



Mental Welfare Commission for Scotland

Report on announced visit to: IPCU Ward, Carseview Centre,
4 Tom McDonald Avenue, Dundee, DD2 1NH

Date of visit: 27 January 2019

Where we visited

The intensive psychiatric care unit (IPCU) at Carseview Centre is a 10-bed ward, providing care and treatment for patients with complex needs who require a high level of nursing intervention. 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.

The ward is a mixed-sex ward providing care for seven male and three female patients.

We last visited this service on 23 January 2018, and made recommendations about activity provision and room-based care. We received a response, with detailed actions relating to the recommendations.

On the day of this visit we wanted to meet with patients and look generally at care and treatment provided in the IPCU, because it had been over a year since our previous visit.

Who we met with

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

We spoke with the senior charge nurse, the associated directors of mental health transformation and nursing, and the inpatient manager.

Commission visitors

Ian Cairns, Social Work Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Comments from patients

Patients told us that they were satisfied with their care and treatment from staff on the ward, and that nurses were approachable and available. A number of patients were clearly very unwell, and found it difficult to participate in a discussion about their experience in the ward. Several patients did raise issues which were not about the care, treatment, and support provided in the ward, and we gave them advice.

Care and treatment

Throughout our visit we saw staff interacting and communicating with patients in a positive and caring way. We also spoke to several student nurses on placement in the ward, and they said they found the atmosphere and culture on the ward was supportive for patients - and for them as student nurses. We saw evidence of good multi-disciplinary input from medical staff, and from other health professionals. This was very clear in relation to one patient with significant physical health issues who received good input from speech and language therapy, physiotherapy, and occupational therapy.

There is no dedicated psychologist working within the IPCU, and referrals have to be made to the psychology service in the patient's home geographical area if this is felt to be appropriate. We were told that six nurses from the unit have applied to do a trauma informed practice course, delivered by NHS Education for Scotland. Completing this training will give staff more confidence supporting patients in the IPCU who have lived through traumatic experiences, which have an impact on their mental health. The ward has also created a self-soothing box which patients can use, containing various stress relief aids and tools to help people manage stress or anxiety.

Care planning

We reviewed six individual patient files on the new electronic records system which has been introduced in the inpatient service. We saw the new format for care plans in the new system, and the guidance which has been developed for staff to sit alongside new care planning standards.

We saw that some individual care plans could be more person centred, and incorporated generic statements which described the principles which will underpin the care plans, rather than specific interventions. We saw good quality care planning documentation in some of the records though, and we saw that plans were being reviewed regularly. This was clearly documented in the record. We also noted that reviews of individual care plans were very person centred, with good, clear details of interventions and outcomes. Risk assessment and risk management information was also clearly documented, again with clear evidence of review. From our review of the electronic files for over half of the patients in the IPCU, we could see that work which has been undertaken in the service, focussing on developing a consistent approach to care planning and review, is progressing well. It is important that the emphasis on the preparation of care plans, which ensure that care plans fully document how patients' needs will be met, is maintained.

We looked at several records of multidisciplinary team (MDT) meetings and, from the information in the electronic record, it was not clear who had been present at meetings or how the patient had participated. We did not look across all the files we reviewed at how MDT meetings are being recorded, but we feel it is important that there is clear

information recorded about who has been involved in MDT meetings and about patient participation.

Recommendation 1:

Managers should ensure that there is a consistent approach to recording multi-disciplinary team meetings.

When patients were able to talk to us about their experience of treatment in the ward, they told us that they had dedicated time with nursing staff on a one-to-one basis. The daily progress notes, which record nursing contact with patients, are entered into the new electronic records system, and we did see that one-to-one sessions were identified in daily progress notes.

Use of mental health and incapacity legislation

Almost all of the patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). Paperwork relating to the Act was filed appropriately and was easy to access within the files. We reviewed forms for consent to treatment under part 16 of the Act (T2 and T3 forms) and forms we reviewed were up to date, authorising medication appropriately. In one case we noted that a T2 or T3 form would be required very shortly, and we talked with managers at the end of the visit about how psychiatrists are alerted when they need to make sure that relevant consent to treatment forms are in place. This is something which is done by administrators in the service, although the new electronic records system may also allow such alerts to be created.

Rights and restrictions

Prior to this visit, we were aware that, during 2018, a significant number of patients who were not subject to compulsory measures under the Mental Health Act, who were not liable to be detained in hospital, were admitted into the IPCU ward. We does know that there are occasions when a patient who is an informal patient may be in an IPCU ward. We feel generally that, because the function of an IPCU ward is to provide care and treatment to patients who require intensive support, who will be very acutely unwell, and who may display significantly stressed or distressed behaviour, the admission of informal patients to an IPCU ward may often not be appropriate. The Commission had already discussed this issue with NHS Tayside prior to this visit. We had been told that most of these admissions to the IPCU ward had occurred because there had been no beds immediately available in the four general adult acute admission wards in Tayside, and that informal patients would be transferred from the IPCU to an adult acute admission ward as soon as a bed became available. We were reassured that any patient who was an informal patient in the IPCU ward was made fully aware of their status and that they could leave the ward when they asked to. We have also been told about the work NHS Tayside is undertaking to look at patient flow into and out of adult wards, and we know that no patients have been admitted on an

informal basis from the community into the IPCU ward since October 2018. We think it is important that NHS Tayside completes the work which they are planning to look at patient flow issues, and the Commission would want an update report on this work when it is completed.

In the past, significant numbers of patients have been on an enhanced level of observation when they have been in the IPCU in Carseview. During this visit we heard of the work which has been undertaken within the IPCU, led by the new senior charge nurse working jointly with the mental health improvement team in NHS Tayside. We heard that this work is focussed on developing a least restrictive practice focus, and that changes tested in the IPCU ward had resulted in a significant reduction in periods of time patients in the ward were on enhanced observation. The senior charge nurse spoke to us in some detail about how this new approach operated in practice, and we heard that feedback about this new least restrictive practice approach from staff and from patients who have been in the ward has been positive.

Activity and occupation

Activity provision can be limited at times in the IPCU ward. Input from the occupational therapy service is restricted because there is only one OT in post covering three wards. Input from physiotherapy services is also limited. However, since our previous visit in 2018 gym equipment has been brought into the ward. The physiotherapy assistant has three sessions a week in the ward, when they can give patients an induction into using the machines. This allows patients who have completed an induction to use the exercise machines flexibly at times, with staff supporting and supervising patients if this is necessary. This has significantly enhanced the activities patients in the ward can access.

The physical environment

Refurbishments were completed in the IPCU several years ago, creating a female bed area. We heard that further refurbishment work is planned for later in 2019, and that this work may involve more than simply redecoration in the ward. If this is the case then it may create an opportunity to look at the design of the ward space and how the space may be able to be used more effectively.

Summary of recommendations

Recommendation 1:

Managers should ensure that there is a consistent approach to recording multi-disciplinary team meetings.

Good practice

The work described in the 'Rights and Restrictions' section, to develop a least restrictive practice approach within the ICU, is in line with the new guidance published in January 2019 by Healthcare Improvement Scotland, "From observation to intervention" (Link to this document: <https://ihub.scot/project-toolkits/improving-observation-practice/from-observation-to-intervention/>). The ICU involvement has been a testing site for this approach in NHS Tayside and presented information about their approach at a workshop which had input from HIS the day before our visit. The approach taken in the ICU seems to have been well led and to have focussed very much on prevention and early intervention. This is an approach which seems to have improved staff communication within the unit and significantly reduced the times when patients will be assessed as requiring brief periods of continuous intervention.

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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