mental welfare commission for scotland

Recommendations and outcomes from our local visits 1 April 2022 to 31 March 2023

November 2023

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Contents

1. Our local visits

The Mental Welfare Commission for Scotland has a statutory responsibility to carry out visits to places of detention, care, and support to ensure that individuals subject to powers under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity Act (Scotland) Act 2000 are being treated appropriately and their human rights respected.

The Commission undertakes this work through visits categorised and organised as follows:

- Local visits
- Themed visits
- Guardianship visits

One way of achieving our mission and purpose is to undertake local visits to meet with people in particular services or facilities to learn about individuals' experience of their care and treatment. We undertake these local visits for various reasons; some facilities, for example secure units, are more restrictive on individuals' freedom and therefore, we visit them more often.

For the year 2022 to 2023, we resumed a full visiting programme, although at times, visits had to be cancelled and re-arranged due to the ongoing impact of the Covid-19 pandemic. The pandemic continued to affect our unannounced visiting programme; however, we were able to increase the number of these gradually throughout the year, with 18% of our visits undertaken on an unannounced basis against a target of 25%.

We have continued to publish our findings from each individual visit on our website. We also promote the publication of these via Twitter/X, where we note the forthcoming visit reports that are about to be published one week prior to being posted on Twitter/X, and on the week of publication, provide a brief quote about the key findings of all the visits that are published.

The recommendations we make after we have visited reflect on established good practice and include the observations we make on the day of the visit, the professional expertise and judgement of our Commission visitors, and, most importantly, what people we met with told us.

We share information with key scrutiny bodies, e.g. Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS). This enables the agencies that we directly share the outcomes of our visiting programme with to consider and respond to intelligence about health and care systems across Scotland. This joint sharing of information with key scrutiny partners helps us to decide where we should prioritise our visits and ensures coordination to avoid, for example, HIS and the Commission attending the same service at the same time.

In addition to our website publications, copies of all our reports are sent to the CI for visits to care homes and to HIS for NHS services and independent hospitals. Copies of our reports on visits to prisons are sent to HIS and Her Majesty's Inspectorate of Prisons (HMIP).

We want to make sure that these organisations are aware of any concerns that we have raised as they may choose to look further at these based on their remits as regulators.

2. How often we visit

The frequency of visits to units in a particular service is based on information from a variety of sources and can be increased or decreased depending on the intelligence we receive. Our focus on the visit will depend on the type of facility and the information we have.

We continued to aim for a percentage of our local visits to be unannounced during 2022 to 2023. This gradually increased over the year, and by March 2023, we had undertaken 25 unannounced visits (18%)

Services we visit are:

- Adult acute admission wards on an annual basis
- Intensive psychiatric care units (IPCUs) on an annual basis
- Child and adolescent mental health (CAMHS) inpatient wards on an annual basis
- Other specialties e.g. perinatal inpatient, eating disorder units, every two years
- Older adult and dementia assessment wards on an annual basis
- Older adult and dementia continuing care wards every two years
- Learning disability (LD) assessment wards on an annual basis
- Learning disability (LD) continuing care wards every two years
- Adult rehabilitation wards every two years
- High secure wards (State Hospital) twice a year
- Medium secure hospitals on an annual basis
- Low secure hospital, not less than every 18 months
- Prisons every two to three years

We will also visit independent hospitals and care homes, as appropriate, and will advise HIS and the CI respectively, of our intention to do so and consult with them in advance to share intelligence.

Between 1 April 2022 and 31 March 2023 we carried out 140 local visits, an increase of 45 visits (47%) compared to the previous year; we made 504 recommendations, an increase of 275 (120%) and there were 9 services which had no recommendations relating to these visits, one less than the previous year. While these % increases are high, it is important to understand the context of the Covid-19 pandemic of the previous year which curtailed our visiting programme significantly.

3. About our recommendations

When we make recommendations, we allow the senior manager in the service three months to formally write to us with their response. If the recommendation is particularly serious and urgent, we will reduce the response time accordingly.

To support the delivery and implementation of our recommendations, we provide managers of services with guidance about what they need to include in their response to us. The Commission now has a standard action plan template to assist.

Once we receive the response, we assess the quality of the response; if we need any further information, we will ask for this. We will check on any future visits to the service to ensure that the previous recommendations were implemented as planned.

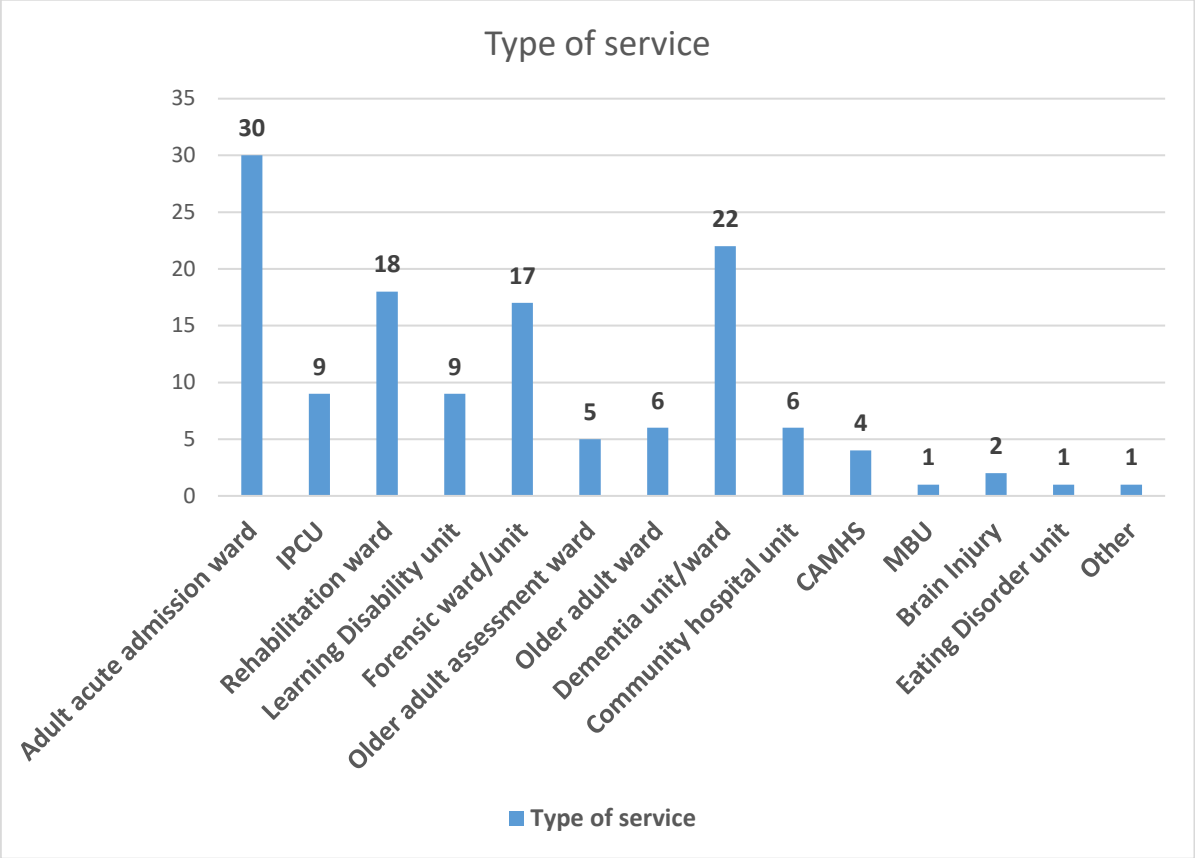
We expect a satisfactory response to at least 95% of the recommendations we make within the stated three-month period. Of the recommendations we made in 2022-23, 91.75% of the responses we received were satisfactory and returned in the three-month timescale. For those out with the timescale, all services were either in contact with the Commission to advise us of the reason for delay or were followed up by the Commission officer covering the particular service.

Full examination of the recommendations we make to particular services helps us to determine our future visiting priorities and what we need to focus on during our visits. It also helps us to determine if we need to carry out a particular themed visit or develop good practice guidance.

This local visit report 2022 to 2023 looks at the themes/category areas where most of our recommendations were made and the settings in which they were made. We also give some examples of where improvements have been actioned. We hope this information may be of interest to services across Scotland.

4. Where we visited

Chart 1: Number of services visited, 1 April 2022 to 31 March 2023



The nine wards where there were no recommendations made included:

- three dementia wards
- two adult acute assessment wards
- one IPCU
- one low secure rehabilitation unit (private sector)
- one child and adolescent unit
- one mother and baby unit (MBU)

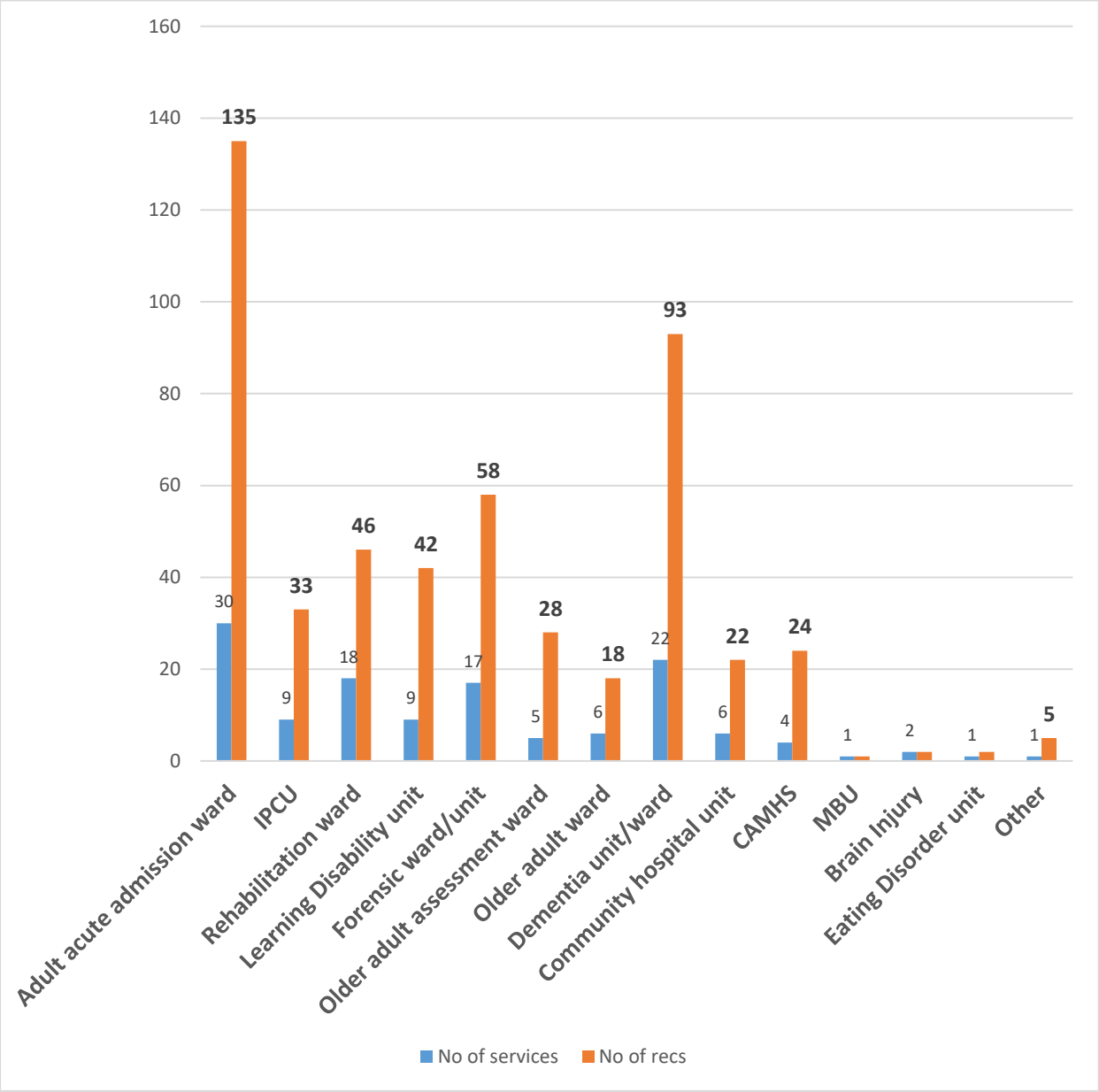
For those services where recommendations were made, these ranged from one recommendation to 14 recommendations. On average, the number of recommendations made to most services was four.

5. Recommendation category

Table 1: Number and percentages of recommendations by category/theme, 1 April 2022 to 31 March 2023

Recommendation category/theme	(n)/% in 2021-2022	(n) in 2022-2023	%
Care plans, multidisciplinary team (MDT) notes, documentation	71/31%	152	30
Mental Health Act, AWI Act, legislation	47/21%	107	21
Accommodation, environment, facilities	44/19%	81	16
Activities	15/7%	36	7
Communication with patient, families, carers	12/5%	29	6
Staffing	11/5%	11	2
Medication, access to treatment	9/4%	19	4
The provision of professional staff	5/2%	6	1
Service provision	5/2%	15	3
Advocacy	4/2%	6	1
Discharge issues	3/1%	13	3
Covid-19	2/1%	4	1
Recommendation relating to people and their rights	-	21	4
Risk related issues	-	4	1
Confidentiality	1/0.5%	-	
Total	**229**	**504**	**100**

Chart 2: Types of services with the number of recommendations, 1 April 2022 to 31 March 2023



Of the 504 recommendations, specialist services such as the mother and baby unit, a regional eating disorders unit and brain injury services had the least number of recommendations made.

6. The main focus of recommendation themes across the different service types

6.1: Adult acute assessment wards (n = 30) - total of 135 recommendations

Focus of recommendations made	Number of recommendations	%
Care plans, MDT, audit	40	30
Use of Mental Health Act/AWI Act and associated legislation	26	19
Accommodation	16	12
Activities	13	10

6.2: Dementia wards (n = 22) – total of 93 recommendations

Focus of recommendations made	Number of recommendations	%
Care plans/MDT/audit	43	46
Use of Mental Health Act/AWI Act and associated legislation	19	20
Accommodation	13	14
Activities	4	4

6.3 Older adult assessment/care wards (n=11) – total of 46 recommendations

Focus of recommendations made	Number of recommendations	%
Care plans/MDT/audit	14	30
Use of Mental Health Act/AWI Act and associated legislation	10	22
Accommodation	12	26

6.4 Learning Disability wards (n= 9) – total of 42 recommendations

Focus of recommendations made	Number of recommendations	%
Care plans/MDT/audit	10	24
Use of Mental Health Act/AWI Act and associated legislation	11	26
Accommodation	6	14
Activities	4	10

7. Some examples of our recommendations and outcomes

<table>
<tr><th>Examples of our recommendations and outcomes</th><th>The service response</th></tr>
<tr><td>Managers should introduce regular audits of care plans to ensure that sufficient detail is included and that there is consistency in recording and review.

*Recommendation made to an adult acute ward</td><td>Regular auditing has been in place prior to Covid and was paused during the pandemic. Auditing resumed Feb 22 - 68%, re-audited Jul 22 - 81%. Action plans developed re. these scores.</td></tr>
<tr><td colspan="2">Our local visit reports signpost to our published good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/node/1203</td></tr>
<tr><td>Where a patient lacks capacity in relation to decisions about medical treatment s47 certificates, treatment plans must be completed in accordance with the AWI code of practice (3rd ed.)

*Recommendation made to a learning disability ward</td><td>Medical staff to ensure S47 certificates and treatment plans are completed in accordance with the AWI code of practice. Nursing staff to ensure copy of certificates are included in the notes/kardexes and areas of treatment are accounted for. During process of MDT meetings, dates should be checked to ensure compliance.</td></tr>
<tr><td colspan="2">If this recommendation is made, our report would signpost to our Treatment under section 47 of the Adults with Incapacity Act: overview and guidance that is available on our website:

https://www.mwcscot.org.uk/sites/default/files/2021-04/TreatmentUnderSection47oftheAdultsWithIncapacityAct_April2021.pdf</td></tr>
<tr><td>Managers should address the environmental issues in relation to updating fixtures, fittings, decoration, and maintenance issues.

*Recommendation made to an older adult dementia assessment unit</td><td>The service is actively reviewing the ward environment. Quotes are being obtained through Estates for works and appropriate funding streams are being sought to address issues. Engagement has already commenced and plans in place to move forward environmental improvements once funding is sought. Dementia friendly audit completed and action plan supports improvements.
Senior management team have identified that the ward is to be included in the anti-ligature programme which will enable the ward to be decanted whilst all works required are undertaken.</td></tr>
</table>

Managers should ensure that the ward environment is fit for purpose with a regular maintenance programme in place with clear timescales for improvements. **Recommendation made to a rehabilitation ward*	Hospital management have implemented a number of refurbishments since your last visit. This has meant that that there have been improvements in the ward environment as well as the garden area. The refurbishments are listed below: • Two rooms fully refurbished - MDT office and disabled toilet. • All flooring replaced excluding eight bedrooms. This includes all communal and clinical areas. • New ventilation system in kitchen area. • All enclosed back garden area refurbished with new seating and outdoor eating areas, fences painted and all communal paths upgraded. • New beds and mattresses for unit. • New toilet facilities in two bedrooms. • Fully upgrade on Wi-Fi connection. • Various furnishings replaced to include lighting. • New cooking appliances within therapeutic kitchen. SCN will meet regularly with Inpatient Service Manager/Inpatient Operational Nurse Manager/Operations Coordinator and prioritise work taking into account facility/HAE/HEI audits and patient and staff opinion. Implementation for a regular maintenance programme sits with the Head of Integrated Services and this report/recommendation will be shared with him.
All our local visit reports can be found at www.mwcscot.org.uk	

If you have any comments or feedback on this publication, please contact us:

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Mental Welfare Commission 2023