Mental Welfare Commission for Scotland

Report on announced visit to: Hollyview Ward, IPCU, Stratheden Hospital, Cupar, Fife, KY15 5RR

Date of visit: 14 December 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 has followed a phased return to our visit programme applying the recommendations in the Scottish Government's roadmap to recovery.

Commission staff visited the ward, where we met and conducted face-to-face interviews.

Hollyview Ward is an eight-bedded unit based within the grounds of Stratheden Hospital. It is an Intensive Psychiatric Care facility (IPCU), and is therefore a locked ward. An IPCU provides intensive treatment and interventions to patients who present with an increased clinical risk and require a higher level of observation. The IPCU covers the whole of the Fife area and we were informed that there is one forensic consultant psychiatrist that covers all admissions to the ward. Staff reported that this has been a positive step providing an improved consistency approach to care and treatment

We last visited this service on 9 February 2019 and made one recommendation about the recording and sharing of clinical risks. The service has since provided us with an update of actions they have taken.

On the day of this visit we wanted to hear about the progress in relation to the previous recommendation and also look at how the ward has been managing in relation to the current Covid-19 pandemic, what impact this has had on patients with their care and treatment and with their family, carers and friends.

Who we met with

There were four patients in the ward at the time of our visit, three who were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), and one who was informal. The rationale for the informal status of the patient was discussed with the senior charge nurse (SCN) on the day of the visit.

We met with three patients and reviewed the care and treatment of all of the patients. On this occasion there was no carers, friends or relatives that wanted to speak with us.

We spoke with the lead nurse, SCN, and charge nurse on the day of the visit.

Commission visitors

Philip Grieve, Nursing Officer

Ian Cairns, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Those that we spoke to on the day were very positive about their care and treatment. They described the staff as helpful, caring and approachable. All patients were aware of their care plans and informed us that they were regularly involved in the development and review of the plans. We were pleased to see that the patients had all signed their care plans. We found the care plans detailed, person-centred and recovery-focussed.

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

The patients stated that they see their consultant psychiatrist once a week and have the opportunity for regular one to ones with their allocated named nurse. One patient informed us that they have been fully informed about their care and treatment and given information about the medication that they have been prescribed.

We were pleased to hear that the ward has a full time occupational therapist who provides a range of therapeutic and recreational activities. There was clear evidence in the care records of multidisciplinary involvement including physiotherapy, and speech and language therapy. There is currently no dedicated psychology for the ward; however, we were informed that if psychology is required then a referral can be made.

Staff informed us that there is currently a test of change in progress with psychology colleagues relating to formulation. In using a psychological formulation, the IPCU has established a structured approach to understand the factors underlying distressing states in a way that it informs the changes needed and the treatments for change to occur. We look forward to seeing how this development progresses and the benefits this will have on patient care.

Since our last visit the care team have introduced three main clinical meetings. There is a main multidisciplinary meeting (MDT) and the other two meetings act as a review and update to the clinical team. The care team have changed the way in which they record their meeting, and we were pleased to see subsections that identified input from other disciplines including nursing, occupational therapy, physiotherapy and medical. The form can be adapted to reflect those who are involved in care. There was evidence of action points from the meeting and who was in attendance. The information contained in the document covered all aspects of care. We did feedback on the day that a specific subheading for risk should be considered to give clarity on any specific issues relating to care and treatment.

We were informed that a flexible and person-centred approach to care is used in managing the length of stay for an admission to the IPCU. Staff informed us that it has been challenging with the current Covid-19 pandemic however, they have managed to support both patients and

visitors adhering to national guidelines. We were pleased to see support given in the practice of self-medication administration, which could be progressed further if consideration is given to the availability of 'medication lockers' in individual rooms.

Use of mental health and incapacity legislation

Hollyview Ward uses a Mental Health Act best practice guideline form which was very useful and we highlighted this as good practice. All the relevant information in relation to any detention was contained in this document, with associated dates and the form indicated that patient rights were discussed and explained with each individual.

We were also pleased that 'consent to treatment' (T2) and certificates 'authorising treatment' (T3) forms under the Mental Health Act were completed appropriately.

Section 47 certificates and treatment plans under the Adults with Incapacity (Scotland) Act 2000 were in place authorising treatment for those unable to give valid consent, where required.

Rights and restrictions

Hollyview is a locked ward and there is a policy in place. Similar to the last visit, we were informed that there is not a designated seclusion room, however there is a relaxation room that can be used if an individual requires more intensive support. We were informed that a seclusion policy has been developed and is in the process of being implemented;. We look forward to seeing the completion of implementation of this policy as soon as possible.

Patient' rooms are locked between set periods of times to encourage social interaction and prevent self-isolation. This is detailed in associated risk assessments and care plans.

We were advised that it is uncommon for informal patients to be cared for in the locked IPCU, although this has happened on two occasions. We were informed that when this occurs, an admission is planned and clinically driven with full consent gained from the patient. It was evident in the care records that discussions were taking place daily in relation to their rights and recorded appropriately. We welcomed the flexibility and person centred approach to the care and treatment of these individuals.

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

On our last visit, activities were delivered mainly by the nursing staff. We were pleased to note that progress has been made and the ward now has a full time occupational therapist. There is clear evidence of ongoing activity in the ward in the form of arts and crafts, cooking/baking, relaxation, access to the gym supported by the physiotherapist, and nursing staff. We found individual assessments carried out by the occupational therapist that demonstrated a person centred approach had been applied in the care plans.

The physical environment

The ward is bright, large and spacious. The facilities are modern and there is access to a large central courtyard, with a smaller garden space for visitors. There is a well-equipped gym and smaller rooms for visiting and other activities. There is a therapeutic kitchen to support assessments and self-catering provision. There is secure outdoor space with new garden furniture designed to safely withstand disturbed behaviour thereby reducing risk to patients and staff on the unit. There is an identified computer room to support patients accessing online resources. Unfortunately on the day of the visit we were informed that the computer was damaged and has not yet been replaced. We would hope to see this being replaced in the near future to ensure that individuals can again access to this facility. As an interim measure, staff still support patients accessing certain material online however, this requires supervision. The environment remains clinical in appearance and it was suggested on the day that efforts could be made to soften this.

Due to the high ceilings in the lounge area we were informed that it has been challenging for the team to get this area cleaned. Cobwebs have accumulated and overhang where patients have their meals. The staff informed us that this has been reported and the local infection control team are aware.

Good practice

We were particularly impressed by the mental health best practice guide form and how attentive the team are in ensuring that patients are aware of their rights. We were also pleased to hear about the introduction of formulation and look forward as to how this will impact and improve in the overall care and treatment of patients.

Service response to recommendations

There are no recommendation in 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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: mwc.enquiries@nhs.scot
website: www.mwcscot.org.uk