

Mental Welfare Commission for Scotland

Report on announced visit to: IPCU, St John's Hospital,
Livingston EH54 6PP

Date of visit: 14 March 2018

Where we visited

The intensive psychiatric care unit (IPCU) is a 12-bedded, mixed sex unit on the lower ground floor of St John's Hospital. It provides care for patients between the ages of 18-65 years, all who are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) or the Criminal Procedure (Scotland) Act 1995 (the Criminal Procedures Act).

The unit accepts admissions mainly from the West Lothian area, although there are admissions from other parts of NHS Lothian, as well as a service level agreement with NHS Borders who have access to two beds in the IPCU.

We last visited this service on the 31 March 2017 and made recommendations about person-centred and individualised care plans, as well as risk assessment and risk management. We commented on the lack of psychology provision, proper authorisation of mental health act forms and the outdoor space available for patients. On the day of our visit we wanted to follow up on these previous recommendations as well as review the care and treatment of the patients in the unit.

Who we met with

This was an announced visit to the IPCU. On the day we reviewed the care plans and met with seven patients and we spoke with one carer. We also had support from an interpreter when meeting with one of the patients.

We spent time with the senior charge nurse (SCN) and other registered nurses during the day. We also met with the consultant psychiatrist and specialist registrar for the unit, the deputy charge nurse and the clinical nurse manager.

Commission visitors

Claire Lamza, Nursing Officer and visit coordinator

Ian Cairns, Social Work Officer

What people told us and what we found?

Care, treatment, support and participation

While some of the patients that we spoke to told us that having to stay in a locked ward was traumatic or felt that it was unfair, we were also informed that staff were helpful, supportive, understanding and accommodating. Patients described experiences in their care where they were not in agreement with staff, but felt that the attitudes of the staff in dealing with their request was positive.

Patients also told us that there was a good range of activities and groups available for them. One patient explained that they would like more time off the ward, but having staff available to facilitate this was not always feasible. Other patients told us that the

food in the unit was excellent, with one patient who had specific dietary needs describing it as 'amazing'.

In discussion with the SCN, we were informed of some of the future developments for the unit. We were pleased to hear that there has been agreement to fund a 0.8 WTE psychologist who will have input into the IPCU, and there will also be part-time physiotherapy. This will provide patients in the IPCU with access to a range of multi-disciplinary professionals. There is dedicated time from an occupational therapist (OT) as well as sessional input from trainee art and music therapists, in addition to the nursing and medical staff. We were told that the current service model for pharmacy is unable to meet the requirements of the service.

Recommendation 1:

Managers should review the provision of pharmacy input into the IPCU to ensure it meets the needs of patients and staff on the unit.

We were informed of some of the challenges with patients being admitted from out-of-area, and how this can impact on patient care. The SCN advised us that, at times, having access to the necessary documentation and personnel can adversely impact on the patient, at the point of admission and at discharge.

At the time of the visit, there were no delayed discharges in the IPCU, nor were there any concerns about the length of stay of the patients in the unit. We were pleased to hear about the joint working between the acute admission ward and the IPCU, where potential referrals, collaborative care plans and interventions were put in place to support patients staying in the admission ward.

The SCN provided us with a copy of the unit's new care plan. The proposed format is more detailed with relation to the patient's specific needs and the interventions are more person centred. We were pleased to see evidence of this level of detail in some of the care plans, to hear about the review process and the quality improvement work associated with care planning. We did find care plans that lacked detail but acknowledge that the SCN has an audit process in place to review all of the existing care plans, with an accompanying timetable that includes an abbreviated audit on a weekly basis, along with a more comprehensive peer review process that will be conducted at six-monthly intervals.

In the patients' care plans, the format and completion of the multi-disciplinary review sheet was thought to be helpful in promoting patient engagement in the review of their care. We found the pre-ward round discussion between the patient and the nurse supported the clinical team review process. There was evidence that the discussion and decisions were based on this pre-ward round meeting and integral to the patient's progress. We considered this to be a good example of patient participation.

Use of mental health and incapacity legislation

At the time of our visit, all eight patients who were in the ward were detained under formal legislation. There were no patients under the Adults with Incapacity (Scotland) Act 2000 legislation. We found Mental Health Act and Criminal Procedures Act documentation on file for all of the patients that we reviewed. We were made aware that a recent admission to the unit was transferred without any legal documentation, and managers addressed this on the day of the visit.

One of the patients that we met with required an interpreter. We were able to establish that this service is readily available and accessible at key times, and the patient has the opportunity to be involved in, or made aware of what is happening with their care and treatment.

Where required, there were consent to treatment forms (T2) and the forms authorising treatment (T3) under the Mental Health Act as required, along with the medication recording charts. We reviewed these and found that, with the exception of one T3, all medications were covered by the forms; this was discussed with the consultant psychiatrist at the time of the visit.

Rights and restrictions

We found clear evidence of patients being informed about their rights, and documentation recorded whether patients had an advance statement. There was also a record of patients who had accessed advocacy and/or legal advice and we were pleased to see that the advocacy service had been extended to offer input to carers.

We noted that there has been improvement in risk assessment and risk management plans. We found the assessments to be comprehensive and individualised, with up-to-date reviews and evaluations in relation to the risks posed. There were no patients on an enhanced level of observation on the day of our visit.

There were three patients who had been designated as specified persons. s281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

We found evidence of the reasoned opinion in the care plan and that patients had been informed about their right of appeal. We were unable to find the Mental Health Act forms relating to specified persons and were informed that these are kept in the medical records department. We advised that a copy should be kept in the patient's care file, along with the other legal documentation.

For patients who smoke, an IPCU creates potential difficulties. Given the specialist nature of an IPCU, there should be a policy specific to the unit which covers issues about access to smoking supplies and to nicotine replacement therapy. Some patients had access to cigarettes but not to lighters. A policy could also clarify the expectation that patients be made a specified person if they are going to be searched. 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*.

Recommendation 2:

Managers should ensure that an up-to-date copy of any specified person forms (RES 1 and/or RES 3) are kept in the care file.

Activity and occupation

We were pleased to find that the ward provided a broad range of activities that were delivered consistently, and took place during the week and at weekends. The activities are facilitated either by the nursing team or other disciplines such as the OT, the art therapist or the music therapist. There is also sessional input from chaplaincy, and there is a benefits advisor who visits the ward.

The activity programme was visible on the wall outside the main day area and we found clear evidence in patients' care plans of all of the groups and sessions that patients had been offered. There was a helpful document that recorded whether the group or session had been accepted or refused by the patient, and a brief comment of their participation, where applicable. We thought this to be an example of good practice.

With the improvements to the outdoor space, there have been developments in activities that can now be offered. Patients are able to participate in outdoor sports and physical activity sessions, in addition to sessions on gardening. The other new development we were informed of was the re-design of one of the larger rooms in the ward, which will become a gym. It is anticipated that nursing staff, medical staff and the newly appointed physiotherapist will assess and support patients who wish to access they gym.

Physical Environment

The ward is spacious, with the main day areas in the middle of the unit. The en-suite bedrooms are at the far end of the ward and consideration has been given to the way that the male and female rooms are allocated, to ensure optimal privacy and safety for each patient group.

The day areas are relatively well maintained although there are some signs of wear and tear. We were advised that it has been five years since the ward was decorated, although redecoration is due soon. There are a range of rooms offering different functions – interview-type rooms, a large TV lounge, a pool room, a multi-purpose

room which has a kitchen as well as art materials and musical instruments. We thought that the environment offered patients a variety of spaces where they can engage in different types of activities and as such, the noise level on the ward was minimal.

We were pleased to see that there has been significant improvement to the outdoor space. The ground cover has been replaced with a grass-like surface and there is new purpose built furniture. There is ongoing work to further develop specially designed planters and to decorate the surrounding walls. The area appears more inviting as a result of the changes and when fully complete, should be an enjoyable space for patients to access.

Summary of recommendations

1. Managers should review the provision of pharmacy input into the IPCU to ensure it meets the needs of patients and staff on the unit.
2. Managers should ensure that an up-to-date copy of any specified person forms (RES 1 and/or RES 3) are kept in the care plan.

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@mwscot.org.uk

website: www.mwscot.org.uk



