Mental Welfare Commission for Scotland

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

Date of visit: 14 December 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.

Lomond Ward is an adult acute mental health admission ward based within the Stratheden Hospital campus. Prior to the Covid-19 pandemic Lomond Ward's bed capacity reached 30 beds, however since 2020 the number of beds has decreased to 22. On the day of our visit the ward was full. We were told the nursing establishment has remained unchanged following the reduction in bed numbers, moreover there have been a number of new appointments to the senior nursing cohort. We last visited this service in March 2020 and made recommendations in relation to care planning and the requirement for regular auditing; therapeutic activity provision and as a matter of urgency, installation of an appropriate emergency alarm system.

On the day of our visit we wanted to follow up on the previous recommendations and also provide an opportunity for patients, their families and carers to raise any issues with us.

Who we met with

We met with and/or reviewed the care and treatment of eight patients and three carers/relatives/friends.

Prior to visiting the ward we met with senior nursing staff. On the day of the visit we met with members of the clinical team including nursing staff, service managers and the lead nurse for this service.

Commission visitors

Anne Buchanan, Nursing Officer

Kathleen Liddell, Social Work Officer

Graham Morgan, Engagement and Participation Officer

What people told us and what we found

Care, treatment, support and participation

Care and treatment is provided by a wide range of professionals including mental health nurses, psychiatrists, occupational therapist (OT), social work and a ward based activities coordinator. A pharmacist regularly attends the ward to provide support and guidance to the clinical team. For patients who require additional specialist input, referrals can be made for physiotherapy, dietician and psychology.

The patients we spoke to on the day were largely positive about their inpatient experience of Lomond Ward. Patients considered their interactions with staff as warm, compassionate and caring. While this was the view from many patients and their relatives there were some people we met with who felt the nursing team appeared very busy and at times looked stressed. Of those patients who highlighted issues, they told us they would have liked more engagement with nursing staff; relatives had a similar viewpoint.

We had the opportunity to meet with patients and their relatives along with speaking with a number of staff from the clinical team. We also reviewed the electronic records of patients. 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.

Of the electronic records we reviewed, there were a number of care plans that were person centred with evidence of participation with patients and their relatives. Of those care plans there were specific goals relating to patients' needs and a focus upon a multi-disciplinary approach to care and treatment. Interventions were clearly set out and identified who from the team would be assisting and supporting the patient. Reviews were regularly documented and care plans updated as necessary.

While we were able to see good examples of person-centred care planning, this was not consistent for every patient. We discussed this concern on the day with the senior nursing staff who informed us that a new approach to care planning was underway. "Care opinions" invites keyworkers and patients to meet to discuss immediate and longer term goals to aid recovery. The recent approach encourages a more focussed model of care planning while encouraging and supporting a patient to participate in risk assessments and specific interventions to meet their individual needs. With the move over to electronic record keeping we were concerned patients would not have access to their care plans, however we were

reassured to hear nursing staff and keyworkers take the ward laptops to their patients to encourage participation. We were told staff will have opportunities to attend in-house training to facilitate this new model and with regular care plan and auditing of patients records, the clinical team are optimistic that patients will benefit from the recent developments.

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

Recommendation 1:

Managers should ensure new models relating to care planning are consistent with all patients having the opportunity to engage with person-centred care planning.

During our meetings with patients there was a recurring theme that food was of poor quality and at times unappetising. This was important to patients as they were aware their diet played an important part of their recovery and often prior to coming into hospital they had taken little interest in their dietary and fluid intake. We spoke about the issue raised by patients on the day of our visit and were told there had been some changes within the hospital kitchen. We wished to reiterate on behalf of patients that dietary intake is an important and often a significant part to recovery and look forward to hearing of an improvement soon.

Recommendation 2:

Managers should ensure meals provided for patients are nutritious and of a high standard.

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 were keen to hear how patients who are subject to Mental Health Act legislation are supported and are aware of their rights and how this is communicated to them. The ward has developed a large information board with guidance in relation to patients' rights while subject to Mental Health (Care and Treatment) (Scotland) Act 2003. Additional illustrations provide guidance in relation to specific responsibilities of the clinical team, how the team should meet patient's expectations and safeguarding measures including guidance in relation to making an Advanced Statement and the role of the Named Person. Additional information in relation to Adults with Incapacity legislation is also highlighted with guidance for people subject to Welfare Guardianship.

There may be occasions where a patient requires additional safeguards in relation to risk from others. The Adult Support and Protection (Scotland) Act 2007 ('ASPSA') gives greater protection to adults considered at risk of harm. While reviewing patient records we became

aware there were potential issues in relation to communication between multi-professional agencies. For individuals subject to this ASPSA, it is essential communication between agencies is rigorous. We discussed our concerns with the senior nursing team on the day of our visit while highlighting that documentation within a patient's records requires to be kept up to date and unambiguous.

Recommendation 3:

Managers should ensure staff working with the Adult Support and Protection (Scotland) Act 2007 are aware of their responsibilities in relation to communication and documentation held within a patient's records.

Rights and restrictions

Lomond ward has a locked door with entry controlled by reception staff, there is a locked door policy in place. On the day of our visit there were no patients requiring a higher level of staff support with Continuous Intervention. We were told there has been a significant decrease in the number of patients placed on Continuous Intervention. There has been a recognition from the senior leadership team that while Continuous Intervention has a place to support patients during the acute phase of their illness, it can be considered a restrictive practice and feedback from patients has highlighted this as an issue. Nursing staff and keyworkers are now engaging with patients to adopt a more patient led approach to managing risk while working collaboratively to identify strategies for building patient's confidence.

We were keen to hear how advocacy services accept referrals and engage with patients in Lomond Ward. During the height of the Covid-19 pandemic, advocacy services were unable to visit the ward due to restrictions put in place to minimise the risk of infection. We were told the advocacy service which provides input into Lomond Ward have not re-commenced their ward drop-in service or met with patients in-person as they would have prior to Covid-19. Staff told us they would welcome advocacy back into the ward as they appreciate they provide an important function. Furthermore, while patients have access to telephones to speak with advocacy, we heard that not all patients feel comfortable doing this. We were disappointed to hear advocacy had not returned to the ward and suggested Lomond Ward senior leadership discuss this issue with advocacy.

Recommendation 4:

Managers should endeavour to have a time scale of when Advocacy Services are resuming their in-person visits to Lomond Ward.

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 advised the ward has a full-time activities coordinator offering a range of recreational and therapeutic activities. We were told by the patients we met with that while there are activities available, they would welcome additional ones as there is still an issue with days feeling very long without having opportunities to spend time engaging with specific interests or pastimes. There is a designated activities room for patients and the activity coordinator with a weekly activity programme is available. Ward community meetings have been re-established, this offers an opportunity for patients to discuss any issues they have with ward based staff. Staff told us this is an important meeting and hope to hold this as a regular fixture in the week. Some issues raised during community meetings have been addressed. The senior leadership team recognise community meetings provide an important role and need to be held regularly to serve their purpose to ensure patient's views are heard and responses are timely.

An OT is currently providing specialist functional assessments. It is recognised that OT input is integral to a patient's recovery. Assessments are undertaken in the ward kitchen and outwith the ward environment. From assessments, we noted that the patient, OTs and the ward based team collaboratively design care plans to identify patient's goals to aid recovery. OTs also facilitate ward based group activities and a popular lunch club. We were told the ward based OT will soon be leaving however their post will soon be advertised a replacement sought.

The physical environment

Lomond Ward offers a significantly large environment with patient accommodation in one area and a separate space for activities, meeting rooms, a bright and welcoming visitor room and student nurse resource room. We particularly liked the patient and relatives information board previously discussed in this report. It is situated in a communal area and is visible for patients, relatives and visitors.

The ward environment is bright and welcoming with recent updates to the communal areas evident. We were concerned to see the work that has been carried out to reduce ligature risks has caused doors to not fit properly and actually fall off their safety catch. Furthermore, the bathrooms with showers were uninviting, patients told us the showers do not work and the doors do not fit properly.

There are mixture of single bedrooms and shared dormitories. We heard that while some patients were happy to sleep in dormitory style accommodation, others told us it was a source of anxiety and stress. Patients also told us they felt the dormitories lacked privacy and at times their sleep was disturbed due to other patient's activity overnight.

Patients have access to outdoor space with extensive hospital grounds that provide opportunities for patients to use the outdoor exercise equipment or attend the horticulture service.

In line with public health promotion, the hospital has recently implemented a no smoking policy. Staff have encouraged and supported patients to consider either stopping smoking or reduce their tobacco intake. Patients are offered nicotine replacement therapy and supported

to consider strategies to improve their physical health during their admission to hospital. Staff told us it is too early to determine whether this implementation has improved overall health inequities, however they are hopeful that by working together, the health of patients will improve.

Recommendation 5:

Managers should ensure that outstanding repair and refurbishment work is undertaken and regular audit with specific timescales for improvement are agreed with Fife HSCP Estates department.

Summary of recommendations

1. Managers should ensure new models relating to care planning are consistent with all patients.

2. Managers should ensure meals provided for patients are nutritious and of a high standard.

3. Managers should ensure staff working with Adult Support and Protection (Scotland) Act 2007 legislation are aware of their responsibilities in relation to communication and documentation held within a patient's records.

4. Managers should endeavour to have a time scale of when Advocacy Services are resuming their in-person visits to Lomond Ward.

5. Managers should ensure that outstanding repair and refurbishment work is undertaken and regular audit with specific timescales for improvement are agreed with Fife HSCP Estates department.

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.

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.

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