Mental Welfare Commission for Scotland

Report on announced visit to: Levendale and Tayview wards, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 8JH

Date of visit: 15 November 2019

Where we visited

This visit included both Levendale and Tayview wards, which are situated in the grounds of Lynebank Hospital, Dunfermline, Fife. Both wards accommodate patients with a diagnosis of learning disability. Levendale Ward is a male-only ward and admits patients over the age of 18 years with an upper age limit of 65 years. This is a forensic admission and assessment ward and is a locked facility. It has eight beds and on the day of our visit had six in patients. The focus here is preparation for community living and rehabilitation in relation to past offending behaviour.

Tayview Ward is a bespoke facility and accommodates two patients. This ward in contrast to Levendale, has been used for patients with highly challenging and distressed behaviours that require management, support, and treatment away from general ward facilities. Given the nature of the ward and the small number of patients, we do not wish to compromise the confidentiality of each and therefore will make general comments on the work currently being undertaken here. We did however, undertake file reviews and spoke to individuals and family members during the course of our visit.

We last visited these services on 28 August 2017 and made two recommendations. Both of these were in relation to Levendale Ward. These recommendations related to auditing the number of activities being cancelled and the rationale for this, and to undertake regular review of the ward environment. We received a response to both of these within timescales.

On the day of this visit we wanted to follow up on the previous recommendations and also look at care and treatment, patient rights in relation to restrictions and seclusion practices, and explore the underlying reasons for delays in discharge. These are similar themes to our previous visit but we are aware that they remain pertinent. The managers of the service were also keen to enter into dialogue with us on a number of these areas.

Who we met with

We met with, and reviewed the care and treatment of, six patients and met with two relatives on the day of our visit.

We also spoke with the service manager, the lead nurse, lead occupational therapist, senior charge nurses, charge nurse and two consultant psychiatrists who provide input to both wards. We also met a range of nursing staff throughout the day including two student nurses.

Commission visitors

Paula John, Social Work Officer

Douglas Seath, Nursing Officer

Philip Grieve, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients that we spoke to on the day told us that they had good relationships with nursing staff and other members of the clinical team. They were overall positive about the staff and were clear on how they had been supported while in hospital. Many of the patients we spoke to understood why they needed to be there, but some had less understanding about the restrictions that are in place.

All of the patients, particularly in Levendale Ward, are detained either by the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or by the Criminal Procedure (Scotland) Act 1995. All are managed by individual care plans following individual assessments of strengths, needs, and risk.

We observed positive interactions between staff and patients and the atmosphere was calm and quiet. All patients commented that they saw their doctor regularly and, where possible, managed to spend time off the ward. However, some patients did add that they felt they had been in hospital for a long time and were keen to move on from Levendale Ward.

In addition, the family members that we spoke to were likewise positive and felt that the care and treatment being provided was of a good standard. They also felt that their relatives could have been discharged sooner and were concerned at the amount of time that had passed, and the lack of progress at identifying community alternatives.

We raised this issue with senior staff during the day as we were advised that four patients were experiencing a delay in relation to discharge. Staff advised that the reasons for this were complex and involved issues with locating appropriate housing, identifying suitable care and support packages, and issues in recruiting relevant staff to be able to carry out such plans. We were told that good liaison existed between community social work and health services but that it could still be difficult to bring these areas together.

We were also advised that a strategic oversight group of the Fife Health and Social Care Partnership has been in place to progress any difficulties and identify potential gaps in service. We understand that this group has been rejuvenated recently and ongoing meetings and discussion continues in an attempt to move discharges forward. Despite this we are concerned at the length of time that some patients have had to stay on Levendale Ward, especially in light of the Commission's past work on this issue (see https://www.mwcscot.org.uk/sites/default/files/2019-06/no_through_road.pdf)

We therefore make the following recommendation.

Recommendation 1:

Managers should ensure that an active, joint, multi-agency approach is applied in relation to delays in discharge through existing processes, with clear actions and outcomes being in place for individual patients.

We were advised that Levendale Ward has a well-represented multidisciplinary team (MDT) including nursing, psychiatry, psychology, speech and language therapy, pharmacy and art

therapy. There is also availability to refer individual patients to podiatry, physiotherapy, dentistry, and a dietician. Social work and mental health officer services are also in place. We were also advised that following the departure of the last forensic psychiatrist this role has been covered by four different doctors. This means that nursing staff and patients have had to manage a number of ward meetings; however, these have recently been merged into one to ensure consistency.

MDT meetings take place weekly and decisions and outcomes are clearly recorded. There was less evidence of patient participation, but we were advised that advocacy services regularly attend the ward. In addition, family members are also invited to attend MDT meetings .The Enhanced Care Programme Approach (CPA) is used for all patients on Levendale Ward, this being a more formalised case management system with individual plans and a case co-ordinator being in place. Minutes were on record and were detailed.

We also looked at care plans and found these accessible and well-organised. They were personalised, and related well to the goals and objectives of each patient's care and contained a wealth of information. Risk assessments and positive behaviour support plans were also on record and were being regularly reviewed. Psychology input to a number of patients was also in evidence. A holistic approach was evidenced in the care plans and there was good input noted in relation to physical health care. All patients had a passport to health in place and physical health care reviews occurred regularly.

NHS Fife has developed standardised paperwork for a number of areas of the service, and we found these particularly helpful in contributing to background information on patients and the specific details of delivering care and treatment; for example, the personal details form and initial assessment forms.

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

Within Tayview Ward we also found evidence of comprehensive care planning with a number of individual plans and risk assessments that outline the use of restrictions and seclusion on occasions. We found no concerns here and clinical staff were keen to talk through the approaches in care and support with us. NHS Fife does have a seclusion policy in place. As identified earlier in the report both patients in this war, are detained under Mental Health Act and have very specific needs. The Commission's recently published guidance on seclusion can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-10/Seclusion_GoodPracticeGuide_20191010.pdf

Use of mental health and incapacity legislation

We were able to locate the relevant paperwork for all patients subject to compulsory measures under the Mental Health Act and this was completed appropriately.

Where relevant, copies of welfare proxies' guardianship orders and powers of attorney under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') were also found within records. Staff also had a good understanding on how these orders are implemented. Added guidance was given by Commission staff on the delegation of specific welfare guardianship powers.

In addition, we found one issue with certificates to authorise treatment (T3s) under the Mental Health Act. These authorise medical treatment where an individual is not able to consent. We addressed this with staff on the day and they were able to deal with this issue promptly. We were advised that there is pharmacy input to both wards to assist with these issues.

We found no issues with section 47 paperwork of the AWI Act which are in place where an individual is incapable of giving consent to medical treatment.

Rights and restrictions

Both Levendale and Tayview wards have a locked door, both of which are at the main entrance. There is a locked door policy in place and the security is clearly in place for the welfare and protection of patients. All patients are subject to compulsory measures, but access to and from each ward is individually care planned for and will be risk assessed. Patients will often be escorted outside by nursing or allied professional staff.

We were advised that advocacy services are regular visitors to the ward and that patients are informed of their rights. We did note some gaps in rights-based care in relation to explanation of detention status, information on named persons and advance statements, but this did not apply to all patients.

Within Tayview Ward in particular, there are a number of restrictive practices in place which are required to safely support patients and staff. It is key that patients in these situations know their rights and are represented by family members and advocacy services. Regular review of such intervention plans should also take place with the underlying principles of the legislation being considered. We were able to view detailed plans with accompanying rationale on the ward and discuss these with relevant staff. We would continue to encourage ongoing review in relation to restrictive interventions, but recognise that for some patients this is necessary at times.

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

Regular activities are taking place with patients and these are undertaken by both nursing and occupational therapy staff. Activities involve both group and individual sessions and we were able to observe some low level one-to-one activities taking place on the day. Each patient had an activity timetable contained within their case records, and these provided good detail. There is emphasis placed on a structure to each patient's week and this can involve community activities in addition to those taking place on the ward.

Every year Levendale Ward staff and patients plan, organise. and perform a Christmas show and rehearsals for this were ongoing during our visit. Individual patients were keen to discuss this with us and clearly benefit from taking part.

The physical environment

Levendale Ward remains the building on the Lynebank Hospital site that has not undergone a rebuild. The physical environment is therefore small and cramped, without sufficient space for interviews, individual activities, or communal living. This issue has been raised by staff and patients for a number of years. There is an enclosed garden area which is well used in summer, but could benefit from being a little bigger. There are only two communal areas, one which has to serve as a meeting room leading to a lack of privacy.

The overall atmosphere of the ward, however, is warm and staff have made it as welcoming as possible.

Tayview Ward, as earlier highlighted, is a bespoke building and has been designed specifically to manage challenging behaviours. The environment is therefore sparse, with low stimulation and individual patient areas.

Summary of recommendations

1. Managers should ensure that an active, joint, multi-agency approach is applied in relation to delays in discharge through existing processes, with clear actions and outcomes being in place for individual patients.

Good practice

Nursing staff on Levendale Ward have recently been the recipients of NHS Fife's top team award. This was given for the ongoing work and development of the Good Lives model which is currently applied in Levendale Ward .This is a strengths-based offender rehabilitation model which works on the premise that work should focus on building individual capabilities in an effort to reduce the risk of reoffending .

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.

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