Mental Welfare Commission for Scotland

Report on unannounced visit to:

Ward 1, IPCU, St John's Hospital, Livingston EH54 6PP

Date of visit: 16 March 2023

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.

Ward 1, the intensive psychiatric care unit (IPCU) at St John's Hospital was a 10-bedded, mixed sex unit; it also had an enhanced care suite for any individual who may require additional support during their stay in hospital. On the day of our visit, this facility was not available as the environment required extensive remedial work and updating. An IPCU provides intensive treatment and interventions to patients who present with increased level of clinical risk and require enhanced levels of observation. IPCUs generally have a higher ratio of staff to patients and a locked door commensurate with the level of risk being managed in an intensive care setting. It would be expected that staff working in IPCUs have skills and experience in caring for acutely ill and often distressed patients. On the day of this visit to Ward 1, there were seven patients in the ward.

Who we met with

We met with, and reviewed the care of all seven patients, six who we met with in person and seven who we reviewed the care notes of. As this visit to Ward 1 was an unannounced visit, we did not have the opportunity to meet with patient's relatives however, we asked staff to pass on our contact details should any family members with to speak with us about their relative's care and treatment.

We spoke with the service manager, the senior charge nurse, consultant psychiatrist, psychologist, pharmacist, and other members of the clinical team throughout the day of the visit.

Commission visitors

Anne Buchanan, nursing officer

Gillian Gibson, nursing officer

Gordon McNelis, nursing officer

What people told us and what we found

We recognised that some patients were experiencing significant mental ill health issues at the time of our visit however, we felt it was important to gather their views about their care and treatment in Ward 1. We heard from patients that their experiences were positive; they told us "staff are always there if you need them", "staff really care, they are amazing, attentive and active". As visitors to this ward, we witnessed an intensive psychiatric care unit that was calm, and where staff were confident and caring during their interactions with patients.

Patients we met with were able to tell us about their goals to aid recovery, next steps in relation to moving on from this setting and who was involved from each discipline to ensure recovery was achievable. We asked specifically about who helped and provided input into care planning for each patient. The patients we spoke to were able to inform us of how they valued the whole team approach that included nursing, medical, psychology and allied health care workers. This view was supported throughout the electronic care records with patient's views and opinions sought in every aspect of their care and treatment.

Care records

Documentation relating to care is mostly held on the electronic system used in NHS Lothian 'TrakCare'. While we found this electronic record system reasonably easy to navigate, we were told by nursing staff that the platform for care planning continued to cause some challenges, in that it does not lend itself easily to mental health care planning. Nevertheless, we were able to locate person-centred care plans that were aligned to specific identified needs from assessments, including risk assessments. We would like to have seen updated care plans, particularly for patients who had transferred from adult admission wards to the IPCU. We would like to have seen evidence of care plan reviews, particularly for those whose care plans had followed on with them from other wards in NHS Lothian.

Recommendation 1:
Managers should ensure care plans are regularly reviewed and updated as necessary in line with current care planning standards in IPCUs.

We would like to highlight excellent record keeping in individual patients' continuation notes. It was apparent the clinical team, including nurses and allied health professionals who updated care records, knew their patients very well. With daily detailed accounts for each patient held in their electronic care record, it was easy to identify where there had been steps towards recovery and times where patients had required higher levels of support and outcomes from supportive interventions. In the records, there was a subjective view from patients, a note of interventions that had been helpful and strategies agreed to aid recovery. This was further extended to seeking patients' views in relation to the weekly multidisciplinary team meetings, with a focus upon gathering a patient's perspective about their recovery and next steps.

Multidisciplinary team (MDT)

The unit has a multidisciplinary team (MDT) of nursing staff, psychiatry, psychology, occupational therapy, pharmacy, and activity coordinators. There was regular input from disciplines such as art and music therapists, and referrals to other services were made when required. We were pleased to hear there was a drop-in service from a substance use service;

this had been welcomed by patients and the clinical team, as it is recognised patients can and do present with mental ill-health with co-existing substance use and required additional expertise from practitioners to support patients with harm-reduction and stabilisation.

We were delighted to hear that Ward 1 was recognised for their ongoing commitment to deliver person-centred care and were awarded NHS Lothian Celebrating Success Team of the Year 2022.

The MDT met weekly to discuss patients' progress and hear the views from patients and their relatives. We heard patients had an opportunity to meet with nursing staff prior to the weekly MDT meeting; this meeting was considered essential as it ensured patients were offered time to discuss their goals, what was working well and any unmet needs that required additional attention. To support a whole team model of care and treatment, each patient had a team formulation. Psychological formulations are beneficial for the patient and staff as they provided an understanding of presentation and behaviours. The MDT had been focusing upon reducing restrictive practice, improving patient engagement and adopting a model of care that promoted relational security. This was an important team development, as it recognised that a patient's recovery was influenced by staff attitudes and culture. Staff had ongoing support and education to provide trauma-informed practice to their patients, while also having opportunities to engage in their own or group reflective practice sessions with a psychologist. We were told this had helped with engaging in one-to-one work with patients and identifying those patients who required additional enhanced support.

Use of mental health and incapacity legislation

On the day of our visit all seven patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). The patients we met with during our visit had a good understanding of their detained status where they were subject to detention under the Mental Health Act.

All documentation pertaining to the Mental Health Act and Adults with Incapacity (Scotland) Act 2000, including certificates around capacity to consent to treatment were in place in the paper files and were up to date.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) certificates were mostly in good order, we found one certificate where an 'as required' medication had not been consented too. We brought this to the attention of the consultant psychiatrist on the day of the visit. Certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3 certificates had been completed by the responsible medical officer to record non-consent; they were also available and up to date.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

Rights and restrictions

Ward 1 continued to operate a locked door, commensurate with the level of risk identified in the patient group. There was a locked door policy in place to support this.

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 this and where restrictions are introduced, it is important that the principle of least restriction be applied. Where specified person restrictions were in place under the Mental Health Act, we found reasoned opinions in place.

When we are reviewing patients' files, we looked for copies of advance statements. The term 'advance statement' refers to written statements made under ss274 and 276 of the Mental Health Act, and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. We note that due to each patient's mental state at the time of being in an IPCU, it may be difficult to complete an advance statement, however, we would suggest that it would be possible to begin discussions with an individual about developing an advance statement. We were pleased to see in patients' care records evidence of advance statement discussions, and this was further explored throughout their admission to Ward 1.

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 heard from patients and staff how much they valued the recreational and therapeutic activities available in the ward. There was a recognition from the MDT that activities play an important role in helping a patient's recovery while also providing opportunities to learn new skills. There was a diverse range of activities, from a more formal model of art and music psychotherapy to physical exercise and recreation.

Occupational therapy was also recognised as an essential provision for patients admitted to this ward. Occupational therapists had a dual role in that they undertook formal functional assessments and ensure therapeutic activities were provided to promote mental and physical well-being.

We were pleased to hear the activities coordinators offered a full range of activities seven days a week and this was extended to the evenings too.

The physical environment

We were informed the ward was due to close temporarily while essential work was undertaken to improve the alarm system, update the enhanced care suite and re-purpose a room into a visitors' room for family and friends to visit patients. We were informed the ward will likely decant into another ward in the hospital, and this will require a significant level of organisation due this patient population.

The ward had single bedrooms with en-suite facilities, which offered patients privacy and quiet areas when the level of clinical activity was high. We found the communal areas of the ward bright and spacious with recreational pursuits including a pool table, gym, sitting rooms with 'mindful' activities available for patients who preferred less energetic activities and outdoor space when the weather was favourable.

We were aware from our last visit that the outdoor space had received additional funding to soften the environment, however we would like to have seen the space possibly used more creatively with appropriate seating, plants and recreational activities. We felt it lacked the purpose of a social space and would not be considered inviting. We discussed this on the day of our visit with the team and they were aware the outdoor space did require additional investment.

Any other comments

We found the approach used in Ward 1, where team formulation, based on a psychological framework, lent itself well to working with patients who by virtue of their early childhood experiences, mental Ill-health and substance use, required staff to be trauma-informed and willing to be flexible to meet the needs of this patient population.

We heard from patients that they have felt safe in this environment and secure with staff in the knowledge they were at the centre of the ward's model of care. We were told by patients this was important to them, as they have often felt it difficult to trust professionals, however in Ward 1 they have felt listened too and provided with opportunities to recover from their episode of mental ill health.

Summary of recommendations

Recommendation 1:
Managers should ensure care plans are regularly reviewed and updated as necessary in line with current care planning standards in IPCUs.

Service response to recommendations

The Commission requires a response to this recommendation 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
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 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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