Mental Welfare Commission for Scotland

Report on announced visit to: Dunino Ward, Stratheden Hospital, Springfield, Cupar, Fife, KY15 5RR

Date of visit: 2 November 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt 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 face-to-face visits; however, the reinstatement of lockdown required us to review this, and we are presently undertaking variety of face-to-face and/or virtual visits. This local visit was able to be carried out face-to-face.

Dunino Ward is a mixed-sex ward situated within Stratheden Hospital. The age of individuals ranges from 18 to 65 years of age with a number of patients having been in hospital for a considerable period of time due to the complex nature of their illness. The focus on Dunino Ward is to provide care and treatment to individuals who require mental health related rehabilitation before moving back into their community. Care and treatment is provided by a multidisciplinary team (MDT) who work with individuals to assess their needs, strengths while also providing practical steps towards recovery. It is appreciated recovery and rehabilitation for this patient population cannot be hurried; however, with input from the MDT including medical, nursing, psychology and occupational therapists, there is a clear sense of optimism.

Who we met with

We met with and/or reviewed the care and treatment of 11 patients and five relatives.

Prior to visiting the ward we met with the senior charge nurse (SCN), service manager and lead nurse. On the day of the visit we spoke with the ward charge nurses, service managers and the clinical team.

Commission visitors

Anne Buchanan, Nursing Officer

Kathleen Liddle, Social Work Officer

Graham Morgan, Participation and Engagement Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were largely positive about the care and treatment they receive in Dunino Ward. The nursing team were described as approachable and respectful and with the recent addition of a full-time occupational therapist (OT), this further complements the ward based team. Patients told us what was important to them. For example, shopping, meal preparation, learning to budget and cook for themselves and others. From feeling socially isolated in the community to learning about their illness while working with the ward's psychologist to understand the psychosocial aspects of their recovery and maintaining mental and physical well-being. We met with the ward's OT who is based on Dunino Ward full-time. This post is fully supported by the nursing team who felt the OT had improved patients' experience during their admission to Dunino Ward. Specifically, the focus now includes working with patients to consider a wider range of therapies. Currently, therapeutic engagement includes working in the hospital garden and learning skills in the wood work shop. A weekly timetable for therapeutic engagement has now been established. The 'brunch group' offers patients an opportunity to prepare light meals for each other, while also providing education about nutrition, meal preparation and diet. The OT and dietician work collaboratively to ensure patient's participating in this group are encouraged to work together while also providing support and supervision.

There is a recognition that the MDT while encouraging patients to engage in therapeutic activities, understand the need for flexibility. Patients who are unable to engage with group work will be provided with one-to-one input from a range of professionals. We were told by patients this approach works well for them. While there were a number of patients who had spent a considerable length of time in hospital, there was a sense of feeling involved in their care and treatment.

The MDT from a range of disciplines including nursing, psychiatrist, OT, psychology, pharmacy, dietician and horticulture team meet regularly to discuss patients' care and treatment. Prior to each meeting, patients are invited to give their views of their progress. This can be either in-person or through their keyworker. Minutes from the meeting are added to a patient's records. We would have liked to have seen more detail as this would have provided the reader a greater understanding of goals, actions and who was responsible for providing specific interventions. We discussed this with the clinical team on the day of our visit.

From July 2021 patients' notes have largely moved from paper files to an electronic record system. This transition from paper to electronic record keeping is in its infancy with the clinical team working with IT staff to address difficulties within the new system. We were told the transition has been challenging with risk assessments and care plans causing the greatest concern. Documenting and updating risk assessments is not possible on the new system therefore leaving assessments either not updated or nursing staff having to re-write assessments continually. This poses a significant risk to patients if they are not updated in a timely fashion. We discussed this concern with senior nursing staff on the day of our visit. We were told there are regular meetings to highlight any issues with the IT team responsible for implementing the new electronic record system.

We appreciate the transition from paper to electronic record keeping is in its infancy; however, we would like to have seen a greater amount of detail in a patient's continuation notes. Again, this would help the reader to have an understanding of how a patient may present day-to-day and help inform the MDT of any significant variances.

We reviewed a number of care plans and, while we found some were patient-centred, others were less so and would have benefited from greater patient participation. There was evidence from our discussions with the clinical team they knew their patients well. We would therefore like to have seen greater detail of patient's specific needs, goals and interventions with reviews that also include the patient's subjective opinion in relation to progress.

Recommendation 1:

Managers should ensure that care plan reviews are meaningful and include the effectiveness of interventions and reflect any changes in an individual's care needs.

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

Within patients' records we saw evidence of input from psychology. Psychological formulations are undertaken with outcomes shared with the MDT. Psychological formulations are helpful for the patient and staff as they provide an understanding of presentation and behaviours. We were told staff have continued with a psychological informed approach to care, with some staff now trained in low-level psychological interventions including Decider training.

During our pre-visit meeting with ward staff and the management team, we discussed ongoing concerns in relation to patients remaining in hospital when they are considered ready for discharge. There are a number of patients who are currently considered 'delayed discharges' and this position remains a source of frustration for patients, their relatives and the clinical team. We recognise this is a nationwide concern with Fife Health & Social Care Partnership having recently initiated a 'Housing Priorities Group'. The remit of this group is to address ongoing issues in relation to securing suitable tenancies and packages of care in the community to meet the needs of patients. We were told with limited appropriate housing, available tenancies including support packages have been difficult to arrange. We appreciate this situation is under regular review and will be seeking updates from the management team in relation to progress.

Contact with relatives

We met with and spoke to a number of relatives on the day of our visit. While they were mainly positive about their relative's care and treatment, we were told they were unhappy with the accommodation. Relatives felt the ward did not provide a therapeutic environment, having to share bedrooms with other patients was not appropriate and compromised privacy. This was also highlighted as an issue for the patients we spoke to. Some relatives we spoke to were

very concerned about the décor of the ward, their views highlighting that the ward requires to be updated and modernised. While the ward is large with a number of communal rooms, it lacks modern fixtures and fittings therefore appears rather old-fashioned.

Recommendation 2:

Managers should ensure the ward environment continues to be reviewed and conditions remain welcoming for patients, their relatives and staff.

Use of mental health and incapacity legislation

On the day of our visit patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Of those patients subject to compulsory treatment, we reviewed the legal documentation available within their files. Paperwork relating to treatment under part 16 (s235 -248) of the Mental Health Act was in good order. The authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were available.

We found that where patients had been made 'specified persons' under the Mental Health Act, authorising certain restrictions, the necessary certificates and reasoned opinions could be identified within the patient's records. We are aware that the move from paper to electronic records has meant certificates that would usually be located in a paper file, are now uploaded onto an electronic record as well as being located in a prescription kardex.

Our specified persons good practice guidance is available on our website https://www.mwcscot.org.uk/sites/default/files/2020-03/specified_persons_guidance_2015-edited_0.pdf

Rights and restrictions

We were told patients have access to independent advocacy and legal representation. During the pandemic, face-to-face meetings between patients and their legal representatives or advocacy support workers were largely undertaken by telephone. More recently legal representatives have met with patients in the ward. However, advocacy services have not resumed regular face-to-face meetings with patients and contact by telephone continues. While the Mental Health Tribunal for Scotland continues to provide teleconferencing facilities for hearings, we are aware hearings in-person have now re-stared.

Ward staff including mental health officers provide information about how to access legal representation and support from independent advocacy services. Leaflets and contacts are made available and access to telephones and privacy are encouraged in order for patients to seek representation during their stay in hospital.

The ward has an 'open door' policy with patients having access to their therapeutic placements in the hospital grounds.

Of the patients we spoke to there were a number who were not entirely sure of their rights in relation to the Mental Health Act and the possible restrictions placed upon them. While we

appreciate patients are provided with information about how to contact legal representation and advocacy services, it is important for the clinical team to check a patient's understanding of the legal framework in relation to restrictions.

Recommendation 3:

Managers should ensure that all patients who are subject to Mental Health Act legislation and those who are informal bare aware of their rights when they are in hospital.

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

We were told by the clinical team and patients that the restrictions placed upon them due to Covid-19 had adversely impacted on the level of rehabilitation taking place. However, more recently, services have re-opened and this includes the popular outdoor activities. We visited the horticulture service and woodwork shop based in the grounds of the hospital. We spoke with staff and patients who were very enthusiastic about the therapeutic advantages of being outdoors while working together to create gardens for growing vegetables, shrubs, and wild flowers. Staff also work with patients to create impressive examples of signage and furniture made from wood sourced from the hospital grounds.

Within the ward environment there is now a weekly timetable for therapeutic and recreational activities. Opportunities for group work and one-to-one sessions are available. Staff told us they would prefer to offer additional activities especially at weekends or in the evenings however ongoing staff shortages means this is unable to take place at this time.

There is an emphasis on nutrition and providing patients with learning opportunities for meal preparation and improving physical health. Located in the ward is a kitchen for patients to practice 'self-catering'. Following functional assessments, OTs will support patients with all aspects of meal preparation while providing guidance to promote healthy food choices and promote independence.

Recently the third floor of the ward has been adapted into a 'therapeutic space' for undertaking one-to-one and group activities. A music room has been included for music therapy sessions, self-care sessions with equipment for staff to provide hand and nail care. An additional room will be used for providing relaxation for individual or group sessions. The ward team have applied for additional funding to purchase equipment to further enhance this new therapeutic space.

The physical environment

As highlighted earlier in this report, the physical environment appears outdated and lacking in modern fixtures and fittings. The ward is large with a number of rooms available for communal use, however the bedrooms are still shared and this was highlighted as a concern by patients

and their relatives. While the ward is large and spread over three floors, there appears to be little evidence of maintenance; we observed that the décor looked tired, paintwork was chipped and furniture in bedrooms looked damaged and old-fashioned.

Recommendation 4:

Managers should ensure that there is a physical environment upgrade programme, which is reviewed regularly and any maintenance issues are managed promptly.

Summary of recommendations

1. Managers should ensure that care plan reviews are meaningful and include the effectiveness of interventions and reflect any changes in an individual's care needs.

2. Managers should ensure the ward environment continues to be reviewed and conditions remain welcoming for patients, their relatives and staff.

3. Managers should ensure that all patients who are subject to Mental Health Act legislation and those who are informal bare aware of their rights when they are in hospital.

4. Managers should ensure that there is an upgrade programme and it is regularly reviewed, and that any maintenance issues are managed promptly.

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 Healthcare Improvement Scotland

SUZANNE MCGUINNESS
Executive Director (Social Work)

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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