

Mental Welfare Commission for Scotland

Report on announced visit to: Loch View, Stirling Road,
Larbert, FK5 4AE

Date of visit: 29 January 2019

Where we visited

Loch View is an NHS assessment and treatment unit for adults with learning disabilities, autism, and complex health needs which cannot be met at this time in a community setting. Patients are accommodated across three houses with capacity for 20 patients in total. On the day of our visit there was one vacancy across all three houses.

We last visited this service on 23 January 2018, and made one recommendation about the frequency of multi-disciplinary team (MDT) meetings for long-term patients, to ensure a person-centred focus on discharge planning, particularly for patients who are subject to delayed discharge.

On this visit we heard that MDT meetings take place every eight to 12 weeks, dependent on patient need, and about full house reviews each Monday for each house on a three-week cycle.

We also wanted to hear about ongoing planning for patients who have been in hospital for lengthy periods, and who are deemed delayed discharges. We are concerned about delayed discharge, both because of the impact on patients awaiting discharge and their families, and because it affects the ability of the service to respond to those requiring admission.

On the day of our visit we heard that there are currently nine patients (45 percent) within Loch View whose discharges have been significantly delayed. However, for the majority of these patients, there was active discharge planning underway. For those whose discharge was not progressing the Commission will write to the relevant Health and Social Care Partnerships for further information about the ongoing delays.

Who we met with

We met with and/or reviewed the care and treatment of nine patients, and spoke with two families of patients.

We spoke with the head of learning disability nursing for both inpatient and community learning disability services, the senior nurse, and the senior staff nurses for all three houses.

Commission visitors

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

During our visit we found care plans to be detailed, person centred, and thorough. Accessible care plans were available for patients where appropriate. The care plans showed an in depth knowledge of the patients, with records of detailed nuances in patient presentation which afforded early intervention, and the prevention of escalating stress and distress.

There was good involvement of the wider multi-disciplinary team (MDT) in planning complex care for patients, and the service is working towards establishing the use of a positive behaviour support model of care which will further enhance the service delivery.

Psychology input was evident throughout patient records with involvement in the formulation of care plans for complex care needs and behavioural care planning, as well as staff supervision and support to deliver psychological therapies.

Risk assessment and management plans were again detailed, person centred, and regularly reviewed.

Within patient records, we saw evidence of regular engagement with families and carers and, where appropriate, their involvement in MDT meetings. One family spoke very highly of their experience of care within Loch View and felt very included in discussions about their son's care. Where there were issues, they felt that staff were open to discussion and appropriate action was taken.

Another family member felt this was not the case and, although acknowledging her involvement in MDT and planning meetings, did not feel that her views were always valued or acted on, particularly in light of her status as welfare and financial guardian.

Within patient records, we saw good attention to detail in terms of physical health needs with evidence of regular health screening, vision passports, and evidence of involvement in national screening programmes.

The service currently has three staff vacancies, although there are active recruitment processes to address this. We heard on our last visit that staff from Loch View were supporting a patient within another Forth Valley resource, and that this was impacting significantly on capacity to deliver the full range of supports required on a daily basis. We were disappointed to hear that this arrangement continues, and that the impact on service delivery and staffing within Loch View is ongoing. We will write to senior management within Forth Valley for further information in relation to this arrangement.

Use of mental health and incapacity legislation

For patients who were subject to compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 (Mental Health Act), we found appropriate legal documentation authorising their care, including certificates authorising treatment (T3s). We noted that T3 certificates were located within the electronic record, and a printed copy was available within paper files. We discussed the accessibility of these certificates to nursing staff administering medication, as these are not linked at the moment to the electronic medication administration system (HePMA), to allow nursing staff to confirm that authority is in place to administer a particular medication.

Managers have committed to exploring further if these certificates can be uploaded to HePMA and identifying a more immediate arrangement as an interim measure.

Where patients were subject to measures under the Adults with Incapacity (Scotland) Act 2000, there were copies of orders on file detailing what powers were authorised and to whom. Section 47 certificates and associated treatment plans were also available to authorise medical treatment for patients who lacked capacity to consent. Within these certificates we did not always see evidence of consultation with welfare guardians who held powers to consent to medical treatment, and we would expect this consultation to be carried out and recorded as part of this process.

A number of the patients have their funds managed by the hospital, and we saw good examples of how these funds were used to promote the patients' welfare. Where possible, patients have personalised their own spaces within bedrooms and we saw very comfortable, homely spaces that are not always achievable within hospital settings.

Recommendation 1:

Managers should ensure that s47 certificates include a record that appropriate consultation has been carried out with proxy decision makers who have powers to consent to medical treatment.

Rights and restrictions

All three houses within Loch View operate a locked-door policy, which is appropriate to ensure the safety of the patients. We spoke to one patient who was not subject to statutory measures, but had been made aware of her right to leave the ward if she chose to do so.

Each patient has an individual risk assessment, which details what level of support the individual requires outwith the ward setting, although it was recognised that the ability to provide an agreed level of support can at times be impacted on by staff availability.

During our review of files we saw care plans for a number of patients who require the use of restraint at times. These were detailed and geared towards de-escalation in the first instance and, wherever possible, with physical restraint as a last resort to ensure the safety of the individual patient, other patients, and staff. Episodes of restraint are recorded and analysed as part of an ongoing review process. Staff, and patients, where appropriate, are debriefed following restraint to review the specific incident, as well as to provide a degree of support for staff following these challenging aspects of care provision.

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

Within patient files we saw structured, person-centred activity plans which offered opportunities to participate in a range of social and recreational activities. During our visit we saw patients participating in complementary therapies including massage, beauty therapies, and aromatherapy. We also heard from patients about visits from the therapy dog to the houses.

Occupational therapy (OT) also offered a range of targeted, recovery-focussed interventions in line with individual patient goals identified within care plans.

On the day of our visit a women's group was convening, which was open to both inpatient and community-based patients.

We heard from staff that they would like to offer more in the way of activities within the houses, but that this can, at times, be difficult to balance depending on clinical need and providing additional staff to support the external placement referred to earlier from the staff complement. We will address this directly to senior management as described above.

Patients were also afforded personal space to pursue individual interests (e.g. listening to music, watching television in their own rooms), and we felt it was important that this personal time was built in to patients' weekly planners, albeit balanced by more structured activity time.

We also heard about the continuing involvement of support from private providers for patients who are beginning to work towards discharge, to ensure a continuity and consistency in this important transition.

The physical environment

Accommodation within Loch View is bright, and appeared clean and well maintained. It offers as homely an environment as a hospital setting can. Small kitchen areas within

the houses and over in the communal main building offer opportunities for patients to develop daily living skills, and the small lounges and dining areas are pleasant, well furnished, and comfortable.

Each house has access to an enclosed safe garden space, which is well used during better weather. We saw potting sheds, and vegetable and fruit plots, which patients can utilise, and we heard how they enjoyed using the produce within the houses.

Accommodation within the three houses is divided into one eight-bedded and two six-bedded units. The environments can become noisy at times, and are not best suited for patients who are sensitive to noise. Staff do try to manage this in as constructive a way as they can, but this can remain problematic for some patients.

Any other comments

With discharge planning progressing and the potential for a significant number of discharges over the coming year, the service is beginning to consider how Loch View can best continue to meet the needs within the local area and to resume their primary function of assessment and treatment. We will be interested to hear how these plans develop.

A further area for development for the service is enhancing knowledge and skills in supporting patients with a diagnosis of autism. While autism awareness is a feature across the service, there is an acknowledgment that this could be augmented by more specialist training for key staff who can then lead service delivery in this area.

Summary of recommendations

1. Managers should ensure that s47 certificates include a record that appropriate consultation has been carried out with proxy decision makers who have powers to consent to medical treatment.

Good practice

The link across inpatient and community learning disability services within Forth Valley is a particular strength, and is led by the three consultant psychiatrists who cover both inpatient and community services within their own area. This provides a consistency and breadth of knowledge of local resources which supports the flow in and outwith the hospital setting.

This is further enhanced by the introduction of a new Integrated Care Pathway (ICP) process which supports comprehensive sharing of information at key points in the patient's life.

Service response to recommendations

The Commission requires a response to this recommendation 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.

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