



**mental welfare**  
commission for scotland

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Inverclyde Royal Hospital, Langhill  
Clinic, IPCU & Acute Assessment Unit, Larkfield Road, Greenock,  
PA16 0XN

**Date of visit:** 18 June 2019

## **Where we visited**

The Langhill Clinic comprises of an Acute Assessment Unit (AAU) and Intensive Psychiatric Care Unit (IPCU). The AAU is a 20-bedded acute inpatient psychiatric assessment ward and the IPCU is an eight-bedded ward for patients requiring more intensive treatment and interventions. 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.

Both units are for adults (aged 18-65 years) mainly from the Renfrewshire and Inverclyde areas. They offer mixed-sex facilities, with patients being accommodated in individual en suite rooms.

We last visited these wards on 29 May 2018 and made recommendations regarding the need to improve patient information on admission and also for managers to address issues in relation to patients being able to watch television due to poor reception.

On the day of this visit our main reason for visiting was to meet with patients as part of our regular visits to IPCUs and acute adult wards, and to follow up on our previous recommendations.

## **Who we met with**

We met with and/or reviewed the care and treatment of 11 patients, five in the IPCU and six in the AAU. In addition we met with relatives of two patients in the IPCU.

We also spoke with the charge nurses on both wards and spoke briefly with one of the advocacy workers who cover these wards.

## **Commission visitors**

Paul Noyes, Social Work Officer

Mary Hattie, Nursing Officer

Dr Helen Alderson, Psychiatrist

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

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

We heard from the charge nurses from both of the wards that the wards are generally very busy which puts a lot of pressure on staff time with patients.

#### **IPCU**

On the day of our visit the IPCU ward had its full complement of eight patients, two of whom were on one-to-one enhanced level of observation, due to their complex care needs. Providing this level of additional staffing is very challenging to staff resources particularly as recruitment is difficult.

A significant issue for the IPCU is that four of the patients have been on this ward for more than a year, several of these patients considerably longer. Though there is little doubt that these patients require the high level of nursing input and the controlled environment provided by the IPCU, this ward is not intended for long-term stays. The small and enclosed environment of the IPCU allows for very limited recreational and exercise opportunities with limited facilities to encourage rehabilitation.

There appears to be a lack of more appropriate specialist resources, an issue which needs to be addressed urgently by the health board as these patients are being disadvantaged.

#### **Recommendation 1:**

Managers should review the care plans of all patients who have been in the IPCU for 12 months or more to ensure there are no deficiencies in care relating to lack of appropriate provision and address these deficiencies.

#### **AAU**

Only 14 of the 20 beds were occupied when we visited, which we heard was unusual, but the ward had planned admissions to the vacant beds. One room was not in use due to a problem with the shower.

Of the 14 patients on the ward, 10 were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 ('the Mental Health Act') which is a higher proportion than we have generally found on previous visits to this ward and is adding to pressures on staffing. Two patients were on an enhanced level of observation.

We were informed that there continue to be good links with the community teams and the crisis team in relation to admissions and discharges. There appeared to be no particular difficulties in terms of patients returning to the community, and there were no patients listed as delayed discharges.

Patient records for both wards have very recently gone on to the EMIS electronic records system; records were in a state of change between the two systems. Staff were still very much in the process of gaining familiarity with the new system and new ways of recording. We were,

however, able to see evidence of weekly multidisciplinary team (MDT) meetings to discuss patient progress, on both wards. The MDT meetings were well recorded and evidenced input from the team as a whole. We also heard that the service is working on improving involvement with patient families at MDT meetings and also better recording.

We found patient care plans to be somewhat mixed, with some good examples of care plans being person-centred and focussing on the specific needs of individual patients and others less so. It is important to keep patient care plans under review as this was raised as an issue in previous reports to these wards. Risk assessments were also well completed and reviewed. Staff reported good access to pharmacy, while other services, such as speech and language therapy and physiotherapy, are by direct referral. Patients also reported good access to physical health care.

We heard that it is currently very difficult to access psychologist input and there is also a lack of any low level, nurse-led psychological interventions for patients on these wards. The lack of availability to psychologist input and psychological therapies adversely impacts on patient care.

### **Recommendation 2:**

Managers should address difficulties relating to access to psychology services and psychological therapies.

Patients we spoke to who were able to discuss their care were generally very positive about the care they were receiving particularly from nursing staff. Patients on the AAU were also very positive about the variety of activities available.

Patients and relatives for patients on the IPCU were also complimentary about the care from nursing staff but there was frustration regarding lack of purposeful activity and access to exercise equipment. Some relatives also had issues about specific medications and treatment which they were advised to address with medical staff and, if necessary, health board managers.

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

On this visit most patients on both wards were detained patients either under the Mental Health Act.

For detained patients we saw we found all the legal paperwork to be in order and accessible with in patient care files.

We also established that these detained patients had consent to treatment certificates (T2) and certificate authorising treatment (T3) forms as required, so there were no issues in relation to compliance with medical treatment requirements of the Mental Health Act.

### **Rights and restrictions**

The IPCU is a locked ward and, as we would expect, all these patients were detained under either the Mental Health Act or the Criminal Procedure (Scotland) Act 1995. We were, however,

concerned about the length of stay of many of the patients, as this ward is not intended for long-stay patients, as outlined in our earlier recommendation.

The AAU had a mix of informal and detained patients. The door to this ward was not locked and patients who were not detained were able to come and go freely from the ward.

We noted good evidence of discussions with patients regarding time spent off the ward. The ward has also addressed our recommendation to improve patient information on admission and there is now a laminated copy of information for patients in each patient room.

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/law-and-rights/rights-mind>

### **Activity and occupation**

The AAU reported have good input from occupational therapy (OT), with two OTs and an OT assistant leading on activity provision. Patients we spoke to were appreciative of the activities on offer and activity groups included cooking, a breakfast group, relaxation, art and walks. We also heard the ward will soon have access to a new mini bus to improve access to community facilities.

The situation in the IPCU was more problematic. We heard the OT for the unit is currently off sick though there is some cover from the AAU occupational therapists. Nurses also engage in one-to-one activities with patients, but this is generally ward based. Many IPCU patients are very unwell making activity provision difficult in their current environment. The length of stay of the patients in the IPCU is making this an important issue to address particularly in relation to gym access and exercise. There need to be appropriate resources in place to enable patient activity in accordance with the principle of reciprocity for their detention.

We are aware some IPCUs have installed outdoor exercise equipment which may be an option for the unit to consider.

### **Recommendation 3:**

Managers should ensure that patients (particularly in the IPCU) have activity addressed in their care plans; these plans require to be person centred reflecting the individual's preferences and care needs.

### **The physical environment**

These wards are purpose built and patients have individual rooms with en suite facilities. Rooms are spacious and bright, and patients we spoke to seemed very happy with the accommodation provided. The environment is unchanged from our previous visits.

AAU in particular has plenty of communal space with quiet areas and there is the facility of a female only sitting room which is also used when children are visiting the ward.

Both wards have access to enclosed garden areas which are well used by patients.

Patients on the AAU made us aware of an issue with the showers in their rooms being cold which seems to be a maintenance issue that is taking time to address. We also heard several patients have made formal complaints about this.

#### **Recommendation 4:**

Managers to ensure the issue of cold patient showers is addressed and acted on.

#### **Any other comments**

##### **Televisions / TV reception**

This was raised in the previous report and we heard the television signal was reported to the estates department and the problem was fixed. The situation seems better but there are ongoing problems with the weather affecting the signal. Estates are continuing to look at other options that may help to boost the signal.

#### **Summary of recommendations**

1. Managers should review the care plans of all patients who have been in the IPCU for 12 months or more to ensure there are no deficiencies in care relating to lack of appropriate provision and address these deficiencies.
2. Managers should address difficulties relating to access to psychology services and psychological therapies.
3. Managers should ensure that patients (particularly in the IPCU) have activity addressed in their care plans; these plans require to be person centred reflecting the individual's preferences and care needs.
4. Managers to ensure the issue of cold patient showers is addressed and acted on.

#### **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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