



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Adult Rehabilitation Service,  
Pentland Court, St John's Hospital, Livingston EH54 6PP

**Date of visit:** 30 January 2020

## **Where we visited**

Pentland Court is the mental health rehabilitation service that covers the West Lothian area of NHS Lothian. The unit is based in the grounds of St John's Hospital, Livingston and has capacity for 12 patients, offering mixed-sex accommodation comprising of flats shared by either two or three individuals. We last visited this service on the 13 August, 2018, as part of the rehabilitation themed visit, which can be found at:

[https://www.mwscot.org.uk/sites/default/files/2020-01/20200130\\_ScotlandsMHRehabWards\\_ThemedVisitReport\\_1.pdf](https://www.mwscot.org.uk/sites/default/files/2020-01/20200130_ScotlandsMHRehabWards_ThemedVisitReport_1.pdf)

On the day of this visit we wanted to meet with patients and follow up on the focus of rehabilitation activities and the environment, which we noted as ongoing work at the time of our previous visit.

## **Who we met with**

We met with and reviewed the care and treatment of seven patients, including those that had been discharged and were receiving community follow up from Pentland Court. There were no carers or relatives that wished to meet with us, or discuss the care of their relative after the visit. We met with members of the nursing team, the senior charge nurse, the consultant psychiatrist, the clinical nurse manager, the general manager, the occupational therapist, the physiotherapist and the advocacy worker.

## **Commission visitors**

Ian Cairns, Social Work Officer

Philip Grieve, Nursing Officer

Claire Lamza, Nursing Officer

## **What people told us and what we found**

Nearly everyone that we spoke to described their in-patient experience in positive terms; for those individuals, they explained that they felt well treated, that they were happy with the support they received, that they felt that staff were 'good to them' and that it was 'brilliant' in Pentland Court. We heard that for some people, it had taken some time to settle in to the routine and the rehabilitation approach but that they felt better, their mental health symptoms had improved and they were motivated to engage in what was on offer for them. Individuals told us about the range of activities that they enjoyed participating in, both in and out of the unit and were clear about their plans for the future.

Although, we did hear that for some, they were not finding their stay in rehabilitation helpful; we were told that they felt that they were not involved in their care and not encouraged to participate in activities. However we reviewed all of the care plans and found information that countered this and made staff aware of these views at the end of the visit.

## **Care, treatment, support and participation**

Presently, Pentland Court still has paper -based care files, although there is a gradual move to electronic records. We found all seven to be well organised and comprehensive, yet containing only relevant information; we were easily able to locate key documents such as assessments, care plans, interventions and reviews.

We found that there was a broad range of assessments informing the patient's care, including medical, psychiatric, nursing, occupational therapy, physiotherapy and where requested, psychology. There was a clear link from assessed need to the care plans, which used an NHS Lothian format, My Care Plan. We found these to be personalised, with specific interventions relating to the patient and clear evidence of reviews. The care plans reflected the patient's participation in specific interventions and were signed by the patients, with family involvement noted, where applicable.

While the assessments and care plans had a strong focus on rehabilitation and recovery, there were also well defined physical health care reviews and interventions. We were pleased to find that the standard applied with care planning while the patient was in Pentland Court, continued through to their discharge plans, which we found to be very thorough and comprehensive. We could easily see what support was to be provided, by whom and all of the relevant contact details were noted, and those services actively involved in the discharge process.

There was a specifically designed care plan tracker document that we found to be a helpful addition in the files. It provided a useful summary of all of the key activities and actions, who they were actioned by, with a target date and a completion date where relevant. The tracker captured the key moments in the patient's journey and we were able to see the patient's progress and the activities around their care since their admission.

Daily interactions with the staff were evident and we could see from the clearly identified one to one sessions noted with the keyworker and occupational therapy what the patient was engaging in. The pre-ward round discussion document, due to the change of paper colour, was immediately visible, and provided a summary of the patient's goals and treatment plan over

the week. We did find that completion of these varied and that there was not always a link between pre and post ward round discussion in the progress notes; we would suggest that this be reviewed as part of the audit process.

We were pleased to find that evaluation and audit were embedded in the review of the care files. We noted that there were regular evaluations of the care goals and we found peer reviewed, record keeping audit forms that indicated whether care plans, reviews and risk assessments were up to date.

We found the standard of care plans in Pentland Court to be a positive example of what we would recommend, and which can be found in the Commission's good practice guidance on person-centred care plans:

[https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans\\_GoodPracticeGuide\\_August2019\\_0.pdf](https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

## **Use of mental health and incapacity legislation**

On the day of our visit, we were able to find all of the relevant documents in relation to the legislation in the patient's files.

For those patients who were being treated under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), we found detention paperwork in the care files. We also saw that consent to treatment certificates (T2) or certificates authorising treatment (T3) were in place in the medication prescription sheets, and that prescribed medication was authorised appropriately.

There were also patients who were under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'). For those individuals, who were subject to guardianship under the AWI Act, we would expect to, and did, find a copy of the order located in the patient's file. We were also pleased to see that there was also a copy of a guardianship review which had been arranged by the local authority guardian, with input from the unit's staff.

There were no patients in the ward who were under s281 to 286 of the Mental Health Act which provides a framework within which restrictions can be put in place.

## **Rights and restrictions**

There is easy access in and out of Pentland Court, and patients had pass plans that indicated what level of support they need when out with the unit. We found the risk assessments in the care files to be personalised, detailed and regularly reviewed.

As patients are transferred to the unit, their admission paperwork usually indicates whether the patient has been made aware of their rights, whether they have understood these, and whether there is an advance statement. While we heard from patients on the day of our visit, that they had been made aware of their rights when they transferred to the unit; we would suggest that the documentation in their care file be updated to reflect this.

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>

Some of the individuals that we met with on the day of our visit were supported by advocacy and we found evidence that they are regularly involved with patients in the unit. For those that requested this, there was also access to, and involvement with legal advisors, which was clearly recorded in the care file.

## **Activity and occupation**

We heard from patients about the range of activities that are available to them on the unit. Underpinned by well-defined interventions that focused on physical wellbeing, along with the comprehensive assessments by occupational therapy and physiotherapy, we noted that the patients benefited from activities that supported both physical and psychological wellness.

There was an activity planner in the main corridor of the unit and we found individual activity planners in the care files, with changes made on a week by week basis. There was also a record made in the patient's progress notes about the activity that they had participated in. We would suggest that consideration be given to adapting the planners, so that a more immediately visual review can record what activities have been offered to the patient, their participation and outcome of engaging in their activities across the week.

In addition to core rehabilitation tasks such as supporting the patient's skills in personal care, diet and establishing a daily routine, we found that there were opportunities for individuals to engage in a varied range of recreational and social events in and outwith the unit. We heard about input from services such as ArtLink and trainers from the local gym, as well as patients being able to access to different services such as the hydro pool and physiotherapy. The nursing team have also developed a home assessment protocol, which supports those who have their own accommodation to maintain and look after this, while they are in Pentland Court.

## **The physical environment**

The layout of the environment offers an opportunity for individuals to develop transferable skills in rehabilitation, which would be of benefit when they move to community based accommodation. There is also an external area, which is paved and has outdoor seating. During the times when it can be used, it would be a pleasant place to enjoy while being outside.

The unit has self-contained flats that offer patients their own room, while having a shared living room, kitchen, bathroom and toilet.

While the layout of the unit achieves this, the décor, fixtures and fittings are in need of updating and improvement. We found the furniture to be mismatched, dated and uncomfortable, the flooring to be in need of repair and modernising, the curtains and decorative ornaments to be old fashioned and ill-fitting within the different male/female flats.

Since our last visit in 2018, where changes were required to each flat's kitchen to ensure compliance with fire safety regulations, these have been incrementally undertaken. These environmental changes have had an impact on certain aspects of the rehabilitation process, with therapeutic kitchens not being available to use while the renovations have been taking place. There have also been plans to develop a more communal space to offer more focused group interventions, which will again be helpful to the therapeutic milieu of the service.

We appreciate that further ongoing building work and renovation to the unit may have an impact on a patient's stay in Pentland Court, however we believe that modernisation and improvements to the environment will enhance the patient's experience.

**Recommendation 1:**

Managers should develop a programme of work that addresses the updating and upgrading of the environment in Pentland Court.

**Any other comments**

We were advised that the Community Outreach Team (COT) service has been retracted, and that needs of this group of patients will now be met through the newly established Community Mental Health Team service.

## **Summary of recommendations**

1. Managers should develop a programme of work that addresses the updating and upgrading of the environment in Pentland Court.

## **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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