**Mental Welfare Commission for Scotland**

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

**Date of visit:** 8 February 2018

## Where we visited

The Intensive Psychiatric Care Unit (IPCU) at Leverndale Hospital is a 12-bed unit for patients (aged 18-65 years) requiring intensive treatment and intervention. Patients are generally from the South Glasgow area.

The ward is a mixed sex facility, though patients tend to be predominantly male. The ward has 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 this visit 11 of the 12 beds were occupied. There were 10 male patients and one female.

Patients in an IPCU 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 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 22 February 2017. We made recommendations regarding improving the patient environment and the need for better recording of advance statements.

On the day of this visit we wanted to follow up on the recommendations from our last visit and also look at the following 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

We had been made aware that some patients requiring more specialised resources were finding it difficult to move on from this ward, and this was also a specific focus of our visit.

## Who we met with

We met with and/or reviewed the care and treatment of seven patients and spoke with one carer during our visit. As this was an unannounced visit there was no prior opportunity for patients or carers to arrange to meet with us so we were reliant on those who agreed to speak with us on the day.

We also spoke with two nurses in charge of the ward and one of the doctors responsible for patient care.

## Commission visitors

Paul Noyes, Social Work Officer and visit co-ordinator

Mary Hattie, Nursing Officer

## What people told us and what we found

### Care, treatment, support and participation

With regard to care and treatment there have been no significant changes since our visit last year. Patients' care is reviewed at weekly multidisciplinary team (MDT) meetings with input primarily from psychiatrists, nursing staff, occupational therapy (OT) and pharmacy. Input from other disciplines such as psychology, physiotherapy, dietetics and social work is by referral.

The patients we spoke to mainly said they felt included in their treatment and care planning. We saw good care plans that were personalised and regularly reviewed, along with comprehensive assessments of risk.

Generally, patients spoke favourably about their care on the ward and it was evident that the nursing staff had a good knowledge of the patients and their individual situations and needs.

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.

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

The ward appeared calm and settled during the time of our visit, and we were informed that there is a regular staff group in place which helps maintain a settled atmosphere. The only female patient reported feeling safe on the ward, with no issues about being in a predominantly male patient environment.

We became aware during the visit that three of the 11 patients had been in the IPCU ward for periods in excess of 18 months, which was a situation of frustration to them and for the staff caring for them, as it is proving very difficult to progress their care. There appeared to be a clinical view from patient records that these patients were not appropriately placed in the IPCU and required more appropriate specialist resources.

The needs of each patient were very different, but the IPCU is not providing the specialist therapeutic interventions required in these cases, particularly in relation to not having a dedicated psychology resource. We are aware of particular difficulties in accessing forensic services locally due to pressures in the forensic system, but this should not disadvantage IPCU patients.

**Recommendation 1:**

Managers should review the care plans of all patients who have been in the IPCU for 12 months or more to ensure there are no deficiencies in care relating to lack of appropriate provision, and address these deficiencies.

## Use of mental health and incapacity legislation

All patients on the ward at the time of our visit were detained patients. We found mental health act paperwork easily in their notes. Patients being detained is consistent with the nature of the IPCU facility.

Patients we interviewed were clear about their status, as were the staff. Patients had access to advocacy and were aware of their rights of appeal.

We reviewed patients consent to treatment (T2) certificates and certificates authorising treatment (T3) in relation to compliance with medical treatment requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003. We discussed difficulties in locating two T2 forms and an issue with one T3 form being late on the day with medical staff, which is being addressed.

## Rights and restrictions

The Leverndale IPCU, like other similar wards, is a locked ward for reasons of patient safety and risk factors. However, 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 continues to be locked off from the day area for much of the day. This is primarily to encourage patients to engage with staff and therapeutic interventions, and patients can still access their bedrooms and belongings if they needed to.

Several patients were subject to specified person restrictions which were well documented with evidence indicating that patients were aware of what these restrictions were and that the situation is subject to review.

## Activity and occupation

The ward continues to have a nurse specifically dedicated to activity delivery and has an open door policy for activity, based around a well provisioned activity room. There has been a focus on trying to provide activities in the evenings and at weekends. The ‘activity nurse’ provides input on five days, Wednesday to Sunday, with the hospital recreation therapy workers providing activity on Monday afternoons and the OT on Tuesdays.

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

We found participation in activity well recorded in patient records and noted in MDT meetings.

### The physical environment

The overall physical environment remains unchanged since our last visit. 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.

The environment is bright and clean, and there have been improvements to the communal areas since our last visit with the purchase of new soft furnishings, armchairs, curtains and cushions. The bedroom areas are still sparsely furnished, but we are assured this is for reasons of patient safety. No patients raised any concerns about the accommodation.

There is a pleasant enclosed garden, which is easily accessible to patients with exercise equipment in the garden area.

### Any other comments

**Use of advance statements**
Whether or not a patient has an advance statement was generally recorded in admission notes. However, most patients did not have advance statements.

Generally patients in the IPCU are very unwell and less able to consider the making of advance statements at this time. Nevertheless, opportunities to promote the making of advance statements should happen where possible. The Commission has recently produced guidance and information to encourage use of Advance Statements: http://www.mwcscot.org.uk/get-help/getting-treatment/advance-statements

## Summary of recommendations

1. Managers should review the care plans of all patients who have been in the IPCU for 12 months or more to ensure there are no deficiencies in care relating to lack of appropriate provision and address these deficiencies.

## Service response to recommendations

The Commission requires a response to this recommendation 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.

**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**