



**mental welfare**  
commission for scotland

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Iona and Lewis Hubs, The State Hospital, 110 Lampits Road, Carstairs Junction, Lanark, ML11 8RP

**Date of visit:** 18 August 2020

## Where we visited

Due to the Covid 19 pandemic, the Commission postponed all scheduled local visits in March 2020. From August 2020 the Commission is undertaking a phased return to our visit programme following the recommendations in the Scottish Government's route map to recovery.

The State Hospital is a high security hospital and is the national service for Scotland and Northern Ireland for patients with secure care needs. Patients in the State Hospital are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings.

The Commission normally visits the State Hospital twice each year to give patients an opportunity to speak with Commission visitors. We last visited the State Hospital on 3 September 2019 but our last visit to Iona and Lewis Hubs was on 12 February 2019.

This visit was to see patients in the Iona and Lewis hubs. We were keen to visit because we cancelled a visit to these hubs scheduled for March 2020 due to the Coronavirus pandemic. Patients at the State Hospital are already subject to the highest level of restriction and we particularly wanted to give patients an opportunity to speak with Commission due to the additional Covid 19 restrictions at this time.

The hubs at the State Hospital normally consist of three, twelve-bedded wards which provide both assessment and continuing care/rehabilitation. Iona Hub also has one learning disability ward.

This local visit was undertaken using a combination of telephone contact with staff and managers prior to (and after) the visit and interviews, in person with patients and ward staff on the wards at the State Hospital on the day of the visit. Patients from Iona and Lewis hubs had also been offered the opportunity of telephone or video interviews prior to the visit but no patients chose to do so.

Recommendations from recent visits reports have been responded to by the service. The need to have sufficient staff to provide continuity in the provision of activities has been acknowledged as a difficulty by managers who have responded that they are addressing the situation in terms of recruitment and reviewing the model of care. Issues in relation to access to advocacy and legal representatives raised have been resolved by changes in the telephone policy; the ground access policy has been streamlined.

On the day of this visit we wanted to follow up on our previous recommendations and to have the opportunity to speak with patients and staff to see how they had been effected by the current Covid 19 pandemic.

We were particularly interested in hearing about the impact of Covid on patient care, the effect of additional restrictions, contact with relatives / family, activity, access to outside space, and the mental health of patients.

We will be keen to hear more about these issues on future local visits to other hospitals.

## **Who we met with**

We saw all the patients who requested to see our visitors on the day. We interviewed 11 patients on the wards and reviewed the notes and care of an additional four patients; we spoke with two carers one by telephone and another by email.

We also spoke with the charge nurses and other staff we met on the wards, including psychology and social work.

In addition we had individual discussions with the Director of Nursing and AHPs, the patient advocacy service, and the person-centred improvement lead.

## **Commission visitors**

Paul Noyes, Social Work Officer

Lesley Paterson, Nursing Officer

Dr Juliet Brock, Medical Officer

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

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

This visit took place during Phase 3 the Scottish Government's route map to recovery and at a time of additional restrictions to patients due to the Covid 19 pandemic. Since the end of March 2020, the hospital has operated an Interim Clinical and Support Services Operational Policy which made major changes to the normal model of care in an attempt to contain Covid19 transmission on site. This model of care has been more restrictive but closely monitored; the Commission has received copies of weekly monitoring reports throughout and has been in regular communication with managers and advocacy services at the hospital.

With the new model of care patients have been generally more restricted to their rooms with only three patients being able to be in the day room at any one time. We heard that there are plans to try to increase this to eight patients in the near future but this needs to be managed carefully to be able to maintain physical distancing.

Though these restrictions are in place in the wards we heard that most patients have generally coped well with the lockdown experience. Several patients told us that things had been better for them during lockdown; they have had more one-to-one time with staff and with only three patients in the day area the environment has been calmer.

There have been some staffing issues during the pandemic, though bringing staff in from the closed Skye Centre has helped with this. We heard there has been a particular focus on making sure the patients in Iona 2 Ward (learning disability) who cope less well with restriction in their rooms, have increased activity provision and one-to-one contact.

Patients with grounds access have been spending an increasing amount of time outside. Staff normally working in the Skye Centre activity unit have been redeployed to the hubs and individual wards. Even patients without grounds access have been able to have more regular escorted walks in the grounds and spend more time outside. The additional staffing in the hubs has also allowed for additional hub and ward activities for patients.

We did hear that there are some patients who chose to spend the majority of the time in their rooms and are more reluctant to mix with other patients and staff, despite encouragement to do so. There are some concerns that the mental health of these patients has declined under the current model but these patients were in the minority.

We heard that patient care has continued very much as normal throughout the pandemic with patients continuing to have good access to their doctors and input from the wider multidisciplinary team. We saw evidence of input from psychology, occupational therapy, pharmacy, social work and other services. Patients also continue to be able to access advocacy in the hospital.

Patients at the State Hospital have their care and progress managed using the Care Programme Approach (CPA), risk assessment forming an essential component of all care plans. We were informed that care planning meetings have continued during the pandemic period with relatives and external agencies being able to be involved by phone or video link.

**The main focus of this visit was in relation to patient restrictions during the pandemic and having the opportunity to speak with patients and staff about their experience.** Our visitors did however access RIO, an electronic system, without any difficulty; we saw good day-to-day patient progress notes and good evidence of patient involvement in their care. We saw a specific Covid 19 section in care plans indicating specific patient risk and vulnerabilities. We noted a good records of physical activity undertaken. Due to recent increased activity some patient's weight and physical fitness had improved with a reduction in their BMI.

Though the overall feedback from this visit was positive, there were individual concerns from some patients and relatives who have specific complaints and issues regarding their care or relatives situations. Many of these situations are complex and require legal advice or use of the complaints procedures available.

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

All patients at the State Hospital are detained under either the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment) (Scotland) Act 2003 and this continues to be the case during the current pandemic. Legal documentation is well maintained in patient files.

We did not find any issues with regard to T2 and T3 forms that authorise prescribed medication but this was not a main focus of this visit.

## Rights and restrictions

Patients in the State Hospital (a high security facility) are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings.

The Commission has frequently highlighted the significant difficulties with regard to 'patient flow' in the forensic estate. The current pandemic has exacerbated an already problematic situation. Attempts to manage Covid 19 risks between hospitals has resulted in some patients who should be moving to lower levels of security having their moves delayed. This issue is currently the focus of high level discussion within the forensic services, the MWC and Scottish Government.

The Commission is currently aware of eleven patients at the hospital who have had successful excessive security appeals and are awaiting moves to medium security hospitals; nine of these to the Rowanbank Clinic in Glasgow. We are aware of particular difficulties at present with pre-transfer visits and concerns about Covid 19 in delaying planned moves. The Commission is concerned that the rights of these patients to move to lower levels of security are not being met. The Commission is involved in discussion nationally to address these concerns as well as following up on individual patient cases.

We requested information on patients coming to the State Hospital under the 'exceptional circumstances' clause (a situation where a patient is placed in the State Hospital where no lower security option is available). There are currently seven patients who were admitted in these circumstances and the commission is regularly updated on their progress and plans to transfer to medium secure and some other services.

The scarcity of beds in medium and low security forensic services is currently the focus of the Scottish Government commissioned 'Independent Review into the Delivery of Forensic Mental Health Services in Scotland'; the ['What people told us'](#) report August 2020 has recently been published. The commission will continue to contribute to this ongoing work.

A significant issue for patients and families has been contact during the Covid 19 pandemic due to national restrictions on hospital visiting. Physical visiting has only just been resumed in the Phase 3 of the Scottish Government's route map to recovery and is currently limited to only one family member. Several patients we spoke to had managed to have a visitor; visits are now taking place in the family centre. This is a recent change as a result of the pandemic. This environment has been commented on favourably by both patients and carers as being more conducive to visiting than in the wards. We saw the rooms being used, which provided an airy space for physical distancing and a pleasant bright environment.

The issue of keeping patients in contact with family has been a hospital priority throughout the pandemic and most patients have been able to maintain telephone contact where appropriate. We were pleased to see that each ward also now has a video call facility in a dedicated room, this is being well used both for family and friend contact and also in relation to communication in relation to pre-transfer situations.

Our Engagement and Participation Officer at the Commission has also received positive comments regarding the hospital during the pandemic from a relative saying their relative had adapted “surprisingly well to lockdown”. They said family and friends were in telephone contact every day and they were now getting ‘video visits’ which were working well following a few initial teething problems.

The Commission has developed [Rights in Mind](https://www.mwcscot.org.uk/law-and-rights/rights-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**

With the closure of the Skye Centre and restricted access to the day room, we had expected that patients would be expressing concerns about lack of activity and confinement in their rooms. This was a concern from some patients, who said that when they are not in the lounge or outdoors they are locked in their rooms, though they can ‘buzz’ to have the door unlocked and speak to staff. One patient described usually spending about nine hours a day in the day area and now only has one hour in the day room. Another patient said he could only go for walks when accompanied by two members of staff but often walks did not happen due to staffing levels.

Most patients described having more time out in the grounds since the measures to prevent the spread of Covid 19 have been introduced in the hospital. We heard that activity staff having been redeployed to the hubs have been resourceful in identifying a variety of safe activities and utilising other resources, particularly the extensive grounds of the hospital. This coinciding with the summer months and relatively good weather has resulted in patients spending more time outdoors. Patients have been spending more time walking, there have been outdoor sports and we heard about a bike ability project. Several patients told us they had very much enjoyed the opportunity to cycle. We also heard of gym sessions in the grounds and patients being involved in gardening activities and looking after the animals at the hospital. Patients can also access the ward hub areas for gym sessions / pool and other activities but numbers are reduced in relation to normal access.

With many patients spending less time in the day room watching TV and being outdoors more this has beneficially increased their physical activity, hopefully something that can be encouraged post pandemic.

The Commission had previously raised issues regarding the slow processing of grounds access for patients, this now seems to have improved. There is however a significant difference in restrictions for patients with grounds access and those without. Activity (or the lack of it) for patients is however being clearly recorded and addressed in care planning.

## **The physical environment**

The physical environment of Iona and Lewis hubs is unchanged since our last visits. All the hubs are purpose built and relatively new with en-suite single rooms, access to a secure garden area and appropriate areas to nurse patients safely and securely.

## **Any other comments**

**Meal times.** Due to the pandemic, patients are currently receiving their meals in their rooms. This in itself does not seem to be a particular issue and we did not receive concerns about the food or portions. One issue which patients are however less happy about is the fact that the lunch time and evening meals have been switched around. Patients are currently receiving their main meal at lunch time and soup and sandwiches in the evening. We heard from most of the patients we spoke to and from advocacy, that patients though initially understanding of the reasons for this change (mainly catering staffing) would like the situation changed back. They say they are left feeling hungry in the evenings and having to eat snack food bought from the shop. Managers have informed us this will change back soon but it is important this concern is addressed.

**Shop.** Patients have continued to be able to buy things from the hospital shop by submitting orders via the ward.

**Future learning.** Though the Coronavirus situation has been a devastating and traumatic time, it has presented challenges that have required creativity and new ways of working. It is hoped the changes that have benefitted some aspects of patient care can be continued and developed in future models of care.

## **Summary of recommendations**

There are no recommendations in 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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