Mental Welfare Commission for Scotland

Report on announced visit to: Lynebank Hospital, Levendale, Daleview and Tayview Wards, Halbeath Road Dunfermline, Fife KY11 4UW

Date of visit: 28 August 2017

Where we visited

Levendale is an eight-bedded forensic low secure ward for patients with a learning disability. Llkewise, Daleview is a ten-bedded regional low secure forensic unit and Tayview is a bespoke unit which can accommodate patients with highly complex needs. All are situated in the grounds of Lynebank Hospital. Both Levendale and Daleview currently accommodate male patients while Tayview is mixed sex.

As a regional unit, Daleview has been provisioned by the NHS regions of Fife, Forth Valley, Lothian and Borders and primarily admits patients from these areas. Staff advised that on occasion they have admitted from other areas.

On the day of our visit there were nine patients in Daleview, eight in Levendale and two in Tayview.

We last visited these services on 2 December 2015 and made recommendations in relation to the completion of life histories and the physical environment in Levendale.

We received a timely response to these recommendations and were advised that the service had developed 'All about Me' documents in which patients are encouraged to discuss positive information about themselves. In addition we were advised that NHS Fife were looking into the financial implications of changing the Levendale environment.

We visited on this occasion to give patients an opportunity to raise any issues with us and to ensure that the care and treatment and facilities are meeting patients' needs. We also looked at the following:

- Care and treatment
- Patient participation and use of advocacy
- Use of legislation
- Physical environment
- Activities
- Management of stressed and distressed behaviours

Who we met with

We met with 13 patients and looked at their records. There were no carers or family members that wished to speak to us on the day.

We spoke with the manager of the Daleview service, the Senior Charge Nurses (SCNs) for all wards and some of the staff nurses. We also had communication with a speech and language therapist prior to our visit.

Commission visitors

Paula John, Social Work Officer

Douglas Seath, Nursing Officer

Dr Stephen Anderson, MWC Consultant Psychiatrist

What people told us and what we found?

Care, treatment, support and participation

We spoke with 13 patients and reviewed their records across all wards The patients we spoke to were very positive about the care and treatment provided, particularly by nursing staff, and felt that they were approachable and respectful. There were some strongly voiced concerns by patients in Daleview about the structure of the unit and their ability to leave. We were able to advise in this instance that this is part of their care and treatment in a low secure facility such as Daleview and encouraged them to address issues with the clinical team with support.

Patients in Levendale commented that the ward was old fashioned in comparison to others, and they felt this was in contrast to other parts of the hospital. This issue is addressed further in the physical environment paragraph.

Many of the patients have complex physical health problems in addition to their learning disability. There is one consultant psychiatrist who covers both Daleview and Levendale wards, with assistance from a speciality doctor. In Tayview there are different doctors for each patient but given the small numbers this does not pose a problem. All patients have appropriate and regular physical health checks and there was evidence of this located in patient records. The multidisciplinary ward meetings take place on a weekly basis with good input from a range of professionals including occupational therapy, speech and language therapy and psychology.

Care plans were person-centred with an emphasis on recovery and patient participation with detailed focus on physical health, mental health and social needs. There was good information in relation to individual background histories.

The ‘All about Me’ paperwork was less evident but this information could be found in enhanced Care Programme Approach paperwork. The Care Programme Approach is a care management system where meetings are held at regular intervals by a range of professionals, to plan and make decisions for an individual’s future. Each patient will have a role to play in these meetings.

There were detailed communication plans in patient records completed by the speech and language therapist. We noted that these are helpful in assisting new staff to the ward and give clear direction on how to communicate with each patient. Risk

management plans also included information on communication particularly in relation to de-escalation of stressed behaviours.

It was also clear from discussion with nursing staff that they knew their patients well and that the care and treatment delivered was parallel to their needs. We saw evidence of one to one meetings between patients and their named nurse recorded in the chronological notes, and there was clear recording of good discharge planning. Several patients commented that they felt involved in decision making by attending meetings, putting their views forward and discussing their care plans with nurses. We were also advised that patients could write out their views and plan an agenda prior to a meeting and then receive written feedback in an accessible format.

Not all patients attended weekly meetings but the majority of patients had advocacy support and seemed fully aware of advocacy services.

It was also clear that for those patients with family contact their support was promoted and encouraged and where appropriate they were also involved in the patient's care and treatment.

Overall we found the clear emphasis on participation an example of good practice and this was replicated by patient comments.

Use of mental health and incapacity legislation

We were pleased to find that in the main copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. These were contained within the case notes where relevant and were easily identifiable. We did find two 'certificate authorising treatment' (T3) forms that required to be addressed and these were made on the day of our visit.

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

In both Daleview and Levendale, Mental Health Tribunal paperwork was also clearly located on each care plan.

Rights and restrictions

We found that where patients had been made 'Specified Persons' under the Mental Health (Care and Treatment) (Scotland) Act 2003, authorising certain restrictions, the necessary certificates and reasoned opinions could be identified within the case notes.

Activity and occupation

Patients told us that activities are taking place and that there is a good emphasis on community based events. This includes trips out locally, and volunteer placements. This gave clear structure to the wards and patients each have an activity timetable.

We did hear from patients in Levendale, however, that a number of activities that occur off the ward have had to be cancelled on occasion due to staff shortages. We spoke to the SCN concerned who did advise that there was a high number of staff absences in recent weeks and this had been exceptional. He advised that this situation was improving and that staff were committed to supporting activities.

Recommendation 1:

Managers should ensure that staff shortages should impact on planned activity as little as possible and plans are in place to address this.

The physical environment

As highlighted earlier in the report the physical environment of Levendale ward does contrast unfavourably with the newer developments on the hospital site. There are only two common areas one which serves as a meeting room, in addition to a private space. The ward itself feels a little cramped and has limited space. Ward staff also commented that they find this aspect of the ward difficult.

Bedrooms, both the single rooms and dormitories did have elements of personalisation with photos and personal belongings evident. The garden area is enclosed and secure and accessible to patients at all times. Access is easily obtained from the ward itself.

Recommendation 2:

Managers should ensure that regular review of the ward environment is undertaken to ensure it is welcoming and fit for purpose.

Summary of recommendations

1. The managers should ensure that activities are audited on Levendale ward and that the rationale for cancellation is reviewed.

2. Managers should ensure that regular review of the ward environment is undertaken to ensure it is welcoming and fit for purpose

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.

Alison Thomson
Executive Director (Nursing)

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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