Mental Welfare Commission for Scotland

Report on announced visit to: Iona Ward**,** Low Secure Facility**,** Beckford Lodge**,** Caird Street**,** Hamilton*,* ML3 0AL

Date of visit: 16 February 2016

Where we visited

Iona ward is a purpose built, low secure forensic mental health ward in Hamilton providing care for Lanarkshire patients. The ward has 15 beds. Originally two of the beds could be adapted to provide a female only section of the ward if required. However, this has been changed to provide a gym space and another 2 male beds. The change was made to avoid a lone female being in an all male ward and the safety issues this may pose. The service aims to provide recovery focussed assessment, treatment and reintegration into community settings for the patient group.

We last visited this service on 8 May 2013 and made a recommendation around pharmacy input to the ward.

On the day of this visit we wanted to follow up on the previous recommendation and also look at access to psychological therapies, carer's involvement delayed discharges and smoking cessation. This is because we want to ensure individuals have the relevant support and access to treatments that individuals would expect to have in non-secure environments.

Who we met with

At the time of our visit there were 14 patients in the ward. We met with nine patients and one relative.

All patients we met with spoke highly of the care and support they receive from staff.

We spoke with the service manager, the senior charge nurse, several nursing staff, one occupational therapists and an advocacy worker.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Susan Tait, Nursing Officer

Graham Morgan, Engagement & Participation Officer (Lived experience)

What people told us and what we found

Care, treatment, support and participation

Pharmacy access

The service manager and senior charge nurse informed Commission visitors that the pharmacy input to the ward had been reviewed since our last visit. The review had resulted in a pharmacist attending medication reviews when requested and in high dose medication monitoring reviews. The pharmacy team are currently reviewing the NHS Lanarkshire high dose medication policy. Although we heard there is no funding

available to ensure dedicated pharmacy input to the ward we were told that pharmacy are available for consultation by telephone and will endeavour to attend the ward when available.

Psychological therapies

We were pleased to hear that joint working between psychology and nursing staff has progressed. There are now eight registered nurses trained to deliver low intensity psychological work supervised by clinical psychology nurses. Clinical psychologists lead on more intense group work with registered nurse input. We also heard that nurses have undergone further risk assessment training and the majority of qualified nurses undergo training on how to use the formal risk assessment tool, Historical Clinical Risk Management 20 (HCR20) version 3.

We look forward to hearing how the psychological input has progressed and how this has benefitted the patient group at future visits to the ward.

Occupational Therapy

It was good to note that the occupational therapy input to the ward focuses on moving patients on from the ward and following up progress post discharge. We heard that there are currently two occupational therapy staff in the ward team and their supervision is provided on a regular basis by a Senior Occupational Therapist.

We noted a good variety of activities offered to patients by occupational therapy and nursing staff both on and off the ward. All records reviewed during our visit had copies of weekly activity planners. Patients spoken with knew what their activity planner contained and said they had been involved in compiling the planner. Patients also had their own copies of their activity planner.

We were interested to hear about the garden projects on site and in the local community that patients are encouraged to participate in when well enough to do so.

Care Plans

Although all patients had care plans in place for physical and mental health needs we were of the view that the mental health care plan could be improved. The current care plan tried to address too much at once we suggested this be further broken down to ensure all areas of individual care need are addressed. We also suggested that to ensure personalisation in care plans if phrases such as *distraction techniques* are used that these are then described. This will ensure clarity around actions to support the individual.

Recommendation 1

Senior Charge Nurse should review care plans to ensure these are person centred and separated out into separate plans for mental health/physical health care needs.

Use of mental health and incapacity legislation

We found all mental health act legislation documentation easy to find. Consent to treatment documentation was in place and relevant to current medication prescriptions.

Rights and restrictions

The patients we spoke with during our visit informed us that they were happy with the time out of the ward they had in place. They told us they utilised the time in a variety of ways from going for walks to shopping and working in the garden projects. A few people also said they are having time at home as they progress towards discharge.

In reviewing the specified person documentation we could not locate up to date forms. We were told these had been completed and were with secretarial staff awaiting filing. We urge managers to ensure these forms are filed in current care folder for ease of all staff to access.

Activity and occupation

All patients have a weekly activity planner that they are involved in compiling. The activities are varied and are both on and off the ward. Most patients met with told us they were happy with the activities on offer and felt involved in discussions around changing activities when necessary. There were some patients who felt that the activity programme was a bit repetitive but they were aware they could request changes if they wished.

It is apparent that activities are not only available to occupy patient's time but are focussed on rehabilitation and moving people on from the low secure environment.

The physical environment

We found the environment in general to be clinical and bland. There was art work in some areas which could be enhanced to provide a more homely environment. We understand that there are standards around infection control that must be met however we would urge managers to discuss what leeway can be afforded to the ward to provide a less clinical, more welcoming environment.

We saw in the bathrooms that there is an issue with the flooring. We were assured that work to rectify the problem has begun. We would urge that this is attended to promptly.

Recommendation 2

Managers should consider how to make the ward a less clinical environment within infection control guidelines.

Any other comments

Carer Involvement

We were informed of a joint venture with Lanarkshire Links centred on carer needs. There is a monthly carers group held in the community specifically aimed at meeting the needs of carers. The group also links into national carers groups. On the ward there are two carer's champions. These nurses link into community services to support carers. The champions try to include carers who have relatives placed in forensic units out with Lanarkshire. We would be keen to meet with this group at some point over the coming year.

Smoking Cessation

There is a nurse specialist on site who supports patients and staff regarding smoking cessation. Advocacy services are also involved in supporting patients to express their views about the unit being a smoke free site and access to smoking cessation support.. The ward went through a staged process to becoming smoke free and there is no longer any smoking permitted in the ward or grounds. If a patient does not wish to give up smoking then they can only smoke when they have time out on their own as nurses are not permitted to accompany patients for cigarettes. We were informed that patients comply with this approach. Patients are working with staff to create an outside sitting space where the old smoke shelter was. This has encouraged positive ownership of the space by patients.

Delayed Discharges

We were informed that the length of stay of some patients can be overly long. There is a concern that this will become more of an issue as patients in medium secure environments successfully appeal against excessive security. The issue around moving patients out of the unit appears to be a lack of suitable community housing.

We heard that social work from both local authorities are fully engaged with patients in the unit and endeavour to find housing when required.

We heard from some patients that the lack of housing is particularly frustrating for them. We encourage managers to continue discussions with local authorities regarding the issue of identifying suitable housing to ensure patients are not spending more time in hospital than is necessary. We will ask for updates at future visits.

Summary of recommendations

1. Senior Charge Nurse should review care plans to ensure these are person centred and separated out into several plans for mental health care needs.
2. Managers should consider how to make the ward a less clinical environment within infection control guidelines.

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

Mike Diamond

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 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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