
Report To:	Inverclyde Integration Joint Board	Date:	15 May 2023
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care partnership	Report No:	IJB/22/2023/GK
Contact Officer:	Gail Kilbane Interim Head of Mental Health, Alcohol and Drug Recovery and Homelessness	Contact No:	01475 715284

Subject: Langhill Clinic Local Visit by Mental Welfare Commission - May 2023 Update

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to provide an update to the Integration Joint Board regarding Mental Welfare Commission Local Visits to mental health inpatient services in Inverclyde.

1.3 It follows on from the IJB report of 26 September 2022 which gave an overview of all NHS GGC visits to mental health inpatient services across the board wide area in 2021 including recommendations made in relation to an unannounced visit to Langhill Clinic on 21 July 2021.

2.0 RECOMMENDATIONS

2.1 The IJB is asked to:

- a. note the progress made in completing the action plan in response to the recommendations following the unannounced visit of 12 July 2021
- b. note that a further unannounced visit took place at Langhill Clinic on 01 February 2023 (report still to be published) which was mainly positive, raising four recommendations.
- c. agree future reporting arrangements to the IJB through the Chief Officer's report, unless there are areas of concern or risk highlighted in external scrutiny which require more detailed reporting.

**Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership**

3.0 BACKGROUND AND CONTEXT

- 3.1 The Mental Welfare Commission (MWC) carry out their statutory duties as set out in the Mental Health Care and Treatment (Scotland) Act. They undertake announced and unannounced local visits to either hospitals, care homes or prison services. The key role of the commission is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.
- 3.2 They do this by assessing practice, monitor the implementation of mental health legislation, undertake investigations where they have concerns and provide information, advice, and guidance.
- 3.3 Once a visit is complete, the service area is required to complete an action plan with timescales in response to recommendations.
- 3.4 Reports on visits are published on the Mental Welfare Commission for Scotland website.
- 3.5 As part of the wider NHS GGC Board wide mental health governance framework, an annual report combines all MWC reports across all services to support sharing of best practice and learning across the totality of the mental health estate and workforce.
- 3.6 The visit of 12 July 2021 made recommendations about reviewing care plans, access to psychology services, engagement with carers, completion and audit of consent to treatment forms, activities for patients and the temperatures within the ward areas.
- 3.7 These have been progressed with a local action plan which is now complete (Appendix 1).
- 3.8 A further unannounced visit by the MWC took place on 1 February 2023. The report is yet unpublished but recognises that despite the high acuity of patients and the number of enhanced observations, nursing staff undertook duties in a thoughtful and supportive way, both to the patients and with their peers. Positive interactions between staff and patients were noted, with staff knowing individuals well and patients praising staff. Recording and documentation including in relation to legislation was noted to be good with some minor discrepancies which were immediately remedied. Assessment, risk assessment and care planning with multi-disciplinary involvement along with the person and their families, in-reach from community, timely reviews and evidence of forward planning was positively reported.
- 3.9 The visit of February 2023 provides reassurance that the care and treatment within Langhill Clinic demonstrates positive practice is in place and that the previous recommendations have been met.
- 3.10 The MWC identified four further recommendations which are outlined in a further action plan currently being progressed (Appendix 2).

4.0 PROPOSALS

- 4.1 The IJB is asked to note that the action plan following on from the July 2021 visit is complete; note that a further unannounced visit took place at Langhill Clinic on 1 February 2023 (report still to be published) was mainly positive, raising four recommendations which have been detailed in an action plan and being addressed; and confirm future reporting arrangements to the IJB will be through the Chief Officers report in relation to scrutiny visits from agencies such as the Mental Welfare Commission or Health Improvement Scotland unless areas of significant concern or risk are highlighted and require a more detailed report.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection		X	

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

None

5.4 Human Resources

None

5.5 Strategic Plan Priorities

BA1 and BA3

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Mental Health Strategy provides access for all. Visits by Mental Welfare Commission ensure that all individuals including those from protected characteristic groups human rights are embedded in practice
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Mental Health Strategy supports this. MWC visits provide independent oversight and reassurance
People with protected characteristics feel safe within their communities.	Mental Health Strategy supports this. MWC visits provide independent oversight
People with protected characteristics feel included in the planning and developing of services.	Mental Health Strategy supports this.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff training in place
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Staff training in place
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Interface between services and New Scot team to support positive outcomes for refugee community

5.7 **Clinical or Care Governance**

Feeds into local and board wide governance arrangements

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Mental Health Strategy in place. Ensure people remain in inpatient care as long as is clinically appropriate and

	are supported by a multi-disciplinary team
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	MWC visits provide independent oversight and reassurance.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	Mental Health Strategy in place
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Families and carers are identified and supported through inpatient stay and can access a range of family supports through commissioned organisations
People using health and social care services are safe from harm.	MWC provide independent oversight and reassurance
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Mental Health Strategy in place
Resources are used effectively in the provision of health and social care services.	As above

5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.10 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.11 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 None

8.0 BACKGROUND PAPERS

None

July 2021 Visit

Recommendation	Action planned	Status
<p>Recommendation 1: Managers should formally review the care and treatment plans of all patients who have been in the IPCU for six months or more.</p>	<p>The care and treatment of all patients continues to be reviewed weekly.</p>	<p>Complete</p>
<p>Recommendation 2: Managers should address the difficulties relating to access to psychology services and psychological therapies.</p>	<p>A psychology post was agreed via GGC Psychological Therapies Plan over a year ago, funded by Scottish Government. Unfortunately we failed to recruit to an 8A post (1.0wte) despite numerous attempts. The post has now been reconfigured to an 8B post (0.8wte), covering the acute wards and also provide an interface with Community Response service (CRS). Psychology cover to Langhill is in place until safer recruitment is complete.</p>	<p>Start date May 2023</p>
<p>Recommendation 3: Managers should improve and formalise engagement with carers.</p>	<p>Nursing staff will ensure that they record patients' consent regarding the involvement of their relatives/carers. Staff to ensure that all engagement with relatives/carers is documented in the patient's care record and that the views of relatives/carers are considered and included to help inform the care and treatment being provided to their loved ones.</p>	<p>Complete</p>
<p>Recommendation 4: Managers and RMOs should:</p> <ul style="list-style-type: none"> • review all current consent to treatment (T2 and T3) certificates to ensure they are appropriate • ensure T2 consent forms are present 	<p>The patients Responsible Medical Officer was informed of the issue with regard to T2/T3 certificates and immediate action was taken to address the matter.</p> <p>Reminders from Medical Records to Consultants and the nursing team to review patients for lapsing T2/T3.</p> <p>Weekly assurance check for current T2/T3 documentation at MDT/ward round.</p> <p>MDT to review the requirement for T2/T3 or acknowledge current T2/T3 in place.</p>	<p>Complete</p>

<p>where required and that DMP visits are arranged where required for T3 certificates</p>		
<p>Recommendation 5: Managers should put an audit system in place to ensure that consent to treatment certificates are in place where required.</p>	<p>Reviewing of patients care records will be addressed within MDTs/wards rounds, to ensure that the correct documentation/certificates are in place.</p>	<p>Complete</p>
<p>Recommendation 6: Managers should ensure that patients (particularly in the IPCU) have activity addressed in their care plans; these plans require to be person centred reflecting the individual's preferences and care needs.</p>	<p>1) Ensure adequate staffing and resource for Occupational Therapy provision. 2) Occupational Therapist to utilise Standardised Documentation including Initial Assessment, person-centred plan and functional assessments where applicable. 3) Occupational Therapists to provide person-centred therapeutic activities including creativity, utilising outside space or sports equipment, using digital tools to increase concentration and motivation. 4) The Mental Welfare Commission's Good Practice Guide on Care Plans has been shared with all staff members and will be used when reviewing/auditing care plans during Nurse Line Management Supervision, to ensure that care plans remain person centred and recovery focussed and reflect the level of interventions being provided for/required by patients.</p>	<p>Complete</p>
<p>Recommendation 7: Managers should address the temperature regulation within the clinic.</p>	<p>The NHS GGC Estates team have submitted an options paper and considering how the installation can take place, avoiding disruption to patient care whilst the environmental works are undertaken. There is no timescale for completion of the works, as yet but it is hoped that this will be within the coming year.</p>	<p>Complete</p>

February 2023 visit

Recommendation	Action planned
1. Managers should ensure that for patients who have particular dietary requirements, there is range of healthy and varied options.	Addressed by Food Users Group
2. Managers should regularly audit care plans across the service to ensure they are up to date and are person-centred and includes all the individual's health and care needs.	Audit in place
3. Managers should ensure that patient areas are welcoming and homely. They should have regular maintenance and upgrading to ensure that patients care is in a therapeutic and safe environment.	Redecoration and Garden Project underway
4. Managers should ensure that any outside area that is accessed by patients is welcoming, maintained and safe.	Redecoration and Garden Project underway