will be keen to continue monitoring their impact on future visits.

Physical healthcare was visible in the notes with regular monitoring taking place and each patient has a Passport to Health document. In addition, we were advised that in line with forensic standards each patient has at least 30 minutes of physical exercise incorporated into their care plan every day. There has been no update on the issue of GP provision to the ward but we understand this is being progressed by managers of the service.

We were keen to discuss the issue of throughput in the ward as we heard that there are currently five patients who have been determined as being fit for discharge but have been unable to move on. This is in the context of three patients also awaiting admission in higher levels of secure care.

The SCN told us that there have been a range of community based issues in relation to this including lack of suitable housing locally, difficulty in determining the right kinds of support packages, and finding the most appropriate social care providers. We were advised that social work services are well represented at team meetings and staff here have been attempting to overcome these issues. Despite this, discharge can still take some time.

Given the limited ability to admit patients to the ward at the moment, admissions where patients have been made subject to court orders are taking place at the Intensive Psychiatric Care Unit (IPCU). This ward is also in the grounds of Stratheden and is in close proximity to Radernie. This does not appear to be an issue at present, but we will continue to keep this situation under review and will consult with IPCU staff and managers on our next visit.

Recommendation 1:
Managers should continue to keep the issue of delayed discharges under review and work with social care partners to progress these. We would like an update on this situation in one month.

Use of mental health and incapacity legislation

We noted that all patients were subject to legislation and the majority of the paperwork was located in hard copy files. There were two instances where we could not locate paperwork in relation to specified person issues and no copy of a welfare guardianship order. We drew these to the attention of the SCN and he was able to address them on the day.

All other paperwork was appropriately completed and located and we had no issues with the authorisation of medical treatment. Where required paperwork relating to those patients who did not have capacity in relation to their medical treatment was also in place.

It was also clear from speaking to patients, that they were aware of their rights and had good access to advocacy and legal representation.

Rights and restrictions

All patients within Radernie were subject to some form of legislation and restrictions in relation to time off the ward. These restrictions are individually assessed by the clinical team. All patients had a care plan relating to this. Some patients we spoke to were keen to have more time off the ward and struggled with the low secure status. We were able to give advice where appropriate on rights in relation to this, but also suggested that details should be discussed with the MDT.

There was some evidence that named person status and advance statements had been discussed with patients but we were advised by staff that there was little uptake or completion of paperwork in relation to both of these issues.

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

We noted a wide range of activities being provided by the ward. These were primarily being run by the OT, who is dedicated to the ward and has a programme for each patient. As highlighted elsewhere in this report, each patient has an identified weekly calendar of activities held on the electronic care plan system. These are needs led and are indicative of each patient's progress in relation to discharge. For example, some are involved in placements off the ward, while others will be working on independent living skills such as shopping, cooking and laundry tasks. Nursing staff are also involved in supporting patients with a range of activities.

There is an arts and crafts group being run regularly and a music therapist attends the ward. Her sessions have proved to be popular, but we heard on the day that the post is about to become vacant with no indication at present if this will be filled.

In discussion with patients, the response to the range and level of activities is mixed. Some stated that they felt the balance was right and that they enjoyed participating, while others commented that they were bored. Whilst recognising the individualised comments, we fed this information back to the SCN.

The physical environment

Radernie Ward is contained in an existing ward building which has been redesigned and refurbished. It is large and spacious and appears well maintained. All patients have their own rooms, but only two of these are en-suite and one has been adapted for disabled access.

The ward has a communal living and dining space, but there are a number of other rooms for patient and staff use. These include a self-catering kitchen where patients are encouraged to prepare some of their own meals. An IT suite is also available, and this can be used under staff supervision. Access to a computer is risk assessed and care planned for.

There is a gym area with a number of machines a n arts room and a large multi-function room at the back of the building , Access to the ward is regulated by a reception area and there is a visitors / family room on this side of the building . Radernie Ward also has a large garden which is well maintained and is secure.

Summary of recommendations

1. Managers should continue to keep the issue of delayed discharges under review and work with social care partners to progress these. We would like an update on this situation in one month.

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.

ALISON THOMSON
Executive Director (Nursing)

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk