Mental Welfare Commission for Scotland

Report on announced visit to:

Flats 1, 2 and 3 at Strathmartine Centre, Dundee, DD3 0PG

Date of visit: 9 December 2020

Where we visited

Flats 1, 2 and 3 are inpatient units at the Strathmartine Centre which is just outside Dundee. Flat 1 is a low-secure environment for male patients with learning disabilities and offending behaviour and has nine beds. Flat 2/3 is a behavioural support and intervention unit with nine beds, providing care and treatment to male and female patients with learning disabilities who can display stressed/distressed behaviours

We last visited this service on 13 August 2019 when we made recommendations about environmental restrictions, care planning documentation, the authorising of medication and about filing Act documentation under the Mental Health Act (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). These recommendations were discussed by the service manager and senior charge nurses after the visit and an appropriate action plan was received.

NHS Tayside has been in the process of re-designing mental health and learning disability in-patient services for several years and a new service model had envisaged learning disability inpatient services being provided from wards at Murray Royal Hospital in Perth. This move had originally been planned for 2019 but in the interim one of the wards at the Strathmartine Centre was closed in the summer of 2019, with patients in that ward being moved to the other units on the site. We heard on this visit that a rapid review of the learning disability inpatient service is currently taking place and that the proposed move to Murray Royal Hospital is not being progressed at the moment, with any decisions about future plans being informed by the current rapid review.

On this visit we wanted to follow up on previous recommendations. We also wanted to speak to patients and staff to see how they had been affected by the pandemic. We were particularly interested to hear about the impact on patient care and the effect of any additional restrictions on relatives/family, activity, and the mental health of patients

Who we met with

We met with and/or reviewed the care and treatment of nine patients. We also spoke with the charge nurses on the wards, with various member of nursing staff who were on duty during the visit, with service managers, and the consultant psychiatrist.

Commission visitors

Ian Cairns, Social Work Officer

Tracey Ferguson, Social Work Officer

Philip Grieve, Nursing Officer.

What people told us and what we found

Only two patients wanted to speak to Commission visitors when we were in the units, though we did review the care and treatment of over half of the patients, and had some limited conversations with other patients. One patient had been due to be discharged from the unit into accommodation in the community but this planned move had to be cancelled. This patient was very pleased that they were going to be staying in the Strathmartine Centre for the foreseeable future. We heard that they felt much happier with the care and support staff provided in Strathmartine, compared to the support they felt they would have received if they were out of hospital. The other patient we spoke to raised specific issues about aspects of their care and treatment, which were followed up on the day, although they also said that they were happy with much of their care and treatment. They spoke positively about the activities they were able to do on the site, they told us that they had advocacy support and that they knew they are able to attend multi-disciplinary team (MDT) meetings and raise issues there when they want to.

Commission visitors did introduce themselves to several other patients during the time we spent in the flats. We were not able to have significant discussions with them about their care treatment, often because of limited verbal communication. We did observe positive and meaningful interactions between staff and patients with complex needs throughout the visit. This included interactions between staff and patients both in the wards and outside, where we saw staff encouraging several patients to participate in activities. It was also clear in discussions with various staff that they knew their patients and their needs well.

Care, treatment, support and participation

We reviewed files for nine patients in the units during out visit. We found that care plans in files were variable in quality and detail. We saw some care plans which were personalised and had information about needs, about interventions to meet specific needs, and where detailed risk assessments linked to the care plans. We also found care plans which were less detailed, that had been completed some time ago, with no information about when the plans had been reviewed and updated and about how relevant they were to the individual patient's current needs.

We did see good care plans relating to physical health care needs and in one case we saw that a patient with a combination of complex health needs had a particularly detailed plan for their physical health care. We did ask about the completion of annual physical health checks, which are normally done by one of the GP practices in Dundee. These checks have not been carried out during the Covid-19 pandemic, but we were assured that GP input was to be starting again; this is likely to continue to be affected with the new restrictions that have been introduced nationally since this visit.

We also noted, when reviewing care planning information in some files, that it was difficult to find the most up to date information. We felt that some files could be better organised and maintained, with out-of-date information being archived.

When reviewing files, we saw that for some patients, care planning information was set out in a care programme approach format (CPA), which is a framework used to assess needs and improve the co-ordination of care. We noted that CPA review meetings had been postponed during the Covid-19 lockdown. One patient we spoke to was able to tell us that their CPA meeting that was due to be held before our visit had been rescheduled. We understand that it will have been difficult arranging review meetings with full multidisciplinary input during a period when restrictions had to be in place in hospitals but it is important that detailed up-to-date plans of care are in place and are reviewed, and evaluated regularly.

With regard to multidisciplinary input in the wards, we noted good input from speech and language therapists, occupational therapists, psychology and physiotherapy in patient files. There have been issues covering consultant psychiatrist posts in the learning disability in-patient service in the past, but this situation now appears to have been resolved.

We asked about other medical input into the wards, and heard that there are currently no junior doctors or doctors in training posts working at Strathmartine. This has reduced the medical cover which would previously have been available at Strathmartine, and we heard that this could mean that certain medical tasks may not be completed promptly. The Commission would hope that the issue of medical cover on-site is looked at as part of the rapid service review we heard about on the day.

We reviewed the records of multidisciplinary team (MDT) meetings in files, and noted that recently, we regularly found no indication of who was in attendance at MDT meetings. Previously a template had been used to record MDT meetings but with the move to an electronic records system, where notes of MDT meetings were recorded, the information was basic. It was also not clear on the electronic record system how patients are participating in care planning and in MDT review meetings. We did hear that 'sort it out' meetings are held with patients weekly, where a patient can raise issues they want to be discussed at their MDT meeting, and as previously mentioned. One patient did say that they thought they could attend their MDT meeting but they didn't want to. However there is limited evidence in files of how patients are being encouraged to participate in care planning and in MDT review meetings. There was also limited evidence of how carers, or legal proxies such as guardians or people holding powers of attorney, participate in MDT or CPA review meetings.

Recommendation 1:

Managers should ensure that there are regular audits of care plans, to ensure consistency in recording and reviewing.

Recommendation 2:

Managers should ensure that care plans and records of MDT and CPA reviews demonstrate involvement of the patient.

This will be line with the mental health nursing standards for person centred care planning developed by NHS Tayside for use across mental health and learning disability services. Managers should also ensure that carer involvement is evidenced in reviews where applicable.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Use of mental health and incapacity legislation

The certificates authorising treatment (T2 and T3 forms) under the Mental Health Act were present and in patient files where required. T3 forms should now only authorise medication for up to three years and the Commission recommends that it is good practice for T2 forms to be reviewed and updated every three years as well. We did note in two cases that forms were more than three years old and in these cases we would expect forms to be renewed as soon as practicable. We also noted that files contained multiple versions of T2 and T3 forms, as old forms which had been updated were still retained in files. This meant that sometimes we could not easily find a copy of the most up to date certificate in a file. This issue could be resolved if the filing system was improved and older, out-of-date forms were removed from current files, and archived.

Several patients in the units are subject to guardianship under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'). We did not find copies of relevant AWI Act guardianship orders in files and while those patients whose files we reviewed were subject to compulsory measures under the Mental Health Act, it is also important that staff know the specific powers that an appointed guardian has under the AWI Act, and that copies of relevant guardianship orders are kept on file.

Recommendation 3:

Managers should ask guardians to provide a copy of any guardianship order granted and to make sure that this is filed appropriately.

Rights and restrictions

In spite of Covid-19 restrictions, patients in the units continue to have access to independent advocacy support and this was confirmed by one patient that we spoke to.

Across all the flats, the majority of patients are subject to detention under the Mental Health Act. Sections 281-286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in a hospital. Where a patient is a specified person in relation to these sections and where restrictions are introduced, then relevant forms have to be completed. In one case we noted that the relevant specified person form was out of date and this was raised with managers on the day. The Commission would expect restrictions to be legally authorised, that specific restrictions are regularly reviewed and that all appropriate documentation is kept up-to-date.

Recommendation 4:

Managers should ensure that systems are in place to make sure that all Mental Health Act documentation is up to date and that any restrictions are appropriately authorised.

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

Historically, there has been a broad range of activity provision in the units and in the day service in the grounds of the Strathmartine Centre. There have been restrictions on activity provision during the current pandemic and patients have not been able to access the range of activities on site or with community-based activities, which would normally have been available. Access to activities has been increasing as services have been remobilising and we found information about person-centred activity plan and observed patients participating in activities and going to workshops during our visit.

The physical environment

Following a ward closure on the Strathmartine site in 2019, all patients are now in Flat 1 or in Flat 2/3. This means that staff are having to provide nursing care and support to groups of patients with a diverse range of needs, including some patients who have complex needs. Staff are trying to manage this in a constructive way, but the physical environment in the flats can be problematic for some patients. We heard that refurbishment work has been identified although that there is no plan for when this will be undertaken. We also noted that refurbishment work is urgently required urgently, particularly in Flat 2/3. We noticed that there was mould in shower areas, which we considered to be an infection control issue; we also heard about issues with the pin point alarm system that could create potential safety risks for staff and patients. There is an urgent need to review the physical environment in the wards on the Strathmartine site and to undertake refurbishment work as soon as possible.

Recommendation 5:

Managers should ensure that an environmental audit is undertaken as soon as possible in the flats in the Strathmartine Centre and that identified refurbishment work is completed as soon thereafter.

Any other comments

We spoke to a number of staff on the day of our visit and while they were positive about the work they are doing in the service on a day-to-day basis, it was evident that staff morale remains low. This has been the situation for some time because of the uncertainty on timescales in relation to when planned changes to the in-patient service will take place. This has been exacerbated because of difficulties relating to Covid-19, where staff have had to provide cover in other parts of the service, due to staffing issues.

We have commented on the maintenance of patient files, so that out of date information is removed from current files and archived when appropriate. This is an administrative task, and we understand that it has not been possible for admin or clerical staff to come and go freely into wards during the current pandemic. There is a need for administrative tasks, relating to maintaining files, to be undertaken in the units.

Summary of recommendations

1. Managers should ensure that there are regular audits of care plans, to ensure consistency in recording and reviewing.

2. Managers should ensure that care plans and records of MDT and CPA reviews demonstrate involvement of the patient.

3. Managers should ask guardians to provide a copy of any guardianship order granted and to make sure that this is filed appropriately.

4. Managers should ensure that systems are in place to make sure that all Mental Health Act documentation is up to date and that any restrictions are appropriately authorised.

5. Managers should ensure that an environmental audit is undertaken as soon as possible in the flats in the Strathmartine Centre and that identified refurbishment work is completed as soon thereafter.

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.

CLAIRE LAMZA
Interim Executive Director (Practitioners)

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: mwc.enquiries@nhs.scot
website: www.mwcscot.org.uk