Mental Welfare Commission for Scotland

Report on virtual visit to: Strathbeg Ward (*formerly Fern Ward*) and Loirston Ward (*formerly Bracken Ward*), Learning Disability Service, Royal Cornhill Hospital, Cornhill Road, Aberdeen AB25 2XH

Date of visit: 15 and 16 March 2021

Where we visited (virtually)

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Routemap (May 2020). There have been periods during the pandemic where we have been able to conduct our face to face visits, however, the reinstatement of lockdown has required us to review this, and we are presently undertaking virtual visits.

We were keen to conduct this type of visit to the learning disability wards, as a planned visit for January 2021 had been cancelled. Managers told us at the beginning of the pandemic in March 2020, the learning disability and mental health directorate had to be looked at as a whole service given the emergency state related to the pandemic. There were concerns that had been raised previously about the wards on Elmwood site being isolated; managers took decision to move the service to the main site at Royal Cornhill.

As a result of the pandemic, there were staffing pressures across services in Grampian, and in moving the learning disability wards this ensured that access to emergency support was more readily available. Managers and staff told us that they felt relieved to be on the main site at Royal Cornhill knowing that support, if required, would be more responsive.

Both wards, formally known as Fern and Bracken, moved from the Elmwood site in April 2020 at the start of the pandemic, initially into Loirston Ward on the Royal Cornhill site. Fern Ward then moved into Strathbeg Ward in August 2020. We wanted to visit both wards as we had been advised that because of the move, there were some environmental changes that were having an impact on patients. We were told that in addition to the Covid-19 restrictions, patients' access to occupational therapy (OT) had changed as a result of the move. We heard that this had had an impact on patient's rehabilitation and activities.

Strathbeg Ward is now a close supervision learning disability unit and Loirston Ward is an Assessment and Treatment unit for learning disabilities (LD).

Strathbeg provides care for adults who present with behaviour that can be harmful to themselves or others, requiring close supervision in a secure environment. At the time of our visit, the ward had five patients. Loirston provides assessment and treatment for adults with LD, who have a psychiatric illness or present with behaviour which can be complex to manage. At the time of visiting, Loirston Ward had four patients. Managers told us that there are plans to establish an intensive support suite in Loirston ward.

We last visited this service on 5 March 2019 and made recommendations relating to specified person paperwork and the need for a seclusion policy.

For this virtual visit, we wanted to follow up on the previous recommendations and also discuss environmental issues, following the move and patient activities. This local visit was undertaken using a combination of data and information gathered prior to and after the visit, telephone interviews and assisted technology, NHS attend anywhere for virtual interviews.

Who we spoke with

We spoke with and reviewed the care and treatment of six patients. We also spoke with four carers/relatives.

We had virtual meetings with the service manager, consultant psychiatrist, nurse consultant, interim lead nurse, the senior charge nurse (SCN)/ deputy charge nurse, and lead manager for inpatient services.

Commission visitors

Tracey Ferguson, Social work Officer

Douglas Seath, Nursing Officer

Graham Morgan, Participation and Engagement Officer

What people told us and what we found

Care, treatment, support and participation

We spoke with patients and relatives via telephone and NHS Attend anywhere. We were told that iPads and computer facilities on the ward have supported patients to keep in touch with their relatives and friends during the pandemic. Due to Covid-19 regulations, we were told that each patient is allowed one visitor per week to the ward.

Patients told us that they were happy with the level of care provided to them and told us that the staff team were friendly, approachable, and there to help when needed. Relatives also told us that they were generally happy with the level of care being provided and felt that staff were good at keeping in touch with them and found updates helpful. We heard that there is good support from advocacy to the ward.

Patients did voice their concerns about the ward changes and the impact of moving to the new site. Patients told us that they felt the wards in Elmwood were more personalised and homely. In our discussions, we heard that restrictions with visiting had created difficulties, although the ward providing technology to support calls/video with their relatives had a positive effect, as it allowed patients to see the people they wanted to speak to. Those that we spoke with seemed to be aware of regular meetings about their care, including multi-disciplinary meetings (MDT) and care programme approach (CPA) meetings.

Patients told us that there was not enough to do, and that they wanted more activities. We heard that groups in hospital and in the community that they had previously attended prior to the pandemic have stopped.

Although we could not access patient notes and review files, the SCN from each ward provided us with a pen profile for each patient. This gave us up to date information about each patient's current care and treatment. We were told that MDT meetings take place on a weekly basis and ward has access to occupational therapy and psychology.

We were aware that since our last visit there has been progress for some patients whose discharge had been delayed; however we were aware that there has been no progress or plans in place for two of the patients. Although managers told us that there were regular delayed discharge meetings, which involved key representatives from the Health and Social Care Partnerships (HSCP), it was concerning that there were no plans in place. We will write to the HSCP to request an update in regards to these patients.

We were told how the wards are using the Health Equalities framework (HEF) which is an outcomes framework that measures health outcomes for people with learning disabilities. Staff are completing the HEF at specific points of a patient's journey; on admission and at the point of discharge. We felt that this was positive and this will enable patients and staff to have more information about outcomes related to the patient's journey.

Staff carry out patients annual health checks on the ward and are currently piloting the 21st century health checks. We wanted to find out if the wards were applying a Positive Behavioural Support (PBS) model when working with patients. We were told that it is hoped that with staff

training, input from psychology, along with the correct staff infrastructure in place to support this, that a PBS model will be implemented.

Other than the pen profile we received, as this was a virtual visit, we could not access the care plans. 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

During the virtual visit we had discussions with the SCNs for both wards regarding patient treatment. The Commission receives copies of all T2/T3 forms, and where applicable, we were able to review those form of the patients that we spoke with. The authorising treatment forms (T2/T3) completed by the responsible medical officer to record consent or non-consent, appeared to be in order.

Managers told us that there has been some delay in Strathbeg and Loirston wards receiving paperwork under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') that was previously collated and held in Elmwood; the main office at Royal Cornhill site will now be dealing with all Mental Health Act paperwork. We would expect that where a patient is subject to the Mental Health Act that all paperwork is kept in the patient's file.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate is completed by a doctor under Section 47 of the Adults with Incapacity (Scotland) 2000 legislation. Staff told us that s47 certificates were in place, for individuals where this was required and we viewed some of these virtually. Where individuals have an appointed legal proxy decision maker we reminded staff of the requirement to ensure that they should always be consulted.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. We wanted to follow up on this as this was a previous recommendation and found that where this applied, all relevant paperwork was in place.

Rights and restrictions

We wanted to follow up on our last recommendation regarding the need for a seclusion policy. On previous visits we had been made aware of times where seclusion was used. We were advised that a service-wide NHS Grampian policy was being developed but that this was put on hold due to the pandemic. As Loirston intends to have an intensive support suite for patients who require this level of input, our view is that this service should have a seclusion policy in place. The Commission guidance on the use of seclusion can be found at:

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

Recommendation 1:

Managers must develop a seclusion policy that provides clear guidance for the use of the intensive support suite.

In addition to our seclusion guidance, 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

Prior to transferring to the wards on the Royal Cornhill site, patients had access to Hawthorn day centre that had good community links. However since moving to Strathbeg and Loirston, patients have no access to this service. We heard that it has been a challenging time in ensuring patients safety due to the COVID restrictions that were in place. We were told that some patients have been shielding. We were made aware that there have been efforts to provide a level of activity that meets the social distancing requirement, although some groups in the hospital and community have ceased. Both wards have a weekly timetable of activities provided by (OT) and nursing staff continue to provide activities to the patients.

We were told that there are still some groups that OT staff are able to support, despite Covid-19 restrictions. Access to the recovery and resource centre on the main site, albeit in a limited capacity, is available. However, this is shared resource for all wards and not just learning disability wards. We were concerned that the current activities and groups are insufficient for the needs of this group of patients in supporting rehabilitation. A further concern regarding rehabilitation was that previously patients had access to a therapeutic kitchen on the Elmwood site, but this is not available at Royal Cornhill.

Recommendation 2:

Managers should ensure that there is an equitable provision of activities and occupation, similar to that which was previously provided.

The physical environment

For this virtual visit we were provided with photographs of the ward and a tour using the technology available on the day. We were advised that the two wards will remain on the Royal Cornhill site. When restriction levels improve, staff and patients will be able to access facilities on the site, as well as in the local community, although at present the current situation continues to impact on patients.

We heard that both wards are still adapting to the new environment and while efforts have been made to improve the wards, there are some changes that may directly affect patients. Where previously each patient had their own single room, some patients may now have to share. We were told that there is a work plan, based on a functionality assessment which will

be completed to in both wards; this will highlight what needs to be done to improve the environment for patients.

Whilst patients can access outdoor space in the hospital grounds, Loirston Ward has no direct access to a garden. We were advised that this will be reviewed as part of the functionality assessment and we would like to be informed of the outcome of this.

Any other comments

Managers and staff told us that over the past weeks, there has been a number of admissions of patients without a learning disability being 'boarded' into the ward until a bed is available in another ward. We do not consider the use of services that are established to meet the needs of a specific group of patients being used to cover bed shortages elsewhere as acceptable and we were concerned of any impact this has on patients in these wards. We would advise that this is closely monitored by senior management team.

Summary of recommendations

1. Managers must develop a seclusion policy that provides clear guidance for the use of the intensive support suite.

2. Managers should ensure that there is an equitable provision of activities and occupation, similar to that which was previously provided.

Service response to recommendations

The Commission requires a response to these recommendations 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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