Mental Welfare Commission for Scotland

Report on unannounced visit to: Lomond Ward, Stratheden Hospital, Springfield, Cupar, Fife, KY15 5RR

Date of visit: 19 September 2017

Where we visited

Lomond Ward is a 30 bedded acute admission mental health unit. It is located in the grounds of Stratheden Hospital, Fife and serves the Glenrothes and North East Fife areas. It is a mixed sex ward and has six single rooms and four mixed dormitories. Given the large catchment area of the ward, there are five consultant psychiatrists attached to Lomond.

On the day of our visit there were 28 patients on the ward. This visit was unannounced.

We last visited these services on the 24 June 2015 and made recommendations in relation to the auditing of care plans, the recording of nursing one to one sessions, and monitoring of the cancellation of activities. We received a satisfactory response to these recommendations on 19 February 2016.

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 planning
- Use of legislation
- Physical environment
- Activities.

Who we met with

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

We spoke with the senior charge nurse for the ward and some of the staff nurses.

Commission visitors

Paula John, Social Work Officer

Claire Lamza, Nursing Officer

What people told us and what we found?

Care, treatment, support and participation

The patients we spoke to were positive about the care and treatment provided from some of the nursing staff, and felt that they were approachable and respectful. However, there were some concerns raised by patients about the lack of things to do on the ward, and the structure of the unit which some patients felt was too large and lacked privacy at times.

The issue of the physical environment of the ward is dealt with further on in this report.

As mentioned previously, Lomond Ward covers a large catchment area and there are five psychiatrists attached. This requires five ward meetings to take place each week. Bed occupancy is reported by staff as being consistently high. The senior charge nurse (SCN) also advised us that there can be admissions of forensic patients to Lomond Ward but they are well supported by the forensic community mental health team.

There was evidence of multi-disciplinary ward meetings taking place, with input from a range of professionals including social work, podiatry, physiotherapy and occupational therapy. These services were accessed by referral. Psychological services were not in evidence from the records we looked at, and again this service is accessed by referral. The SCN advised that the service has been limited recently, although previously the ward had very positive input from psychological services both in terms of consultation and direct contact with patients.

On the day of our visit we noted that the range of diagnoses of patients was wide ranging and we recognised that this could lead to challenges for nursing staff in providing care and treatment for them. We were also made aware by the SCN of the issue of substances being brought onto the ward and concerns were expressed by staff on how to manage the unit safely. There were reports of some patients using illicit drugs on the ward and this was also documented in nursing notes. The SCN advised us that there was good local liaison with Police Scotland and that should it be required ward staff would involve them in relation to this issue.

Recommendation 1: Managers should ensure that ward policies in relation to illicit and unprescribed substances are understood and applied and a review of the policy is undertaken if necessary.

We found that care plans had some aspects of personcentred planning and the paperwork lent itself to this. However, there were some inconsistencies in the completion of these documents and not all plans contained sufficient detail or focused on recovery. Nursing care plan reviews did take place and were dated accordingly. We discussed the completion of care plans with the SCN on the day of the visit and noted that this had been a recommendation from our last visit in 2015. An audit form was in place on some care plans but it was not clear how the information from these was being acted upon.

We did see some evidence of one to one meetings between patients and their named nurse recorded in notes and evidence of discharge planning. In some cases, however, there was limited recording of one to one time with patients and this did not appear to be happening on a weekly basis.

The patients we spoke to commented that they did not always feel involved in aspects of decision making and were not always clear on discharge planning, however, advocacy services were in place and patients seemed aware of this service and how to access it.

Recommendation 2: Care plans should be audited regularly to ensure that the plans are of a uniformly high standard, with a focus on personalised content and patient participation.

Use of mental health and incapacity legislation

We were pleased to find, 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. There were no problems with paperwork and T2 and T3 forms were accurately completed.

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

Physical environment

As highlighted earlier in this report, the environment of Lomond Ward appears dated and is in contrast to other wards on the Stratheden site. It comprises of two areas, the ward itself to the left of a reception area, and a visiting /interview space which contains a number of rooms to the right. Patients only have access to this area with staff permission and access is controlled by a swipe card. Staff advised that this area can be used for visiting carers, family and friends. There is a waiting area, a number of interview rooms and offices for doctors. There is also a large games room here and a quiet music room which contains a piano. We found the condition of these rooms to be in a tired state with a limited number of chairs for visitors, lack of decoration and pictures on the walls. In general they were bare and unwelcoming.

The games and music rooms are bright spaces, but could benefit from some decoration. Neither were used during the course of the day we visited.

The ward area is large and comprises of four dormitories and six side rooms. It also has a dining area and a sitting room. The garden can be accessed from the dining room and is fenced in. Patients are allowed to smoke in the garden area and the smell of smoke permeated throughout the ward. The garden itself was littered with cigarette ends and other discarded items such as plastic bottles and cans. We were advised that the garden area is maintained regularly by the hospital grounds service and they clear it daily.

There was a notable lack of privacy in the dormitory areas and some patients commented on this.

Recommendation 3: Managers should ensure that regular review of the ward environment is undertaken, including the smell of smoke, to ensure it is welcoming and fit for purpose and that they continue to consider its development in the medium to long term.

Activity and occupation

We were advised by the SCN that there are limited activities taking place on the ward due to staff shortages. There are a range of other activities occurring off the ward, for example there is a gym, based at the hospital, and the occupational therapy service undertakes some individual programmes.

This information was supported by the patients we spoke to and in the main they felt that there was little to do to occupy their time.

We spoke to the SCN concerned who advised that there had been a high number of staff absences in recent months and this has adversely impacted on activities with patients. He advised that this situation was improving slowly but that staffing vacancies were also a factor.

Recommendation 4: Managers should ensure that staff shortages should impact on planned activity as little as possible and plans are in place to address this.

Any other comments

Summary of recommendations

1. Managers should ensure that ward policies in relation to illicit and unprescribed substances are understood and applied and a review of the policy is undertaken if necessary.

2. Care plans should be audited regularly to ensure that the plans are of a uniformly high standard, with a focus on personalised content and patient participation.

3. Managers should ensure that regular review of the ward environment is undertaken, including the smell of smoke, to ensure it is welcoming and fit for purpose and that they continue to consider its development in the medium to long term.

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

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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