Mental Welfare Commission for Scotland

Report on announced visit to: Levendale and Daleview, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 8JH

Date of visit: 02 December 2015

Date sent to service: 21 January 2016

Where we visited

Levendale is an eight bedded forensic low secure ward for patients with a learning disability. We last visited Levendale on 12 February 2014 and made a recommendation about planning and delivery of activities. Daleview is a ten bedded regional low secure forensic unit for patients with a learning disability. We last visited Daleview on 14 January 2015. After this visit we made recommendations about providing accessible information to patients as part of the care planning process, and completion of life histories for patients.

On the day of this visit we wanted to follow up on the previous recommendations and also look at documentation relating to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). This is because we sometimes find on visits that the necessary documents are not in place.

Who we met with

We met with 12 patients and 3 relatives.

We spoke with the service manager, the lead nurse, and nursing staff from both wards.

Commission visitors

Dr Steven Morgan, Medical Officer (Visit Co-ordinator)

Tony Jevon, Social Work Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We heard many comments from patients and relatives saying that they were happy with the care and treatment being provided on these wards. Relatives told us that there was good communication from ward staff.

The care plans that we looked at were personalised and regularly reviewed. In many cases the patient had signed the care plan to indicate that they had been involved in the care planning process and agreed with the content of the plan.

One patient was unhappy with part of his care plan. We raised this on the day with the ward nursing staff and it was agreed that the care plan would be reviewed with the patient to address his dissatisfaction.

One to one sessions were documented within case notes, although they were not always easy to identify. We suggested at the end of day meeting that these one to one sessions should be clearly labelled as such within the case notes.

There appeared to be a good focus on physical health of patients, with regular physical health checks documented.

We were unable to find life histories detailing people's interests and preferences within the case notes for some patients. Although some information of this type could be obtained from clinical notes this was not always comprehensive. This was a recommendation from our previous visit to Daleview which we had understood was being addressed, so we were surprised to find this.

Recommendation 1

Managers should ensure that life histories are completed in conjunction with patients on these wards.

Use of mental health and incapacity legislation

Copies of the relevant orders authorising detention could be found within the case notes for patients on both wards. Specified persons forms were completed correctly and reasoned opinions relating to the decision to make a patient a specified person could be easily identified in the case notes.

Forms authorising treatment (T2/T3 certificates) under the Mental Health Act were in place where necessary.

Certificates of incapacity (s47) under the Adults with Incapacity (Scotland) Act 2000 (the Adults with Incapacity Act) had been completed where required. We did find one certificate that had not been completed properly and advised that it should be re-written.

Rights and restrictions

Due to the nature of these wards, there were many restrictions in place on individual patients. However, the restrictions were authorised by appropriate measures under the relevant legislation. Patients had access to legal representation and advocacy.

Activity and occupation

Patients told us that there was a wide range of activities available. In general, they were happy with the activities in place. There was much excitement on Levendale ward about the upcoming 'Levendale's Got Talent' show, which patients were planning and delivering with support from ward staff. There was also positive feedback from patients on Daleview about the activities planned and provided.

The physical environment

Daleview is a recently built purpose-designed unit and is in generally good order. However, one patient was being badly affected by a leak in his bedroom ceiling. We

raised this issue at the end of day meeting and we will follow up on progress to resolve the situation.

Levendale is an older ward and has been adapted over the years to try and make it more appropriate for its current purpose. However, the built environment now compares poorly to the relatively new wards of Daleview and Mayfield. In particular there is a shortage of space for activities and meetings on the ward. The absence of a kitchen that can be used by patients with an occupational therapist is notable. We think that consideration should be given to bringing the environment of Levendale up to the higher standard of Daleview and Mayfield.

Recommendation 2

NHS Fife should consider how the built environment of Levendale ward can be brought up to the standard of Daleview and Mayfield.

Summary of recommendations

1. Managers should ensure that life histories are completed in conjunction with patients on these wards.
2. NHS Fife should consider how the built environment of Levendale ward can be brought up to the standard of Daleview and Mayfield.

Service response to recommendations

The Mental Welfare 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.

Kate Fearnley

Executive Director (Engagement and participation)

21 January 2016

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.

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