Mental Welfare Commission for Scotland

Report on announced visit to: Learning Disability Assessment Unit, Carseview Centre, Dundee, DD2 1NH

Date of visit: 11 February 2016

Where we visited

The learning disability assessment unit is a ten bedded NHS assessment ward (mixed sex) for people with learning disabilities. We last visited this service on a local visit on 5 June 2014 and made recommendations about the care plans and accessible formats, recording participation in activities and about refurbishment work in the unit. We also visited the unit on 15 September 2015 as part of the national themed visit to learning disability inpatient units in Scotland. The report on this national themed visit has now been published and is on the Commission's website.

On the day of this visit we wanted to look generally at the care and treatment being provided in the unit because it had been 21 months since our previous local visit.

Who we met with

When we arrived at the unit we were told that a number of patients were unwell and because of potential infection control issues we decided we should not have any direct contact with any patients. We reviewed the files for eight patients in the ward and spoke to two relatives.

We spoke to the senior charge nurse and one of the senior staff nurses in the ward.

Commission visitors

Ian Cairns, Social Work Officer and Co-ordinator

Douglas Seath, Nursing Officer

What people told us and what we found

Care treatment, support and participation

The relatives we met were very satisfied with the care and treatment provided by the staff on the ward and the main issue they wanted to talk about was about the provision of care and support after discharge from hospital. They said specifically that the nursing staff were very helpful and supportive and kept them well-informed. They also spoke positively about their contacts with the consultant psychiatrist and about how they were encouraged to participate in review meetings in the ward.

Care plans in general were detailed and person centred and clearly reflected the care needs of each person. We could also see that care plans were being reviewed regularly, with required changes being made.

Individual files indicated that there was good access to specialist services, particularly from occupational therapists, physiotherapists and from the clinical psychology service. Relevant guidance from specialist services was also on file.

Nursing staff are completing 'All About Me' booklets at the point discharge from the ward is being planned. Care plans are not available in a format which would be accessible for patients, and this was discussed on the day with the senior charge nurse. She had only been in post in the unit for four weeks and she said that this issue was on the improvement plan for the unit which she is developing since her move to the new post.

A number of patients in the ward displayed stressed and distressed behaviours and nursing staff will use a range of techniques appropriate to the individual person, accommodating low arousal approaches. We saw individual care plans in place in files relating to managing stressed behaviours. We discussed this with the senior charge nurse, in relation to some individual patients on the ward who would benefit from having more detailed positive behaviour support plans and she will be working with nursing staff to develop this approach.

Recommendation 1

Managers should ensure that where appropriate care plans are prepared in a format which will be accessible to each individual patient.

Recommendation 2

Managers should ensure that detailed positive behaviour support plans are in place where this is appropriate to the care needs of the individual person.

Use of mental health and incapacity legislation

Seven patients on the ward were subject to compulsory measures and Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) paperwork was well maintained and easily identified in the files. Several patients were also subject to measures under the Adults with Incapacity (Scotland) Act 2000 (the Adults with Incapacity Act) and where a welfare proxy was in place this was clearly recorded in files with copies of relevant documents.

S47 certificates were in place in files. In some cases the paperwork did detail conditions being treated but some of the certificates did not have this information. Certificates should be completed in accordance with the Adults with Incapacity Act Code of Practice and should detail the conditions individual patients are receiving treatment for. This was discussed on the day with the senior charge nurse, and will be fed back to medical staff.

We reviewed medication for all the people who were subject to compulsory measures and in one case there was an issue about the authorisation of medication. This involved an as required medication being added to the treatment plan which had not been included on a T3 form (which authorises treatment where a patient is not consenting). This was discussed with the senior charge nurse who will follow

this up with the responsible medical officer (RMO). In all the other cases medication was authorised appropriately.

Rights and restrictions

Several patients had made advance statements and we saw that copies of the advance statements were kept prominently in files.

Two patients in the ward were 'specified persons' and in both cases Mental Health Act powers were being used to limit their use of mobile phones. There were clear reasons for applying restrictions in each case and the RMO had designated each patient as a Specified Person and completed the appropriate form. In both cases the restriction identified was a restriction on the use of telephones, when the removal of mobile phones should be a measure taken under a different section of the Mental Health Act, Section 286 (Safety & Security in Hospitals). We also noted that while nurses were clear about the specific restrictions in place for each patient this was not detailed in a care plan. The Commission's view is that when someone is a Specified Person there should be an individual care plan in place which clearly sets out what specific restrictions are being applied and how measures are to be implemented.

We spoke to the senior charge nurse about the use of seclusion in the unit. At times when an individual patient is displaying stressed or distressed behaviour, or is highly aroused, staff may direct them to their bedroom or to a room in the ward which has a low arousal environment. We discussed whether this could be seen as using seclusion, or as part of a positive behaviour support plan, with the goal of helping the individual patient to calm down. The Commission's view is that it would be useful for the ward to develop a local policy and associated procedures, to help staff identify when interventions may constitute seclusion and to set out a clear course of action for staff and managers. We referred the senior charge nurse to our recently updated good practice guidance on the use of seclusion (http://www.mwcscot.org.uk/media/191573/final_use_of_seclusion.pdf) and she said that she would add this action to her ward improvement plan.

Recommendation 3

Managers should ensure that a local policy, with associated procedures, for considering the use of seclusion is developed.

Activity and occupation

We saw clear evidence in files of people engaging in activities, with input from the occupational and physiotherapy services and with input from music and art therapy services. In some cases we also noted that individual patients were being supported to access opportunities outside the ward by support workers who had been involved in providing care and support when the person was living in the community.

There are no significant issues with staff vacancies in the ward but at present a number of staff are off work, on leave or on sickness absence. This is limiting the amount of time ward staff can spend helping patients to engage in activities. We were also told that ward staff can access hospital transport to take patients out but that this access is limited. This is because staff have to use transport which is based at the Strathmartine Centre and is used for people who are in-patients there or are attending the day activities. This means effectively that access to this transport is very limited.

Recommendation 4

Managers should review the access to transport, and consider alternatives to enable patients to engage in community based activities where appropriate

We had made a recommendation on our previous visit about recording information about participation in activities. The senior charge nurse explained that she is going to be introducing an 'opportunity plan' sheet, on which staff can record details of opportunities offered to individual patients, the level of participation and what is achieved and the outcomes for individual patients. We were shown a copy of this sheet and felt that this will record information simply and clearly when it is introduced.

The physical environment

The LDAU is an NHS unit, but the building is owned by a private company. We had made a recommendation about refurbishment work on the previous visit and some work has been completed in the ward. Several showers have been replaced and our observation was that furniture was in a reasonable condition. We did note that the environment was quite stark in the ward. Pictures have been displayed in the ward before and there have been problems with patients removing these but the Commission felt that the walls could be decorated with murals or with other artwork which could not be removed. We saw that there is a bath in the ward, but this is a seated bath. This does mean that any individual patient who would like to have a relaxing bath would not have this option. We also heard on the day that temperature levels in the ward are difficult to regulate and that some rooms can be very cold and some bedrooms can be uncomfortably warm. Staff also noted that there are issues with the water temperature of the showers, which can sometimes be uncomfortably cool.

Recommendation 5

Managers should ensure that the owners of Carseview look at how the temperature in rooms and in the showers can be adjusted.

Any other comments

We heard on the day that there is an embargo on purchasing stationery at present. This means that a new leaflet which has been prepared for people being admitted to the unit cannot be printed. The Commission hopes that this will be a temporary embargo and that copies of this new leaflet can be printed as soon as possible.

On the previous local visit, on 5 June 2014, we had noted there were a number of patients waiting to move from the LDAU. On this visit the number of delayed discharge patients had reduced significantly, and there were only two people waiting to be discharged from the unit.

Summary of recommendations

1. Managers should ensure that where appropriate care plans are prepared in a format which will be accessible to each individual patient.

2. Managers should ensure that detailed positive behaviour support plans are in place where this is appropriate to the care needs of the individual person.

3. Managers should ensure that a local policy, with associated procedures, for considering the use of seclusion is developed.

4. Managers should review the access to transport, and consider alternatives to enable patients to engage in community based activities where appropriate

5. Managers should ensure that the owners of Carseview look at how the temperature in rooms and in the showers can be adjusted.

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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