Mental Welfare Commission for Scotland

Report on announced visit to: IPCU Ward, Carseview Centre, 4 Tom McDonald Avenue, Dundee, DD2 1NH

Date of visit: 19 February 2020

Where we visited

The intensive psychiatric care unit (IPCU) at Carseview Centre is a 10-bedded ward, providing care and treatment for patients with complex needs who require a high level of nursing intervention. 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 patients.

The ward is a mixed-sex ward providing care for up to seven male and three female patients.

We last visited this service on 27 January 2019, and made one recommendation about recording multidisciplinary team (MDT) meetings in case records. We received a response with appropriate actions relating to the recommendation.

On the day of this visit we wanted to meet patients and look generally at care and treatment provided in the IPCU because it had been over a year since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of all eight patients who were in the IPCU on the day of our visit.

We spoke with the senior charge nurse and the consultant psychiatrist covering the ward, and with other members of the nursing team, including student nurses working on the ward.

Commission visitors

Ian Cairns, Social Work Officer

Philip Grieve, Nursing Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Comments from patients

Most patients in the ward had very complex clinical needs, including several patients with neuro-degenerative disorders. Some patients were so acutely unwell that it was not possible to have any conversation with them about their care and treatment. Patients we did speak to generally reported good support from staff in the ward, and said that nurses were helpful and approachable. When we were able to talk to patients about their care and treatment we also heard comments about how they knew why they had been admitted to the IPCU, and what the future plans were, for moving on.

We saw some limited evidence in files of patient participation in care planning processes, but two patients did tell us they felt very involved in discussions about their own care plan. One patient did also say that their experience was that their care and support was restrictive, and when we looked at their file we saw that they were receiving a considerable amount of support on a one to one basis from nurses. We also spoke to one patient in the ward who was an informal patient, that is a patient who was not subject to any compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). They were positive about the support they were receiving in the ward, and clearly understood that as an informal patient they could ask to leave the ward when they wanted to go out (see section on rights and restrictions).

During the time we spent on the ward we also saw staff interacting and communicating with patients in a positive and supportive manner. We saw patient feedback information which is collected in the ward, and is displayed, and we heard how patients are asked for their views about the care and support they receive in the ward when they are moving on from the IPCU. We heard that there is an identified carer link nurse in the ward, who has responsibility for developing the triangle of care approach, an approach which focusses on improving carer/staff interactions during episodes of care including episodes of hospital care.

Care planning

We reviewed all the individual patient files on the new electronic record system which has been introduced in the inpatient service. We saw the new format for care plans in the new system, which have been developed to sit alongside the set of standards which NHS Tayside produced and implemented in May 2019, 'Mental Health Nursing Standards for Person Centred Care Planning.'

Care plans were detailed and person-centred, with good information about specific interventions to meet identified needs. The structure of care plans was also clear and understandable, with plans identifying needs, agreed goals, and interventions. We saw some evidence in files of patient involvement in the care planning process, for example with it being documented that a patient had been given a copy of their care plan, and that information had been shared and discussed with a patient's mother as their carer. We also saw information recorded in files indicating that a patient was too unwell to engage in discussions about their

care plans. We recognise that it can be difficult to evidence how staff are working with patients and involving them in care planning, and we would encourage the service to continue to look at this issue, at patient participation and how this can be reflected in electronic care plans.

We saw that risk assessments were being completed appropriately, and that paperwork appeared thorough and detailed, highlighting relevant risk areas. We were also pleased to see evidence of robust regular reviews of risk assessments.

One patient had said to us that at times they wanted more support from nursing staff on a one to one basis. When we looked at that person's file we saw that it was documented that they received one to one nursing support regularly. We saw evidence in other patient files as well about one to one support being provided, and importantly we also saw entries in files which indicated that one to one support had been offered but had been declined by the patient.

We looked at the records of MDT meetings in files, and we felt that meetings were well recorded. There was good input into the ward from a range of specialist health professionals, and we noted that there was input and advice from specialist staff in relation to the patients with a neurodegenerative disorder. With regard to team work within the ward we also spoke during the visit to a number of members of staff, including qualified nurses, nursing students on placement on the ward, and healthcare assistants. Nursing students told us that they felt well supported within the ward, and the comments we heard from all staff indicated that there is a positive culture within the ward, with all staff saying in particular that they felt everyone was working together as part of a team, and this was the impression we got from observation in the ward during the visit.

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

Almost all the patients in the ward were detained under the Mental Health Act, and paperwork relating to the Act was filed appropriately and was easy to access within the files. On the day of our visit two patients in the ward were informal patients, who were not subject to compulsory measures under the Mental Health Act, and issues relating to this are discussed in the next section of the report. We reviewed forms for consent to treatment under part 16 of the Mental Health Act (T3 and T3 forms). In one case there was an issue about the T3 form and the medication authorised in this form, and this was discussed and addressed on the visit.

Rights and restrictions

We had been aware in 2018 that a significant number of patients who were not subject to compulsory measures under the Mental Health Act, and who were therefore not liable to be detained in hospital, were being admitted into the IPCU ward. The Commission feels generally that because the function of an IPCU ward is to provide care and treatment to patients who require intensive support, who will be very acutely unwell, and who may display significantly

stressed or distressed behaviour, the admission of an informal patient to an IPCU ward will generally not be appropriate.

One of the two informal patients had gone out of the ward shortly after we arrived for the visit. We spoke to the other patient in the ward who was an informal patient, and they clearly understood that they were not detained in the ward, and they could ask to leave the ward if they wanted. This patient did comment that they felt staff were excellent in the ward, and said to us that they felt very safe in the ward, and that they were happy to continue receiving care and treatment in the IPCU ward. We were reassured that this patient had been made fully aware of their status and that they could leave the ward when they asked to. We were also assured that any patient admitted to the IPCU because no bed was immediately available in an admission ward would be transferred to the appropriate ward as soon as a bed became available. We would expect managers to keep the admission of informal patients into the IPCU under review though.

On our last visit we were impressed about work which had been undertaken within the IPCU focussing on developing a least restrictive practice focus and on reducing the periods of time patients in the ward were on enhanced observation. On this visit we felt that the focus on a least restrictive approach had been maintained, very much in line with the Scottish Patient Safety Programme – Improving Observation Practice Guidance. We heard specifically about environmental improvements which are planned, and which it is hoped would develop proactive interventions within the IPCU with the aim of reducing restrictive approaches to the provision of care and treatment when a patient is very acutely unwell (see section on the physical environment).

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

We heard comments from several patients who at times felt there were not sufficient activities to do in the ward, and that they felt bored. On the day of the visit we heard about plans to develop the outside garden space, so that this can be better used as a resource for activities, and we feel that this would be helpful. We also heard from patients that the availability of gym equipment to use is positive, and this continues to enhance activities patients in the ward can access. We think it is important though that managers continue to review activity provision in the IPCU ward, and seek feedback from patients about this issue on a regular basis.

The physical environment

On our last visit in 2019 we heard that further refurbishment work was being planned for the ward, and that it was hoped that this would involve more than simple redecoration and refurbishment in the ward.

On this visit we heard that the ward has been allocated money from endowment funds, which will be used to buy some robust garden furniture and other equipment. This will allow the

open space outside the ward to be used much more as a resource and as a green space for patients to use. The Commission feels that this will be a helpful development, providing a therapeutic outside space which patients can access safely.

All patients have single bedrooms in the IPCU, and during this visit we looked into several of the bedrooms. We noticed that patients have no storage facilities for clothes, and that in bedrooms clothes were simply stacked on the floor. When we discussed this issue with staff we heard that there is also very limited storage space within the ward, and that patients' personal belongings are stored in this room in a way which doesn't allow personal belongings to be kept safely or confidentially. We heard that planned refurbishment work in the IPCU has not been able to be progressed, because of the delays in other planned ward moves which are part of an overall programme to transform inpatient services across the mental health and learning disability inpatient estate. The Commission feels that it is unacceptable that patients in the IPCU are not able to store clothes or personal belongings tidily and safely and securely, and that this is an issue which should be addressed as soon as possible.

Recommendation 1:

Managers should address the need to refurbish the physical environment in the IPCU as soon as possible, and should ensure that patients can store clothes and personal belongings appropriately when they are in the ward.

Summary of recommendations

1. Managers should address the need to refurbish the physical environment in the IPCU as soon as possible, and should ensure that patients can store clothes and personal belongings appropriately when they are in the ward.

Good practice

The IPCU has now joined the Royal College of Psychiatrists Quality Network for Psychiatric Intensive Care Units. This supports these units through a process of self and peer review, with a focus on sharing best practice and encouraging quality improvement. The ward had an initial peer review last year, with the aim in the future of going for accreditation as part of the network. The ward is one of a small number of IPCU wards in Scotland which participate in the network, and the Commission can see that being part of this network will provide a range of benefits for patients receiving care and treatment in the ward.

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.

CLAIRE LAMZA
Interim Executive Director (Practitioners)

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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