



Mental Welfare Commission for Scotland

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

Date of visit: 16 March 2017

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 2/3 is also a mixed-sex unit, with eight beds. It is a behavioural support and intervention unit, providing care and treatment to adults with learning disabilities and who display stress and distressed behaviours, including some patients who have autism. The units are part of the Strathmartine Centre.

We last visited the Craigowl Centre on 13 August 2015 and made recommendations about care planning, rights and restrictions and refurbishment work in the centre. We last visited Flat 2/3 on 8 October 2015, as part of a themed visit to people with learning disabilities in hospital. We did not make specific recommendations on this visit but we identified that there were issues about care planning documentation, about the physical environment and about the number of patients who were formally designated as delayed discharge patients.

On the day of this visit we wanted to follow up on previous recommendations by looking at care planning and the environment in the two units. The visit to the Craigowl Centre was an announced visit but as both units are on the same site at the Strathmartine Centre we also visited Flat 2/3 on the same day, on an unannounced visit.

We met six patients and reviewed their files. A number of patients have very little verbal communication making it difficult to have meaningful discussions with them; therefore, we reviewed a number of case files where patients were not able to speak to us.

We spoke with the consultant psychiatrist, ward managers and the practice development nurse for the service.

Commission visitors

Ian Cairns, Social Work Officer and visit co-ordinator

Kate Fearnley, Executive Director (Engagement and Participation)

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Participation

Patients who we were able to talk to during the visit were generally complementary about support that they were receiving from staff and we observed very positive interactions between staff and patients throughout our visit. Patients also said that they felt involved in care planning and in decisions about their care and treatment, and that they attended multidisciplinary team (MDT) meetings and their care programme approach (CPA) reviews. The participation of patients attending weekly MDT meetings though is not recorded consistently.

Care planning

Care planning documentation remains variable across the two units.

In Flat 2/3 some files had very detailed positive behaviour support plans. We could also see that learning disability Health of the Nation Outcome Scales (HONOS) were being completed and that specific issues identified in the HONOS forms linked with specific guidance or individual care plans. However, some care plans had no dates in review schedules so it was not clear what the timescales for review were. Some care plans also had very little detail about specific interventions which should be carried out to meet identified needs and care goals. We feel that this will make it very difficult to review the effectiveness of interventions and to make sure that care plans are person-centred.

In Craigowl Centre we noted that the approach to care planning was predominantly a risk management focussed model. We did not see specific person-centred care plans and in the files reviewed care plans appeared to be subsumed within the information and guidance recorded in risk management plan documentation.

We did feel that care and treatment is well reviewed, with regular multidisciplinary team meetings and with regular reviews within the CPA framework. As mentioned above, participation of patients in meetings could be recorded more consistently.

Multidisciplinary input

We saw clear evidence of good input from other health professionals to the provision of care and treatment. There is regular input from occupational therapy, speech and language therapy services and from clinical psychology. In the files we saw evidence of appropriate links with specialist consultants, depending on individual patients' health needs, and of input from services such as chiropody, dentistry and from opticians. Good attention seems to be paid to meeting physical health care needs and staff in the units feel that the service provided by a local GP practice is excellent.

We did not see detailed information about annual physical health checks on the visit but staff explained that this is because patients will attend the health centre for an annual review by the GP and the record of this will be held in the health centre records. While this seems appropriate, we would suggest that a brief note about attendance at the health centre for an annual physical health review should be recorded in the files in the units.

We also noted in care plans and risk management plans that there was very limited reference to therapeutic interventions which nursing staff in the units would employ. A lot of therapeutic work, either with individual patients or in groups, is done within the day centre by the clinical psychology service. We feel that there are interactions between nursing staff and patients in the units which will have a therapeutic focus and that this should be documented more clearly, to make sure that there is a consistency in the therapeutic approaches used by clinical psychology and being used within the units.

We discussed issues about care planning at the end of our visit. We heard about work which is in progress and is being undertaken by the local learning disability nurses forum and also by the practice development nurse. We were told that a learning disability specific audit tool is being developed, which will be used to audit care plans within inpatient units. We heard about work which will be done to develop the person-centred approach, as part of the clinical governance and performance agenda.

We found that navigating patients' files was sometimes difficult. Some files were bulky with information which could be archived, and staff seemed to be working with two parallel systems – the electronic record system which is slow and difficult to navigate, and a paper system which staff rely on because of lack of access to the electronic system. We were already aware that the current electronic records system used by NHS Tayside is being replaced and staff hope that the new system will be able to be adapted to reflect the needs of patients with a learning disability. We were also made aware that there is a vacant admin post and this has been affecting the maintenance of files within the units.

Recommendation 1:

Managers should ensure that work to develop a specific care plan audit tool and to develop the focus on person-centred planning is prioritised.

Recommendation 2:

Managers should ensure that the new electronic records system encourages the recording of person-centred care plans which contain individualised information, clear interventions and care goals and allow staff to record access information easily.

Recommendation 3:

Managers should ensure that administrative tasks including the maintenance of files are completed.

Use of mental health and incapacity legislation

Relevant copies of Mental Health Act detention paperwork was kept in individual files, apart from one file which did not have a copy of the compulsory treatment order. This was raised with the staff on the day. We also noted that one file did not have a copy of the guardianship powers that had been granted and we advised on the day that a copy of the document stating the powers of any welfare guardian who has been appointed should be held within the case notes.

Consent to treatment certificates (T2 forms) and certificates authorising treatment (T3 forms) were all in place. In one file the T3 form could not be found, although when we checked a T3 had been granted. In another file we also noted that medication to be administered as required was prescribed but was not authorised on a T3 form. When we checked the medication sheets this as required medication had not been administered.

Section 47 certificates which authorise medical treatment for people who are unable to give consent were in place, with treatment plans attached.

Rights and restrictions

Patients in the units have good access to independent advocacy supports. We noted that staff have been using a gradual stepped approach and this patient is now able to tolerate more contact with other patients both within the unit and in activities outwith the unit. We were pleased to see positive progress in this case.

A number of patients in Craigowl Centre are specified persons in relation to Sections 281-286 of the Mental Health Act, which can allow certain restrictions to be placed on patients. The Commission expects restrictions to be legally authorised and the need for restrictions to be regularly reviewed. In several files we noticed that RES1 forms, which are completed when a patient is designated a specified person, were out of date. This was raised with the consultant psychiatrist after the visit and we were told that there is a system in place for monitoring when forms will expire and that in most cases up to date forms had been completed but had been sent to the central mental health act administration team.

Recommendation 4:

The RMO should ensure, after completing relevant forms for specified person provisions that a copy of the up to date forms are kept in individual files.

Activity and occupation

There is a broad range of activity provision within the units and particularly in the day centre which is in the grounds at Strathmartine Centre. Varied activities are available and the five day service in the day centre includes OT-facilitated groups, psychology-led therapeutic groups and various placements including gardening and woodwork. We felt that there was a good emphasis on activities to develop daily living skills, and we saw that people are accessing local facilities and attending activities run in the community, such as sessions led by park rangers in Dundee. There seems to be a good balance between activities with a focus on daily living skills, work placements, therapeutic work and activities which have a more social or recreational purpose. We were also pleased to see a strong emphasis on encouraging the involvement of patients in physical exercise.

The physical environment

Some refurbishment in both units had been completed since our last visits. The layout of the buildings remains problematic, with lengthy corridors and areas which make observation by nursing staff difficult. Some work could be done to make the environment less institutional and while we heard that pictures and other items on walls have been removed by patients there would be scope to decorate walls with murals or to use more robust fittings. However, the Commission is aware that options for the future provision of learning disability inpatient services are being progressed by NHS Tayside. We feel it is important that decisions are taken as soon as possible with the full involvement of all stakeholders, as there is clearly a pressing need now to provide enhanced environments for learning disability inpatients in NHS Tayside.

Any other comments

A total of 10 patients in the two units are formally recorded as delayed discharge patients, which means that they would be able to move on from hospital if appropriate accommodation with support was available in the community.

We discussed this issue with staff at some length during the visit and heard that potential placements have been identified for a number of patients. However, some of these new placements will not be available for a considerable period of time because they will be in accommodation which will be newly built and which is yet to receive planning permission. One patient's case has already been reviewed at a Mental Health Tribunal and the Tribunal made a recorded matter relating to the provision of community care services. We will follow this up with the Tribunal.

The Commission has raised concerns previously with NHS Tayside about the number of patients with a learning disability who are ready for discharge from hospital. We are aware that some patients have been able to move on from hospital

over the past year but we remain concerned about the number of patients who may have to wait for a considerable period of time because accommodation and support is not available in the community to allow them to be discharged from hospital. We will follow this up with health and social care partnerships.

Summary of recommendations

1. Managers should ensure that work to develop a specific care plan audit tool and to develop the focus on person centred planning is prioritised.
2. Managers should ensure that the new electronic records system encourages the recording of person-centred care plans which contain individualised information, clear interventions and care goals and allow staff to record access information easily.
3. Managers should ensure that administrative tasks including the maintenance of files are completed.
4. The RMO should ensure, after completing relevant forms for specified person provisions that a copy of the up to date forms are kept in individual files.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report. In that response we would also want to receive update information about the future plans for each of the patients in the two units who is identified as a delayed discharge patient.

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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