Mental Welfare Commission for Scotland

Report on announced visit to: IPCU Leverndale Hospital, 510 Crookston Rd, Glasgow G53 7TU

Date of visit: 10 December 2019

Where we visited

The Intensive Psychiatric Care Unit (IPCU) at Leverndale Hospital is a 12-bedded unit for patients (aged 18-65 years) requiring intensive treatment and intervention. Patients are generally from the South Glasgow area. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

The ward is a mixed-sex facility (though patients tend to be predominantly male) with a mix of single rooms and small dormitory accommodation. The layout of the ward allows for an area of female rooms and an area of male rooms.

On the day of our visit, 11 of the 12 beds were occupied, with a further patient due to be admitted later in the day. All the patients were male.

We last visited this service on 30 January 2019 and we made recommendations regarding the need to review the needs of patients who had been in the IPCU for over 12 months and also the need to address issues regarding the authorisation of intramuscular medication for some patients.

On the day of this visit we wanted to follow up on the recommendations from our last visit and also look at more general issues important for patient care.

Who we met with

We met with and/or reviewed the care and treatment of seven patients and spoke with one relative during our visit.

We also spoke with the nurse in charge and other nurses on the ward.

Commission visitors

Paul Noyes, Social Work Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The overall situation on the ward was very similar to that of our previous visits.

The ward continues to run at full capacity and patients in the IPCU generally require a lot of staff support due to an increased level of clinical risk and increased levels of observation. The ward is therefore a busy environment and there were two patients on enhanced one-to-one observations at the time of our visit. Due to demands on IPCU beds, there are considerable pressures to move patients back to admission wards, so generally patients in the IPCU have a high level of need. Most patients come to the IPCU from the acute wards or from the community. The ward is also receiving an increasing number of transfers of patients from prison due to the pressures on forensic beds in medium and low security hospitals.

We heard that the ward staff group has continued to be very constant which helps maintain a settled atmosphere in the ward. Staff we spoke to had a good knowledge of the patients and their individual situations and needs. The ward appeared calm and settled during the time of our visit.

The patients we met with generally spoke favourably about their care and treatment on the ward, though several were very unwell and less able to discuss their care.

Most patients said that they felt included in their care and saw their doctors regularly. They felt they could discuss their care plans and medication. There was evidence of patients' care being reviewed at the weekly multidisciplinary team (MDT) meetings. We found care plans were personalised and regularly reviewed. We also saw comprehensive assessments of risk which is important in an IPCU setting. Though patients told us they felt included in their care, we found very few of the care plans were actually countersigned by patients, this should be improved.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

The ward has recently moved to the electronic EMIS records system; most records are now on this system though some notes including care plans are still in paper form. We found the EMIS notes to be clear and the MDT notes were sufficiently detailed to reflect progress and future planning for individual patients. The EMIS system is less clear in demonstrating patient involvement as patients are no longer able to countersign documents.

We saw evidence of an overall commitment to involve carers in contact with the ward and good recording of contact with relatives.

We have highlighted concerns on previous visits in relation to a number of patients having spent more than a year in the ward, and this is still the case. There were four patients who had been in the IPCU ward for more than a year at the time of our visit including one who has been

there for over four years and another over three years. The ward has made some specific adaptations to accommodate the needs for one of these patients and there is no suggestion that they are not receiving appropriate care. The IPCU environment is, however, not intended for long term care and does not provide the specialist therapeutic interventions required in these cases particularly in relation to not having a dedicated psychology resource for the ward.

Recommendation 1:
Managers to review psychology provision to the IPCU ward give the number of longer term patients.

It is evident that the difficulties of moving patients on to more appropriate specialist resources is still very much an issue and is an indication of a lack of available longer term services. Leverndale is not the only IPCU in NHS Greater Glasgow and Clyde where this issue has been raised by the Commission. Given the particular difficulties in accessing forensic beds locally other alternatives need to be considered so as not to disadvantage IPCU patients.

Recommendation 2:
Managers to develop proposals to address the issue of long patient stays in IPCUs.

There were no members of advocacy staff present on the ward on the day of our visit, but staff informed us that advocacy is readily available to patients on the ward.

The ward has input from a 'money matters' worker once a week which is very helpful to patients and staff in relation to helping patients with their benefits and finances. This can alleviate stresses in relation to finances and also help patients with returning home.

Use of mental health and incapacity legislation

All patients on the ward at the time of our visit were, as we expected, detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedure (Scotland) Act 1995. Patients being detained is consistent with the nature of the IPCU facility. We found paperwork under Mental Health Act paperwork easily in patient notes.

We also established that all the detained patients who required them, had certificates authorising treatment (T3 forms). Lack of appropriate authorisation for some patient medications had been a recommendation in our last report and we were pleased to see this had been addressed.

Rights and restrictions

The IPCU is a locked ward and as we would expect for reasons of patient safety and risk factors. We were however concerned about the length of stay of many of the patients as this ward is not intended for long stay patients, as outlined in our earlier recommendation.

We spoke with some patients who were able to get escorted or unescorted time out of the ward which they very much appreciated. The ward tried to accommodate this as much as possible.

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/law-and-rights/rights-mind

Activity and occupation

In the past the ward had a dedicated activity nurse but since this nurse left post activity provision is now part of the nursing rota. Additional activity is facilitated by occupational therapy (OT) and there are twice-weekly physical activity sessions arranged by the physiotherapist.

Given the nature of the ward, patients are often very unwell and sometimes find it difficult to engage in activity, activity tends to take place either individually or in small groups. Patients spoke mainly of playing pool and listening to music. It does seem that the loss of a specific activity co-ordinator is missed in providing more focus to activity.

The physical environment

There has been little specific change to the ward environment since our last visit. The ward is located in one of the older buildings on the Leverndale site and the bedrooms are a mix of seven single rooms and dormitory accommodation. The ward has two day areas, a quiet area and an activity room. The main dining area can also be used for groups and visiting.

The ward is fairly clean and bright environment, no patients raised any concerns about the accommodation.

Patients have access to an easily accessible, enclosed garden; there is a variety of exercise equipment in the garden area.

Any other comments

One patient raised the issue of food and was very concerned with the issue of being able to maintain a healthy diet. Issues seemed to relate to food quality, freshness and quantity. One of the particular difficulties in a restricted setting is that patients have little in the way of alternative to what the hospital provides. If there are concerns with regard to the food provided on the ward these should be addressed.

Summary of recommendations

1. Managers to review psychology provision to the IPCU ward give the number of longer term patients.

2. Managers to develop proposals to address the issue of long patient stays in IPCUs.

Service response to recommendations

The Commission requires a response to these recommendations 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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