mentalwelfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Stratheden Hospital, Lindores and Dunino Wards, Stratheden, Cupar, KY15 5RR

Date of visit: 24 February 2016

Report amended 9 June 2016

Where we visited

Lindores ward is a 20 bedded mixed sex ward providing care for patients with an enduring mental illness, with an emphasis on rehabilitation and promotion of independence. Dunino ward is a 25 bedded mixed sex rehabilitation ward. We last visited Lindores and Dunino wards on 19/2/15 and made recommendations about documentation, activities, administration of medication and the physical environment of Dunino ward.

On the day of this visit we wanted to follow up on the previous recommendations and also look for any new issues arising.

Who we met with

We met with ten patients.

We spoke with the Clinical Services Manager and the relevant senior charge nurses.

Commission visitors

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

Douglas Seath, Nursing Officer

Kathleen Taylor, Engagement and Participation Officer (Carer)

What people told us and what we found

Care, treatment, support and participation

We heard positive feedback from patients about staff on both wards. We were told that nursing staff were approachable and interested in helping their patients.

The care plans that we looked at were detailed and personalised. The care plans were regularly reviewed and the reviews were well documented.

Patients had a document called “My View” within their notes, describing their personal preferences. This was a useful source of information about an individual’s likes and dislikes.

We noted that there was frequent contact with carers and that the wards were familiar with the “Triangle of Care” standards.

There was evidence of attention to physical healthcare needs. A general practitioner is contracted to visit the wards regularly.

Use of mental health and incapacity legislation

Copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 were contained within the case notes where relevant and could be easily identified.

Section 47 certificates of incapacity under the Adults with Incapacity (Scotland) Act 2000 were completed correctly and accompanied by treatment plans.

We noted some issues with the authorisation of medical treatment. We found that two patients on Dunino ward were being given diazepam which was not included on a relevant T2 (Certificate of Consent to Treatment) or T3 (Certificate of the Designated Medical Practitioner) form. We also found one case where a patient on Lindores ward who had become informal a few months earlier was still prescribed as required intramuscular medication. We raised these issues on the day of the visit, and have since been told that a system is being introduced.

Recommendation 1: Managers should ensure that prescription of medication and authority for this treatment are audited periodically on these wards.

Rights and restrictions

We found that where patients had been made “Specified Persons” under the Mental Health (Care and Treatment) (Scotland) Act, authorising certain restrictions, the necessary certificates and reasoned opinions could be identified within the case notes.

We found that one detained patient on Dunino ward was occasionally being managed using a behavioural modification plan. We felt that although this care was not formally defined as seclusion, the safeguards recommended in our guidance on seclusion should be applied, particularly with regard to the frequency with which the restriction is reviewed.

Recommendation 2: Managers should review any behavioural modification plans involving patients being nursed away from other patients without their consent, taking account of the Commission’s guidance on seclusion.

Activity and occupation

We noted the improvement in provision and recording of activities since our previous visit. We saw that activities had been planned to meet the interests and abilities of patients. Several patients told us that they enjoyed the activities that had been arranged for them. There was regular input from Occupational Therapists to the wards. We were presented with evidence from Lindores ward which demonstrated the improvement in provision and recording of activities.

The physical environment

We saw the improvements made on Lindores ward to the communal areas. Artwork has been purchased and displayed in these areas and this had contributed to making the ward more attractive.

We noted that both wards contained dormitory areas, with patients' bed spaces separated by curtains or dividers. These arrangements are looking increasingly dated in comparison to newer units where single rooms are the norm.

Summary of recommendations

Recommendation 1: Managers should ensure that prescription of medication and authority for this treatment are audited periodically on these wards.

Recommendation 2: Managers should review any behavioural modification plans involving patients being nursed away from other patients without their consent, taking account of the Commission's guidance on seclusion.

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.

Kate Fearnley

Executive Director (Engagement & Participation)

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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