Mental Welfare Commission for Scotland

Report on announced visit to: The State Hospital**,** Carstairs**,** Lanarkshire**,** ML11 8RP.

Date of visit: 23 August 2016

Where we visited

The wards visited in Arran and Mull hubs have a range of patients with varying degrees of mental illness. The wards provide assessment and continuing care/rehabilitation. All patients are required to have care in a maximum security hospital setting. There is a full range of multidisciplinary input to care and treatment supported by medical records, medical secretaries and administration.

We last visited this service on 8 September 2015 and made the following recommendations: managers should arrange training for staff in gender identity issues to help improve knowledge and awareness in this area: and managers should ensure staff are easily able to identify current care plans on the system.

On the day of this visit we wanted to follow up on the previous recommendations and also look at issues relating to patients on ground access. This is because of some individual casework shared with the Commission.

Who we met with

We met with and/or reviewed the care and treatment of 18 patients.

We spoke with the general manager, the charge nurses and other clinical staff on the day.

In addition, we met with advocacy, social work and patient involvement co-ordinator.

Commission visitors

Dougie Seath, Nursing Officer and visit co-ordinator

Paul Noyes, Social Work Officer

Paula John, Social Work Officer

Mary Leroy, Nursing Officer

Dr Gary Morrison, Executive Director (Medical)

What people told us and what we found

Care, treatment, support and participation

The staff were very helpful and approachable. The electronic records, accessed through RiO, were very easy to navigate through with each section clearly defined.

We were pleased to find well written care plans which were person centred, focussed on individuals' strengths, and with clear goals identified by the named nurse. Patients said they were encouraged to attend care reviews and CPA meetings. Care plans were agreed with patients wherever possible and there was clear evidence of family and carer involvement. Current care plans were easily identified and we did not note any discontinued care plans which remained active in files.

CPA documentation and risk assessment and management plans were well documented and regularly reviewed. However, although it was easy to locate the individual professional contributory reports, we did have difficulty in finding the final agreed CPA joint document in many cases. We were informed that these are uploaded onto RiO record system once signed off by the responsible medical officer.

There was an excellent example of how the team managed a very complex and challenging patient. The approach the team had taken was to build on the therapeutic engagement through group work. Following those interventions, the staff planned to help the patient progress further towards working on other areas which were previously too problematic.

In addition to regular input from medical and nursing staff, there is well evidenced involvement of occupational therapy and psychology.

Use of mental health and incapacity legislation

There were no issues raised on the visit with mental health or incapacity legislation.

Rights and restrictions

Issues had been raised with the Commission prior to the visit regarding difficulties in transferring patients to medium secure facilities and also for those returning to prison when assessed as no longer requiring the maximum security of the State Hospital. In a small number of cases, the appeal process to transfer to lower level of security has been exhausted and the patient remains in conditions of high security.

We have also been informed of cases where patients who have been assessed as requiring medium secure conditions being transferred to the State Hospital due to lack of available beds in the lower security setting. In some cases, those patients need to initiate the appeals process to return to a lower level of security.

These matters are being followed up on an individual basis and are in the process of being resolved, many via the appeal against excessive security process.

A further concern is that, due to the number of appeals against excessive security, and the requirement to transfer those patients whose appeals have been successful, we have become aware of at least one patient, who has not lodged an appeal, whose transfer has been delayed due to priority being given to others who successfully appeal. The Commission would like to be kept informed of any such cases in addition to those subject to appeals.

Recommendation 1:

Managers should provide the Mental Welfare Commission with information regarding delayed discharges from the State Hospital, especially those where the delay is not subject to the appeal against excessive security.

Activity and occupation

Patients we spoke with had activity programmes formulated in discussion with the care team and these were reportedly only very rarely cancelled due to staff shortages. Activities varied between therapeutic group work to gardening, walking, cooking and training in use of computers. The activities are valued and linked well to assessment of the patients' needs.

Most of the patients we interviewed said that they had sufficient activities in their programme. Many have taken up the option of physical exercise to fit with a move towards healthy lifestyles. One patient who was diabetic and overweight was attending a making healthy changes group, whilst also making dietary changes in attempting to lose weight and building on his physical exercise. Another patient had initial contact with art therapy to assist with managing distress prior to referral to psychological therapies.

The physical environment

One matter was raised with regard to shelter for individuals sitting outside the hub in Arran. One patient chooses to sit outside in all weathers and at times it can be cold, wet and fairly inclement. A shelter was proposed for this area some time ago. However, work has been delayed due to issues with the foundations. We were assured that the work will go ahead and that funding is being finalised for this.

Some patients raised the matter of difficulty getting to toilets when on ground access. Returning to the hub at these times shortened their outdoor access times and there was a view that the access to the Skye Centre would be easier. We were informed that there were issues of potential interpersonal conflict and security involved with free access of this kind.

However, this did not seem to us to be an unreasonable request or an insurmountable problem. The matter was discussed on the day and is to be further reviewed.

Recommendation 2:

Managers should ensure that the outdoor shelter in Arran hub can be erected in good time and consider whether additional shelters may be required for other hubs.

Recommendation 3:

Managers should consider ways in which access to the Skye centre for toilet purposes can be facilitated.

Any other comments

Some patients mentioned long delays in getting access to passwords to enable them to make use of the computers. We were informed that this is linked to identifying appropriate measures to ensure files and documents stored on computers can be reviewed and checked.

No issues were noted in relation to gender identity and there was not felt to be an assessed need for further training at the present time in this regard.

Summary of recommendations

1. Managers should provide the Mental Welfare Commission with information regarding delayed discharges from the State Hospital, especially those where the delay is not subject to the appeal against excessive security.

2. Managers should ensure that the outdoor shelter in Arran hub can be erected in good time and consider whether additional shelters may be required for other hubs.

3. Managers should consider ways in which access to the Skye centre for toilet purposes can be facilitated.

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 and Participation)

4 October 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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