

Mental Welfare Commission for Scotland

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

Date of visit: 13 February 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 patients in other hospital or community settings. Due to this level of restriction, the Mental Welfare 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 8 August 2017, but our last visit to Iona and Lewis Hubs was on 14 February 2017. Recent recommendations have mainly been in relation to ensuring sufficient staff levels, to provide continuity in the provision of activities. We were also made aware of concerns from patients about changes relating to their current ability to purchase food from outside the hospital.

This visit was to see patients in the Iona and Lewis hubs (not visited on our last visit). These hubs have patients with varying degrees of mental illness, and Iona hub has one learning disability ward. The hubs at the State Hospital normally consist of three, twelve bed wards which provide both assessment and continuing care/rehabilitation.

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 18 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 staff, a social work manager and the involvement and equality lead.

Commission visitors

Paul Noyes, Social Work Officer and visit co-ordinator

Dr Stephen Anderson, Consultant Psychiatrist

Margo Fyfe, Nursing Officer

Ian Cairns, Social Work Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Care plans were clear and up-to-date with good input from the full multidisciplinary team (MDT). Day-to-day nursing notes were detailed, as was the recording of MDT meetings, and we continue to be pleased to see a particularly good level of input from psychology and occupational therapy (OT) services.

Patients told us they generally felt included in discussions about their care and treatment. We also noted families were often involved 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.

The arrangements made by the hospital for our visitors to access records electronically on the RiO system worked well and was efficiently managed.

Patients were generally complimentary about the staff caring for them and felt respectfully treated. They also said they found staff supportive and approachable. Staff we spoke with were knowledgeable about their patients and helpful with regard to our enquiries.

During our visit, several patients raised specific matters regarding their care but the main issue being raised by patients and staff were concerns regarding changes made as part of emergency measures to control the hospital budget.

These changes were mainly directed at reducing staff overtime costs. The emergency measures had come into effect the day before our visit and were due to last until the end of March 2018. For most patients this will mean a reduction of activity sessions at the Skye Centre and more time spent in their hubs. This could result in frustration and boredom for these patients. Some staff normally involved in activity provision at the Skye Centre will be relocated to the wards. Ward staff were concerned patients may become more distressed and difficult to manage and felt that Skye Centre staff may be less familiar with the patients' care needs.

The other major concern was in relation to patients requiring intensive monitoring and management, often involving three or more staff. There are a relatively small number of patients in this situation but the staffing involved is very significant. The new management plan involves these patients being confined to their rooms (rooms are en suite) outside of the 9am – 5pm day nursing shift. As the restrictions were very new, the patients had not had time to experience the impact of their situation. Staff we spoke with were however concerned about the impact these changes may have on their therapeutic relationship with these patients and the effect the measures may have on patient mental health.

The Commission has been in discussion with hospital managers and advocacy at the hospital and will be updated weekly regarding the situation. Hospital managers will keep the situation under continuous review and we will maintain regular contact during this time to ensure these measures are not resulting in any deficiency in care.

Use of mental health and incapacity legislation

All patients at the State Hospital are detained under either the Criminal Procedures (Scotland) Act 1995 or Mental Health (Care and Treatment) (Scotland) Act 2003, with legal documentation well maintained in personal files.

We reviewed the T2 and T3 forms that authorise prescribed medication. There were no significant problems identified but any matters to be addressed were raised with the charge nurses or responsible medical officers on the day of the visit.

Rights and restrictions

State Hospital patients (given the nature of the hospital being a high security facility) are highly restricted in relation to freedoms that would normally be expected by patients 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.

There appeared to be no undue delays for patients moving on to lower levels of security at the current time.

Activity and occupation

The State Hospital generally has a good range of recreational and therapeutic activities for patients. The current emergency measures have had a detrimental impact on activity provision, with some Skye Centre staff being required to assist on the wards. Several patients raised concerns with us that their activities off the ward may be affected.

Lack of recreational and therapeutic activities for patients can impact on their mental health and care. We are aware of the current budget difficulties but 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.

The physical environment

The physical environment of Iona and Lewis hubs is unchanged since our last visit. 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.

Any other comments

Healthy Lifestyles - There have been changes regarding the ability of patients to purchase food from outside the hospital with respect to helping patients maintain healthier lifestyles.

These changes have resulted in much activity to engage patients in the change process and adjustments have been made to what is available at the hospital shop to accommodate patient needs. There are still concerns among patients, particularly regarding not being able to access large bottles of fizzy drinks and the additional expense incurred, but the changes appear to have been well managed.

Equalities – We heard of work to address patient needs pre-admission; a pre-admission specific needs form has been developed. This came about from work with a patient with a visual impairment. We were also informed of the benefit of the use of trained volunteers in the hospital.

Summary of recommendations

1. 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 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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