Mental Welfare Commission for Scotland

Report on unannounced visit to: Inverclyde Royal Hospital, Langhill Clinic, IPCU & Acute Assessment Unit, Larkfield Road, Greenock, PA16 0XN

Date of visit: 5 October 2017

Where we visited

We visited the Intensive Psychiatric Care Unit (IPCU) and the Acute Assessment Unit (AAU) at the Langhill Clinic Inverclyde Hospital. The visit was unannounced so patients and relatives had not had an opportunity to pre-arrange interviews with our visitors.

The Langhill Clinic comprises of an eight bedded IPCU and a 20 bedded AAU. The IPCU is for patients requiring intensive treatment and intervention, mainly from the Renfrewshire and Inverclyde area. The AAU is an acute in-patient psychiatric assessment unit for adults primarily from the Inverclyde area. Both units are for adults (aged 18-65 years) and offer mixed sex facilities with patients accommodated in individual ensuite rooms.

We last visited the IPCU on 22 March 2017 and the AAU on 1 August 2016 (this was part of our national themed visit to acute wards). There were no specific recommendations from the previous AAU visit, but the IPCU report highlighted difficulties in transferring patients on from the IPCU, and some issues in identifying on admission if patients had an advance statement.

Our main reason for visiting on this occasion was as part of our regular visits to IPCUs and acute adult wards. We wanted to follow up on our previous recommendations and to look at general issues important for patient care:

- care, treatment, support and participation
- use of mental health and incapacity legislation
- rights and restrictions
- activity and occupation
- the physical environment.

Who we met with

We met with and or reviewed the care and treatment of four patients in the IPCU and seven patients in the AAU. There were no carers/relatives/friends present during our visit.

We spoke with the charge nurses on both wards and several members of nursing and medical staff.

Commission visitors

Paul Noyes, Social Work Officer and visit co-ordinator

Mike Diamond, Executive Director Social Work

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

IPCU- We generally expect that patients admitted to an IPCU would be detained under either the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) or the Criminal Procedure (Scotland) Act 1995 though there can be occasional informal admissions. There were seven patients on the eight bed ward on the day of our visit and all were detained patients, two were requiring enhanced observation involving two nurses each due to their level of illness and distress. This was creating a significant demand on staffing levels. There continue to be difficulties in moving some patients on due to a lack of appropriate longer stay beds.

AAU - Was also reported to be busy, though on the day of our visit there were two empty beds which we were told was not likely to be the case for long. Patients on this ward were mainly informal patients. We heard that good links with the community teams and community response service (CRS) resulted in patients moving on from the ward fairly quickly and they can get good support on discharge from hospital.

We heard that staffing of the wards can be difficult at the moment, particularly if there are several patients requiring enhanced observation. We understand that there were eight nursing posts vacant at the time of our visit across the two wards requiring a high use of 'bank' staff and it can be difficult to get the level of experienced staff required particularly in the IPCU. There has also been a change in medical staffing due to a retirement and there has been a need for locum cover.

Both wards however seemed to have good input from occupational therapy, pharmacy and access to physical health care was reported to be good by patients. There is also access to other services such as speech and language therapy and physiotherapy, as required. There had recently been some difficulties in accessing psychology due to staffing changes, but this is reported to now be resolved.

We noted regular multidisciplinary team (MDT) meetings to discuss patient progress and future planning in all patient files. The notes of these meeting were generally better in the IPCU, where the appropriate recording sheets were used. We found that for the AAU patients, MDT discussions were often recorded in the general notes, not on the specific MDT sheets, which gave a less clear view of care and who was at the meetings. Better use of the appropriate MDT recording sheet in the AAU should be addressed by managers.

Patients we saw spoke favourably about their care, and said they felt involved in their treatment. They also reported that the staff were generally helpful and treated them respectfully.

We found care plans to be person-centred; they were appropriately more detailed for IPCU patients but need to be reviewed regularly. We felt that some plans tried to address too much in one care plan and needed to be broken down to more specific actions. Also, if using language such as 'use distraction techniques', it must be explained what this means for a specific patient. In the AAU, care plans were for some patients very 'light' in detail and would benefit from more information.

The issues regarding MDT recording and care plans are similar to those raised in a previous report (AAU March 2016) and it is important they are addressed.

Recommendation 1:

Managers should ensure improvements are made to MDT recording in patient records.

Recommendation 2:

Managers should ensure that care plans address the specific needs of individual patients and are reviewed to reflect any changes in care needs.

Use of mental health and incapacity legislation

For detained patients, we found all the legal paperwork to be in order and accessible within patient care files.

We also established that all the detained patients had consent to treatment certificates (T2) and certificate authorising treatment (T3) forms as required, so there were no issues in relation to compliance with medical treatment requirements of the MHA.

Rights and restrictions

All of the patients we interviewed were clear about their status, as were the staff. The detained patients had access to advocacy and were aware of their rights of appeal; the informal patients we spoke to were aware they could leave the ward if they wished.

The IPCU is a locked ward, but several of the patients had agreed plans allowing for short spells of suspension of their detention to allow them to leave the ward. Patients here were detained, and understood their situation.

The AAU had a mix of informal and detained patients. The door to the ward was not locked, and patients who were not detained were able to come and go freely from the ward.

There was easy access from both wards to an open but enclosed garden area, giving patients access to outside space.

Activity and occupation

Both wards have good occupational therapists (OT) input and they provide one to one activity and also run some groups. The opportunity for groups is more limited on the IPCU due to the size of the unit and nature of the patients illness, but they do engage

in activities such as lunch groups and table tennis, and patients said they particularly enjoy going out for walks. There was also a good range of activities on offer for patients on the AAU, and the OTs run a weekly activity programme. There is a breakfast group, relaxation group, walking group and input from a holistic therapist among other activities such as art work, pampering sessions and a range of social outings. The OTs are also in individual work with patients as part of their care plans.

Participation in activities was, however, not always well recorded in case records and this should be improved.

The physical environment

These wards are both part of a fairly new purpose built clinic which has now been operational since April 2012. Both units have individual rooms for patients which have ensuite facilities. Rooms are spacious and bright and patients we spoke to seemed very happy with the accommodation provided.

The AAU in particular has plenty of communal space with quiet areas, and there is the facility of a female only sitting room, which is also used when children are visiting the ward.

In the IPCU, patient bedrooms are of a reasonable size and bright, but the internal space in the ward is less inviting and patients tend to spend a lot of time in their own rooms. There is also really only the patient lounge area for any activity space on the ward.

Both wards have access to enclosed gardens which are well used by patients.

During this visit we noted that the design of the ensuite bathroom doors (on both wards) may be a potential ligature risk; we recommend that managers undertake a ligature risk assessment and implement any remedial action to reduce risk.

Recommendation 3:
Managers to undertake a ligature risk assessment and implement any remedial action to reduce risk.

Any other comments

Use of advance statements
We raised the issue of identifying on admission if patients had an advance statement in our last visit report to the IPCU. We continue to find no mention of advance statements in patient files and it seems our previous recommendation has not been adequately addressed so it is repeated again. We also saw no evidence that advance statements were being actively promoted on the ward.

Recommendation 4:
Ensure staff identify on admission if the patient does or does not have an advance statement and make sure it is available and highlighted in the care file.

Summary of recommendations

1. Managers should ensure improvements are made to MDT recording in patient records.

2. Managers should ensure that care plans address the specific needs of individual patients and are reviewed to reflect any changes in care needs.

3. Managers to undertake a ligature risk assessment and implement any remedial action to reduce risk.

4. Ensure staff identify on admission if the patient does or does not have an advance statement and make sure it is available and highlighted in the care file.

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.

Mike Diamond
Executive Director (social work)

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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