

## **Mental Welfare Commission for Scotland**

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

**Date of visit:** 24 November 2021

## **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 normally visits the State Hospital twice each year to give patients an opportunity to speak with Commission visitors. The Covid-19 pandemic has however impacted on the Commission's visit programme and during the pandemic these visits have been annual; with our last visit being to Iona and Lewis Hubs on 18 August 2020.

The hubs at the State Hospital normally consist of three, twelve-bedded wards which provide both assessment and continuing care/rehabilitation. One ward on each of Arran and Mull hubs continues to be closed (as has been the situation for a while) pending a wider review of forensic service capacity. At the time of the visit however one of these wards was being used temporarily for patients from another hub, this was not part of our visit.

This local visit was undertaken using a combination of telephone contact with staff and managers prior to the visit and interviews, in person with patients, ward staff and managers at the State Hospital on the day of the visit. The purpose of the visit was to give patients on Arran and Mull hubs the opportunity to speak with Commission visitors regarding their care and treatment; particularly in relation to how they had been affected by the enduring Covid-19 situation. We also wanted to ensure that care and treatment were being provided in line with mental health legislation and within a human rights compliant model.

Recommendations from the last visit report to Arran and Mull hubs were prior to the current Covid-19 pandemic and were in relation to the need to have sufficient staff to provide continuity in the provision of activities. We are aware that the pandemic has made this situation even more difficult.

## **Who we met with**

We met with and/or reviewed the care and treatment of 15 patients and spoke with the senior charge nurses (SCN) and other staff on the four wards we visited.

In addition to this, we had individual discussions with the director of nursing, allied health professionals and operations; the advocacy service manager; social work manager; and the person-centred improvement lead.

## **Commission visitors**

Paul Noyes, Social Work Officer  
Anne Buchanan, Nursing Officer  
Claire Lamza, Nursing Officer  
Lesley Patterson, Nursing Officer

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

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

Our last visit to the State Hospital in August 2020 was during phase 3 of the Scottish Government's route map to recovery when patients were being managed in small groups within the wards. The situation on this visit was nearer to normal in relation to patients mixing but the effects of the Covid-19 pandemic are still very much impacting on patient care.

There have been a number of situations where patients have tested positive for Covid-19 resulting in patients on their ward then having to isolate in their rooms for 14 days. An additional effect of Covid-19 has been to put considerable pressures on staffing the hospital and at times it seems this has been extremely challenging. The pandemic has exacerbated an already difficult staffing situation with a number of staff retiring, others leaving, and sickness absences. We heard there has also been an additional demand on staffing due to patients having to be managed in general hospital for physical care. The issues arising from serious staffing pressures was the overriding theme emerging from this visit from both staff and patients.

We heard from patients that there are ongoing and frequent situations where reduced levels of staffing (particularly nursing) is resulting in them being locked in their rooms often for hours at a time. There was frustration from some patients with regards to some wards regularly being in a full or partially 'closed,' where some patients are required to spend more time in their rooms as a consequence of staffing challenges. This situation has now been ongoing for many months with patients reporting no sign of improvement. Despite these difficulties patients generally spoke positively about the hospital staff and acknowledged the fact they were stretched and working extra shifts to help. Patients told us that where possible staff were doing their utmost to ensure activities took place and helping patients get to the Skye Centre.

The lack of staffing and ward closures not only results in more confinement for patients but interrupts therapeutic interactions on the ward, activities and therapeutic interventions; we also heard it has resulted in postponement of family visits which is distressing for patients and families.

We heard from managers that management of the staffing situation during the pandemic has been extremely difficult and demanding on staff and patients. These difficulties were openly acknowledged as a real difficulty for the hospital. We heard that the hospital has been actively trying to recruit nursing staff and also increasing the use of nursing assistants, we heard that there are some new staff about to take up post but other staff are also retiring.

#### **Recommendation 1:**

Managers must continue to address the serious staffing difficulties in the hospital to minimise the impact on patient care. The Commission require to be advised regularly of progress and situations of serious concern.

Even with the restrictions that have been in place, most patients have generally coped well during the pandemic and have been understanding of the situation. Staff are generally aware of patients who struggle with lots of time in their rooms and have tried to support them accordingly. On the day of our visit the wards we visited were calm and patients were freely able to discuss any concerns with us; no patients reported feeling unsafe.

Though we had some initial difficulties on this visit in accessing electronic care records (due to IT issues) we found them to be comprehensive, as were the care plans and risk assessments. Care plans were clearly patient specific and individualised with good evidence of patients being involved and included in their care. Patients told us they are regularly able to speak with their doctors to discuss and participate in their care and treatment plans.

Patients at the State Hospital have their care and progress managed using the Care Programme Approach (CPA), risk assessment forming an essential component of all care plans. We noted that CPA meetings have continued during the pandemic period with relatives and external agencies being able to be involved by phone or video link.

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/node/1203>

There were clear records of weekly multidisciplinary team (MDT) meetings discussing patient progress. We saw evidence of good multidisciplinary input to patients from occupational therapists, dietitians and psychology which has continued throughout the pandemic, though some patients spoke of some sessions being cancelled due to staff shortages. Several patients we reviewed with serious physical health conditions were receiving good input in relation to their physical health care.

In terms of access to advocacy, we heard from both patients and the advocacy service that links and communication with the wards and patients has continued to be good throughout the pandemic.

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

Patients we saw were all detained under either the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment (Scotland) Act 2003. Legal documentation was accessible in their personal records.

We reviewed the T2 and T3 forms that authorise prescribed medication and no particular issues were identified with these forms.

## **Rights and restrictions**

The Commission expects all patients at the State Hospital to be detained given their high level of restriction. At the time of our visit all patients in the Hospital were legally detained and had access to legal representation and ready access to advocacy support.

We heard from advocacy and from some patients that measures put in place during earlier stages of the pandemic such as the use of non-metallic cutlery were continuing on some wards and not others. We also heard that on some wards review meetings are still by video link where on other wards meetings are face to face. We are aware that specific measures have been required during the pandemic but would expect consistency of experience for patients in the hospital unless individual risk require additional restriction.

### **Recommendation 2:**

Managers should review whether additional restrictions and practices that were introduced at the height of the Covid-19 pandemic are still required and applied appropriately in all wards.

The situation of patients in the hospital awaiting moves to lower levels of security is still an issue and is currently being addressed by Scottish Government and the Forensic Network in terms of a capacity review. A number of patients in the forensic estate who had been transferred from prison for psychiatric care have recently been returned to prison (if well enough to do so) to increase bed capacity.

The exact number of patients awaiting moves to lower security changes regularly but there are often about four or five patients being held in conditions of excessive security at the State Hospital. The Commission has seen an increase in patient appeals to the Supreme Court in such situations, which is the appropriate legal route.

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**

Patients at the State Hospital in the past have generally had access to a good range of recreational and therapeutic activities, particularly through the Skye Centre. Activity provision at the hospital has been very vulnerable during the pandemic initially due to the need to prevent patients from mixing.

The Skye centre is now open again but due to staffing pressures often activities are cancelled due to staff being required to cover the wards. There has however been an increase in activities within the hubs and six new activity coordinators employed to help with the situation.

Despite some activities being cancelled most patients we saw were still engaged in a range of off ward activities and interventions which were well documented in their records.

## **The physical environment**

The physical environment of Arran and Mull hubs continues to be unchanged from previous recent visit to these hubs. These units 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.

Although we did hear that the bedroom areas are generally good, being unable to access the open ward means no access to hot drinks (tea/coffee) which upset some patients. Some patients also raised frustration that having only one Sky TV box per hub meant each ward has to watch the same channel. Another patient raised concerns about lack of internet access means patients are not able to develop skills required for eventual discharge from hospital. We discussed these concerns with managers on the day of the visit, and discussed that there are opportunities to raise these issues through patient meetings and through the Person Centred Improvement Lead. The issue of communications and technology in forensic settings has been the focus of Scottish Government working groups.

We also heard that there had been some disruption to grounds access for patients during security improvement work but this seems to have now improved.

### **Any other comments**

The hospital has been monitoring its operational model fortnightly throughout the pandemic and have been informing the Commission of issues affecting patient care.

## **Summary of recommendations**

1. Managers must continue to address the serious staffing difficulties in the hospital to minimise the impact on patient care. The Commission require to be advised regularly of progress and situations of serious concern.
2. Managers should review whether additional restrictions and practices that were introduced at the height of the Covid-19 pandemic are still required and applied appropriately in all wards.

## **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.

Suzanne McGuinness  
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 Commission 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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