Mental Welfare Commission for Scotland

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

Date of visit: 23 January 2018

Where we visited

Hollyview ward is an eight-bedded unit based within the grounds of Stratheden Hospital. It is an intensive psychiatric care facility (IPCU) and is therefore a locked ward. An IPCU provides intensive treatment and interventions to patients who present with an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and secure entry.

We last visited this service on 31 January 2017, on an announced visit, and made one recommendation relating to specified person regulations.

On the day of this visit, we wanted to follow up on the previous recommendation and also look at length of stay for patients, rights in relation to restrictions and all aspects of care and treatment. We aimed to continue our discussions around the themes identified in our last themed monitoring report in this area published in 2015, 'Intensive Psychiatric Care in Scotland'.

https://www.mwcscot.org.uk/media/315618/intensive_psychiatric_case_in_scotland_report_final.pdf

All seven patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995.

The IPCU covers the whole of Fife and admits patients across the NHS Fife area. Staff also advised that they sometimes admit patients out of health board area. There are two psychiatrists covering the ward, one who specialises in forensic psychiatry.

Who we met with

We met with and reviewed the care and treatment of seven patients. Unfortunately we did not meet with any carers, relatives or friends on this occasion. This was an unannounced visit so the service and relatives/friends were not aware that we would be visiting.

We spoke with the lead nurse, senior charge nurse (SCN) and other members of nursing staff.

In addition, we met with both speciality trainee doctors that link to the consultant psychiatrists attached to this ward.

Commission visitors

Paula John, Social Work Officer

Dr Juliet Brock, Medical Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to on the ward were positive about their care and treatment and felt that the nurses were approachable and communicative. They found that they could speak to nursing staff at times of distress. Likewise, they stated that medical cover was good and that they had regular access to a doctor when required. Patient feedback in terms of participation at ward meetings was positive. Most were able to discuss decision making in relation to their care and treatment and were aware of plans for discharge or transfer to a different facility.

Some patients did express that they should not be in a secure facility and we gave advice where required.

One patient commented that there was little to do during the day and that some therapeutic groups could become repetitive if you had been admitted to the ward several times.

As at our last visit, we found the patient mix to be diverse. One patient had been admitted for over 12 months and we were advised that the future care issues had been resolved and discharge was imminent.

We were told that there is no dedicated occupational therapy (OT) or psychology input to the ward, although these services are available by referral. There is also no pharmacy input to the ward. The weekly ward meetings are attended by local mental health officers employed by local authority social work services where this is required. We were also advised that advocacy services are available. It would appear, however, that there are limited multi-disciplined professionals attending weekly ward meetings.

The SCN stated that nursing staff shortages has been a challenge recently and that this has compromised the development of staff supervision and therapeutic input to patients. All nursing staff have been trained in ‘Connect to Recovery’ and should be adopting this with patients. ‘Connect to Recovery’ was described as a low impact psycho-social education resource aimed at assisting patients with symptoms and recovery. It has been developed by NHS Fife, by professionals in nursing and psychology, and consists of 15 sessions over a three-week period. However, the SCN advised us that this can be compromised when resources are short.

Care plans contained good documentation including initial assessment and risk assessment paperwork. They were well organised and information was easily located. The chronological notes were also detailed and we were able to gain a clear understanding of each patient’s progress. Some of the care plans, however, could be more person-centred as they had little information and specific detail on individual outcomes. Nursing one-to-one interventions are clearly happening as patients told us about these, but they were not always easily identifiable in the notes. Care plan reviews were evident and these are taking place regularly. Multidisciplinary meetings are also documented.

As mentioned previously we were not able to meet any carers, relatives or friends during this visit but patients told us that they saw their families regularly and were able to use the visiting facilities. Family involvement was being promoted where appropriate.

Use of mental health and incapacity legislation

Mental Health Act best practice records are on file for each patient and we were able to find information relating to compulsory measures, restrictions and information in relation to rights being shared with patients

We were also pleased to find that the consent to treatment (T2) and certificates authorising treatment (T3) forms under the Mental Health (Care and Treatment) (Scotland) Act 2003 were completed appropriately. In one case, it was our opinion that a patient was not fully consenting to treatment and therefore required a T3 form. We raised this issue with medical staff on the day and requested they review this situation.

Where required s47 certificates and treatment plans under the Adults with Incapacity (Scotland) Act 2000 were in place authorising treatment for those unable to give valid consent.

Rights and restrictions

Hollyview has a locked door policy in place. We were advised that there is no seclusion room, although there is a relaxation room should patients require individualised nursing and a higher level of observation. This room was not in use during our visit as it was being refurbished.

Patients are encouraged to spend time out of their rooms between the hours of 10am until 4pm, but this is individually care planned should it not be possible.

Some patients were subject to specified persons regulations i.e. where they were restricted in terms of access to correspondence and telephones in relation to risk. We were able to find appropriate paperwork in files and reasoned opinions were also recorded. However, not all patients were clear on their status, or their right to ask for a review of this decision. As this was a recommendation from out last report and not addressed, we will escalate this to senior managers.

Recommendation 1:

Managers should ensure that patients are informed of their rights in relation to specified person's restrictions.

Activity and occupation

We were informed that activities for patients have reduced to some degree given the difficulties in staffing levels in recent months. Activities are primarily undertaken by

nursing staff as there is no dedicated OT input. There are however, relaxation and recovery groups available and access to the gym. Despite this, patients advised us that there was little to do and this could lead to boredom and frustration.

As a consequence of this, we saw less recording of activities in the notes. It was clear however, that patients were able to spend time out of the ward where appropriate.

Recommendation 2:

Managers should review the provision of activities in the ward including consideration of dedicated OT sessions.

The physical environment

The new environment at Hollyview ward continues to contribute to both a positive staff and patient experience. The ward is bright and spacious and is decorated to a high standard. The visiting area and attached garden is also a pleasant area for families and friends and is away from the clinical space. We received no negative comments in this area. There is a central courtyard area which can be accessed from all parts of the ward and this is well maintained.

There are a series of other rooms where patients can go for a quiet space.

Summary of recommendations

1. Managers should ensure that patients are informed of their rights in relation to specified person's restrictions.
2. Managers should review the provision of activities in the ward including consideration of dedicated occupational therapy sessions

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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