

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Iona and Lewis Hubs, The State Hospital, 110 Lampits Road, Carstairs Junction, Lanark, ML11 8RP

**Date of visit:** 12 February 2019

## **Where we visited**

The State Hospital is a high security hospital and is the national service for Scotland and Northern Ireland for patients with secure care needs. Patients in the State Hospital are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings.

The Commission visits the State Hospital twice each year to give patients an opportunity to speak with the Commission visitors. We last visited the State Hospital on 30 August 2018 but our last visit to Iona and Lewis Hubs was on 13 February 2018.

On the day of this visit we wanted to give patients an opportunity to speak with the Commission visitors and follow up on the issues identified from previous visits.

Our last visit to these hubs coincided with implementation of emergency measures in relation to controlling the hospital budget; these actions were mainly directed at reducing staff overtime costs. The Commission requested weekly updates from managers while emergency measures were enforced and the Commission was kept fully informed of the impact of these changes for patients during this time.

The other ongoing issue has been the ability to provide sufficient staff in relation to the provision of activities due to staffing pressures.

This visit was to see patients in the Iona and Lewis hubs. These hubs have patients with varying degrees of mental illness and Iona Hub has one learning disability ward. The hubs at the State Hospital normally consist of three 12-bedded wards which provide both assessment and continuing care/rehabilitation.

## **Who we met with**

We met with, and/or reviewed the care and treatment of, 24 patients and spoke with the charge nurses and other staff on the wards we visited.

In addition, we had individual meetings with the clinical operations manager, the patient advocacy service manager, social work managers, and the patient-centred improvement lead.

## **Commission visitors**

Paul Noyes, Social Work Officer

Dr Juliet Brock, Medical Officer

Mary Hattie, Nursing Officer

Anne Buchanan, Nursing Officer

Claire Lamza, Nursing Officer

Moira Healy, Social Work Officer

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

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

We found patients were receiving good care and treatment, very much as it has been on previous visits.

All documentation is recorded on RIO, an electronic system which is easily accessible, and our visitors had no difficulties in finding information on patient care. We saw good day-to-day patient progress notes, evidence of weekly multidisciplinary meetings discussing patient progress, good care plans and detailed risk assessments. We also saw good evidence of patient involvement in their care and documentation of regular one-to-one sessions with nursing staff.

Patients had good levels of contact with their doctors and good input from a range of other health professionals working in the State Hospital. Most had input from psychology, occupational therapy and pharmacy and many had input from social work, dietitians, physiotherapy and speech and language therapy. Most patients also had activity plans and access to the Skye Centre community hub.

We noted patients to be receiving good physical health care and appropriate health screening. There was an emphasis on wellbeing plans with a particular focus on diet, weight and exercise. This is an important development, due to high levels of obesity and diabetes amongst the patients.

As is the case for most of our visits to the State Hospital, patients asked to speak with us in relation to specific issues regarding their individual care. Many had frustrations about being in the State Hospital, slow progression to more freedom in the hospital, and their desire to move on to less restrictive situations.

Patient advocacy also raised the frustrations of patients in relation to facilitating grounds access. They informed us that even after this access has been agreed clinically, the process of actually achieving the access can take six to eight weeks.

### **Recommendation 1:**

Managers to address any delays in progressing patient grounds access.

Most patients were largely positive about their care and treatment, but we did hear frustrations from both patients and staff that there are not always enough nurses to be able to provide the level of one-to-one interventions they would like. There can also be difficulties when there are staff shortages of activities being cancelled in the Skye

Centre and also difficulties in escorting patients who require to be escorted to the Skye Centre.

It seems staffing shortages are mainly due to staff sickness or when more patients are requiring enhanced observations, requiring additional staff. We also understand that there can be particular difficulties at times of bad weather, particularly snow.

We were informed that there were particular difficulties earlier in the year where patients were restricted to their rooms during staff shortages. Some patients were not troubled about this situation but others were less happy and the situation is detrimental to therapeutic intervention. The Commission has asked to be informed when patients are excessively restricted due to staffing issues.

Managers are well aware of difficulties in maintaining staffing levels, and various plans are in place trying to improve the situation. As we are still hearing staffing is an issue, our previous recommendation is again repeated.

### **Recommendation 2:**

Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.

Patients generally said they were treated respectfully by staff, though we did hear some comments from patients that they felt some staff were more respectful than others. We encouraged patients to report any concerns to senior staff or discuss their concerns with advocacy services but, given the nature of the enclosed environment, patients may be reluctant to report such situations.

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

All patients at the State Hospital are detained under either the Criminal Procedure (Scotland) Act 1995 or Mental Health (Care and Treatment) (Scotland) Act 2003, with legal documentation well maintained in personal files.

A number of patients were subject to court proceedings and assessments and others subject to arrangements regarding transfer for treatment directions from prison. The legal situation for many of the patients can be complex, and staff have developed a good knowledge of such legislation.

We reviewed the 'consent to treatment certificate' (T2) and the 'certificate authorising treatment' (T3) forms that authorise prescribed medication. There were no significant problems identified but any matters to be addressed were raised with the charge nurses or responsible medical officers on the day.

## **Rights and restrictions**

Patients in the State Hospital (a high security facility) are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings. At the time of our visit, as we expected, all patients were legally detained.

Advocacy raised an issue that, since recent changes in the way patients are now allowed to access the patient ward phone, their telephone referrals from patients have dropped by about 70%. They also mentioned difficulties for patients in getting their solicitors' numbers on their permitted phone list. We advised raising these concerns with hospital managers as we would expect patients should be easily be able to access legal representation and also have ready access to advocacy support.

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/>

### **Recommendation 3:**

Managers to address any concerns regarding patient access to advocacy or legal representation.

## **Activity and occupation**

Patients continue to access a good range of recreational and therapeutic activities, particularly through the Skye Centre, though some patients reported not being able to access a level of activity they would like.

Activity provision, however, is very vulnerable to pressures on staffing and we have already highlighted this issue with regard to activity being cancelled, and less time available to facilitate off-ward activities for patients.

## **The physical environment**

The physical environment of Iona and Lewis hubs is unchanged since our last visit. All the hubs were purpose built as part of the hospital redesign only a few years ago so are very much fit for purpose with single en suite rooms, access to a secure garden area, and appropriate areas to nurse patients safely and securely.

## **Any other comments**

The hospital is currently reviewing the clinical model of care. Currently, patients generally tend to remain in the same hub with the same doctor during their stay at the State Hospital in order to provide continuity. Consideration is being given to a model where patients may progress through the hubs as part of rehabilitation. There is currently a consultation process with the engagement of patients looking at various options.

## **Summary of recommendations**

1. Managers to address any delays in progressing patient grounds access.
2. Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.
3. Managers to address any concerns regarding patient access to advocacy or legal representation.

## **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.

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