mentalwelfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Iona and Lewis Hubs, the State Hospital, 110 Lampits Road, Carstairs Junction, Lanark ML11 8RP

Date of visit: 14 February 2017

Where we visited

The wards in Iona and Lewis hubs have a range of patients with varying degrees of mental illness and learning disabilities. The wards provide assessment and continuing care/rehabilitation. All patients are required to have care in a high security hospital setting. There is a full range of multidisciplinary input to care and treatment, supported by medical records, medical secretaries and administration.

We last visited this service on 25 February 2016 and made the following recommendations: there should be regular audits to ensure compliance with consent to treatment requirements under the Mental Health Act; there is a need for specialist nursing input to individuals with learning disabilities relocated to other wards; and Commission visits should be widely advertised within wards.

On the day of this visit we wanted to follow up on the previous recommendations and also look at transfers to lower levels of security. This is because we are aware of individuals who have successfully appealed their level of security to the Mental Health Tribunal but remain within the State Hospital. There are also some patients who should have been admitted to medium secure units but have been transferred to the State Hospital due to lack of beds in medium secure units.

Who we met with

We met with and/or reviewed the care and treatment of 16 patients.

We spoke with the charge nurses and other clinical staff, and met with advocacy, service user involvement and social work staff.

Commission visitors

Douglas Seath, Nursing Officer

Paula John, Social Work Officer

Mary Leroy, Nursing Officer

Margaret Christie, Social Work Officer

Tony Jevon, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Individual patients interviewed on the visit gave Commission visitors mainly positive comments about support provided by nursing staff, medical staff and the other professionals working in the unit. Patients spoke of being involved in their care planning and in their care programme approach review meetings.

Care plans were detailed and person-centred, signed by patients in many cases with clear evidence that they are evaluated regularly. Multidisciplinary team meetings are well recorded and structured with decisions taken detailed clearly and concisely.

Care and treatment is reviewed regularly at six-monthly Care Programme Approach (CPA) meetings. Detailed reports from all professionals providing input to an individual patient's treatment plan are prepared for the CPA meetings, and were easily found in the well organised electronic personal files. It was clear from the CPA documentation that there is good multidisciplinary input within the wards from allied health professionals. Patients spoke of having good access to psychological therapies. There is also a very structured approach to risk assessment and to risk management, and the approach is person-centred.

Several patients told us how nursing staff encouraged participation and involved them in discussions about their care and treatment. We heard from patients about their CPA reviews: how their named nurse will discuss with them the nursing report prepared for the review; and how they feel they can put their views across in these CPA meetings. There was also evidence of good input from advocacy services within the hospital. Several patients spoke about meeting with an advocate regularly, and about the advocate attending reviews. Others were aware that the service was there for them to access if they wanted to.

Several patients attend the weekly service users group with the patient participation co-ordinator. This group provides a safe forum for patients in all the wards to raise issues that can then be discussed with the service managers. We heard that the chief executive and chairman attend this meeting twice a year.

We saw copies of a number of advance statements in the majority of files. There has been a strong emphasis within the Care Programme Approach on providing patients with information about advance statements. We also saw evidence that staff are proactive in discussing advance statements with patients and in witnessing them following discussion.

Use of mental health and incapacity legislation

All patients are detained under the Criminal Procedures Act or the Mental Health Act. All patients whose prescriptions we reviewed had a 'consent to treatment form (T2)' or 'certificate authorising treatment form (T3)' in place where this was required.

Mental Health Act documentation was well maintained in personal files. Documentation of medical treatment under part 16 of the Mental Health Act is there to authorise prescribed medication appropriately. All T2/T3 Mental Health Act consent to treatment forms we reviewed authorised the medication prescribed. We also noted that associated high dose monitoring checks were being thoroughly completed where this was appropriate.

Rights and restrictions

We became aware of two patients who were referred to medium secure units but were transferred to the high secure environment of the State Hospital due to a shortage of available beds in medium security. We were also informed of patients who have been successful in appealing their level of security at the Mental Health Tribunal but, as yet, have not been transferred to a lower security setting. There were reasons given for this, and we were told all options are being pursued, including transfer to England, with the patient's consent. We are following up on these issues on an individual basis.

Activity and occupation

A good range of leisure, recreational and therapeutic activities appear to be available to patients in the six wards. However, we did hear a few comments from individual patients about frequent cancellation of activity provision, due to shortages of staff. One patient was particularly annoyed about the woodwork closure, saying the two people employed to run the woodwork courses have both left the service and have not been replaced. A few patients complained that there was not much to do and that they did not enjoy going to the Hub as an alternative to attending the Skye Centre (activity and recreation centre) as it could be noisy.

There is a strong emphasis in the unit on encouraging people to participate in physical activities, and several of the patients spoke about using the gym and other sporting activities. This is very much in line with the national drive to encourage participation in health improvement activities.

Recommendation 1:

Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.

The physical environment

All the bedrooms are single ensuite rooms. Each ward has an inner courtyard which patients have access to, and there is a large secure garden area as well. Access to the secure garden is risk assessed. There are seclusion suites within each hub. These are subjected to regular damage and need continuous repair and refurbishment.

An issue raised in Iona hub was that having to share one toilet between 12 individuals during the day, according to one patient, "gets messy".

Toilets in the hub should have more frequent cleaning during the daytime to ensure they are kept clean at times of increased use.

Any other comments

Several individuals commented on the day about a proposal to withdraw access to food shops outside the State Hospital. This is due to weight issues amongst patients. The concern was that this would lead to an increased cost for those only able to access the local hospital shop.

There is one patient who has a learning disability on a ward for individuals with mental health problems. However, as recommended at our previous visit, he has a learning disabilities registered nurse as his keyworker and his care plan contained pictorial aids. He can communicate his needs fairly well.

We were informed of gaps identified in the occupational therapy and speech and language staff numbers. However, this has occurred for a variety of reasons, including maternity leave, and these vacancies are being addressed.

We were also made aware that notification has been given to staff and patients of a proposed temporary ward closure. We were interested to hear that this has not been proposed purely as a cost saving exercise, but has arisen due to the falling number of inpatients at the state hospital through successful discharge programmes. There would be benefits from the closure of reallocating existing staff to other duties and, in addition, ensuring that activities need not be regularly cancelled. We asked that the Commission is kept informed of developments in this area and any consequences for patient care.

Recommendation 2:

Restrictions to shopping for food outside the State Hospital should be assessed on an individual basis and with the agreement of the patient.

Summary of recommendations

1. Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.

2. Restrictions to shopping for food outside the State Hospital should be assessed on an individual basis and with the agreement of the patient.

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.

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