Mental Welfare Commission for Scotland

Report on announced visit to: IPCU Leverndale Hospital, 510 Crookston Rd, Glasgow G53 7TU.

Date of visit: 22 June 2021

Where we visited

Due to the Covid-19 pandemic, the Commission have adapted their local visit programme in accordance with the Scottish Government's route map (May 2020). There have been periods during the pandemic where we have been able to conduct our visits face-to-face and other times when visits have been mainly 'virtual visits'. This local visit was able to be carried out face-to-face.

The Intensive Psychiatric Care Unit (IPCU) at Leverndale Hospital is a 12-bedded unit for patients (aged 18-65 years) requiring intensive treatment and intervention, patients are generally from the South Glasgow area. The function, layout of the ward, and facilities are unchanged since our previous visit.

The ward continues to be a mixed-sex facility, split as maximum of three female (single rooms) beds and 9-12 twelve male beds in a mix of single rooms and small dormitory accommodation.

On the day of our visit eleven of the twelve beds were occupied. There were two female and nine male patients.

We last visited this service on 19 December 2019; we made recommendations regarding the need to address the issue of long patient stays in this IPCU. We also raised issues in relation to the provision of psychology to the ward to improve therapeutic interventions.

On the day of this visit we wanted to follow up on these recommendations and have the opportunity to speak to patients about their care; particularly their experiences during the Covid-19 pandemic.

Who we met with

We met with six patients during our visit and were able to speak to them about their care. We also reviewed the care of one additional patient.

We also spoke with the nurse in charge and other nurses on the ward.

No relatives of patients currently on the ward contacted us.

Commission visitors

Paul Noyes, Social Work Officer

Dr Gordon Skilling, Consultant Psychiatrist

What people told us and what we found

Care, treatment, support and participation

We were informed that the ward has remained free of Covid-19 outbreaks during the pandemic and the majority of patients (that wished to) have also now had both their vaccinations. The nature of the IPCU environment has enabled exposure to Covid-19 to be generally more controlled than in a more open setting. At present, patient time off the ward is escorted.

All patients in the ward at the time of our visit were detained patients under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('The Mental Health Act') or the Criminal Procedure (Scotland) Act 1995 ('CPSA').

The ward has input from two medical staff, one consultant psychiatrist and additional input from a doctor with a specific remit for this ward.

We heard from nursing staff that access to medical staff is good and that there is a relatively high ratio of staff to patients; this is particularly important in an IPCU ward where there are increased levels of clinical risk and patient needs are high. There was one patient on enhanced 2:1 observations at the time of our visit.

The staff group has remained fairly constant, and the ward appears to be generally settled. It was evident that staff were aware of the needs and situations of the individual patients and their care plans. We heard this consistency of staffing has been beneficial to the stability of the ward; many of the patients have also had multiple stays on the ward so this long-term knowledge of patients is also helpful.

We heard that the ward has continued to be very busy throughout the pandemic and there is always a pressure on beds.

For an IPCU to function appropriately there needs to be the opportunity for patients to be able to move back to the acute wards when clinically ready to do so. We understand that there can be considerable difficulties in moving patients back to the acute wards when they are well enough, due to bed pressures in the acute wards. There can also sometimes be pressure to move patients who are less ready to return to the acute wards due to the need to move a patient to the IPCU. These pressures need to be kept under review by managers in terms of impact on patient care.

Of the eleven patients on the ward at the time of our visit, seven had been in the ward for less than three months and five of these had been admitted in the last three weeks so most patients are only spending relatively short periods of time on the ward as we would expect.

We are however concerned that there were four patients in the IPCU who have now been on the ward for well over a year and two of these have been on the ward for well over two years. Though there are plans for these patients (three are awaiting forensic beds and another on a unit that is not yet available) these need to be expedited. Given known difficulties in accessing

forensic beds, alternative plans may be required. The Commission will follow up on the care of these four patients with their Responsible Medical Office (RMO).

It may well be that the pandemic has impacted on patient movement but these patients are not getting the therapeutic interventions required and are in an inappropriate environment for long term care.

The Commission has raised their concerns about long patient stays in this IPCU in several previous reports; this situation is still of serious concern. Notwithstanding the current restrictions on therapeutic activity due to Covid-19, we consider that the ongoing long-term placement of patients in the Leverndale IPCU ward (due to lack of bed availability in more suitable services), without at the same time providing these patients with the necessary rehabilitative care plans (including psychological, occupational and other relevant therapeutic interventions) is contrary to the principle of reciprocity. This situation now requires to be escalated to senior managers within the health board for further consideration and action.

Recommendation 1:

The Commission will escalate the issue of long patient stays in this IPCU to the hospital's senior managers and senior clinicians; we will also write separately to the NHS GG&C Health Board Chief Executive Officer about our concerns.

As the Commission has not been into this ward for over 18 months due to Covid-19, we wanted to hear from patients about their experiences. It seems that patients have generally been very understanding and supportive in relation to cooperation with Covid-19 restrictions. The main impact has been with restrictions on visiting and time out of the ward particularly affecting longer stay patients.

Patients we spoke to on the day told us they had good relationships with nursing staff and generally were positive about the day-to-day care that they were receiving. There was however some frustration about the lack of ability to leave the ward and some of the additional restrictions in terms of being escorted when off the ward. Some patients we spoke to were very unwell (as is likely to be the case in an IPCU ward) and may of their issues related more directly to their illness.

Patient records are now well established on the EMIS electronic records system. There was clear evidence of weekly multidisciplinary team (MDT) meetings and regular review of care including input from pharmacy.

Patients have an individual care plan. These are personalised but for many patients the IPCU seemed primarily a facility of containment rather than therapeutic intervention. Several patients were at risk of absconding from the acute wards placing themselves or others at risk. The ward is a relatively stark environment offering little in the way of more therapeutic interventions beyond medical, nursing care and basic activity.

The Commission previously expressed specific concerns about lack of psychology provision to the ward. This situation remains unchanged. We understand this has been discussed by the service but stalled due to Covid-19 issues. We expect discussions about psychology input

to resume as soon as possible. As noted earlier in this report, this is particularly important if the IPCU ward is going to remain a long term in-patient setting for some patients.

Recommendation 2:

Managers to address the issue of psychology provision to the IPCU ward.

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

Staff informed us despite the pandemic that advocacy is readily available to patients on the ward. It was evident despite the considerable additional pressures and difficulties presented by Covid-19, staff and patients have coped well during the pandemic which must be acknowledged.

We saw evidence of ongoing contact by nursing staff with families in relation to patient care and visiting. At the time of our visit patients were limited to one visitor in relation to Covid-19 measures.

The Commission is aware of two recent complaints from relatives (of previous patients), regarding difficulties in having direct discussion with medical staff about patient care. These are appropriately being addressed through the NHS GG&C complaints process.

Use of mental health and incapacity legislation

All eleven patients on the ward at the time of our visit were detained under either the Mental Health Act or CPSA legislation as we would expect in the restrictive environment of an IPCU which is a locked ward. Most were in fact Mental Health Act detentions. The appropriate detention paperwork was readily available.

We found no significant issues regarding the required legal paperwork or the legislative authority for treatment; all the patients had up-to-date consent to treatment certificates to authorise medication; any identified matters to be rectified were addressed on the day.

Rights and restrictions

For reasons of patient safety and other risk factors the IPCU is a locked ward, patients are not generally freely able to leave the ward. In such circumstances we would expect patients to be detained.

Given ongoing Covid-19 concerns opportunities for time away from the ward remain very restricted and we were advised that patients are not currently allowed out of the ward unless accompanied by staff. This has had an impact particularly on the longer stay patients and some we spoke to were frustrated by this situation. The Commission is aware that the

Covid-19 situation has also delayed moves between hospitals and also moves to community placements.

We noted two patients were subject to specified person restrictions, this was appropriately documented and assessed.

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

Activity for patients in a locked ward is a significant issue particularly given the recent restrictions during Covid-19 limiting outside visits and other contacts. We were pleased to hear the ward now has replaced their dedicated activity worker giving 40 hours of specific activity provision time, this is being used flexibly across the week. Patients had previously benefitted from being able to access the Recreational Therapy (RT) unit with in the hospital. This building had been closed due to the pandemic though will hopefully open again soon. RT workers have however been providing addition activity input into the ward while the unit has been closed.

There is additional activity and patient intervention provided by occupational therapy (OT) and physical activity sessions arranged by the physiotherapist.

Patient access to wi-fi has been a welcome addition allowing patients to be able to access music and the internet subject to individual risk assessments.

The physical environment

Given the Covid-19 measures at the time of our visit, Commission visitors sought to minimise their movement within the ward. No patients raised any issues regarding the environment and we were informed the ward is largely unchanged since our last visit.

The ward is located in one of the older buildings on the Leverndale site and the bedrooms are a mix of seven single rooms and dormitory accommodation. The ward has two day rooms, an activity room, an enclosed garden area with exercise equipment, and a small room to allow for private telephone calls. The main dining area can also be used for groups and visiting.

The ward now has wi-fi access for patients to access internet if appropriate to their mental state.

Summary of recommendations

1. The Commission will escalate the issue of long patient stays in this IPCU to the hospital's senior managers and senior clinicians; we will also write separately to the NHS GG&C Health Board Chief Executive Officer about our concerns.

2. Managers to address the issue of psychology provision to the IPCU ward.

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.

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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