

**Mental Welfare Commission for Scotland**

**Report on announced to:** The Learning Disability Assessment Unit, Carseview Centre, 4 Tom Macdonald Avenue, Dundee DD2 1NH

**Date of visit:** 22 March 2018

## **Where we visited**

The Learning Disability Assessment Unit (LDAU) is a 10 bed NHS assessment ward (mixed-sex ward) for people with learning disabilities. We last visited this service on 11 February 2016 and made recommendations about care plans, the use of seclusion, activity provision and certain aspects of the environment in the ward.

On the day of this visit, we wanted to look generally at the care and treatment being provided in the unit because it had been two years since our previous local visit.

## **Who we met with**

We met with or reviewed the care and treatment of seven patients and we also met three relatives.

We spoke with the senior charge nurse and other members of the nursing team and with the clinical team manager and the general manager of the service.

## **Commission visitors**

Ian Cairns, Social Work Officer and visit coordinator

Susan Tait, Nursing Officer

Fionnulla Williams, Temporary Medical Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

The relatives we met were positive about care and support provided by staff in the ward. They had a number of comments about how nursing staff were helpful and kept them well informed, and about being encouraged to participate in meetings in the ward. Throughout the time we spent in the ward, we also observed positive interactions between staff and patients and we felt that staff attitudes were warm and caring as they worked with patients who, at times, were displaying stressed or distressed behaviours.

Files we reviewed were in reasonable order and were well maintained. Care plans were variable and, in a number of files, care plans did not have detailed information about nursing actions or interventions to meet identified needs. Positive behaviour support plans were similarly variable, and while some of these plans had good information about approaches to managing stressed or distressed behaviour, some of them also lacked detail about the action staff should take to support an individual who may regularly display stressed or distressed behaviour.

While reviewing files we also noted that staff were completing Health of the Nation Outcome Scales for people with learning disabilities (HONOS). HONOS scales are

designed to support care planning and in many files we noticed that HONOS ratings were not being repeated, when the rating should be regularly reviewed to see if there is any change in an individual patient's health and social functioning. If the service is to continue to use HONOS as an outcome measure then the staff should be using the HONOS rating scales more consistently.

When reviewing the care files, we also found it difficult to see evidence of individual patients participating in decisions about their care and treatment and to get a picture of the individual patient, of what mattered to them in relation to their care and treatment, and of what stage an individual person was at in the progress of their care and treatment.

We were told that six out of the 10 patients in the LDAU were formally recorded as delayed discharge patients and were no longer needing care and treatment on an inpatient basis. When we spoke to staff about patients it was also clear that staff knew individual patients well and knew what the discharge pathway was for each patient. Though this information could not be easily identified in the care files.

On reviewing care files we also expected to find information about annual physical health checks. We did not see detailed information about checks in files, but we were told that a service level agreement is in place with an individual general practice (GP) in Dundee to undertake annual checks and that the record of these checks will be held in health centre records. While this seems appropriate, we would suggest that a brief note about attendance at an appointment with the GP for an annual physical health review should be recorded in files in the unit, so that it is clear that annual health checks have been completed and that any follow-up investigations are arranged.

### **Recommendation 1:**

Managers should ensure that care plans, including positive behaviour support plans, are audited regularly and contain individualised information about nursing actions, interventions and care goals.

### **Use of mental health and incapacity legislation**

Relevant copies of detention paperwork under the Mental Health (Care and Treatment) (Scotland) Act 2003 were kept in individual files and these sections of files were well maintained. Where people were subject to compulsory measures, medication administered was authorised appropriately with T3 certificates, the certificates completed by a designated medical practitioner which authorises treatment. We did note, in relation to one T3 form, that one medication prescribed was not authorised and this was raised with managers during the visit. We also noted in one case that a T4 form needed to be completed. This is a form used to notify the Mental Welfare Commission of the administration or urgent medical treatment, and it is completed retrospectively. Again this issue was raised with managers on the day.

Where an individual lacks capacity in relation to decisions about medical treatment a certificate completed under s47 of the Adults with Incapacity (Scotland) Act 2000 should be completed by a doctor. We saw s47 certificates in place where appropriate, but the level of detail in these forms was variable. Some forms did have treatment plans or had information about the conditions for which treatments were prescribed. However, in other certificates the wording of the certificate was very broad and did not have sufficient information about all the treatments being given. We discussed this with managers during the visit and were told that s47 certificates in the unit may be completed by a number of different doctors, including doctors on rotation in training posts.

### **Recommendation 2:**

Managers should ensure that doctors completing s47 certificates are provided with appropriate information about completing this documentation.

### **Rights and restrictions**

Patients in the LDAU have good access to independent advocacy support.

On our last visit to the LDAU we spoke with the senior charge nurse about the use of seclusion. We were told that an individual patient displaying stressed or distressed behaviour, or who was highly aroused, may be directed by staff to their bedroom or to a room in the ward which has a low arousal environment. We understand that the LDAU does not have a specific seclusion facility, but we still feel that the unit should have a policy for the management of stressed and distressed behaviour when this involves the restriction of individual patients in their room, if they are prevented from leaving because of clearly identified and significant risks.

### **Recommendation 3:**

Managers should ensure that a local policy for the use of a low stimulus environment, or for nursing patients in their own rooms and preventing them from leaving if there are identified risks, is developed.

### **Activity and occupation**

Several patients in the LDAU were able to engage in activities in the community because support workers from community based provider organisations were coming into the ward to take these patients out. We heard that nursing staff in the ward have very little time to plan ward based activities because of clinical duties. Patients are therefore very dependent on input from the occupational therapy service, but this input can be variable. On our last visit we also heard that access to NHS transport, to enable patients to engage in community activities, could be limited, as this transport is parked at Strathmartine Hospital. Ward staff told us on this visit that, while they were able to request access to vehicles parked at Strathmartine Hospital, in reality these vehicles

were still very difficult to access, partly because of the distance between the LDAU and Strathmartine Hospital.

**Recommendation 4:**

Managers should review the provision of transport and activities within the ward.

**The physical environment**

The physical environment in the LDAU is sparse and clinical, with very limited signage in evidence. On the day of our visit we also noticed a smell of smoking from one of the bedrooms. There is also an issue about privacy in the individual bedrooms as the doors have observation panels, which cannot be screened to protect the privacy of patients in their own bedrooms. We did notice that there is a good garden space which patients can access from the ward.

**Recommendation 5:**

Managers should ensure that there is a regular review of the ward environment and that specific environmental issues relating to patients' privacy and dignity are dealt with.

**Any other comments**

The Commission is concerned that six out of the 10 patients currently in the LDAU are patients who do not require care and treatment in an inpatient setting, and which discharge is delayed. We feel that there are significant risks this will have a detrimental effect on the health of these individual patients and that this will also delay the admission to hospital of other people in the community who have been assessed as requiring a period of inpatient care and treatment.

This has been raised as a general issue with NHS Tayside on a number of occasions in the past. We discussed this with managers on this visit as we understood that processes for discussing delayed discharge cases had previously been put in place across NHS Tayside, involving all three local authorities. From the information we received on the visit, we feel that this process is not at present helping to resolve issues about delayed discharge in learning disability inpatient services. The Commission is also aware that a recommendation was made in a recent individual case review in NHS Tayside that the learning disability assessment unit clinical pathway should be rewritten. This document sets out the aims and objectives of the LDAU, and how referrals to and discharges from the unit will be managed. The Commission would agree with the identified need to review and strengthen this document, particularly in view of the fact that six patients within the unit are currently waiting to be discharged.

**Recommendation 6:**

Managers should ensure that issues about delayed discharges from the unit are discussed with appropriate senior managers in the relevant integrated partnership.

## **Summary of recommendations**

1. Managers should ensure that care plans, including positive behaviour support plans, are audited regularly and contain individualised information about nursing actions, interventions and care goals.
2. Managers should ensure that doctors completing s47 certificates are provided with appropriate information about completing this documentation.
3. Managers should ensure that a local policy for the use of a low stimulus environment, or for nursing patients in their own rooms and preventing them from leaving, if there are identified risks, is developed.
4. Managers should review the provision of transport and activities within the ward.
5. Managers should ensure there is a regular review of the ward environment and that specific environmental issues relating to patients' privacy and dignity are dealt with.
6. Managers should ensure that issues about delayed discharges from the unit are discussed with appropriate senior managers in the relevant integrated partnership.

## **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.

Alison Thomson  
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 MWC 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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