Mental Welfare Commission for Scotland

Report on announced visit to:
Acute Adult Assessment Unit and Intensive Psychiatric Care Unit, Langhill Clinic, Inverclyde Royal Hospital, Larkfield Road, Greenock, PA16 0XN

Date of visit: 31 January 2024

Where we visited

Langhill Clinic comprises an eight-bedded intensive psychiatric care unit (IPCU) and a 20-bedded acute adult admission unit (AAU). Both units have single rooms with ensuite facilities. The IPCU had three empty beds and the AAU had six empty beds on the day we visited. We were advised that due to vacancies in consultant cover, beds in AAU have temporarily been reduced from 20 to 18 since we last visited the service.

On our last visit in February 2023, we made four recommendations regarding dietary requirements, care plan auditing, and the physical environment. On the day of this visit, we wanted to follow up on the recommendations and any progress made. We also wanted to speak with individuals and staff, and listen to their views on the care, treatment, and environment.

Who we met with

We met with and reviewed the care of eight individuals, and we reviewed the care notes of a further three individuals. We also met with two relatives and attended a psychology group session with individuals and nursing staff.

We met with senior charge nurses (SCNs), staff nurses, advocacy, psychologists, psychiatrists, and advanced nurse practitioners (ANPs).

Commission visitors

Gemma Maguire, social work officer

Mary Hattie, nursing officer

Anne Craig, social work officer

Kathleen Taylor, engagement, and participation officer

What people told us and what we found

Feedback provided by those that we spoke with was positive and we heard how individuals felt “welcomed” and that staff were “nice”.

Staff we spoke with had a good knowledge of those they cared for and we observed warm and caring interactions in a calm environment throughout the day.

We heard how people enjoyed a range of recreational and occupational therapies. We were told by several individuals that the psychology service was particularly beneficial in their recovery.

Care, treatment, support and participation

When we last visited, there were positive reports from individuals regarding the care they received from staff. We were pleased to hear that this has continued and that individuals feel listened to.

We previously recommended that dietary requirements for individuals with specific needs were to be addressed. We are pleased to note that a ‘food users’ group’ had been set up with involvement of a dietician and nursing staff, which included direct feedback from individuals. We were advised that any delay in catering for specific dietary requirements, such as when a patient is first admitted and requires halal or gluten free food, staff will use ward funds to purchase the appropriate food. There was no concern in relation to dietary needs raised by those we met with on the day of our visit.

Care planning

At our last visit, we made a recommendation in relation to care plan audits, to ensure they were up-to-date, were person-centred and included all the individual’s health and care needs. During this visit, we observed consistent recording of care plans with reviews and progress notes clearly documented in the AAU. Care plans related to risk assessments as well as being regularly discussed at weekly multidisciplinary team meetings (MDT). Those we spoke with felt involved in care planning and reported regular one-to-one time with nursing staff and psychiatrists. One individual told us they did not agree with their care plan to transfer to another service, however felt their views had been fully considered by the MDT and were able to exercise their rights in respect of decisions, including advocacy involvement and appeal processes. Individual participation was evident in the recording of views in the care plans, at the MDT meetings and in the nursing notes.

Whilst we saw some person-centred care plans in IPCU, we found the quality and review of the plans to be less consistent. Despite similar concerns being shared with the service during our last visit, there has been little progress in the consistency of person-centred care plans for individuals in IPCU. This was discussed with SCN and service manager on the day of our visit and we look forward hearing of progress during future visits.

Recommendation 1:

Managers responsible for IPCU should regularly audit care plans across the service to ensure they are person-centred and reviewed regularly.

Accessing care plans was difficult on both units as the current template is not accessible on the main electronic recording system, EMIS. Care plans are currently recorded and stored in paper files. While we were able to locate care plans on the day of our visit, we also heard from SCNs that care plans may be 'left out' of files by mistake or not updated in a timely way. The Commission would agree with the SCNs view that having one electronic storage and recording system for all documents relating to an individual's care and treatment would help to ensure security and accuracy of the information.

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

Recommendation 2:
Managers should ensure all care plans are consistently and securely stored.

The service has a phlebotomist on site from Monday to Friday to obtain blood samples from people who require blood monitoring. We heard from the ANP that individuals who require blood monitoring on Saturdays may have a delay until the phlebotomist returns on a Monday. We were advised of an occasion where the delay in taking blood samples was out with the timescales recommended in the service policy for lithium monitoring. We did not identify any concerns when we reviewed the individual's file. We brought the concern to the attention of SCN and service manager on the day of our visit, and were advised that trained nursing and medical staff are available seven days a week to take blood samples, but the service will investigate the concern further. We will continue to follow up on this issue.

Multidisciplinary team (MDT)
MDT meetings continue to be held weekly in both units with consultants visiting the ward and meeting people throughout the week. The MDT consists of consultants, junior doctors, pharmacy, psychology, and occupational therapy (OT).

The IPCU has input from one consultant who also covers another IPCU in NHS Greater Glasgow and Clyde. The AAU currently has input from two consultants who provide inpatient and outpatient care. We were advised that the AAU should have three inpatient consultants with a fourth providing outpatient care. We heard how the service are managing the lack of consultant cover with recruitment, using cover from within the service and reducing bed numbers. We were pleased to hear individuals felt involved in meetings, with their views being consistently recorded. Family members were regularly invited to meetings, and their views were recorded in the notes of the meeting.

Some individuals we met with were progressing in their discharge from hospital and told us they felt supported by OT, nursing staff, and psychology. Some staff we spoke with informed us that at times, communication with community services was inconsistent, giving an example of not always being included in meetings regarding individuals. One relative told us how they felt frustrated at the length of time it had taken to allocate a social worker and how the support from ward staff helped to 'move' things along, with a social worker now being allocated. We were pleased to hear that funding for a discharge coordinator post has been agreed for the service. We heard how this will improve communication between services and

identify needs early on during admissions to support discharge planning. We look forward to hearing how this has progressed during future visits.

Use of mental health, incapacity and adult protection legislation

On the day of our visit, we found the legal status of individuals subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) was clear and accessible on the electronic recording system.

Part 16 of the Mental Health Act sets out conditions under which treatment may be given to individuals subject to compulsory measures, who are either capable or incapable of consenting to specific treatments, including medications. To authorise treatment, T2 certificates should be used for individuals who can consent, and for those who cannot consent, T3 certificates should be used. We reviewed all T2 and T3 certificates and found discrepancies with one T2 form in the IPCU, which included intramuscular medication to be given as required when the patient is refusing and/or unable to consent, therefore it is not appropriate to be included on a T2 form. This issue was discussed with the SCN on the day of our visit who agreed to follow up this up with the other psychiatrists.

Recommendation 3:
Managers should ensure review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon in a timely way.

Under the Adults with Incapacity (Scotland) Act 2000 (the AWI Act), a section 47 certificate should be completed by a doctor where an adult is assessed to lack capacity regarding medical decisions. Where individuals had been assessed regarding this, we found they were appropriately subject to a section 47 certificate.

Rights and restrictions

We were pleased to note that those subject to detention under the Mental Health Act had been advised of their rights verbally and in writing; those who were subject to detention were either accessing, or knew how to access, advocacy services.

Sections 281 to 286 of the Mental Health Act relate to specified persons, a legal safeguard required when placing restrictions on an individual who is detained in hospital. Making someone a specified person should be the least restrictive option and where not doing so would place them, or others, at significant risk of harm. During our visit, two individuals were specified in the IPCU. Upon review of the information there was no reasoned opinion for the decision to restrict mobile phone access for one individual, despite the reasons being made clear by staff on the day of our visit. This was discussed with the SCN on the day who agreed to notify the psychiatrist for follow up. No individuals were found to be specified in AAU.

The Commission has published a good practice guide in relation to specified person which nursing and medical staff may find helpful when considering restrictions:
https://www.mwcscot.org.uk/node/418

Recommendation 4:
Medical staff should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that individuals 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

On the day or our visit, we were invited, and attended, the 'compassionate friend' group. The group was facilitated by a psychologist and trainee psychologist with participation from individuals and nursing staff. We heard from one individual how they felt that the group was "useful" in managing negative emotions and they felt "no pressure" when participating. We observed good communication and person-centred practice between the IPCU and the AAU staff in supporting an IPCU patient to attend the group as part of a transition care plan to AAU. Several staff raised concerns that the psychology post is due to end in March 2024. On discussing this issue with the service manager, we were advised that confirmation is awaited regarding the continuation of the post. The Commission would be concerned about the negative impact on patient care and treatment if this service ceased and would urge managers to ensure the resource continues.

Other ward therapies and activities were supported by an OT who covers both units. In the AAU, an OT assistant and creative arts coordinator provide input three days per week. Activities include relaxation, walking and art groups. Those that we spoke in the AAU told us that they enjoyed a range of activities on the ward and are offered these on a group, or one-to-one basis.

We heard from individuals and staff about a lack of OT and support in the IPCU. Whilst there was evidence that some meaningful activity was happening with support from a part time activities coordinator and nursing staff, OT was only available for one half day a week. The Commission values the role of the OT in supporting patient engagement with therapeutic one-to-one and/or group sessions to develop skills, as well as providing functional assessment in preparation for discharge. We commented on the lack of OT provision in the IPCU when we last visited the service and whilst we have been told that funding is available for an additional post, there has been no progress in recruitment.

Recommendation 5:
Managers should review activity and OT provision for IPCU to ensure individuals are provided with regular therapeutic and recreational activities.

The physical environment

AAU was spacious, bright, and welcoming, with the lounge area recently decorated and furniture upgraded. The garden facilities were tidy and clean and could be enjoyed by individuals and visitors throughout the year, weather permitting. We were pleased to hear that the SCN and psychologist did a 'walk through' the ward recently using the 'mental health

combined assurance audit tool'. We heard how this has helped staff to understand the impact the physical environment has on the patient experience, looking at sensory issues, availability of information and feeling safe. We also heard from the SCN that the ward would benefit from additional space to carry out one-to-one nursing interventions, which currently happen in individuals' bedrooms. At the time of our last visit, we made recommendations in relation to the indoor and outdoor environment in the AAU and we are pleased to report on these improvements.

In the IPCU, the lounge area is dull with some furniture, mainly chairs, in need of repair. We heard from individuals and staff the ward is lacking in recreational space and understand this could only be addressed by undertaking major building and structural work in the ward. We also note the garden area to be bare and bland which requires attention to ensure people can receive the maximum benefit when using the space.

We discussed these issues with the SCN and the service manager on the day of our visit and were advised that a rolling programme for upgrading the décor across the service is in place. We were informed that some funding has been approved to provide garden furniture for the outdoor space, however a request for funding to turn the garden into a recreational space, including the installation of gym equipment, has been refused. We heard how staff and individuals in IPCU feel frustrated by the lack of recreational space, and we would agree work should be carried out to address this.

Recommendation 6:
Managers responsible for IPCU should ensure that patient areas both in and outside the ward are welcoming, maintained, and provide a suitable recreational space within a safe environment.

Any other comments

Individuals and carers commented on the high level of care and compassion from the AAU and IPCU staff, consistently displayed, which we also observed throughout the day. Following our last visit, we commented on the pressures staff faced with vacancies and being moved to cover other services. During this visit we are pleased to report there is now a full complement of SCN and charge nurses across both units. Whilst there has been a reduction in consultant cover, the overall management of staffing and risk has helped to ensure a high quality of patient care continues to be delivered within a safe and recovery focussed environment.

Summary of recommendations

Recommendation 1:
Managers responsible for IPCU should regularly audit care plans across the service to ensure they are person-centred and reviewed regularly.

Recommendation 2:
Managers should ensure all care plans are consistently and securely stored.

Recommendation 3:
Managers should ensure review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon in a timely way.

Recommendation 4:
Managers should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

Recommendation 5:
Medical staff should review activity and occupational therapy provision for IPCU to ensure individuals are provided with regular therapeutic and recreational activities.

Recommendation 6:
Managers responsible for IPCU should ensure that patient areas both in and outside the ward are welcoming, maintained, and provide a suitable recreational space within a safe environment.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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.

Contact details

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk