

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Lomond Ward, Stratheden Hospital, Springfield, Cupar, Fife, KY15 5RR

**Date of visit:** 25 October 2018

## **Where we visited**

Lomond Ward is a 30-bedded acute admission mental health unit. It is located in the grounds of Stratheden Hospital, Fife, and serves the Glenrothes and North East Fife areas. It is a mixed-sex ward, and has six single rooms and four six-bedded dormitories. Given the wide catchment area, there are five consultant psychiatrists attached to Lomond Ward. On the day of our visit there was extensive refurbishment work being undertaken, which meant that one of the male dormitories was temporarily closed to admissions. This meant that ward capacity was reduced by seven beds and there were 23 patients in total. This was an announced visit.

We last visited this service on an unannounced basis on 19 September 2017 and made recommendations in relation to illicit substances on the ward, auditing of care plans, the impact of staff shortages on patient-related activity, and the physical environment. We received a response and action plan to these on 10 January 2018.

On the day of this visit we wanted to follow up on the previous recommendations, and also give patients the opportunity to raise any issues with us. We also looked at the following areas:

- Safety and security on the ward,
- Use of legislation,
- Activities,
- Physical environment.

## **Who we met with**

We met with and/or reviewed the care and treatment of eight patients. There were no carers or family members that wished to speak to us on the day.

We spoke with the clinical service manager, the lead nurse, the senior charge nurse (SCN), and other members of nursing staff. We also spoke briefly with a junior member of the medical team and occupational therapists (OT).

## **Commission visitors**

Paula John, Social Work Officer

Douglas Seath, Nursing Officer

Graham Morgan, Engagement and Participation Officer

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

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

The majority of patients we spoke to were positive about the care and treatment that they received from nursing staff, and commented that they were always helpful and

supportive. However, some did comment that numbers of nursing staff were often limited and that gaps were filled by agency nursing staff. Some patients stated that they found this lack of consistency difficult, as they had to adapt to discussing their issues with new faces and they found the repetitive nature of this stressful.

Other patients commented on the lack of privacy in the dormitory area, and that the ward itself was occasionally noisy. This in part was due to refurbishment work taking place, but we did not detect any excessively loud television or music noise.

All of the patients that we spoke to commented that there was little to do on the ward and on the hospital site itself. We will comment further on this issue in the activity heading of the report.

All patients that we spoke to also felt they had regular contact with their doctor.

Lomond Ward covers a large catchment area and there are five psychiatrists attached. We were informed by the SCN that there had been some gaps in this service but this was no longer the case. Subsequently, five ward meetings take place each week. We were able to note that multidisciplinary team (MDT) meetings took place, as these were recorded in medical notes and then summarised in the nursing record. It was occasionally difficult to note participation from patients and family members by these methods. Other members of the MDT were present when necessary and not always routinely part of the meeting. We were advised that OT and psychology input was accessed by referral, although managers advised us that discussion was underway to review this.

While not making a recommendation in this area, we feel it would be helpful to develop a clear MDT recording process that demonstrates attendance, participation, and outcomes of decision making. We are aware of such documentation across other admission wards in the Fife area.

We had been advised on our last visit to Lomond Ward that psychological services were limited, and that few patients had contact with this service. The SCN advised that this situation has improved and that psychological therapy, if not available on the ward, would be considered as part of a discharge plan.

We spoke to the SCN about the issue of illicit substances being brought onto the ward, which had been highlighted on our last visit. We had received an action plan in relation to this, and she felt that the adoption of a more rigorous approach has assisted in addressing the matter to some degree. We will continue to monitor this issue on future visits.

We noted on this occasion that case records were well structured and organised, with a range of paperwork that was easy to locate. The SCN has introduced a keyworker system for patient care, which means that nursing staff now have more responsibility and autonomy for managing the patients' care plans. We found that there were some aspects of person-centred planning, and that standard paperwork in relation to risk

assessment and mental health legislation were good. Nursing care plan reviews were taking place and were dated accordingly.

There was less evidence of nursing one-to-one time recorded. There were inconsistencies in the completion of nursing care plans, and not all contained sufficient detail or focused on recovery. This is something that was identified on our last two visits. Managers advised that they have been working on this issue but that limitations in staffing often mean that care plans are not afforded appropriate time.

### **Recommendation 1:**

Care plans should be audited regularly to ensure that the plans are of a high standard with a focus on person-centred care and recovery.

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

We found copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. These were contained within the case notes where relevant and were easily identifiable.

We found some consent to treatment certificates (T2) and certificate authorising treatment (T3) forms that required attention, and highlighted these to the SCN. Section 47 certificates of incapacity under the Adults with Incapacity (Scotland) Act 2000 where required, were completed correctly and accompanied by treatment plans where necessary.

### **Recommendation 2:**

Managers should ensure that regular audit takes place in relation to the authorisation of medical treatment.

### **Rights and restrictions**

We did not find any issues in relation to overly restrictive practices during this visit. We noted that there is a locked door in place. This is an electronic facility, controlled by staff, to allow entry and exit to patients and their visitors. Once on the ward, there is a reception area and the access to the ward itself is not restricted. We were advised that there is a locked door policy in place.

The garden area to the ward is also secured by wooden fencing. Managers reported that patients have absconded from the ward in the past and that this is an added protective measure. We were updated on a recent development which involves one member of nursing staff being identified on each shift to note all visitors to the ward and maintain a record of patients' time off the ward.

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/rights-in-mind/>

## **Activity and occupation**

All of the patients that we spoke to told us that they had little to do on the ward, other than board games or watching television. We were advised by managers, however, that there had been recent developments to involve OT services more actively on a day-to-day basis and to establish dedicated time to Lomond Ward. During the course of the visit we were aware of a range of activities and group work being undertaken with patients by two members of OT staff.

This appears to be a new initiative, and staff are currently working with patients to identify particular interests and activities. This will then develop into a weekly planner. We will continue to monitor the progress of this situation.

Currently the amount of time that nursing staff can invest in ward-based activities is limited, given staffing numbers, and we are aware that this will be addressed once new staff can be recruited. Despite this, we feel it is important to reiterate our recommendation from our last visit.

### **Recommendation 3:**

Managers should ensure that staff shortages impact on planned activity as little as possible and plans are in place to address this.

## **The physical environment**

As detailed in last year's report, the environment of Lomond Ward is dated and in need of refurbishment. It is a large space with two wings separated by a reception area. One side of the ward is the clinical area, while the other is an area which contains interview rooms, an activity room, a music room, and a therapeutic kitchen. We have commented previously on the need for redecoration in this area. Some new chairs have been added, and this area appeared generally tidier. We also noted that the activity room was in use on the day of our visit. Despite these improvements, it is not a welcoming space.

The patient area, as mentioned, has six side rooms and four dormitories. It also has a dining area and a sitting room. It was clear that attempts had been made to improve this area, with the removal of old outdated posters, and new pictures and murals being added.

Refurbishment was being undertaken and this work was aimed at addressing potential ligature points throughout the ward.

The garden area is accessed from the dining room and is fenced in. It is a pleasant area but was littered with cigarette ends. There continues to be a smell of smoke that carries throughout the ward to the main reception area.

Few patients commented on the condition of the ward overall, but two did note that they felt a lack of privacy in the dormitory areas.

We discussed with managers the possibility of any change or improvement in environment in the near future and they will continue to review this.

#### **Recommendation 4:**

Managers should ensure that regular review of the ward environment is undertaken and continue to consider its development in the medium term.

#### **Any other comments**

##### **Staffing**

This area was discussed with us during the day by managers, who advised that recruitment and retention of staff has been particularly difficult at Stratheden Hospital over the last 12 months. This is due to a range of factors such as the location of the hospital, a number of retirements, and changes in nursing training locally. While we would not necessarily make comment on this issue, it is clear that staff vacancies are having an impact on continuity of care and enabling nursing staff to undertake some aspects of their role.

We were advised by senior managers that this issue has been brought to the attention of the NHS Fife Board.

#### **Summary of recommendations**

1. Care plans should be audited regularly to ensure that the plans are of a high standard with a focus on person-centred care and recovery.
2. Managers should ensure that regular audit takes place in relation to the authorisation of medical treatment.
3. Managers should ensure that staff shortages impact on planned activity as little as possible and plans are in place to address this.
4. Managers should ensure that regular review of the ward environment is undertaken and continue to consider its development in the medium term.

#### **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.

**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)

