



Mental Welfare Commission for Scotland

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

Date of visit: 30 August 2018

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 13 February 2018, but our last visit to Arran and Mull Hubs was on 8 August 2017.

At the time of our last visit, there had been particular issues regarding short-term changes imposed as part of emergency measures to control the hospital budget. These changes were mainly directed at reducing staff overtime costs. The Commission had requested weekly updates from managers while emergency measures were in force. The Commission was kept fully informed of the impact of these changes for patients during this time. The other ongoing issue has been the ability to provide sufficient staff in the provision of activities due to various staffing pressures.

This visit was primarily to see patients in the Arran and Mull Hubs, wards not visited on our last visit in February. These hubs had patients with varying degrees of mental illness, and the wards provided 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 continued to be closed mainly due to low patient numbers, so 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) due to ongoing contact with the Commission.

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 17 patients, and spoke with the charge nurses and other clinical staff on the wards we visited.

In addition, we had individual meetings with the clinical operations manager, advocacy manager, social work manager, and the involvement and equality lead.

Commission visitors

Paul Noyes, Social Work Officer and visit co-ordinator

Dr Mike Warwick, Medical Officer

Douglas Seath, Nursing Officer

Mary Leroy, Nursing Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

As is generally the case with our visits to the State Hospital, 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. The main purpose of the Commission's twice yearly visits to the State Hospital is very much to allow these patients to share their frustrations and for the Commission to be able to be reassured of the legality of their care and treatment in conditions of high security.

Patients, despite their individual frustrations, were still generally complementary about their care and treatment and said that they found staff supportive and approachable. Patients reported that they saw their doctors regularly and felt involved in discussions about their care. Most were also happy that their families, were included in care discussions. Staff we spoke with were knowledgeable about their patients and helpful with regard to our enquiries.

Patients also said they were treated respectfully by staff. One patient said to us he had heard staff speaking to another patient in a way that he felt was demeaning and he was encouraged to report any such concerns to senior staff.

As with previous visits, we found evidence of good care and treatment for patients. Day-to-day nursing notes were detailed, there were up-to-date care plans with good input from the full multidisciplinary team, and a particularly good level of input from psychology and occupational therapy (OT) services. There also continued to be good input from pharmacy and from dietetics.

We were pleased to hear of a recent initiative to introduce a health and wellbeing care plan for patients, with a focus on diet and exercise. There were significant weight problems for many patients in the hospital due to unhealthy lifestyles, frequently resulting in physical health problems such as diabetes and heart problems. The introduction of individualised interventions focussing on these areas is likely to be of great benefit to patients' overall health.

We were able to easily access and navigate the electronic records and our access was efficiently managed.

Use of mental health and incapacity legislation

Given the high level of restrictions on patients at the State Hospital, they were all detained under either the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment (Scotland) Act 2003. Legal documentation was well maintained and accessible in personal files.

We reviewed the T2 (consent to treatment certificate) and T3 (certificate authorising treatment) forms that authorise prescribed medication, and no significant issues were identified with these forms, though we noted that for a number of patients their T2 forms had not been forwarded to the Commission and this situation needs to be rectified.

Recommendation 1:

Managers to ensure the Commission receive copies of T2 consent to medical treatment forms.

Rights and restrictions

Patients in the State Hospital (a high security facility) are highly restricted in relation to freedoms that would normally be expected by individuals in other hospital or community settings. At the time of our visit, as we expected, all patients were legally detained, had access to legal representation and also had ready access to advocacy support.

During our visit we became aware of at least one patient placed in the State Hospital under the 'exceptional circumstances' clause, a situation where a patient is placed in the State Hospital where no lower security option is available. The Commission has asked managers to make them aware of any such situations.

Activity and occupation

We noted that patients in the hospital were generally accessing a good range of recreational and therapeutic activities.

Activity provision, however, is very vulnerable to pressures on staffing, and also the availability of finances for equipment and resources. Some patients reported not being able to access a level of activity they would like. We also heard from patients that resources seem to be restricted at the present time, meaning equipment is becoming old or not replaced and other resources for activities also seemed to be less available.

We were also aware from speaking with staff that a shortage of staff can result in activity being cancelled or less time being available to facilitate off-ward activities for patients. We also heard that shortage of staff can lead to patients spending more time in their rooms rather than being able to be out on the wards.

We have made recommendations in previous reports that managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs. This appears still to be a significant difficulty, particularly in a climate of financial pressures, and our previous recommendation is repeated. We will escalate this recommendation to the Chief Executive for a response.

Recommendation 2:

Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.

The physical environment

The physical environment of Arran and Mull hubs was unchanged since our last visit. These units were 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.

We did receive a comment from one patient that the grounds are very sparse and would benefit from more plants and colour. We also heard that several plants and bushes in the grounds had died and not been replaced. Given the current focus on patients' wellbeing, this may be an opportunity for development in the future.

Any other comments

The issue of staffing was a recurring feature through our contact with staff and patients during this visit. We were aware of considerable staffing pressures at the hospital in relation to high rates of sickness absence, staff retirements, financial pressures, and high levels of enhanced patient observations.

These difficulties are impacting on patient care, particularly in relation to activity and staff morale. We were aware that managers were making considerable efforts to address these difficulties, but would wish to be informed of any significant issues affecting patient care should they arise.

Summary of recommendations

1. Managers to ensure the Commission receive copies of T2 consent to medical treatment forms.
2. Managers should provide sufficient staff to ensure continuity in the provision of activities in keeping with patients' assessed needs.

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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