Mental Welfare Commission for Scotland

Report on announced visit to: Daleview and Tayview Wards, Lynebank Hospital, Halbeath Road, Dunfermline KY11 8JH

Date of visit: 16 November 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

Daleview Ward is a 10-bedded regional low secure forensic unit which is situated in the grounds of Lynebank Hospital. The unit accommodates patients with a diagnosis of learning disability and those who are involved with the criminal justice system. Daleview Ward is a male only ward and admits patients over the age of 18 years with no upper age limit. As the East of Scotland facility, Daleview is able to offer the resource to several health boards across Scotland including Highland, Lothian, Forth Valley, Borders and Fife.

Tayview Ward is a bespoke facility and accommodates two patients. The ward is used for patients who require a high level of support, in an environment that reduces potential risks associated with challenging behaviours.

We last visited both services in November and December 2019 and made the following recommendations for Daleview in relation to specified person paperwork and the recommendation for Tayview related to the delayed discharge process.

On the day of this visit we wanted to follow up on the previous recommendations and also look at how the service has navigated its way through the Covid-19 pandemic while ensuring patient's rehabilitation has not been disproportionally affected by the limitations brought about by restrictions.

Who we met with

Prior to our visit we met with members of the senior nursing team including the lead nurse and were given the opportunity to speak with nursing and medical staff on the day of the visit.

We either met with or reviewed the care and treatment of 10 patients/residents and spoke with a carer prior to the visit.

Commission visitors

Anne Buchanan, Nursing Officer

Claire Lamza, Senior Manager

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit, Daleview Ward had eight patients with a further admission scheduled for that day. The ward was calm with patients and staff engaging in activities, either in small groups or in one-to-one therapy. The interactions we observed between staff and patients were responsive and considerate and staff were knowledgeable about their patients.

Care and treatment in both wards is provided by the multi-disciplinary team (MDT); in this team there are a number of professionals who work regularly with individual patients or provide therapy in group settings. Alongside mental health nurses (MHN) and a consultant psychiatrist there is input from psychology, occupational therapist (OT), speech and language therapists, social workers, physiotherapist and an activity coordinator.

In addition to care and treatment specific to their expertise, each member of the MDT provides weekly feedback to the clinical team outlining the patient's progress. We heard from nursing staff about the additional training they have received to enhance their nursing skills. This has included a more psychological approach to working with patients who have experienced trauma. Patients have regular input from psychology, where there is an emphasis on psychological formulations. These are helpful for the patient and staff as they provide an understanding of presentation and behaviours.

We were also told there will be further training available for nursing staff to attend courses specifically related to working with patients to develop Positive Behaviour Support (PBS) plans. Nursing staff are keen to develop their skills to ensure patients are provided with care that offers safety and stabilisation.

To ensure participation and supported decision making, staff should be able to evidence how they have made efforts to do this and that actions which are part of the care plan are clear and attainable. Having reviewed a number of care plans we were pleased to see they were consistently of a high standard. Each patient's care plan was related to their specific areas of need, with evidence of discussion between the patient and their keyworker, to set goals and objectives. Furthermore, of the needs and goals identified there was evidence of which member of the MDT would be supporting the patient to enable progress. Care plans were regularly reviewed, amended as necessary and we were told by patients they felt included with setting their own objectives to enable recovery.

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/node/1203

The enhanced care programme approach (CPA) is used for all patients on the ward. CPA offers a formalised care management model whereupon each patient will have a case co-ordinator who is responsible for organising CPA review meetings. Each member of the MDT provides an overview of the patient's progress to the CPA membership group, actions required

will be communicated to the relevant care provider. We reviewed minutes for CPA meetings in patient's file; we found detailed decisions and outcomes that were clearly recorded.

We were also pleased to see ongoing recording related to physical health care. We noted that there were annual health checks, regular physical health monitoring, health check action plans, and that patients had participated in completing 'all about my health check' document.

There are a number of patients who have been in the ward for a considerable length of time. For some, the length of admission to hospital was due to the nature of their illness and the complexity of their needs, for others there has been a challenge in finding services to meet their specific needs in a community setting. The senior clinical team recognise the significant difficulties in finding suitable tenancies, funding intensive packages of care and recruiting support staff who are equipped to care for individuals in the community. Regular communication with health and social care partnerships (HSCPs) remains a priority for the clinical team. This enables staff to provide updates to the host area and highlight the support package necessary to ensure discharge from hospital is successful and sustainable. We were advised that a delayed discharge coordinator is now in post, and we would expect to be advised of progress in relation to those individuals who are identified as delayed.

Patients we spoke to were keen to show us their own discharge pathway illustrations also known as "road to freedom". With support from the occupational therapist, psychology and keyworkers, each patient had a diagram of their pathway to discharge on their bedroom wall. In their personal diagrams there were illustrations to recognise a patient's strengths, what needed to be in place to enable recovery and who would be needed to support the patient and help them during their rehabilitation. Patients we spoke to told us that they had ownership of their pathway to discharge and felt involved in making decisions to enable this to happen.

Use of mental health and incapacity legislation

We were able to locate the relevant paperwork for those patients who were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') and Criminal Procedure (Scotland) Act 1995 ('the CPSA Act'). Mental Health Act paperwork was accessible and in good order in the patient files.

Paperwork relating to treatment under part 16 of the Mental Health Act was also readily available, with relevant forms authorising medication being prescribed.

Where a patient was subject to the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), we were able to locate relevant paperwork including copies of welfare proxies' guardianship orders. Where a patient was assessed to lack capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor. We were able to locate s 47 certificates and their accompanying treatment plans in the patient's files and prescription charts.

Rights and restrictions

Both Daleview and Tayview Wards are locked wards. There is a locked door policy in place that is relevant to the level of risk being managed in this low secure unit, with each patient

having their own detailed escort plan. We noted that there are a number of patients who require their time away from the ward to be supervised. We were pleased to see escort plans were reviewed regularly by the MDT and amended when required to reduce unnecessary restrictive practices. We were able to locate Mental Health Act paperwork authorising absence from the ward with regular updates as needed.

All patients have access to legal representation and local advocacy services. Advocacy are in regular contact with individual patients and offer support and guidance for patients during Mental Health Tribunal for Scotland hearings.

In Tayview, there are a number of restrictive practices commensurate with the level of risk managed in this bespoke setting. There are requirements to ensure safety to patients and staff is not compromised and procedures in place to reduce potential risks to safety and security. We were able to observe interactions between staff and patients that was compassionate, thoughtful and professional. From reviewing patients' files we could see staff have built positive, recovery focused relationships with each patient while providing care that is both psychologically informed and offers emotional security.

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 found there were regular therapeutic and recreational activities; each patient had a weekly timetable and met with their keyworker to discuss progress. Functional assessments are completed by the ward based occupational therapist, as well as supporting patients in the well-equipped training kitchen. On the day of our visit we observed patients enjoying activities in small groups, supported by nursing staff during one-to-one work, while also engaging in recreational hobbies.

There is a an art and craft room along with a TV room that offers patients opportunities for gaming, socialising or using keep fit equipment.

Some of the patients that we spoke to did make us aware that the impact of the pandemic had reduced their opportunities to engage in activities out with the unit. We heard from the staff that funding has been put in place to purchase outdoor gym equipment. We were pleased to see the emphasis on physical health that included healthy eating plans and physical activity. This is monitored and is included in the ward's 'good lives model' of care.

We were also told that the communal area in the ward, currently referred to as 'the Hub', is due to be updated and will offer patients with staff support access to computers and IT equipment. Staff will support patients to access online learning opportunities and develop skills to further strengthen their rehabilitation.

The physical environment

Daleview Ward is bright, clean and well maintained. This unit was purpose built and has a large reception area, several communal areas and all 10 bedrooms have en-suite facilities. Each patient has their own bedroom and are encouraged to attend to their own housekeeping as part of their rehabilitation programme. There are a number of communal rooms that offer patients opportunities to socialise together as well as activity and meeting rooms.

The outdoor space offers well maintained gardens, staff and patients are looking forward to the arrival of new garden furniture and equipment.

Tayview Ward has been adapted to meet the needs of the patients who live there. The ward itself is spacious, bright, well maintained and homely. Patients have been encouraged to personalise their space including living areas and bedrooms. While we accept the environment is considered restrictive due to safety and security, we were impressed with the level of input the patients have had to tailor their own space to incorporate their likes and interests.

Any other comments

We were keen to discuss how patients and ward based staff have been affected by the Covid-19 pandemic and whether the restrictions placed upon them have impacted care and treatment. We were told a number of patients had limited understanding of the necessary restrictions placed upon them and their visitors. Staff working with the MDT developed easy read documents for patients that offered information in ways that patients could understand, reduce anxiety and carefully reinforce the rationale for restrictions. Patients have been offered opportunities to use technology to maintain contact with their relatives. For some patients the reintroduction of visits back into the community was an anxious time, therefore staff had to adapt escort plans and recognise the easing of restrictions was not always straight forward for their patient population.

Summary of recommendations

The Commission made no recommendations, therefore no response is required.

Service response to recommendations

A copy of this report will be sent for information to 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 Commission 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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