Mental Welfare Commission for Scotland

Report on announced visit to: Leverndale Hospital, Wards 5, 6, Boulevard, Bute, and Campsie House, 510 Crookston Road, Glasgow, G53 7TU

Date of visit: 5 February 2024

Where we visited

Together, Wards 5, 6, Boulevard, Bute, and Campsie make up the low-secure forensic service for the Greater Glasgow and Clyde Health Board. The wards are based at Leverndale Hospital, which is in the Crookston area of Glasgow.

- **Ward 5** provides low secure facilities for 15 men.
- **Ward 6** provides low secure facilities for 15 men.
- **Boulevard Ward** is a nine-bedded male 'pre-discharge' ward.
- **Bute Ward** provides a low-secure female provision for five women.
- **Campsie Ward** is a nine-bedded , low-security ward for forensic male patients with a learning disability.

We last visited these wards in February 2023; we made four recommendations during our visit. These included the need to address the attendance of individuals at their multidisciplinary team meetings (MDT's), the need to address the completion of care plan reviews with individuals and ensure that treatment plans are completed for all individuals subject to section 47 certificates under the Adults with Incapacity (Scotland) Act 2000. In addition, we highlighted the need for specified persons procedures to be implemented with the completion of reasoned opinions for all patients.

On the day of this visit we wanted to meet with individuals and their nearest relatives, follow up on the previous recommendations, and look at ongoing care and treatment, hear about plans for those patients currently awaiting discharge, and review the overall throughput of patients moving in and out of the low secure forensic setting.

Who we met with

We met with 15 individuals and reviewed the care and treatment of an additional 4 individuals across all the wards that we visited. We met with senior managers of the service, psychiatrists, senior charge nurses, occupational therapy staff, and several nursing staff in each of the wards. We were able to speak to one relative.

On the day of our visit all the wards were full, except Bute and Campsie.

Commission visitors

Justin McNicholl, social work officer

Kathleen Taylor, engagement and participation officer

Douglas Seath, nursing officer

Gemma Maguire, social work officer

Mary Hattie, nursing officer

Mary Leroy, nursing officer

What people told us and what we found

Care, treatment, support and participation

As this was an announced visit, individuals, their relatives, and staff were prepared to meet with the Commission visitors. During our meetings with individuals, we discussed a range of topics that included contact with staff, participation in their care and treatment, activities that were available and individuals' views about the environment. We were also keen to hear from those who had been in Leverndale for a number of years, and those who were preparing for discharge.

Many of the individuals we spoke with were complimentary about the care they were receiving from nursing, occupational therapy, and psychiatry staff. Individuals spoke of the staff being "great", "they have the right attitude" which was echoed by two individuals stating "they make me feel positive about the future" and "I'm well looked after". We heard positive comments about many of the new members of nursing staff across all the wards who "have new ideas and listen well" and were noted to be "approachable" and "caring". We were given a number of examples from individuals who were positive in how they felt cared for when feeling low in mood or experiencing levels of distress. However, we heard from two individuals that they had to wait for nursing staff when they were attempting to complete certain tasks, and on occasions, that the ward was "short staffed". We heard from staff about the current vacancies in occupational therapy staff across the wards. Despite this, individuals praised the work of the occupational therapy staff and found the programme of activities "varied", "always interesting", and we were told "I'm kept quite busy as I'm always out and about with the OT".

Many of the individuals in the wards had limited family input or support during their admissions. Despite this, some individuals expressed the view that their nearest relative or named person was in regular communication with the care team and could ask questions of their psychiatrist. Most individuals spoke of having regular access or being invited to the ward multidisciplinary team (MDT) meetings. This is a significant improvement compared to our previous visit in February 2023, when individuals expressed the view that they were not routinely invited to discuss their care. We spoke with one relative who described the service provided to their family member as "okay". We spoke with one of the nurses who helped to coordinate the carers' forum, which is open to all relatives of individuals in the service. The carers group meets monthly at the Prince and Princess of Wales Hospice at Bellahouston Park, Glasgow. We were informed that this is accessed by several relatives, and we hope to visit this group in the future to gather their views on the experience of the service.

Similar to our last visit, we heard that recruitment and retention of nursing staff remains a challenge. We heard of the positive impact that newly graduated nursing staff were having on ensuring that staff numbers were maintained across the wards. As reflected in our last report, there remains an issue of staff tending to move on from the service, whereas in previous years, staff tended to maintain their positions in the wards. We heard frustrations from patients that optician and ear appointments were cancelled due to the lack of staff being available to escort them. We hope that steps will be taken by managers to minimise the occurrence of these cancellations. In line with our previous visit in 2023, it was positive to note that no agency staff are deployed to the wards due to the risk management profile of the individuals in the services.

We were able to observe positive social interactions between individuals and staff. Campsie House, Ward 5, and Ward 6 were busy with a range of professional visitors and individuals coming and going to attend community placements or take physical exercise. Boulevard and Bute Wards were quieter on the day of our visit, which was expected due to the function of these wards, and the community activities that individuals were encouraged to engage with.

We heard about several challenges that managers and staff face from various local health and social care partnerships (HSCPs) in ensuring timely discharges from hospital. These include barriers such as being unable to source approved community care providers who are fully staffed or are trained to work with those individuals with a forensic history. This, coupled with the challenge of finding suitable accommodation, has created delays with discharging individuals from the wards. We acknowledged that a number of the challenges could not be overcome by the managers of the service, and that they relied upon HSCPs prioritising and working close with care providers, housing departments, and third sector providers to ensure individuals could be swiftly moved out of the service.

All patients in the low secure wards are subject to the Care Programme Approach (CPA), which is a multi-disciplinary care management forum. This approached is coordinated by a member of staff on-site, which ensures that CPAs take place regularly, and are minuted to a high standard. There was evidence of patients, relatives, and advocacy staff participating in these meetings as well as social work officers who were also mental health officers (MHOs). We found clear links between individuals' care plans and the CPA documentation. Thorough assessment paperwork was prepared prior to each meeting, with each individual's views evident. Care plans and risk assessment documentation were also on record. The CPA minutes were detailed and gave a clear indication of future plans for each individual.

We were pleased to note that the wards all have a well-represented multidisciplinary team (MDT) including psychiatry, nursing, occupational therapy, psychology, and other professions as and when required. We found that the recording of the MDTs had significantly improved since our last visit in February 2023, when we found records which did not note who was present at the MDT meetings, and where people were not routinely invited to their MDT meetings. It was positive to note at this visit, that individuals and their relatives were now regularly given opportunities to attend MDT meetings. When individuals did not wish to attend MDTs, we found clear evidence of when psychiatry would provide one-to-one meetings with individuals, to obtain their views and review their care. We found evidence of when information could be shared with individuals' relatives, and this was clearly documented in the MDT record.

We heard of the challenges that individuals and staff face with the MDT meeting location in Campsie House. MDT meetings are held in the dining room area of the ward, which is the only access point to the rear garden of the ward. This then restricts individuals' access to the garden when the MDT takes place. To manage this, the MDT meetings take place on various mornings throughout the week to accommodate lunch time access to the dining room. We highlighted to the managers that the lack of access to the rear garden appeared to impact upon individual access to a safe and relaxing space out with the ward.

During this visit, we did not hear from individuals about their use of the psychology service. From the individual files that we reviewed we found recordings of a psychologist delivering

input to those in Ward 6. Managers advised us that a new psychologist had been recruited to the service in the last month and that psychologist had input to all of the wards. When we next visit, we would like to hear from individuals about their experience of the psychology service.

We heard from one individual who reported adult support and protection concerns. This matter was referred by the Commission to the local HSCP to investigate further.

Medical records

Individual medical records are held mainly on EMIS, the electronic health record management system used by NHS Greater Glasgow and Clyde (NHS GGC). Additional documents continue to be collated in paper files, including nursing care plans. There is a long-term plan in NHS GCC for all individuals' records to be held on EMIS, but as noted in our previous visits there is no exact date confirmed for transition to a paperless system. We look forward to hearing how this will be implemented for the wards, and how staff and individuals adjust to this transition whenever it occurs. We found individuals' records easy to navigate, and there was a clear focus on their mental and physical well-being, with comprehensive annual physical health reviews in place. The Historical Clinical Risk Management-20 (HCR-20) risk assessments we read were detailed, regularly reviewed, and we saw clear individual risk management plans included in the records. Additionally, there was clear evidence of multi-agency public protection arrangements (MAPPA) and input where applicable with the principle medical officer (PMO) who holds a key role in the management of forensic patients.

Nursing care plans

Nursing care plans form the basis of the care and support provided to individuals by the nursing staff during their admission to hospital. We expect to see patients participating in the forming and review of these care plans, to show how progress has been made towards the identified care goals. During this visit, we examined care plans across all the wards. The majority of the care plans in the wards were well written and provided clear goals for individuals. Similar to our last visit in February 2023 we found that many of the care plan reviews were limited, with little evidence of how individuals had progressed since the last reviews. We previously made a recommendation for this to be addressed. Unfortunately, we found no progress on this matter during this visit.

Recommendation 1:

Managers should urgently ensure regular audit of care plans to ensure reviews are taking place on a consistent basis, that they are person-centred, and ensure individuals are given opportunities to engage in care plan reviews.

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

Use of mental health and incapacity legislation

On the day of our visit, all of the individuals in the wards were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) or the Criminal Procedure

(Scotland) Act 1995 (Criminal Procedure Act) as we would expect in the restrictive environment of a low secure setting. The appropriate detention paperwork was readily available for all individuals.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained individuals, who are either capable or incapable of consenting to specific treatments. We found that consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health were recorded appropriately, with the correct forms in place.

We found one issue with the frequency of as required medication for an individual. The recording advised that the maximum dose that the individual could receive their medication on was on an hourly basis. The managers advised us that this was an error in recording and would work to address this to avoid any risk to the individuals.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. We found section 47 certificates in place for all individuals that we reviewed, and where a proxy decision maker was appointed, they had been consulted.

Where a section 47 is in place, we would expect to see a treatment plan recorded on an Annex 5 form. This is completed by the clinician with overall responsibility for the patient. The treatment plan should be written to include all of the healthcare interventions that may be required during the time specified on the certificate. The treatment plan should be clear on whether the patient has capacity to make decisions regarding nutrition, hygiene, skin care, vaccinations, eyesight, hearing, and oral hygiene. We found no treatment plans attached to the section 47 certificates that we reviewed.

Recommendation 2:
Medical staff should ensure that, where a treatment plan is required, it is completed for all patients.

Rights and restrictions

All individuals on the wards continue to be individually designated as 'specified persons' in relation to safety and security provisions, under section 250 of the Mental Health Act. This has been raised with managers on previous visits and we have been assured that each individual's specification is reviewed on a three-monthly basis, in line with their management plans. Despite this assurance, during our visit we could see no evidence of any reasoned opinions on file for those subject to safety and security restrictions. Responsible medical officers are required to notify the Commission of the grounds for the use of all specified persons measures. The managers and psychiatry staff whom we met with during our visit were clear that all individuals require to be individually designated as specified persons for the protection of patients and staff in these wards.

Recommendation 3:
Medical staff should ensure specified persons procedures are implemented with the appropriate completion of reasoned opinions for all individuals.

The individuals all have access to advocacy, and the wards have regular input from Circles Advocacy, a specialist forensic advocacy service. As well as working with individuals, they run meetings on the wards to help with collective issues. We did not hear from advocacy during this visit, however we look forward to linking in with them during our next visit and hearing about the input they provide to ensuring individuals are supported with their rights whilst in the low secure setting.

We asked about advance statements; these set out the care and treatment an individual would like, or would not like, if they become ill again in future. We found clear evidence of advance statements on file for individuals, and they were aware of these documents. Speaking with staff, there was clear awareness, and promotion of advance statements, across the wards.

The Commission has developed Rights in Mind. This pathway is designed to help staff in mental health services ensure that individuals have their human rights respected at key points in their treatment.

Activity and occupation

Many of the individuals reported opportunities to have time out in the grounds of the hospital, as well as in the wider community. We heard from many individuals that they had regular access to on and off-site community groups and activities. Activities included mindfulness, cycling, art classes, gardening, budgeting skills, attendance at college courses, and gym access.

Since our last visit, we noted that there were new referral procedures in place to access the recreational therapy (RT) unit based in the hospital grounds. Individuals praised the work of the RT service and described how it was “a safe place”. We were informed by the managers that the ACORN project, which functioned on the Leverndale Hospital site has been closed for several years and remains closed. We were informed by management that work is being undertaken to ensure the ACORN site is safe and secure for individuals. We were informed that there is a goal in place to re-open this service in the spring of 2024 and we look forward to hearing about this when we next visit.

We observed activity timetables on display in the wards that supplied a weekly structure. Boulevard and Bute Wards have a home-style model in place which is focused on preparing individuals for returning to the community. The home style model of care works with a recovery-based framework; staff and individuals work together to ensure that each person is equipped with the practical skills necessary to allow them the optimal chance of successful rehabilitation, from the long-term in-patient forensic setting to an identified community setting.

The physical environment

The physical environment of the wards remains unchanged since our last visit. We heard a significant number of concerns from both staff and individuals regarding Campsie House. The

first related to the flooring in the ward. We noted that the flooring in the main corridor has been repaired in the past however it is no longer flush with the rest of the floor surface, which has created a trip hazard for individuals. This is further complicated by the fact that the floor is not level and slopes at an angle. It was reported there are two individuals in the ward had had falls in the ward on a regular basis and their falls could be exasperated by the uneven floor. Managers advised us that this would be addressed urgently.

We found holes in the walls of individual bedrooms and in the communal areas that required repairing. We found the sofas and furnishings in the communal areas to be tired and in need of replacing. We found significant wear to the tables and chairs in the dining room of the ward. Staff advised us that the condition of these items were, "compounded by the frequent cleaning that took place during the Covid-19 pandemic". One of the doors in the sitting room could not be closed and was in need of repair. We found that one of the two communal shower rooms had been out of order for four weeks, which has resulted in patients having to use one working shower room. Staff advised that they were having to allow patients to use their staff shower room to manage this issue. The one working shower room was found to be foul smelling, with damage noted to the seal on the floor and brown stains around this area. The tired environment of the bathroom and shower rooms were unwelcoming and would benefit from significant improvements.

We visited the rear garden of the ward which also appeared tired, with the fencing requiring repair and painting, various gardening items that need disposed of and weeding needed in the paving stone areas. We heard from staff of difficulties with staff accessing Wi-Fi in the activities room at the front of the building which impacts on the locations that staff can meet and hold MDTs. We heard from individuals that their experience on the ward was influenced by the level of noise, which was further exasperated by the layout of the ward and the close proximity that individuals are required to reside in. Individuals shared the following comments, "it's so noisy in the ward that I have to retreat to my room for some quiet time", "the environment here is bad, nothing works properly", and "it's not clean in here".

Since 2019, the Commission has been raising issues, commenting on and making recommendations regarding the delays in repairs, as well as the overall conditions in Campsie House. This was reflected in our visit today with significant delays in repairs having an impact on individuals' experiences. Due to the concerns we found, and the views expressed by individuals, their relatives, and staff, we believe there should be a review into the suitability of Campsie House environment for the patient group. Managers informed us of steps taken to escalate the need for a suitable ward environment for these individuals with limited success due to the lack of budgetary support to redesign the ward. We believe that this matter should be prioritised.

On this visit, the individuals in Boulevard, Bute, and Ward 5 and 6 noted that they found the wards to be comfortable despite the fact that some of these wards have no en-suite facilities available. All wards have access to a number of lounges.

Recommendation 4:
Managers should prioritise repairs to Campsie House and review the suitability of the ward due to the patient and staff concerns.

Summary of recommendations

Recommendation 1:
Managers should urgently ensure regular audit of care plans to ensure reviews are taking place on a consistent basis, that they are person-centred, and ensure individuals are given opportunities to engage in care plan reviews.

Recommendation 2:
Medical staff should ensure that, where a treatment plan is required, it is completed for all patients.

Recommendation 3:
Medical staff should ensure specified persons procedures are implemented with the appropriate completion of reasoned opinions for all individuals.

Recommendation 4:
Managers should prioritise repairs to Campsie House and review the suitability of the ward due to the patient and staff concerns.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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.

Contact details

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk