



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Wards 5, 6, Boulevard, Bute and Campsie, Leverndale Hospital, 510 Crookston Rd, Glasgow G53 7TU

**Date of visit:** 12 -13 August 2019

## **Where we visited**

On this visit we visited the five wards that make up the Greater Glasgow and Clyde low secure forensic service at Leverndale Hospital the visits were over two days, Wards 5 and 6 on the first day, and Boulevard, Bute and Campsie Wards on the second day. Wards 5 and 6 each provide low secure facilities for 15 men. Boulevard Ward is a male nine-bedded 'pre-discharge' ward. Bute Ward provides a female low security provision for five women. Campsie Ward is a nine-bedded, male low security ward for forensic patients with a learning disability.

We last visited these wards on 13 and 14 December 2017; we made recommendations for managers to address patient concerns about the location of patient pay phones on Ward 5 and Ward 6 due to lack of privacy and also asked managers to review patient documentation for authorisation of medication as we noted some omissions. We also highlighted a need to check with patients as to their nominated named persons and advance statement situation.

This visit was as part of our regular visits to adult forensic wards where patients are subject to restrictions on their liberty. We wanted to follow up on our previous visit recommendations and to look at general issues important for patient care; care, treatment, support and participation, use of mental health and incapacity legislation, rights and restrictions, activity and occupation and the physical environment of the wards.

## **Who we met with**

We met with and/or reviewed the care and treatment of 20 patients across the five wards; we also spoke with relatives of two patients.

In addition we spoke with the senior charge nurses on each ward, several members of nursing staff on the wards and met with the manager for these wards.

Furthermore we met with several workers from Circles Network advocacy project who provide advocacy services to these wards.

## **Commission visitors**

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

Tracy Ferguson Social Work Officer

Margo Fyfe, Nursing officer

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

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

There continues to be extreme pressure on places in low security wards resulting in these beds always being occupied and there is a waiting list for admissions. The Health Board now employs a 'bed manager' in relation to admissions to help coordinate the process across the service.

Patients in forensic services are mainly patients with an offending history and are 'restricted patients' requiring Scottish Ministers' authorisation and comprehensive risk assessments in relation to leaving the wards. These patients also have considerable restrictions in relation to freedoms normally experienced by other patients and this can cause frustration for both patients and their relatives.

Generally, feedback from patients with regard to their care and treatment was very positive. Patients described staff as being supportive, approachable and respectful. We spoke to patients on all five of the wards we visited. Most patients were very keen to speak with us although we found some patient, particularly on Ward 5, less willing to speak with us (there seemed to be no specific reason for this). The relatives we spoke to had specific issues regarding the care of their family members which directly related to the forensic setting and restrictions on the freedoms and the rights of the individuals concerned. They were advised to address concerns with medical staff and if necessary Health Board managers or legal representatives.

Patients we spoke to said they felt involved in discussions about their care. They described conversations with staff, both before and after multidisciplinary meetings (MDTs) and patients were clear as to who their named nurse was. Campsie Ward (for patients with a learning disability) had care plans in an easy read accessible format which maximised patient participation and we also noted the use of Talking Mats in relation to communicating with one patient with specific communication needs.

We found care plans to be person-centred and individualised on all the wards, and these plans were regularly reviewed and evaluated. All the patients on these wards are managed on Care Programme Approach (CPA) which gives a very clear focus to their care management. Risk assessments were robust and regularly reviewed commensurate with our expectations for this patient group.

We did hear of frustration from some patients about some recent cancellations of their CPA meeting due to lack of mental health officer availability but this is being addressed by the service.

As well as good input from medical and nursing staff we noted that patients on these wards had good involvement with the full range of MDT personnel, psychology, occupational therapy, speech and language therapy and pharmacy; they could also access physiotherapy when required. There was also evidence of good physical health care input with annual patient health checks and appropriate health screening. This is particularly important for some (often older) patients with a range of complex health conditions.

Several patients we met raised the issue that staffing seemed stretched and there seemed to be a shortage of nurses. We gathered from nursing managers that providing staff cover can be a challenge, with a requirement to use bank nurses and additional shifts from existing staff. We also heard that there can be issues where staff are required to cover on other wards if there are absences.

Advocacy informed us that when there is a shortage of staff it particularly affects patients who require escorted time out of the ward; outings and trips can be cancelled impacting on rehabilitation, causing frustration and disappointment. The quality of 'off ward' activities is also affected in relation to trips away from the ward and time available.

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

These wards are locked wards where patients have high levels of restrictions imposed on them. We would expect that all patients on these wards should be detained patients and this was the case for all the patients at the time of our visit.

We found the appropriate legal paperwork in place for the patients we reviewed and the patients we interviewed were clear about their status, as were the staff. We also found where appropriate the required Section 47 certificates authorising medical treatment for physical issues under the Adults with Incapacity (Scotland) Act 2000; this was a recommendation in our previous report and has been acted on. We also found patients had consent to treatment certificates (T2) and certificate authorising treatment (T3) forms where required, under the Mental Health (Care and Treatment)(Scotland) Act 2003.

### **Rights and restrictions**

All patients on these wards continue to be individually designated as 'specified persons' in relation to safety and security provisions. This has been raised with managers on previous visits and we have been assured that each patient's specification is reviewed on a three monthly basis in line with their individual management plans. Staff are very clear that patients require to be individually designated as specified persons for the protection of patients and staff in these wards.

The patients all have access to advocacy and the wards have very good and regular advocacy input from Circles Advocacy, a specialist forensic advocacy service. As well as individual work they run meetings on the wards to help patients with collective issues.

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**

We saw good levels of activity both on and outwith the wards; generally patients we spoke to seemed content with the activities available to them. Activities were very much based on personal choice and were also generally very much recovery focused.

Good use is made of the recreational therapy (RT) unit in the hospital grounds and the Urban Routes gardening project is also well used. There are also good links with further education and employment projects.

We heard from staff that there are particular difficulties in securing work and community placements for patients at the present time. It seems that there is a lack of external funding, meaning many previously well-used placements are less available. The lack of placements is detrimental to patients being able to progress from these wards back to the community. We would expect managers to raise this issue locally within the health and social care partnerships.

There continue to be difficulties for patients, particularly new patients, with no time off the ward. These patients rely more 'on ward' activities. This can be a frustrating and difficult time while awaiting permissions from Scottish Ministers.

### **The physical environment**

The general physical environment for Wards 5, 6, and Boulevard wards is generally good and we noted considerable attempts to make the environment homely and comfortable, all rooms are single rooms with en-suite facilities. Bute and Campsie Wards have single rooms but are not en-suite.

We heard there are issues on Bute Ward: the washing machine keeps breaking down due to constant use (we were assured however this is about to be replaced); bathrooms often flood, and it is proving difficult to get refurbishment. The garden is very overgrown, as are the bushes at the entrance to the ward. We also heard the ward vacuum cleaner has not been working for weeks and there are issues with the staff shower.

There are also issues on Campsie Ward with the ward looking to be in need of decoration. We heard of difficulties in getting repairs carried out, with even a light bulb replacement often taking days. We heard there seems to be a problem in getting estates to take up repair requests.

#### **Recommendation 1:**

Managers should address patient and staff concerns about the ward environment and repairs, particularly on Bute and Campsie Wards.

On Wards 5 and 6 the patient payphone is in the public ward area which continues to be an issue that the service has not been able to resolve. Most patients have access to mobile phones when off the ward, but this is a particular issue for patients who have no unescorted leave or ability to have use of their own phones. We were assured that patients could use the handheld ward phone in private if this was required for sensitive calls.

#### **Recommendation 2:**

Managers should continue to address patient concerns about the location of the patient phone and lack of privacy for patients.

**Any other comments**

Advocacy raised an issue in relation to patient use of computer 'pen drives'. It was suggested that changes in IT policies are making it difficult for patients involved in further education to complete assignments. We advised this should be addressed with managers directly in relation to specific patient situations.

## **Summary of recommendations**

1. Managers should address patient and staff concerns about the ward environment and repairs, particularly on Bute and Campsie Wards.
2. Managers should continue to address patient concerns about the location of the patient phone and lack of privacy for patients.

## **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.



**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)**

