

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** IPCU (Ward 1), Forth Valley  
Royal Hospital, Stirling Road, Larbert FK5 4WR

**Date of visit:** 7 November 2017

## **Where we visited**

IPCU (Ward 1) at Forth Valley Royal Hospital is a 12-bed, mixed sex intensive psychiatric care unit. On the day of our visit, there were 10 patients on the ward.

We last visited this service on 12 October 2016 and made recommendations about care plans, the recording of 'as required' medications, appropriate authority to treat documentation (T2/T3), Adults with Incapacity Act training, the use of specified persons measures to authorise specimens for drug and alcohol screening, activity provision within the ward and outstanding repairs to the environment.

On the day of this visit we wanted to follow up on these recommendations.

## **Who we met with**

We met with seven patients and reviewed their care and treatment. There were no relatives or carers who wished to meet with us during the visit.

We spoke with the senior charge nurse (SCN) and charge nurse, the ward consultant and two student nurses.

In addition we met with a learning disability consultant and SCN who were overseeing the care and treatment of an adult with learning disability who was being cared for within the ward.

## **Commission visitors**

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

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

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

The patients we met with on the day spoke very positively of their care whilst on IPCU. They described the staff as 'supportive and approachable'. They were aware of who their named nurse was and reported that there was a high degree of interaction between staff and patients. One patient reported that he felt 'safe' for the first time in months.

We reviewed the care plans and found them to be person centred, asset based and fully included the patient views. We noted that there has been an audit process put in place to monitor care planning within the ward and we saw evidence of improvement over the last two months. There is a plan in place to continue and improve further on these figures and we will be interested to see how this develops.

We heard that the multidisciplinary team (MDT) meets three times per week with regular input from medical/nursing staff and pharmacy, and where required advocacy

and social work. There is no regular input to the MDT from occupational therapy (OT) or psychology. There is one patient whose care continues to be provided by learning disability services and who has access to the full range of allied health professionals, including psychology, OT, speech and language therapy and dietician. Whilst we recognised that this was in response to need, this highlighted the lack of this provision for the other patients.

We found the recording of the MDT meeting to be comprehensive, and there was evidence of patient participation and where appropriate carer/relative involvement. Within the MDT records, we saw clear action plans which were outcome focussed and detailed.

### **Recommendation 1:**

Managers should review the provision of psychology and OT services to the IPCU

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

We saw evidence of action taken following our last visit in terms of the appropriate use of consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003, which were current and appropriate when we reviewed records.

The recording of the use of 'as required' medication has also been reviewed. The use of highlighted stickers within the nursing notes provides a visual reminder of the regularity of administration of this medication and also provides a prompt for physical health monitoring associated with its use.

Training has been provided for medical staff on the Adults with Incapacity (Scotland) (Act) 2000 s47 certificates, and we saw evidence of these certificates accompanied by comprehensive treatment plans as required.

During the visit we heard about the increasing number of patients being admitted directly from court and managers are keeping this under review.

### **Rights and restrictions**

There is a locked door policy in operation within the IPCU which is appropriate in light of the level of risk being managed within the ward. Where there are additional restrictions e.g. use of telephone, we saw the appropriate documentation to authorise this with considered opinion and review dates clearly recorded.

There was evidence of the high levels of risk which were being managed within the ward and we saw comprehensive risk assessments which included protocol for the use of restraint.

There is a no-smoking policy throughout the hospital and this is enforced within the IPCU. We heard from patients that this is applied less rigorously in other areas within

the mental health unit where they can smoke in the garden area. Staff report that this is not the case, although this was reported by more than one patient.

### **Activity and occupation**

Following our previous visit, the service advised us that input to the IPCU from OT was much improved, with opportunities for patients to participate in individual and group work, but this was not evident during this visit. We heard that there was no regular OT input and that any meaningful activity which did take place within the ward was facilitated from within the complement of nursing staff. This was dependent on clinical need and at times of high clinical need it was difficult to ensure this activity was prioritised. There was a recognition that due to a sustained period of high demand within the ward over the last few months, the capacity to prioritise the provision of meaningful activity has been compromised. We saw evidence of action to ensure planned activities took place regularly and across the whole week. This is a recent initiative and we will continue to monitor this promising start.

### **The physical environment**

The physical environment within the IPCU has improved since our last visit. The ward was clean and tidy, and there were no outstanding repairs.

The décor remains clinical and would benefit from consideration of the use of artwork or softer furnishings to reduce this overall impression. There are examples of other similar IPCU environments where this balance has been achieved.

### **Recommendation 2:**

Managers should explore opportunities to make the environment less clinical in appearance.

### **Any other comments**

During the visit we heard about recent activity in relation to Leading Better Care. This is aimed at managers inspiring their team to deliver safe, effective and person-centred care within a complex workplace and highlights the role managers' play in ensuring high quality, consistent patient care. We saw evidence of patient satisfaction questionnaires and action taken on the basis of feedback derived from this exercise. This is an interesting development and we hope to hear more about this activity as it evolves.

During the visit we saw a good example of joint working between mental health and learning disability services which ensured continuity in the care of a patient with complex needs.

## **Summary of recommendations**

1. Managers should review the provision of psychology and OT services to the IPCU.
2. Managers should explore opportunities to make the environment less clinical in appearance.

## **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

Mike Diamond  
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 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.

**Contact details:**

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

telephone: 0131 313 8777

e-mail: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

