Mental Welfare Commission for Scotland

Report on announced visit to: Netherton Unit, 19 Blackwood Street, Glasgow G13 1AL

Date of visit: 2 December 2019

Where we visited

Netherton Unit is an eight-bedded health board facility accommodating patients with learning disabilities and additional complex needs who require a longer period of rehabilitation or treatment.

As early as 2014, NHS Greater Glasgow and Clyde published a “Strategy for the Future” which recommended that the NHS should not be a long-term provider and that people should be supported to live independent lives out with hospital settings wherever possible. It was recognised at the time that this strategic direction was in keeping with national policy for people with a diagnosis of learning disability. Within Glasgow, Netherton Unit and Waterloo Close, both of whom had hospital status, were earmarked for a resettlement and re-provisioning process which would ultimately result in the closure of both of these facilities.

Waterloo Close closed in August 2017 but Netherton Unit remains operational, currently accommodating seven men. The Netherton Unit is a two-storey building with four bedrooms on the ground floor and four on the upper floor. However, one of the upper floor bedrooms has been converted into an extra staff office, with no immediate plans to convert it back

We last visited the unit in February 2017 which overall was a positive visit, with recommendations made in relation to the maintenance of staffing levels to ensure observation levels were maintained and activities reinstated and expanded.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendations, and also to look at progress for individual patients in their resettlement process.

Who we met with

We met with and reviewed the care and treatment of all seven patients and one relative.

We spoke with the service manager, senior charge nurse, charge nurses and had a telephone conversation with the consultant psychiatrist for the unit.

Commission visitors

Yvonne Bennett, Social Work Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Throughout the visit we met and observed patients going about their daily routine supported by staff in a positive and respectful manner. It was clear that staff knew the patients well, how best to engage with each individual, and how to defuse potential escalation in agitation. This was backed up by detailed care plans which took a holistic view of the individual to include the full range of mental health, physical health and wellbeing needs.

We saw involvement of the wider multidisciplinary team (MDT) in each patient's care, including dietician, speech and language therapy, occupational therapy, psychology and pharmacy. We heard that the MDT meets weekly with discussions about individual patients taking place fortnightly.

We saw, where appropriate involvement of family in all aspects of the patients care and we heard from one family member how settled his relative is within Netherton Unit as well as some concerns about replicating this within a community setting.

A number of patients within the unit have been inpatients for many years and within their files there are records which are out of date. The continued inclusion of these renders the personal files unwieldy. The service is in the process of moving to electronic records and this might be an opportune time to audit and archive out-of-date information to ensure ease of access to relevant and current information.

Netherton Unit remains earmarked for closure, although there is a lack of clarity about what the alternative will be. We heard that there is a plan for the health and social care partnership (HSCP) responsible for most of the patients to commission a bespoke service, but timescales remain unclear and in the region of a three-year period. Consequently, patients, staff and families are working with a high degree of uncertainty and it is difficult to maintain a momentum in preparing patients for this with such an open ended timescale.

The complex nature of patients' needs within the unit would suggest that detailed planning will be required to promote readiness for this significant life change for adults who rely on routine and predictability and this is difficult to manage and plan for.

We will write to the HSCP concerned seeking further updates on progress with the commissioning process. We also heard that families had questioned the potential for Netherton Unit to be decommissioned as a hospital and re-registered as a supported accommodation model, albeit with some adaptations and refurbishment.

A number of the patients supported within the unit have experienced numerous moves and breakdowns of community services and we heard that for some, this is the most settled they have been throughout their lives. The building is situated within a residential area, is not part of a hospital site, and might well offer a solution for patients and the HSCP alike. We have agreed to enquire about the feasibility of this suggestion.

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

Use of mental health and incapacity legislation

We were pleased to find all legal paperwork in order with clarity of dates for review scheduled. Consent to treatment certificates (T2) and forms authorising treatment (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003 were up-to-date and detailed and incapacity certificates and treatment plans under section 47 of the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') were also in place to authorise day-to-day care and treatment for physical care.

A number of the patients were supported to manage their funds under Part 4 of the AWI Act, and we saw evidence of creative spending plans to ensure that patients' funds were used for their benefit and welfare.

Rights and restrictions

The Netherton Unit operates a locked door entry system commensurate with the needs of the patients. There is a locked door policy in place which was fully reviewed in 2019, this led to some changes whereby the internal doors between Units A & B are routinely unlocked.

Two patients were subject to further restrictions as specified persons and these were detailed within attached reasoned opinions within patient records.

Advocacy services are routinely involved with patients within the unit both on an individual basis and as a support to the bi-monthly community meeting.

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-in-mind/

Activity and occupation

While there is no activity programme in place, we heard that individual patients have access to their own activities, and we saw evidence of a range of activity both in house and in the community. These are all supported by staff or family due to identified risks for the individual. Staffing levels are currently adequate to support these activities.

The physical environment

Netherton Unit is a two-storey building situated in a residential area in the north of Glasgow. It stands in its own grounds and accommodates up to eight patients in en-suite single rooms. The upper floor is accessed by stairs only and this limits its use to patients who are fully mobile and able to negotiate the stairs.

There are shared lounge/kitchen facilities on each floor and small office spaces available.

Patients' rooms are furnished and personalised to their own preferences and offer a homely private space.

There is a small garden space which is well maintained and patients can access, weather permitting.

Good practice

We saw a good quality of care being provided during this visit and patients with highly complex needs who were well cared for and settled. This was echoed by a relative we spoke to who expressed anxiety about the future re-provisioning process.

This uncertainty over the future of Netherton Unit and the patients currently accommodated there is difficult to manage, but staff continue to deliver a high quality service in spite of this.

Service response to recommendations

As there were no recommendations made in this report, the Commission does not require a response.

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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