



Mental Welfare Commission for Scotland

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

Date of visit: 23 January 2018

Where we visited

Loch View is an NHS assessment and treatment unit. The unit provides assessment, care and treatment for adults with learning disabilities and complex health needs which cannot be met, at this time, in the community. We visited all three houses within Loch View.

We last visited this service on 11 March 2015 and made recommendations in relation to the provision of occupational therapy (OT) within the unit, plans for progressing delayed discharges, care planning and general management of files and reviewing multi-disciplinary team (MDT) involvement in the care of the patients.

On the day of this visit we wanted to follow up on the previous recommendations. We also wanted to look at how delayed discharges are being managed, and the impact of this management on discharging patients, who have been deemed fit for discharge.

In February 2016, the Mental Welfare Commission published a themed visit report, 'No Through Road'.

https://www.mwscot.org.uk/media/296413/no_through_road.pdf

This report was informed by visits to all 18 hospital units for people with learning disability, review of records and feedback from carers. The report made recommendations about quality of life, environment, rights and restrictions, health needs and participation and involvement of patients and carers. During this visit we wanted to consider how these recommendations had been incorporated into the care and treatment of patients within Loch View.

Who we met with

We met with and/or reviewed the care and treatment of seven patients and met with five relatives/carers/friends.

We spoke with the acting lead nurse for learning disability, the acting senior nurse for Loch View and the senior nurses for each of the three houses on site.

Commission visitors

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

Ritchie Scott, Medical Officer

What people told us and what we found

Care, treatment, support and participation

Since our last visit in 2015, Loch View has reduced its bed numbers from 26 to 20. Previously the service operated across four houses and this has been reduced to three houses.

House 1: Eight beds, mixed sex population

House 2: Six beds, mixed sex population

House 3: Six beds, mixed sex population

We heard that following this reduction in capacity, 50% of the savings made as a result were retained and reinvested in the service.

In addition to the three houses, there is a separate building which provides interview rooms, offices, a large meeting room and five multipurpose therapy rooms, including a multi-sensory room (Snoezelen room).

On the day of our visit there was one vacancy with another discharge planned for later that day resulting in a second vacant bed. Staff from Loch View also support an adult with learning disability who is accommodated within another Forth Valley resource, and we will write under separate cover with regards to this arrangement.

During the visit we noted the overall complexity of need, both on an individual basis, and consequently as a collective, as patients at times struggled to manage the presentations and challenges of others and the impact this has on individual patients.

We heard that the unit had recently been running with 4.8 WTE staff vacancies, although following recruitment activity, two of these vacancies were due to be filled. This coupled with the additional activity out with Loch View, as discussed earlier, can impact on staffs' capacity to deliver the full range of supports required on a daily basis.

There are three consultant psychiatrists who cover Falkirk, Stirling and Clackmannanshire and provide this cover across community and inpatient learning disability settings. This provides a continuity of care for patients regardless of their setting.

Since our last visit in 2015, we heard that OT cover was significantly improved, with one full time OT and two OT assistants providing support within Loch View. We saw evidence of this increase in activity whilst reviewing case files.

In addition, psychology services have been augmented, and given the complexities of the care needs within Loch View, this was viewed positively by staff. Although, we heard from a carer that they felt psychological support for their family member was limited and could be improved.

For short-term patients, within the unit MDT meetings were held every four to six weeks, and every six months for long-term patients. A significant proportion of these longer term patients were deemed to be delayed discharges. In a number of cases,

delayed for many years and we discussed whether six monthly MDT meetings were sufficient to ensure that a focus on discharge planning was maintained. We were informed of other delayed discharge planning activity which was taking place monthly, and supported by the Improvement Hub from Scottish Government. Nevertheless, we felt the patient/carer participation in MDT meetings might offer a more person-centred context for these discussions and more regular MDT discussion may be of benefit.

Care planning within the service was detailed, person-centred and had clear goals in terms of developmental activity for patients. In addition to the formal care plans within patients' records, we saw accessible care plans which patients retained within their own rooms. The care plans evidenced the involvement of the range of the MDT with detailed risk assessment and management plans, including positive behaviour support and clear review timescales.

Within Loch View there are 10 patients whose discharge is delayed and we saw evidence of multi-agency planning processes designed to address these delays. However, there was evidence of discharges continuing to be delayed since our last visit in 2015. The Commission will write to the local health and social care partnerships involved in these discharge planning processes for updates in individual circumstances.

We saw good attention to detail in terms of physical health needs. Local GPs attend Loch View twice weekly and have a good working knowledge of patients within the unit. In addition, staff carry out an annual health check and provide support for patients to attend outpatient appointments or during any hospital admission for physical health complaints.

Recommendation 1:

Managers should consider the frequency of MDT meetings for long term patients to ensure a person-centred focus on discharge planning.

Use of mental health and incapacity legislation

Patients within Loch View are subject to a range of mental health and incapacity legislation, either compulsory treatment orders or welfare guardianships, and in some instances both. In all of these instances we saw up to date legal documentation with detailed review dates.

There were a number of patients whose care is delivered on an informal basis, but where plans are in place to consider what legislative authority will be required to support discharge plans in the future.

Where appropriate medical treatment was authorised by Adults with Incapacity (Scotland) Act 2000 (AWI), s47 certificates with detailed treatment plans in place and evidence of consultation with welfare guardians. Consent to treatment certificates (T2) and certificates authorising treatment (T3) were also in place.

10 patients have their funds managed by the hospital, and there is evidence of patients' funds being used creatively for the patient's benefit, with rooms personalised according to individual taste and patients being supported to go on holiday.

Rights and restrictions

All three houses within Loch View operate locked door policies due to the high levels of vulnerability among the patient population. Each patient has an individual risk assessment relating to the level of support required out with the house.

We heard from carers that visiting times are from 2pm-4pm and 6pm-8pm and that this can be restrictive, particularly if the carer is required to travel a distance. Staff advised that visiting out with these times can be accommodated with prior arrangement, and they try to be as flexible as possible without causing disruption for other patients.

We saw a number care plans that included restraint which were detailed and evidenced the involvement of the MDT to ensure that the use of restraint was minimal and used as a last resort. Any use of restraint is reported, audited and analysed on a monthly basis to ensure care plans continue to be fit for purpose.

The use of Safespace equipment in one of the houses has offered a bespoke solution to the management of stressed and distressed behaviours. Safespace equipment is designed for adults and children who may be unsafe in an ordinary room or bed, and are used for people with special, sometimes very complex needs including autism. This has significantly reduced the requirement restraint, and was viewed as a creative and responsive addition to the ward environment.

Overall we saw that patient's rights were respected, and where these rights were restricted, it was done lawfully and in line with good practice.

Activity and occupation

Within Loch View we saw evidence of a wide range of social and recreational activities. They included art and music therapy, aromatherapy, and community outings, as well as activities aimed at learning new skills, such as, cooking, social skills and finding new interests.

Each house has access to a safe outside garden space. We were impressed by the creative use of this space, both on an individual basis, with one patient having his own summer house equipped with activities he enjoys, and on a group basis, with patients involved in growing vegetables for use within the house.

We heard that due to the diverse nature of the patient group, at times it was difficult to engage in group work, and therefore individual patients tended to have tailored activity plans depending on their needs and interests. However, where possible staff continue to promote interaction and social skills development as a group.

Recording of activity levels was found to be variable but we heard that the service is about to move to the Structured Day recording process on Care Partner, which should support and improve recording in this area.

We were pleased to see that, as well as structured activity, patients were able to have personal space. There was evidence during our visit of individual patients enjoying time in their own rooms, listening to music or simply having down time within what is a busy environment.

We heard from one family that they would appreciate staff support to accompany them to take their family member out, as they did not feel they would manage this alone, but would like to be able to have time out with the hospital setting. Staff informed that where possible they would try to accommodate such requests but that this is dependent on capacity within the service at any given time.

The physical environment

During our visit we were pleased to see that the physical environment was clean and well maintained with access to a safe enclosed garden space for each of the three houses.

Patients had their own bedrooms and access to a homely sitting and dining area. Given the length of stay for some patients, there was evidence that every effort had been made to make their bedroom space as personal as possible, with soft furnishings and décor chosen where possible by the patients.

In addition, there was access to kitchen areas which could be used to develop or maintain daily living skills, and become involved in therapeutic and recreational activities.

Noise levels within one of the houses was identified as an issue by a family carer, particularly in light of their family member's sensitivity to noise. Staff were aware of this and were seeking opportunities to manage and minimise this particular issue.

Where patients had physical disability, we also saw evidence of personalised specialist equipment being available including beds, Safespace and bathing equipment. We saw a creative use of an activity space in the main building which is used to support a patient who requires space to eat alone, as he is unable to tolerate communal eating facilities.

The indoor space was enhanced by good use of the garden area, both for individuals and for groups who were involved in gardening activities as part of their structured plans.

Good practice

Loch View have a bank of information available for patients and families/carers, including an admissions leaflet, patient visitors leaflet, suggestions and complaints information and restraint advice in an accessible format. There have been attempts to establish a Carer's Forum on a number of occasions, but this has not been taken up. We heard from carers during the visit that they have good links with the consultant psychiatrist and nursing staff responsible for their family member's care and treatment.

Overall this was a very positive visit to Loch View, with examples of personalised good practice across the service and reflected the recommendations contained within the Commission's 'No Through Road' report in 2016.

By way of continued improvement the service might wish to consider the use of the Commission's good practice guide 'Human Rights in Mental Health Services'.

https://www.mwscot.org.uk/media/369925/human_rights_in_mental_health_service_s.pdf

It can be used as a resource for training and discussion, and to select areas to focus on for sustained and further improvement.

Summary of recommendations

1. Managers should consider the frequency of MDT meetings for long term patients to ensure a person centred focus on discharge planning, particularly for patients who are subject to delayed discharge.

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.

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