

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** The State Hospital, Arran and Mull hubs, 110 Lampits Road, Carstairs Junction, Lanark ML11 8RP

**Date of visit:** 8 August 2017

## **Where we visited**

The State Hospital is a high security hospital and is the national service for Scotland and Northern Ireland for patients with secure care needs.

Patients in the State Hospital are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings. Due to this level of restriction, the Commission visits the State Hospital twice each year to give patients an opportunity to speak with Commission visitors.

We last visited the State Hospital on 14 February 2017, however our last visit to Arran and Mull Hubs was on 23 August 2016. From these visits we made recommendations about delayed discharges, especially those where the delay is not subject to the appeal against excessive security; outdoor shelters; access to toilet facilities in the Skye Centre; continuity of patient activities; and restrictions to food shopping outside of the hospital.

This visit was primarily to see patients in the Arran and Mull hubs (wards not visited on our last visit). These hubs have patients with varying degrees of mental illness and the wards provide both assessment and continuing care/rehabilitation. The hubs at the State Hospital normally consist of three 12-bed wards. At the time of this visit, a ward on each hub was closed mainly due to low patient numbers, therefore we saw patients in wards Arran 1 & 2 and Mull 1 & 2.

We also spoke with two patients in the Iona hub (learning disability ward), who had specifically asked to meet with the Commission visitors with regard to personal matters about their own situations and were looking for advice.

On the day of this visit, we wanted to give patients an opportunity to speak with Commission visitors and follow up on the issues identified from previous visits.

## **Who we met with**

We met with and / or reviewed the care and treatment of 20 patients, and spoke with the charge nurses and other clinical staff on the wards we visited.

In addition, we had individual meetings with the general manager, advocacy service manager, social work manager and the patient involvement co-ordinator.

## **Commission visitors**

Paul Noyes, Social Work Officer and visit co-ordinator

Mike Diamond, Executive Director Social Work

Dr Stephen Anderson, Consultant Psychiatrist

Margo Fyfe, Nursing Officer

Mary Hattie, Nursing Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

The issues raised by patients were mainly personal matters regarding their care and in many cases their frustrations about being in the State Hospital and a desire to move on.

Despite these frustrations, the patients we interviewed generally spoke favourably about their care and said they found staff supportive and approachable.

Our visitors were able to easily access and navigate the electronic records on the RiO system; arrangements made by the hospital for our visitors to access records worked well and were efficiently managed.

We continue to be pleased to find clear, up-to-date care plans, with good input from the full multidisciplinary team and a particularly good level of input from psychology and OT services. We saw evidence that patients were involved in discussions about their care, and where possible their families were also included in these discussions.

We also noted good input from pharmacy and dietetics, both of which are particularly important given the additional complex physical health needs of many of the patients.

Staff we spoke to on the wards were knowledgeable about their patients and helpful with regard to our enquiries.

### **Use of mental health and incapacity legislation**

There were no issues of concern. All patients at the State Hospital are detained under the Criminal Procedures Act or the Mental Health Act, with legal documentation well maintained in personal files.

We reviewed the T2 and T3 forms which authorise prescribed medication and no significant issues were identified with these forms. We noted that pharmacy were helpfully involved in the review process and had highlighted when forms were due for renewal. In two cases, up-to-date forms were not with the Kardex and we raised this with the charge nurse.

### **Rights and restrictions**

Generally the Commission has been made aware of situations where there have been difficulties moving patients from the State Hospital to lower levels of security. This was not an issue for any of the patients we saw during this visit, but we stressed in our meeting with managers and other agencies (particularly advocacy) that the Commission would want to be kept aware of such situations.

## **Activity and occupation**

Patients we saw were accessing a good range of recreational and therapeutic activities. We did however hear that there have been a number of retirements and staff changes at the hub, and some activities had been curtailed pending recruitment of new staff. We were also aware that if there are shortages of staff this can impact on the ability to provide escorts for patients to get to activities or for grounds access.

It does seem that despite the closure of two wards at the present time maintaining staffing levels for activity provision can still be an issue. Some of this difficulty is due to several patients requiring enhanced levels of observation / interventions, which sometimes requires three or four staff to manage one patient.

The issue of maintaining staffing continues to be an issue and we repeat our previous recommendation regarding staffing levels.

### **Recommendation 1:**

Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs. We want a plan from the hospital to show how this is being addressed.

## **The physical environment**

Arran and Mull hubs, along with Iona and Lewis, constitute the inpatient wards of the State Hospital. All the hubs were purpose built as part of the hospital redesign only a few years ago so are very much fit for purpose, with single en suite rooms, access to a secure garden area and appropriate areas to nurse patients safely and securely.

An ongoing issue has been the provision of an outdoor shelter proposed for Arran ward. This has been delayed for a variety of logistical reasons, but we were assured that it is about to be completed imminently. The Commission would wish to be informed if there are any further delays to this work.

We were also informed that the issue of patient access to toilets during grounds access is being progressed with the updated version of the Patient Movement Tracking System

### **Any other comments**

**Healthy Lifestyles** - There are ongoing concerns with regard to helping patients maintain healthier lifestyles, and an acknowledgement that the purchase of large amounts of confectionary, snacks and fizzy drinks by patients puts their health at risk.

Managers are currently looking at options as to what patients may purchase from outside the hospital and ways to improve healthier choices in spending their money.

We were made aware of considerable concerns among patients that there may be restrictions on their current ability to purchase food from outside the hospital, and their worries of limitations and additional expense if restricted to the hospital shop.

Concerns were also raised by patients that there may also be changes to what their visitors are able to bring in.

We were assured that no decisions have been made as yet and the situation is still under review. The Commission has asked to be kept updated on any developments affecting patients.

**Equalities** – An issue of interpreting services for a patient with limited ability to communicate in English was raised as a potential issue, due to an ongoing need for interpreting in terms of day-to-day care. This was in relation to a specific patient and the Commission asked to be kept informed of any difficulties.

## **Summary of recommendations**

Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs. We want a plan from the hospital to show how this is being addressed.

## **Service response to recommendation**

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.

**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](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

