Mental Welfare Commission for Scotland

Report on an unannounced visit to:

Lomond Ward, Stratheden Hospital, Springfield, Cupar, KY15 5RR

Date of visit: 7 March 2024

Where we visited

Lomond Ward is a mixed-sex, 29-bedded adult acute admission unit that provides care and treatment for individuals who reside in the local authority of Fife.

On the day of our visit, the ward was at full capacity; we heard that this was not unusual, and that often all 29 beds are in use. This had been characteristic for all of the admission wards across the Fife mental health estate following the Covid-19 pandemic.

We last visited the service in March 2023 on an announced visit and made recommendations on several areas including people admitted to Lomond Ward should meet the admission criteria of a general adult admission ward. At our last visit, we were told that there were a number of older adults admitted from other wards; the Commission were concerned with the decision to accommodate older adults in the adult acute setting as it was without the benefit of having specialist nursing staff to provide care and treatment. We were pleased to be advised that this had not been repeated since our visit last year.

We also made recommendations in relation to care planning, communication with community mental health services, documentation held in care records including continuation notes, for medical staff to ensure prescribed medication was legally authorised. Lastly, individuals we met with on the day of our last visit told us they were often bored as there were limited opportunities to engage with recreational and therapeutic activities. We highlighted that concern to the leadership team on our last visit and made a recommendation around activity provision. We received a detailed response from the service with an action plan. The service has also updated the area-coordinator from the Commission throughout the year with progress from their action plan.

On the day of this unannounced visit, we wanted to follow up on the previous recommendations and meet with individuals, relatives, and the ward-based team.

Who we met with

We were able to meet with three individuals, a relative and several nurses, and we reviewed four sets of case records.

We spoke with the service manager, the senior charge nurse, the lead nurse, and consultant psychiatrist. We also had the opportunity at the end of the visit to meet with the head of nursing, clinical director and clinical pharmacist.

Commission visitors

Anne Buchanan, nursing officer

Kathleen Liddell, social work officer

What people told us and what we found

Those that we spoke with provided us with a consistent theme throughout our conversations with them. We heard how much they had appreciated and valued the input they had received.

Individuals told us they felt "safe", as well as "I feel listened to, I'm glad I was admitted to hospital, I needed to be here", and "being in hospital was the best thing that happened to me, the team have helped me understand my difficulties." We also heard that while individuals appreciated the care they had received, being subject to Mental Health Act (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) legislation, namely a compulsory treatment order, was difficult for some individuals who told us they had felt "controlled" by the statutory measures of their detention. We discussed access to advocacy services and were pleased to hear advocacy had regular input into Lomond Ward, that they responded to self-referrals to the service without delay, and were keen to support individuals admitted to Lomond Ward. We were told by the relative that "staff are great, skilled and support for my relative particularly during times of distress was fantastic." The relative felt "confident" the team were providing care and treatment consistently and keeping relatives updated with progress.

We were told there were several vacancies for both registered nursing staff and healthcare support workers. Furthermore, an occupational therapy post that had been highlighted as a vacancy during our visit last year had yet to be recruited into. While the ward-based team agreed recruitment into nursing and allied health professional posts continued to be a source of frustration, there was positive news with several newly qualified mental health nurses who had recently been appointed, and who would be joining the team shortly.

Care, treatment, support and participation

Typically, care and treatment was provided by the nursing team as Lomond Ward does not have input from ward-based allied health professionals. Occupational therapy (OT) was not available to individuals admitted to the ward however, we were told referrals to allied health services for example OT, physiotherapy, and the dietician could be accepted by referral. We were told the absence of regular OT, or an OT assistant was an issue, as it was recognised, they provided a valuable service for individuals who required functional assessments, recreational and therapeutic interventions.

On our last visit to Lomond Ward, we were concerned individuals were not provided with care plans that were individualised, person-centred or written in collaboration with them. While we heard from individuals on the day of the visit that they felt the care they received was beneficial, and nursing staff knew them well, this was not reflected in the care plans we reviewed. We were also concerned to discover several individuals did not have any care plans that would support their admission to hospital or recovery. This contrasted with the improvements we were able to identify in other areas.

We saw the greatest improvement in risk assessments, evaluation of episodes of care, evidence of one-to-one sessions and promoting participation in strategies to aid recovery. Nevertheless, we could not locate or make direct links to the current care plans. Therefore, from reviewing care records it was difficult to identify where there had been improvements in

an individual's mental health or whether interventions that had been delivered had helped or hindered progress.

Care records were held electronically on "Morse". We found this electronic record system easy to navigate and were able to access several key documents during our visit. We were pleased to find a new multidisciplinary team (MDT) document had been implemented following on our last visit. This document provided a structured approach to MDT meetings, specifically invited members of the MDT to discuss care and treatment, individuals' and relatives' views in relation to progress or concerns, Mental Health Act, authorising medication, physical well-being, referrals to allied health professionals and progress with engagement. We were told the ward-based team had been supported by Fife's mental health quality improvement team, and there were several improvement plans underway or had been completed. We asked whether care planning would be considered, as there had been very little improvement in this area. We were told there was an intention to specifically focus on this area as it had been recognised that improvement was necessary.

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 all individuals are provided with person-centred care plans that evidence participation with individuals and are reviewed regularly.

On the day of the visit to Lomond Ward, we were told that often individuals who were admitted to the ward may require additional support at home before discharge from the ward could be considered. The team had a very positive view of the discharge coordinator who had direct links with various agencies and professionals in the community and supported individuals with their discharge from hospital-based care back to their home or new placement. The discharge coordinator had close links with the local authority and community mental health teams (CMHT). While individual community mental health nurses could not always visit individual's in-person due to competing demands, we were told communication between the ward-based team and CMHTs had greatly improved with systems now in place to enhance discharge planning and support for individuals following discharge. We were told communication between the ward-based team and social workers, including mental health officers, was effective and referrals to social work were discussed in a timely manner.

Use of mental health and incapacity legislation

On the day of the visit, 15 people were detained under the Mental Health Act and all documentation relating to the Mental Health Act was in place and held in each individual's electronic record.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required and mostly

corresponded to the medication being prescribed. We identified one treatment that was not authorised correctly and we spoke with the consultant psychiatrist on the day of the visit to remind them this treatment would need to be authorised. We did find that there have been significant improvements since our last visit in relation to Part 16 of the Mental Health Act. At that time, we were concerned all staff were not fully considering the principles of the Act and the need to authorise treatments lawfully and accurately. The ward-based staff group, with support from the senior leadership team had initiated an improvement plan that included regular audits. This improvement plan has been successful and effective, and this was clear from our reviews of individuals' prescriptions and administration of medicines.

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 the paperwork relating to this stored on 'Morse'

Rights and restrictions

Lomond Ward continues to operate a locked door, commensurate with the level of risk identified in the patient group. The ward is accessed through a door entry system; patients and visitors can enter or leave the ward by asking a member of the ward team.

Individuals we spoke to had a good understanding of their rights, they had access to advocacy services and legal representation where necessary.

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 is applied. Where specified person restrictions were in place under the Mental Health Act, we found all paperwork was in place and there was evidence of discussions at each MDT meeting to ensure restrictions placed upon an individual were necessary.

When we are reviewing individuals' files we looked for copies of advance statements. The term 'advance statement' refers to written statements made under sections 274 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. Where an individual had written an advance statement, we found a copy of that in their care file.

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

Unfortunately, there has not been any progress with recruiting into an activity / recreational coordinator post. With the absence of regular occupational therapy, we remained concerned individuals admitted to Lomond Ward do not have access to regular recreational and therapeutic activities. We heard from individuals that "days in the ward are long" nursing staff have made attempts to engage with individuals to offer activities that included music, arts, and crafts however, it was recognised by both the ward-based team and individuals that there

was a dearth of activities available and that this was a source of frustration for everyone. Self-directed occupation could for some individuals be a challenge, but support and an imaginative programme of activities would have considerable benefits for everyone.

Recommendation 2:
Managers should consider how they can improve therapeutic engagement with individuals within the current workforce capacity.

The physical environment

The layout of the ward consists of six single bedrooms and four dormitory style bedrooms. There were communal sitting areas and a separate dining room. The ward had access to a secure garden and access to extensive grounds through the hospital estate.

We were concerned the dormitories remained cramped and clearly did not have enough space to accommodate six adults and their personal belongings. During the Covid-19 pandemic, bed numbers were reduced as part of public health guidance at that time. We were told reducing bed capacity to 20 beds was a considerable improvement, individuals had more space in dormitories and the ward felt less busy. The increase in bed capacity post pandemic has meant less available space, which was notable when we visited; those that we spoke with complained about dormitories feeling overcrowded, which had affected their ability to have restful sleep or privacy. We highlighted the feedback we had received during the visit to the senior leadership team. While we accept individuals should have access to inpatient facilities throughout Fife region, consideration of the impact on each individual's experience due to overcrowding was a concern raised by individuals we met with.

Recommendation 3:
Managers should consider current bed capacity in Lomond Ward with a review of the needs of individuals admitted to the ward that reflect their experience of 'overcrowding'.

Any other comments

We wish to acknowledge the improvements we observed during our visit to Lomond Ward. It was clear the multidisciplinary team had made great efforts to implement standards of care that have had a significant benefit to each individual's experience of Lomond Ward. We were aware from our regular progress report from the service that there had been a determination to adopt a model of care where individuals felt listened to and valued. We saw and heard evidence of this throughout our conversations with individuals and the ward-based team. We are looking forward to hearing of future developments that the team have highlighted to us to ensure individual's care and treatment remain at the forefront of the team's care delivery and ethos.

Summary of recommendations

Recommendation 1:
Managers should ensure all individuals are provided with person-centred care plans that evidence participation with individuals and are reviewed regularly.

Recommendation 2:
Managers should consider how they can improve therapeutic engagement with individuals within the current workforce capacity.

Recommendation 3:
Managers should consider current bed capacity in Lomond Ward with a review of the needs of individuals admitted to the ward that reflect their experience of 'overcrowding'.

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