Mental Welfare Commission for Scotland

Report on announced visit to: Leverndale Hospital, IPCU, 510 Crookston Road, Glasgow G53 7TU

Date of visit: 22 February 2017

Where we visited

We visited the intensive psychiatric care unit (IPCU) at Leverndale Hospital. This is a 12 bed unit for patients aged 18-65 years requiring intensive treatment and intervention, mostly from South Glasgow. The ward is a mixed sex facility (though patients tend to be predominantly male) with a mix of single rooms and small dormitory accommodation. The layout of the ward allows for an area of female rooms and an area of male rooms.

On the day of our visit, 11 of the 12 beds were occupied; there were 10 male patients and one female.

These patients often present with an increased level of clinical risk and require an increased level of observation. Patients admitted to an IPCU would ordinarily 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. All patients on the ward at the time of our visit were detained patients.

We last visited this service on 12 May 2015 as part of our themed visit programme to IPCUs. There were no specific recommendations from the last visit, but on the day of this visit we wanted to pick up on issues raised from the Commission's visit and monitoring report 'Intensive Psychiatric Care in Scotland 2015'.

Particular issues raised were:

- Physical environment for female patients.
- Use of seclusion, time out and de-escalation.
- Compliance with medical treatment requirements of the Mental Health Act.
- Specified person restrictions.
- Use of advance statements.

Who we met with

We met with six patients (over half of the patients on the ward) and two families during our visit; they had either asked to speak with us prior to the visit or agreed to speak with us on the day.

We also spoke with the ward manager, several members of nursing staff and the consultant for the ward.

Commission visitors

Paul Noyes – Social Work Officer, visit co-ordinator

Mary Leroy – Nursing Officer

Kathleen Taylor – Engagement & Participation Officer

What people told us and what we found

Care, treatment, support and participation

The patients we saw spoke favourably about their care on the ward and said they had a good relationship with nursing staff. We noted that the nurses had a good knowledge of their patients, and we were told that there has been a relatively constant staff group in place which has helped maintain a settled atmosphere.

Relatives we spoke to said they were impressed with the nursing staff and activity programme.

We saw evidence of regular multidisciplinary team (MDT) meetings with good input from psychiatrists, nursing staff, occupational therapy and pharmacy. We noted psychology input is available if required. We saw good assessments undertaken by staff on admission, and good care plans that were personalised and regularly reviewed along with comprehensive assessments of risk. Patients we spoke to generally said they felt included in their treatment and care planning.

There was also good recording of contact with relatives, and staff spoke of an overall commitment to involve carers in contact with the ward in an open way. The activity nurse holds a drop-in for carers on a Saturday afternoon, and tries to make sure new carers know about it so they can find out more about the ward and what is going on.

Staff informed us that advocacy is readily available to patients on the ward on a much as required basis; no members of advocacy staff were present on the day of our visit.

Use of mental health and incapacity legislation

All patients on the ward at the time of our visit were detained patients, which is consistent with the nature of the IPCU facility. We found MHA paperwork easily in the notes of the individuals who were detained. We also established that all the patients we saw had a consent to treatment certificate (T2) or certificate authorising treatment (T3) as required, so there were no issues in relation to compliance with medical treatment requirements of the MHA.

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.

Rights and restrictions

The IPCU is a locked ward, but many of the patients had agreed plans allowing for short spells of suspension of their detention to allow for periods of escorted or unescorted time out of the ward to aid in their recovery.

The bedroom area is locked off from the day area for much of the day in order to encourage patients to engage with staff and therapeutic interventions and also to be able to manage patient safety. We were pleased to hear that patients can still access their bedrooms and belongings if they need to.

We noted that three patients on the ward at the time of our visit were subject to specified person restrictions. This was well documented and patients were aware of what these restrictions were and that the situation is subject to review.

Activity and occupation

Patients spoke very positively about the activity available to them. The ward has moved away from group activity programmes and set activity plans; they now have a nurse specifically dedicated to activity delivery and operate an open door policy for activity based around a well-provisioned activity room. Having a specific nurse dedicated to activity provision frees up other staff to have more time to individually interact with other patients who may be more unwell and less able to engage in activities. There has also been a focus in trying to provide activities in to the evenings and at weekends. The activity nurse is well integrated into the ward, which helps in the targeting of activity and contributes to care planning.

For patients able to leave the ward there is also a very popular recreational therapy unit (RT) on the Leverndale site providing an additional facility for activity including internet access and a café.

The physical environment

The ward is located in one of the older buildings on the Leverndale site, and the bedrooms are a mix of single rooms and dormitory accommodation. This is in contrast to the single en-suite rooms in the newer wards on the same site.

The environment is bright and clean with the unit being split into two distinct areas, a day area with several sitting room areas (one designated as female only), activity room and a pleasant enclosed garden which is easily accessible to patients. There is exercise equipment in the garden area.

The bedroom area has a female part in a separate corridor from the male area. We noted that the bedrooms were very stark with virtually no personalisation. Patients have ‘locked boxes’ where they can keep personal possessions. Patients seemed accepting of the starkness of the bedroom areas for reasons of safety but we would hope there could be improvements to this environment to make it more welcoming without compromising safety.

We were pleased to see the unit has addressed the issue of specific provisions for female patients in a predominantly male environment.

There is a de-escalation room in the main day area of the ward with padded furnishings and this room is a safe area for patients experiencing acute distress. Patients experiencing acute distress are often encouraged to use this area; staff said that patients will also go to this area themselves if they want a quiet safe place.

Recommendation 1:

Managers should improve the environment in patient bedroom and dormitory areas of the ward.

Any other comments

Use of advance statements*:

We saw no evidence that advance statements were being actively promoted on the ward, and we saw no reference to advance statements in notes or care plans for the patients we interviewed.

**An advance statement is written by someone who has been mentally unwell. It sets out the care and treatment they would or would not like, if they become ill again in future.*

Recommendation 2:

Managers should 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.

We were made aware that there are considerable pressures on 'low secure' accommodation at the present time and there can be considerable delays in finding places for patients requiring this potentially longer term provision. There is currently only one patient waiting for a bed in low secure accommodation and we asked to be kept informed of any difficulties in this case.

Summary of recommendations

1. Managers should improve the environment in patient bedroom and dormitory areas of the ward.
2. Managers should 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.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk