Mental Welfare Commission for Scotland

Report on announced visit to:

Adult Rehabilitation Service, Pentland Court, St John's Hospital, Livingston EH54 6PP

Date of visit: 2 February 2023

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

Pentland Court is the mental health rehabilitation service that covers the West Lothian area of NHS Lothian. The unit is based in the grounds of St John's Hospital, Livingston and has the capacity for 10 patients, offering mixed-sex accommodation comprising of flats shared by either two or three individuals. We last visited the service on 30 January 2020 and made one recommendation that highlighted the need for updating and upgrading the environment. On the day of this visit, we wanted to meet with patients, their relatives and staff. We also want to follow up on our last recommendation and hear of any progress.

Who we met with

We met with eight patients and reviewed their care records. We also met with relatives, nursing staff, student nurses, a psychologist, an occupational therapist and advocacy. We spoke with the service managers and the senior charge nurse who were able to provide an update prior to our visit.

Commission visitors

Anne Buchanan, nursing officer

Lesley Paterson, senior manager (practitioners)

Kathleen Liddell, social work officer

What people told us and what we found

Care, treatment, support and participation

Patients we spoke with on the day of our visit were positive about their experiences of care and treatment in Pentland Court. We heard comments such as, “I wouldn’t change a thing about Pentland Court, the staff have made me feel safe” and “If it wasn’t for Pentland Court I don’t know what would have happened to me”. From the relatives we spoke with we were told that communication was “great” and they have felt “really involved” in their relative’s care. We heard from a parent that their son was “beaming with pride at their achievements”. We also heard relatives and carers have felt supported by Pentland Court staff, and that this was important to them, as caring for a person with significant mental illness can be difficult at times. Staff have ensured they have made themselves available for carers and relatives, as their input is valued and welcomed. Furthermore, we heard from staff working in Pentland Court that they understand patients who are admitted often feel rather despondent. Staff told us that it essential for them to build trusting relationships, explore a person’s strengths and help patients develop skills to achieve successful, sustainable discharges from hospital to home.

Throughout the day, we were impressed to hear from patients, their relatives, and staff that there was a shared view that patient’s care and treatment was at the forefront of everyone’s focus and there was a shared commitment to promote patient centred care. Staff continued to strive in their efforts to ensure patients left hospital with skills to support and enable a successful and sustainable discharge back into their community.

We were told there were a number of nursing staff vacancies, approximately 40% with shortfalls covered by bank staff. This was a source of frustration for the team and for patients as there was a recognition that with a full establishment of nursing staff, additional therapeutic work would be achieved. We were keen to advise the team that while we appreciated their frustrations, we were also told by patients, their relatives and visiting professionals that this ward was held in high regard.

We reviewed the electronic care records and found examples of detailed and person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual. Each patient had a broad range of assessments including medical, nursing, occupational therapy, physiotherapy, and psychology. There was a clear connection from assessed needs and ongoing evidence that patients had participated in their care planning. Each care plan not only identified an unmet need, they also identified which member of the multi-disciplinary team was supporting the patient to achieve their goals. There was a focus upon patient’s physical health with a recognition that some patients who, by virtue of the severity and duration of their mental illness, had some compromises to their physical well-being. We were pleased to see the ward-based team have made a long-lasting commitment to reduce health inequalities and promote health and well-being for all their patients.

Daily interactions were recorded for each patient and we found those to be detailed and informative. We were able to identify specific areas where patients had progressed and where individual staff had supported patients throughout the week. We would like to have seen a

subjective view from patients about how they feel their progress had been or whether there had been any concerns over the day or week. We brought this to the attention of staff on the day of the visit.

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

Multidisciplinary team (MDT)

Pentland Court had a broad range of disciplines either based there or accessible to them. It was clear from the very detailed MDT meeting notes that everyone involved in an individual's care and treatment was invited to attend the meetings and give an update on their views. This also included the patient and their families, should they wish to attend. It was clear to see from these notes when the patient was moving towards discharge, and that community services attended the meetings. We were pleased to hear communication between community services, including non-statutory services was considered essential for patient's discharge planning. There was an assertive outreach model in place from the ward that supported patients, their relatives and community teams to promote 'early identification' of any issues or concerns brought to staff attention. This model had enabled patients and staff to work together to ensure any concerns identified were quickly managed to ensure a sustained discharge from hospital to home was achievable.

We heard there were also strong links between Pentland Court and the local authority social work teams and housing officers. The ward-based team had identified this relationship with the local authority, in particular housing officers, as essential; it has meant that patients who required accommodation to meet their identified needs, were provided with suitable tenancies in their communities. This was important for patients who had difficult experiences of managing tenancies, where having appropriate accommodation was seen as essential for a successful discharge from hospital-based care.

We were told while there was dedicated input from a consultant psychiatrist, and junior medical cover was only available through the 'duty doctor' rota. We heard that this situation had caused some delays for patients accessing medications, particularly those patients who had arranged to go home on overnight pass. We were also told that on occasion, staff have had to escort patients to the main hospital emergency department, as there has not been medical cover for the ward. This had left the ward with a reduced number of nursing staff. We will ask managers for the rationale of not currently having dedicated junior medical staff in the ward's establishment, as was the case until recently.

We were keen to hear about specific input provided by psychology and specialist services to enable staff to feel more confident and skilled working with patients who have diagnosis of autism spectrum disorder (ASD) and patients who have experiences of trauma. We were told recent input from Autism Initiative (Scotland) had been very welcome, with both staff and patients benefitting from their training and guidance. In relation to psychology, we heard that the recent work undertaken had been highly valued, particularly as it had encouraged staff to work collaboratively with psychology, the patient and their relatives. Psychology was keen to

emphasis the opportunity to work in a completely bespoke person-centred approach had meant the outcome for patient(s) had been immensely positive.

Use of mental health and incapacity legislation

On the day of our visit, three of the 10 patients in the unit were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (Mental Health Act). The patients we met with during our visit had a good understanding of their detained status.

All documentation pertaining to the Mental Health Act and Adults with Incapacity (Scotland) Act (2000) (AWIA), including certificates around capacity to consent to treatment were in place in the paper files and were up-to-date.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed.

We found that all T3 certificates which had been completed by the responsible medical officer to record non-consent were available and up-to-date. On the day of the visit, we discussed with the senior leadership team about issues around capacity and consent to treatment. We were aware of patients who were considered able to consent to treatment, were possibly unable to demonstrate their capacity in other areas. We reminded the team to keep this under review as we are aware capacity can and often does fluctuate throughout a patient's admission to hospital.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

If there was a guardianship order in place under the AWIA, patients also knew what this meant for them. We were informed there were patients who were subject to welfare guardianship with the local authority acting as guardians and we found relevant paperwork, including the associated powers granted under the guardianship order, in patient's care records.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity Act must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. Forms we reviewed had been completed appropriately.

Rights and restrictions

There was easy access in and out of Pentland Court, and patients had pass plans that indicated what level of support they needed when out with the unit. We found risk assessments in the care records to be personalised, detailed and regularly reviewed.

When we are reviewing patient files, we looked for copies of advance statements. The term 'advance statement' refers to written statements made under ss274 and 276 of the Mental Health Act, and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. We were able to locate advance statements in patients care record that identified individual patient's wishes and requests about their care and treatment.

Patients were supported by advocacy. We spoke with one advocacy support worker who told us nursing staff actively encouraged patients to link in with advocacy and value their input into the ward.

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 were aware that during the pandemic, restrictions put in place had meant that various activities out with the unit had to be put on hold, and that some of the patient group had struggled with this change to their routine. However, we heard about the efforts of nursing staff to ensure there was always activity available on the unit for patients.

Over the past year, there have been more opportunities for patients to engage in community activities, including recreational and therapeutic pursuits. Staff have encouraged and supported patients to attend community groups and activities to support re-integration into their communities and help with confidence building.

Rehabilitation was the focus for this unit, with each discipline from the team keen to engage with their patients either in therapeutic one-to-one or group work. Patients were supported with their personal care, diet and establishing daily routines with a recognition from staff that each patient was unique and required rehabilitative care planning that was personalised, and person centred. Patients we spoke to told us they felt staff understood their needs, whilst also considering their personal interests that were important to them.

The physical environment

This unit offered accommodation for patients to live in shared flats with support from nursing staff. Each flat offered patients their own bedroom, shared living room, kitchen, and bathroom. While patients were largely positive about their accommodation, they were concerned some areas of the unit appeared dated and for some, having no access to a washing machine in their own flat was a nuisance.

We brought this issue to the attention of the senior leadership team on the day of our visit. We were told one of the flats had been adapted to an activity flat that offered additional opportunities for patients and staff to work together with a focus upon recreational and therapeutic rehabilitation. This new activity flat also allowed the multidisciplinary team and patients to meet away from their own flats, whilst also providing more privacy for visitors.

Outside the unit was a pleasant courtyard with seating, which when the weather allowed, was used for socialising. While the unit was based in the grounds of a large hospital campus, there was easy access to a local recreational park, bus services into town for shopping and a GP practice for patients who require primary care services.

Recommendation 1:
Managers should ensure each flat has a washing machine in place for patient use.

Recommendation 2:
Managers should consider a programme of work that would include updating and upgrading the environment and individual flats.

Summary of recommendations

Recommendation 1:
Managers should ensure each flat has a washing machine in place for patient use.

Recommendation 2:
Managers should consider a programme of work that would include updating and upgrading the environment and individual flats.

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
Executive director (nursing)

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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