Mental Welfare Commission for Scotland

Report on announced visit to: Craigowl Centre and Flats 1 and 2/3, Strathmartine Centre, Dundee, DD3 0PG

Date of visit: 16 October 2018

Where we visited

The Craigowl Centre is a learning disability assessment unit which has 10 beds. It is a mixed-sex forensic unit for people with learning disability. Flat 1 is a low secure environment for people with learning disabilities and offending behaviour and is for male patients. There are eight beds in Flat 1, with staff also providing care, treatment and support to a patient with complex needs who is in Flat 2. Flat 3 is a behavioural support and intervention unit with six beds, providing care and treatment to adults with learning disabilities and who can display stressed/distressed behaviours.

We last visited this service on 16 March 2017, when we made recommendations about care planning and about some administrative issues, including keeping relevant documentation in individual patient files. We received a response which indicated that appropriate actions were taken to address recommendations. We had also visited Flat 1 on 30 November 2016 as part of a national themed visit programme to low and medium secure forensic wards across Scotland. Information from this visit was included in the themed visit report published in August 2017: https://www.mwcscot.org.uk/media/385624/medium_and_low_secure_forensic_wards.pdf).

On the day of this visit we wanted to look generally at the provision of care and treatment in the wards because it had been over eighteen months since our previous visits.

Who we met with

We met with and/or reviewed the care and treatment of eleven patients and met one relative. We also spoke with the senior charge nurses in all the wards, with the consultant psychiatrist, and with the associate Director of Mental Health.

Commission visitors

Ian Cairns, Social Work Officer

Paula John, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients we spoke to during the visit, who were able to tell us their views, were generally positive about the care and support they were receiving and about how responsive staff were if issues were raised with them. We heard some concerns from patients about when they would be able to move on from hospital, or about how some individual nurses could be more or less understanding at times when a patient is very stressed or distressed. Several patients said that there often could be a lot of new nurses in wards, and that they could find this difficult if they did not know these nurses. We also heard a number of positive comments about activities available, with activities which can be accessed in the workshops or on site in Strathmartine and activities which people have the opportunity to engage in in the community. We observed positive interactions between patients and staff throughout our visit.

Care planning

Work was continuing focussing on the care planning process in this service, to develop person-centred care plans which record individualised information and expected outcomes.

We saw evidence of significant improvements in care planning in files we reviewed. Plans were generally person centred, with good information about interventions and evidence that plans were being reviewed and were also being audited. We saw that appropriate risk assessments were being completed and in a number of files we saw that positive behaviour support plans (PBS) were in place. When a PBS plan is in place we could see that the management of behaviour challenges was well recorded in files. We also saw that, where patients had complex needs, the care programme approach (CPA) framework was being used. The CPA is a framework which can help ensure that people with more complex needs have care plans which reflect these needs and that input from different professionals is well co-ordinated. We were pleased to see the CPA approach being used when it was felt that this was appropriate to address an individual patient's needs.

While we felt, from our file reviews, that care planning information was generally good there was still some variation and inconsistency in the quality of care plans. We felt that some care plans we saw could have been more person centred and more detailed, and would encourage senior charge nurses and managers to continue with the process of auditing care plans to ensure consistency in the recording and review of these plans.

In the files we reviewed we also saw evidence that there was an increasing focus on encouraging the participation of patients in care planning and in reviews. We saw, for example, reports for CPA meetings which had been prepared in an easy read format, and we heard how these would be prepared by the named nurse along with

the patient. We saw some care planning information in files also in an easy read format and we saw Get Checked Out, the easy read checklist to make sure that patients have appropriate and regular health checks. We were pleased to see that information is starting to be produced in a format which promotes patient involvement in decisions about their care and treatment. This was not evident in every file we reviewed though and we would endorse the roll out of this approach, to have information in an easy read format as appropriate, to all patients.

Multidisciplinary team meetings (MDTs) were generally well recorded, with good information about who attended these meetings and about actions agreed at the meetings. Some notes about MDTs did not have details about who had participated in the meetings, and we would want to encourage this to be recorded consistently. We also felt that files generally had good clear information about future plans for individual patients.

While we were generally pleased with the quality of care planning information in files and with the evidence we saw of the work that is being done to develop care planning, we became aware during the visit of significant staffing issues which are having an impact on care, treatment, and support provided within the service.

We were told on the day of our visit that there had been difficulties recruiting staff. There were difficulties filling medical posts and other health professional posts but the situation was particularly acute in relation to nursing staff. It was clear that this was an issue during our visit, as we heard about the difficulties filling shift rotas, nurses having to work long shifts, and the effect this can have on staff morale and possibly on absence rates. We feel it will be difficult to avoid staff shortages having some impact on patient care and treatment, and we would hope that senior management can look at how current staffing issues have the minimum impact possible on patient care and treatment.

Recommendation 1:

Managers should look at how nurse staffing levels can be maintained, given the local and national difficulties recruiting staff to fill nursing posts.

Use of mental health and incapacity legislation

Mental Health Act (Care & Treatment) (Scotland) Act 2003 (The Mental Health Act) detention paperwork was well maintained in individual files. Consent to treatment certificates (T2 forms) and certificates authorising treatment (T3 forms) were all in place. In one case we saw that the medication prescribed was not fully authorised on the T3 form but this was discussed on the day.

Section 47 certificates, which authorise medical treatment for people who are unable to give consent, were in place, with information about conditions for which treatment was prescribed. We also saw, in cases where a welfare proxy such as a welfare

guardian had been appointed, that copies of orders granted were on file. We feel that this is important, as this ensures that nursing and medical staff are clear about the powers the welfare proxy has to make decisions.

Rights and restrictions

Patients in the units continue to have good access to independent advocacy support and several patients we met on the visit had an advocate with them when they spoke to us.

A number of patients were specified persons in relation to section 281-286 of the Mental Health Act which can allow certain restrictions to be placed on patients. The Commission expects restrictions to be authorised and the need for restrictions to be regularly reviewed. We were pleased to see that there were copies of individual care plans in files where a patient was specified, which clearly set out the specific restrictions which were to apply. We noted in several files that RES1 forms, which are completed when a patient is designated as a specified person, had been completed very recently, just prior to our visit. In some cases these forms should have been completed earlier, and emphasises the need to have a system in place to monitor when forms will expire. We had also been aware, before our visit, of one case where a compulsory treatment order (CTO) had expired when the intention had been to extend the order, and this meant a new application for a CTO had to be made.

Recommendation 2:

Managers should keep an index of Mental Health Act documentation in files, including dates indicating when reviews are due.

The Commission has developed *Rights in Mind*. This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at https://www.mwcscot.org.uk/rights-in-mind/

Activity and occupation

There is a broad range of activity provision within the units, and in the day service which is in the grounds at Strathmartine Centre. A range of varied activities are available there, including occupation therapy (OT) facilitated groups, psychology-led therapy groups, and various workshops and placements. We have said on previous visits that there is a good emphasis on activities to develop daily living skills and on this visit we felt that this continued to be evident. We also heard from individual patients about activities, including volunteering activities, which they can access in the community in Dundee.

The Commission was pleased to see that there was such a strong emphasis at the Strathmartine Centre in encouraging the involvement of patients in a range of structured and recreational activities. The Commission knows that the future plan for inpatient services at Strathmartine is that they will all transfer to Murray Royal Hospital in Perth. While it may not be possible to replicate exactly the range of activities which are currently available on the site at Strathmartine, or in the community in Dundee, the Commission would expect managers planning the move of this inpatient service to plan for patients to have access to an appropriate range of meaningful structured activities in any new inpatient services.

The physical environment

There have been ongoing issues about the physical environment in the inpatient units at Strathmartine for many years, and there has been a recognised need to provide enhanced environments for learning disability inpatients in NHS Tayside.

Where plans are being progressed to move current in-patient provision to Murray Royal Hospital there is still a need to make sure that care and treatment are being provided in an appropriate environment in the current wards. We were aware that some of the furniture in units was in a poor condition and we know that there have been issues with the environment in one area where a patient with very complex needs is being nursed. We would expect managers to make sure that appropriate refurbishment work is completed as necessary, until all the patients at Strathmartine are transferred into new wards.

Any other comments

There have been issues for some time about the number of patients in the service who are formally recorded as delayed discharge patients, which means that they would be able to move from hospital if appropriate accommodation with support was available in the community.

Following our visit in 2017, when this issue was raised, we were told about some specific developments which were being taken forward which would allow a number of patients to move on from hospital. However on this visit we heard that specific plans for at least one of the accommodation developments were still not in place. The Commission will therefore raise this issue at the end of year meeting with NHS Tayside and Health and Social Care Partnership managers in December 2018.

NHS Tayside is currently redesigning adult mental health and learning disability in-patient services. The new service model, as mentioned earlier in this report, will see learning disability in-patient services provided from wards at Murray Royal Hospital. The planned timescale for this move is not known and this is causing anxieties for staff working in the service and for patients and relatives. The Commission would hope that NHS Tayside can look at how appropriate information can be given to both staff and patient and relatives, to keep them informed and engaged in this redesign

process, and to try to ensure that anxieties and concerns about the planned move are minimised.

Summary of recommendations

1. Managers should look at how nurse staffing levels can be maintained, given the local and national difficulties recruiting staff to fill nursing posts.
2. Managers should keep an index of Mental Health Act documentation, including dates indicating when reviews are due.

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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