Mental Welfare Commission for Scotland

Report on unannounced visit to: The IPCU, Carseview Centre, 4 Tom Macdonald Avenue, Dundee DD2 1NH

Date of visit: 23 January 2018

Where we visited

The Intensive Psychiatric Care Unit (IPCU) is a 10-bedded ward providing care for up to seven male and three female patients. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCU's generally have a higher ratio of staff to patients and a locked door.

We last visited this service on a local visit on 5 November 2015 and made recommendations about care planning and about the provision of assistance to patients with communication difficulties. The visit on 5 November 2015 had been to the IPCU and wards 1 and 2, the general adult psychiatry admission wards at Carseview.

On the day of this unannounced visit, we wanted to look at the care and treatment provided in the ward because it had been over two years since our previous visit.

Who we met with

On the day of this unannounced visit there were four patients in the ward, we met with two and reviewed the care and treatment of all the patients. We also spoke with the charge nurse and other members of the nursing team.

Commission visitors

Ian Cairns, Social Work Officer and visit co-ordinator

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

All the patients on the ward on the day of this visit were acutely unwell, and while we were able to speak to two of the patients during the visit, we were not able to have any detailed conversation to find out their general views about experience of care and treatment in the unit.

Care planning

We saw that risk assessment and risk management plans were well recorded, with detailed person-centred information. We saw good attention being paid to physical health care needs with one recent care plan review, for example recording the input from another specialist consultant. In the care planning documentation, we also saw that there was good input from pharmacy to the weekly ward multi-disciplinary team (MDT) meetings. These MDT reviews are also being well recorded. We did note in a few individual care plans that generic statements were recorded, and we felt that information about staff interventions could, at times, have more detailed descriptions

of actions. As an example, where a reference is made in notes to staff using de-escalation techniques, we would expect to see more person-centred details about the specific techniques which an individual patient and staff find to be effective.

Use of mental health and incapacity legislation

All patients in the ward were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 (the 2003 Act). 2003 Act paperwork within records was well maintained and was easy to access within files. Paperwork relating to treatment under part 16 of the 2003 Act was also in good order, with relevant forms authorising medication being prescribed. s47 treatment certificates under the Adults with Incapacity (Scotland) Act 2000, were also completed where this had been assessed as appropriate.

Rights and restrictions

We were pleased to see that, where a decision had been taken that medication should be administered covertly, a covert medication pathway was in place and this documentation was completed fully.

Patients in the IPCU may be on enhanced levels of observation, and for periods of time, may be on room-based care. We discussed what this term meant with the senior charge nurse, and how the movement of patients within the ward environment may be limited when a patient is on room-based care. One patient told us during the visit that they sometimes felt that staff were inconsistent in making decisions about what room-based care meant.

We were told that the room based care approach involves patients being encouraged to remain in their rooms when they are stressed or distressed, often having more one-to-one time with nursing staff, and having access to other communal areas on the ward when their behaviour is less stressed or agitated. We were told that decisions about room-based care should be summarised in a management plan, discussed at every shift handover meeting and be tailored very much to the needs of the individual patient. We did feel, after reviewing documentation for the individual patients who had a management plan for room-based care, that there should be a clearer definition in care plans about what room-based care means in each individual case. This would help avoid the potential for staff members to interpret any restrictions differently. A clearer definition would ensure that patients' rights are being respected, and that room-based care does not amount to the use of seclusion.

Recommendation 1:

Managers should ensure that when room-based care is felt to be appropriate for an individual patient, clear details about what this means in terms of controlling an individual patient's movements within the ward are recorded.

Activities and occupation

We were not able to get any views from patients about activity provision within the IPCU. We heard from staff that activity provision can be limited at times, as there has been less input from occupational therapy and physiotherapy services within the ward recently.

Recommendation 2:

Managers should ensure that an appropriate range of activities are available on the ward, reflecting patients' preferences and their care needs.

The physical environment

Refurbishments were completed in the IPCU several years ago, which created a female bed area. Patients can also access an outside space, with a secure garden area. The garden does have steep steps, and because of the inherent risks with the steps, this does mean that staff supervision is necessary at all times when patients are in the garden.

Any other comments

All hospital grounds in NHS Tayside are now smoke free environments, with a general NHS policy in place. We discussed this with the senior charge nurse and we feel, given the specialist nature of an IPCU, that there should be a policy specific to the unit which clarifies the circumstances in which patients would have access to tobacco and sources of ignition and would be able to leave the hospital grounds to smoke. A policy could also clarify that removal of smoking implements from patients detained under the 2003 Act should be authorised by measures set out in S286, which requires the patient to be made a specified person. The smoking policy should take account of the judicial rulings in the cases of M v State Hospitals Board for Scotland, and A & B v NHS Greater Glasgow and Clyde Health Board.

Summary of recommendations

1. Managers should ensure that when room-based care is felt to be appropriate for an individual patient, clear details about what this means in terms of controlling an individual patient's movements within the ward are recorded.

2. Managers should ensure that an appropriate range of activities are available on the ward, reflecting patients' preferences and their care needs.

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 Thompson
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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