

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Intensive Psychiatric Care Unit (IPCU), Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH

**Date of visit:** 25 April 2019

## **Where we visited**

The Intensive Psychiatric Care Unit (IPCU) is a 12-bedded purpose built facility in Gartnavel Royal Hospital. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

On the day of the visit there were 12 patients within the unit, all of whom were, or had been, subject to either the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), or the mental health provisions of the Criminal Procedures (Scotland) Act 1995 ('the CPSA Act'). We last visited this service on 5 December 2017 and made the following recommendation: managers should review psychology input into the ward to ensure that all patients have access to psychological services as required.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendation, and also review patients who require a transfer of care to other facilities and who may be experiencing a delay in this provision. This is because we are aware of particular difficulties in accessing forensic services locally due to pressures in the forensic system, but this should not disadvantage patients in IPCU.

## **Who we met with**

We met with and or reviewed the care and treatment of 10 patients.

We spoke with the charge nurse, medical staff and other members of the clinical team.

## **Commission visitors**

Anne Buchanan, Nursing Officer

Dr Mike Warwick, Medical Officer

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

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

On the day of our visit the ward was calm and quiet. Staff told us there is a recognition this is not always the case and depends on the patient population at any given time. Patients seemed comfortable in the company of staff and were happy to approach them. We saw staff being proactive with engaging with patients. All interactions were warm, friendly and respectful. Patients spoke favourably about their care on the ward and nursing staff were knowledgeable about their patients.

Care plans were person-centred and detailed in terms of physical and mental health. There was evidence of weekly care plan reviews and care plans being updated as

required. Risk assessments were detailed and we saw individual personal safety plans included in patients' records. Patients we spoke to said they felt included in their treatment and care planning. Patient care is reviewed each weekday by medical and nursing staff and there is also a weekly multidisciplinary team (MDT) meeting. There was evidence of input from medical, nursing, allied health professionals, and social workers. Actions and outcomes were clearly recorded in the patients MDT forms and documentation was detailed and of a high standard.

A recommendation from our last visit was discussed with the nurse in charge. Our previous recommendation for psychology input for the ward has been supported and funding has been made available for a psychology post. We welcomed this recent update, and hope that a psychologist can be appointed soon.

Two patients had been in IPCU for more than two years. Both have been assessed as requiring transfer to a low secure forensic unit and are awaiting availability of a bed. Staff told us that this situation is a cause of frustration to the patients and for the clinical team caring for them. The team consider that these patients require more specialist forensic input than they can receive in IPCU and, therefore, their recovery is delayed. We met with one of these individuals who clearly expressed their concerns about their circumstances and will follow this up directly with the consultant psychiatrist.

We are already in discussion with senior managers about this situation and wish to be informed about developments.

### **Engagement with carers and relatives**

There was evidence of patients being actively encouraged to think about family contact and whether they would like information shared, or to be included in their overall care and treatment. There was good recording of contact with relatives and staff spoke of their overall commitment to involve carers and relatives in assessments and care planning where consent had been given. Questionnaires relating to patient and carer experience are routinely given to patients and carers post discharge from IPCU. Nursing staff told us that the team uses information from these questionnaires to help ensure that the views of patients and carers are reflected within their team values around care and treatment.

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

On the day of our visit, 11 of 12 patients were subject to Mental Health Act or the CPISA Act. One patient was no longer subject to legislation and was awaiting transfer to a hospital in his home locality. He and the staff were aware of his informal status.

For those patients subject to compulsory treatment, we checked whether consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required.

T2 or T3 forms were in place for all five patients who required these. However, three forms did not authorise all the medication prescribed. We raised this with the charge nurse on the day who will ask medical staff to address this.

### **Recommendation 1:**

Managers should ensure that all medication prescribed is authorised with T2 or T3 authority in place where required, and processes are in place to audit this.

A number of patients had psychotropic medications prescribed 'if required' orally or by intramuscular injection in the same prescription sheet entry. We discussed with medical and nursing staff on the day of the visit, advising that a separate prescription sheet entry should be made for each route by which a medication can be given.

### **Specified persons**

Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. To implement these restrictions, the patient's Responsible Medical Officer (RMO) must record a reasoned opinion in the patient's case notes that contains particular information required by regulations. The date of this reasoned opinion is notified to the Commission on a RES1 form.

For one patient who was a specified person for Safety and Security in Hospitals, we could not find a reasoned opinion in their notes recorded on the RES1 form. We discussed specified persons processes with medical staff and they explained that reasoned opinions have tended to be recorded through the MDT meeting records rather than by the RMO in the medical notes. They said the RMO will document reasoned opinions with the necessary content in case notes from now.

Our specified persons good practice guidance is available on our website at:

[http://www.mwcscot.org.uk/media/216057/specified\\_persons\\_guidance\\_2015.pdf](http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf)

### **Rights and restrictions**

This IPCU is a locked ward and has a 'locked door policy' which is proportionate with the level of risk being managed within an intensive care setting.

On the day of our visit there were three patients who required additional support with enhanced observation from nursing staff. We were told that patients who are subject to enhanced observations are reviewed daily. The medical and nursing team discuss the patient's care and treatment to determine whether the patient's observation level can be safely reduced. Patients are encouraged to participate with their safety plan and this is recorded within their file.

There was evidence of information shared with patients relating to their care and treatment during their admission to IPCU. The 'Live Standard Checklist' is held within

the patient's file. This document records information discussed with patients, legal status and whether they have an advance statement. This checklist ensures patient's rights are respected while encouraging staff to talk and listen to patients' views about their ongoing care and treatment.

We were told that patients are provided with information about how to access independent advocacy and provided with contact telephone numbers for legal representation.

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**

There was evidence of a structured activity plan for each patient whose notes we reviewed. Where a patient cannot participate with a group activity, we saw individual therapeutic activities arranged to meet their particular areas of interest or need. Most patients we met were positive about the ward-based activities, including access to the ward gym, cinema, pool table, and games. The therapeutic activity programme is delivered by the occupational therapist and patient activity co-ordinator with regular contributors including volunteer artists, musicians, gardeners, and therapist visits.

The unit benefits from having its own enclosed garden that is landscaped with plants and shrubs. On the day of the visit we saw several patients enjoying the outdoor space. We were told patients contribute to maintaining the garden and enjoy having the opportunity to have fresh air during the warmer weather. We saw several patients smoking. We were told that, as yet, Gartnavel Royal Hospital has not yet become an entirely 'smoke free' hospital, therefore patients in IPCU can use the garden to smoke. We discussed the need to further promote smoking cessation and support patients to reduce risks associated with smoking tobacco.

### **The physical environment**

The unit is purpose built and is light, spacious, well-decorated and well-maintained. The unit consists of 12 single en suite bedrooms and a large communal seating area with an additional quiet sitting room. There is an activity room, a gym with a variety of exercise equipment, and meeting rooms which can be used for family visits. The ward also has a de-escalation suite. Within the suite there is a sitting room, bedroom, and bathroom. While the suite was not in use on the day of our visit, we were told patients who require additional support from nursing staff can benefit from having time out in the quieter environment of the de-escalation suite.

We are currently reviewing our 'Use of Seclusion' good practice guidance. Current guidance can be found at:

[https://www.mwscot.org.uk/media/191573/final\\_use\\_of\\_seclusion.pdf](https://www.mwscot.org.uk/media/191573/final_use_of_seclusion.pdf)

## **Summary of recommendations**

1. Managers should ensure that all medication prescribed is authorised with T2 or T3 authority in place where required, and processes are in place to audit this.

## **Good practice**

We saw care plans which were individualised and person-centred, within the care plans we reviewed there was evidence of patient and carer participation.

## **Service response to recommendations**

The Commission requires a response to this recommendation 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.

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