



Mental Welfare Commission for Scotland

Report on announced visit to: Stratheden Hospital, Lindores
and Dunino Wards, Springfield, Cupar, Fife KY15 5RR

Date of visit: 8 March 2017

Where we visited

Lindores and Dunino are both mixed sex wards. Lindores is a 20-bedded ward while Dunino has 25 beds. Both facilities provide longer term treatment for adults with complex mental health difficulties and physical health issues, with an emphasis on rehabilitation and independence. The age range of patients is diverse, spanning 35 to 90 years old.

Both wards are currently being reviewed by NHS Fife with a view to locating local community alternatives for patients. Staff are aware of these changes and a programme of work is about to start with patients, families and carers on proposals for the future. It is envisaged that this will take some time to complete.

Both wards have a mixture of single rooms and dormitory accommodation and are located in the older buildings in the Stratheden grounds. In some instances patient bed spaces are separated by curtains or dividers, which inhibits privacy. Some refurbishment has taken place, however, which has improved the corridors and communal living spaces.

On the day of our visit there were 17 patients on Lindores ward and 16 on Dunino.

We last visited this service on 24 February 2016 and made recommendations in relation to the authorisation of treatment for detained patients and commented on behavioural management plans.

We visited on this occasion to give patients an opportunity to raise any issues with us and to ensure that the care and treatment and facilities are meeting patients' needs. We also looked at the following:

- Care and treatment
- Patient participation and use of advocacy
- Use of legislation
- Physical environment

Who we met with

We met with 10 patients and two carers and looked at their records.

We spoke with the clinical services manager, both senior charge nurses and some of the staff nurses.

Commission visitors

Paula John, Social Work Officer

Ian Cairns, Social Work Officer

Graham Morgan, Engagement and Participation Officer

What people told us and what we found?

Care, treatment, support and participation

The patients we spoke to were very positive about the care and treatment provided by the nursing staff and felt that they were approachable and respectful. There were no strongly voiced concerns but patients did comment that the ward was old-fashioned in comparison to others, that there was a lack of alternative provision in terms of discharge planning, and that they would like a stronger emphasis on community based activities.

There is a mixed group of patients across both wards. Many of the patients have been in hospital for a considerable period of time and the longstanding nature of their illness means that their volition to become involved in social, recreational and therapeutic activities can be limited. However, we were able to see positive interventions from nursing, occupational therapy and physiotherapy staff.

Many of the patients have complex physical health and mobility problems in addition to their mental health issues. There is one consultant psychiatrist who covers both wards, with assistance from a speciality doctor. There is also a GP who attends the ward twice a week. High dose monitoring was being carried out where appropriate, and there were no patients from either ward who had covert medication pathways in place. All patients have an annual physical health check and there is an audit tool in place to monitor other specialist inputs such as cervical and breast screening. However, in one of the wards the annual physical health records could not be located. There is no pharmacy input to the multidisciplinary ward meetings although assistance is available from a pharmacy technician. Occupational therapy, dietician and psychology input are available by referral.

Care plans were person-centred with an emphasis on recovery. Detail focused on physical health, mental health and social needs. There was good information in relation to individual background histories with a personal summary on each record and a document entitled "My View".

It was also clear from discussion with nursing staff that they knew their patients well and that the care and treatment delivered was suited to their needs. We saw evidence of one-to-one meetings between patients and their named nurse recorded in the chronological notes, along with multidisciplinary meetings. Several patients commented that they felt involved in decision making by attending meetings, putting their views forward and discussing their care plans with nurses.

Not all patients attended weekly meetings but several patients had advocacy support.

Nursing care plan reviews took place and were dated accordingly. We felt some of these could display more analytical content following the review process, and detail what changes had taken place following the review.

It was also clear that for those patients with family contact, relatives' support was promoted and encouraged and where appropriate they were also involved in the patient's care and treatment.

Overall, we were impressed with the standards of care in both wards with the clear emphasis on recovery, and this was backed up by patient comments.

Recommendation 1:

Managers should ensure that care plan reviews are meaningful and include the effectiveness of interventions and reflect any changes in the individual's care needs.

Use of mental health and incapacity legislation

We found copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. These were contained within the case notes where relevant and were easily identifiable.

In line with our previous recommendation in relation to this matter, we found that an audit tool is now in place to determine correct authorisation of treatment. Section 47 certificates of incapacity under the Adults with Incapacity (Scotland) Act 2000 were completed correctly to authorise treatment, and accompanied by treatment plans.

Rights and restrictions

We found that where patients had been made 'specified persons' under the Mental Health Act authorising certain restrictions, the necessary certificates and reasoned opinions could be identified within the case notes. Some patients, however, told us that they had lighters and cigarettes taken off them under 'specified persons' regulations, which they did not feel was appropriate. We raised this issue with managers who said that the process was not used to enforce a no smoking policy but was clearly based on a risk assessment of each patient.

Activity and occupation

Patients told us that activities have improved on both wards and that there is a good emphasis on community based events. This includes trips out locally, volunteer placements in local shops, and church social groups bringing activities and events to the wards.

Staff also advised that the focus therapeutic activities is in the afternoon and evenings and these involve art and craft groups, light exercise and reminiscence and recovery

work. There has been an addition of a pool table and table tennis/football in Dunino ward. An activity plan with the week's events was clearly displayed in the dining area.

Staff echoed the views of patients in that they have found the community based activities and volunteer placements very positive and would like to develop more in this area. There is no dedicated occupational therapist based on either ward and staff felt that this was a drawback and a resource that could greatly assist recovery and rehabilitation work. Presently, nursing staff and occupational therapists who work across the hospital provide this input. Activities were recorded in the patient's chronological record and there was good participation highlighted. This was positive, bearing in mind the high number of patients assessed as having poor motivation in relation to their mental health.

The physical environment

As highlighted earlier in the report, the physical environment of both wards does contrast with the newer developments on the hospital site. Attempts have been made to improve both communal areas with the provision of artwork and redecoration and this has had a positive impact. The ward is also clean and bright. The communal spaces are large but attempts have been made to divide these up into smaller sitting areas.

Bedrooms, both in the single rooms and dormitories, did have elements of personalisation with photos and personal belongings evident. The garden area is enclosed and accessible to patients at all times. Access is easily obtained from the communal living area.

We note that both wards continue to contain dormitory areas which compromises privacy and appear increasingly dated. Some patients did comment on this and stated that they felt the ward was old fashioned, and also felt that it was either too hot or too cold.

Recommendation 2:

Managers should ensure that regular review of the ward environment is undertaken to ensure it remains welcoming and fit for purpose.

Summary of recommendations

1. The ward manager should ensure that care plans are reviewed meaningfully and any changes accurately recorded.
2. The ward manager should ensure that the ward environment continues to be reviewed and conditions remain welcoming for patients and staff.

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.

Kate Fearnley

Executive Director (engagement and participation)

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

website: www.mwscot.org.uk

