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Unannounced Inspection Report

Mental Health Services Safe Delivery of Care Inspection

Cleland Hospital

NHS Lanarkshire

14 January 2025

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About our inspection

Background

The current Healthcare Improvement Scotland Adult Mental Health inspection programme was developed as part of a range of actions to support and improve NHS adult mental health services in Scotland. Though the initial focus of this work was on Infection Prevention and Control, it was agreed with Scottish Government to broaden the inspection focus from infection prevention and control to a broader assurance function, creating a new and revised 'safe delivery of care' assurance model in NHS adult mental health units.

Our revised methodology will incorporate the HIS Quality Assurance System Quality Assurance Framework and framework and will consider a wide range of standards such as the Health and Social Care Standards (2017) and the new Core Mental Health Quality Standards and indicators (2024).

Further information about the methodology for adult mental health inpatient services safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

About the hospital we inspected

Cleland Hospital, located in Cleland, North Lanarkshire, offers a total of 30 inpatient beds for adults over the age of 50. The facility comprises two wards, each provide hospital-based complex continuing care for 10 patients and rehabilitation and resettlement services for five patients. While NHS Lanarkshire oversee the hospital's operations, the North Lanarkshire Health and Social Care Partnership collaborates with NHS Lanarkshire to integrate health and social care services in the region.

About this inspection

We carried out an unannounced inspection to Cleland Hospital, NHS Lanarkshire on Tuesday 14 January 2025 using our safe delivery of care inspection methodology. We inspected the following areas:

- Parkside North
- Parkside South

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, and ward staff, and
- accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Lanarkshire to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

Through January and February 2025, we held virtual discussion sessions with key members of NHS Lanarkshire staff, including senior management, advanced nurse practitioners, allied health and psychiatry to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Lanarkshire and in particular all staff at Cleland Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

NHS Lanarkshire had governance processes in place to support the delivery of safe care. Clinical governance for care delivery in Cleland Hospital is the responsibility of the mental health older adult service. Work is underway by senior managers to review the current provision and criteria of patients with complex mental health issues within Cleland Hospital.

We observed visible clinical leadership in both wards. Staff told us that their team was cohesive and supportive. Daily nursing safety huddles provided updates on capacity and staffing across mental health sites as well as updates on developments or concerns.

Both wards were settled and calm, with patients appearing well cared for and comfortable. Care plans were comprehensive, and appropriate risk assessments were in place.

Patients were treated with dignity and respect. Single sex wards supported greater patient privacy and comfort.

The hospital environment including communal areas were clean and well maintained. All areas inspected were tidy and uncluttered.

Areas for improvement identified included low provision of bathing and showering facilities which could adversely impact on patients' dignity and choice. Lack of meaningful activities for patients which are essential to promote wellbeing and purpose. There was no representation from the wider multidisciplinary team at safety huddle.

What action we expect the NHS board to take after our inspection

This inspection resulted in six areas of good practice, 11 requirements and five recommendations.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed, and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Lanarkshire to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.scot

Areas of good practice

Domain 2	
1	NHS Lanarkshire's 'care and wellbeing service' provided a range of valued support for staff (see page 15).

Domain 4.1	
2	Patient care plans were detailed and comprehensive (see page 26).

Domain 4.1	
3	Patient and family involvement in the multidisciplinary team meetings (see page 19).

Domain 4.1	
4	The environment and patient use equipment was clean (see page 19).

Domain 6	
5	All observed interactions between staff and patients were professional, kind and respectful (see page 26).

Domain 6	
6	Patient mealtimes were well organised, and patients received appropriate support with their meals (see page 19).

Requirements

Domain 1	
1	NHS Lanarkshire must review provision of patient opportunities to access appropriate meaningful activities (see page 13). This will support compliance with: Health and Social Care Standards (2017) Criteria 1.25.
2	NHS Lanarkshire must review the locked door policy and ensure it is in line with best practice guidance and that the necessary patient risk assessments and signage are in place (see page 13). This will support compliance with: Health and Social Care Standards (2017) Criteria 2.7.

Domain 2	
3	NHS Lanarkshire must develop a ward staff meeting structure to ensure discussions, information and alerts are appropriately recorded and communicated to staff (see page 15). This will support compliance with: Health and Social Care Standards (2017) Criteria 4.27.

4	NHS Lanarkshire must ensure that wards adhere to the audit programme, providing assurance that safe, high-quality care is being delivered while identifying and addressing any areas for improvement (see page 16). This will support compliance with: Health and Social Care Standards (2017) criteria 4.27.

Domain 4.1	
5	NHS Lanarkshire must ensure patient referrals to speech and language therapy are carried out without undue delay (see page 20). This will support compliance with: The Code: professional standards of practice and behavior for nurses' midwives and nursing associates (2018) and Health and Social Care Standards (2017) Criteria 1.13
6	NHS Lanarkshire must ensure visiting clinical staff have access to patient records to enable them to record patient interventions (see page 20). This will support compliance with: Health and social care standards (2017) criteria 3.14.
7	NHS Lanarkshire must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift (see page 20). This will support compliance with: National Infection Prevention and Control Manual (2022), Standard 6.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Domain 4.3	
8	NHS Lanarkshire must review the current assurance processes around the use of staffing level tools to support the consistent application of the principles of the common staffing method including consideration of all aspects of the methodology when decisions on safe staffing levels are being made (see page 23). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.
9	NHS Lanarkshire must ensure a robust system in place consistently to assess and capture real time staffing across all professions and clear escalation processes and any mitigations/inability to mitigate are recorded clearly and accurately (see page 23). This will support compliance with: Health and Care (Staffing) (Scotland) Act 2019.

Domain 6	
10	NHS Lanarkshire must review the provision of showering and bathing facilities as part of any refurbishment of Cleland Hospital mental health wards (see page 26). This will support compliance with: Health and Social Care Standards (2017) criteria 5.16.
11	NHS Lanarkshire must ensure patients are supported to give regular feedback on their care experience to inform improvements in the service (see page 26). This will support compliance with: Health and Social Care Standards (2017) criteria 2.11.

Recommendations

Domain 1	
1	Cleland Hospital should promote regular participation of occupational therapy in multidisciplinary meetings (see page 13).

Domain 4.1	
2	Cleland Hospital should explore ways to encourage patients to perform hand hygiene prior to mealtimes (see page 20).
3	Cleland Hospital should ensure that patient's decision not to be involved in multi-disciplinary meetings is recorded in their notes and a record that outcomes have been communicated to them (see page 20).

Domain 4.3	
4	Cleland Hospital should ensure they have a system and process in place to monitor how often is protective leadership time impacted to inform future workforce planning (see page 23).

Domain 6	
5	Cleland Hospital should ensure appropriate signage and information is available for patients and carers in both wards in the appropriate formats (see page 26).

What we found during this inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

NHS Lanarkshire had governance processes in place to support the delivery of safe care. Work is underway by senior managers to review the current provision and criteria for patients with complex mental health issues within Cleland Hospital.

Cleland Hospital is a small community-based unit and provides inpatient care for patients aged from 50 upwards. Many of the patients have enduring mental health issues and have been engaged with mental health services for some time. Patients can have complex care needs such as physical, mental health and learning disabilities. The hospital has two wards, Parkside North and Parkside South. Five beds in each ward are designated for rehabilitation and recovery for patients preparing for discharge into the community. At the time of inspection, both wards were undercapacity, there were seven patients in Parkside North and 10 patients in Parkside South. This represents an occupancy rate of 60%. Referrals to Cleland Hospital can be made from any of NHS Lanarkshire's mental health inpatient wards.

Delayed discharge refers to situations where a patient, who is clinically ready to leave hospital, cannot do so because the necessary care, support, or accommodation is not available. This can occur for various reasons, such as waiting for care home placement, community care arrangements, or adaptations to a home environment. Cleland Hospital currently has no patients who meet the criteria of delayed discharge.

Senior managers told inspectors that four patients were to be admitted as part of a care home repatriation programme, after the care home provider ended its contract with NHS Lanarkshire. Ward staff told us of their concerns regarding the expected admission of out-of-specialty patients, in particular patients being admitted to the ward with dementia. Having patients with a functional mental illness and patients with dementia in the same ward can create significant challenges for both patients and staff. Patients with dementia may struggle with new environments and unpredictable behaviours from other patients, which can heighten anxiety and agitation for patients with dementia. Potentially there may be increased workload and stress on staff as they are required to support patients with a wide range of care needs, requiring different approaches for different patient groups. Senior managers told inspectors that the patients move to Cleland Hospital from the care home would be temporary while more suitable placements were being found. The initial intention was for these patients to be moved to Udston Hospital and a plan was put in place to support Udston Hospital staff to manage the transition. However, a subsequent change in plan meant these patients were admitted to Cleland Hospital, as there was more capacity.

However, we were told a similar plan was not developed to support staff in Cleland Hospital. We discussed this with senior managers who told us that the senior charge nurses had been fully involved in ongoing discussions and planning for the move. Senior managers told us that following the inspection, the patients had now been admitted to Cleland Hospital and were settled with no adverse impact on the patient group or staff.

Ward staff told inspectors that occupational therapy only provided one-on-one support for patients within the five rehabilitation and recovery beds within each ward. We discussed the occupational therapy provision with the Occupational Therapy Care Group Lead who told us that occupational therapy input is available for all patients. We were told that the main focus of occupational therapy within Cleland Hospital is on functional assessment, development and maintenance of skills for individuals. The occupational therapy lead told inspectors that the rehabilitation and recovery patients within Cleland Hospital currently have a more focused need for input and have scheduled one-on-one time as part of their programme.

Occupational therapy operates a referral system and all patients in Cleland Hospital can be referred by staff, if required. Staff understanding was that there was no occupational therapy provision for the hospital based complex care patients and that input was exclusively for rehab and recovery patients. Occupational therapy managers told us that the occupational therapists do not carry out group activities. We were also told that there is currently no occupational therapy representation at the multidisciplinary team meetings for the older adult patients. However, the occupational therapy lead told inspectors that they would attend the meeting, if required. Regular occupational therapist attendance at multidisciplinary team meetings could improve staff understanding of the occupational therapy role within the ward and promote a more cohesive multidisciplinary team approach. A recommendation has been given to support improvement in this area.

Staff told inspectors that there was minimal group or individual activity planning for the patients in Cleland Hospital and any activity planning was dependent on staffing numbers. We were told that previously a healthcare support worker carried out activities as part of their role, but this role had been included in core staffing numbers with no resource to continue activities. This issue was also discussed with us by other members of the multidisciplinary team who highlighted the importance of activity and interventions with patients. Meaningful activities for patients in mental health services play a crucial role in promoting recovery, improving well-being, and enhancing the quality of life for patients. On the day of inspection, we observed patients were sitting in communal areas or in their rooms with limited interactions. Senior managers advised that ward level discussions had taken place regarding establishing a dedicated role for an activities coordinator. However, at the time of inspection there was no

structured approach or action plan in place to address this area of priority. A requirement has been given to support improvement in this area.

Both North and South wards have a mix of informal patients and those detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. The main ward doors are locked for the safety and security of patients and were opened via swipe card entry. We were provided with NHS Lanarkshire's locked door policy which is currently under review. Inspectors observed the absence of appropriate signage regarding entry and exit procedures for patients and visitors. Although we saw push button exits, we were told that these had been deactivated as they were part of an old system. Entry into the wards is now controlled by swipe cards held by staff. Senior managers told inspectors that the push button controls would be replaced with blanks to avoid confusion. We saw that patients and visitors were able to enter and leave the ward by notifying staff. Individual patient or ward level risk assessments in relation to exiting ward areas were not in place, senior managers told us that this would be reviewed as part of the locked door policy and in line with best practice guidance. A requirement has been given to support improvement in this area.

Consultant psychiatric cover was provided by two psychiatrists, one for rehab and recovery patients and one for hospital-based complex continuing care patients. The multidisciplinary teams included consultant psychiatrists, nursing staff, visiting general practitioner, physiotherapy, and occupational therapy staff. Weekly multidisciplinary team meetings took place which included patients and representatives should they chose to attend. The consultant for the hospital based continuing care patients attends all meetings and consultations remotely.

Psychiatric care provision is provided remotely with the psychiatrist meeting patients, their representatives and staff to offer clinical discussion and patient advice via online video calls. We discussed this with senior managers at our virtual discussion session who confirmed that, while the remote arrangement was not normal practice, it was working very well and being closely monitored through regular feedback from staff, patients and families. We observed that the team was cohesive and communicated effectively and staff knew patients very well and were alert to any changes in their presentation. We received feedback from staff that the current arrangement for psychiatry input works very well for patients and families. We explored contingency arrangements if any patient was resistant to using technology and were told that while there was no formal process in place, arrangements would be made as necessary for an alternative psychiatrist to attend and see the patient. We were told there had not been any requirements to date for alternative arrangements.

Medical cover for Cleland Hospital is provided by General Practitioners, who attend the hospital weekly. There is no dedicated out-of-hours cover, and staff rely on external services, including NHS 24. A 'courtesy' arrangement is in place for advanced

nurse practitioners who attend Cleland Hospital twice weekly. The advanced nurse practitioner's remit is largely in physical care interventions and is supplementary to the general practitioner service. There is no formal arrangement in place for the role of the advanced nurse practitioner and inspectors received feedback that there was a lack of clarity between the general practitioner and advanced nurse practitioner roles and responsibilities. Staff told us this is a very valuable service. However, the provision is not currently funded and if it were to be withdrawn there could be an adverse impact on patients and ward staff, reducing accessibility for clinical assessment and treatment.

To reduce the risk of suicide and self-harm, NHS boards have a responsibility to ensure patients are appropriately assessed, additional safety measures are in place and are reflective of patient risk assessments. Such as, continuous interventions and any environmental risks identified with appropriate mitigations put in place. Mental health units in Scotland are required to conduct ligature risk assessments to ensure patient safety. We observed annual ligature assessments of Cleland Hospital which identified areas of risk and mitigations in place. We were told by senior managers the assessment tool had been developed some time ago by health and safety colleagues. The NHS Lanarkshire ligature reduction steering group has oversight of the ligature reduction programme. Senior managers told inspectors that there were plans for this group to review the ligature assessment tool. We saw that this group reports to the mental health learning disabilities and addiction governance committee. Ward ligature reports and actions are a standing agenda item.

Staff told us they received support from the practice development nurse concerning the triangle of care initiative. This is an accredited scheme to improve engagement between carers and health professionals for the benefit of the patients. We were shown evidence of the ongoing development of triangle of care work throughout NHS Lanarkshire's mental health services including some information from Cleland Hospital. Four staff in each ward have undertaken carer awareness training. We found Cleland Hospital staff to be positively engaged in this initiative.

We asked NHS Lanarkshire to provide us with information on mandatory training. We were given evidence of overall 90% compliance with core online training including fire safety, hand hygiene, adult support and protection, violence and aggression and basic life support.

Staff confirmed input from the fire officer, and inspectors observed that all fire exits were clear and unobstructed. Staff fire safety training showed over 90% compliance across both wards.

Requirements

Domain 1	
1	NHS Lanarkshire must review provision of patient opportunities to access appropriate meaningful activities.
2	NHS Lanarkshire must review the locked door policy and ensure it is in line with best practice guidance and that the necessary patient risk assessments and signage are in place.

Recommendation

Domain 1	
1	Cleland Hospital should promote regular participation of occupational therapy in multidisciplinary meetings.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

We observed visible clinical leadership in both wards. Staff told us that their team was cohesive and supportive. Daily nursing safety huddles provided updates on capacity and staffing across mental health sites as well as updates on clinical activity and areas where there is pressure on resources.

NHS Lanarkshire has a clinical governance framework in place. There are meeting structures and committees where care delivery is discussed. Senior charge nurses meet monthly and standard items discussed include sickness levels, incidents and serious adverse events and audit outcomes. This reports up to the clinical governance group for old age psychiatry and in turn, to the wider mental health and learning disability governance, where there is representation of senior staff across all specialties. We saw discussions around risk, quality, policies and practice, initiatives and areas for improvement. Actions were then agreed and taken forward.

An older adult's mental health planning meeting took place on 10 February 2025. We were told by senior managers this was to review the current care provision, the profile of patients at Cleland Hospital, and what should be provided moving forward. Minutes of this meeting were provided as part of the evidence request, and showed an action to 'review the purpose of Cleland Hospital' with timelines and a process are to be agreed. A further meeting is planned for the week beginning 17th March 2025 to review progress. Staff we spoke with told us of their concerns about the uncertainty around the future purpose of Cleland Hospital.

Staff we spoke with told inspectors they felt there was a supportive culture within the hospital and told us that ward managers provided clear communication and direction. We observed ward managers working with staff and patients.

We were told that ward staff meetings are held every two months, but ward managers told us that these were seldom recorded. As part of an action plan following the inspection, a template and standard agenda had been circulated to the teams to ensure the content of the meeting is captured and disseminated to the whole staff group. A requirement has been given to support improvement in this area.

Staff told us that that they received relevant information through emails including policy changes, general updates, staffing changes and any relevant alerts. Handover meetings at shift changes allowed patient information to be communicated between staff to ensure continuity, safety, and quality of care.

Staff highlighted the input from practice development and infection prevention control teams, particularly in supporting audits and action plans. Throughout the inspection, staff were open and transparent about the strengths of the ward, particularly the cohesive staff team, new patients and the challenges they faced with the impending patient admissions and mix of care needs in the ward.

We were told of recent support provided by the NHS Lanarkshire wellbeing team which staff told us was really helpful and provided support through a difficult time. NHS Lanarkshire's commitment to ensuring staff wellbeing is detailed in their strategy on the public facing website. We observed in evidence provided that the staff care, and wellbeing service offered a 24-hour helpline for staff, critical incident stress management and a peer support network amongst other wellbeing supports.

NHS Lanarkshire internal quality improvement audit programme, Lanarkshire Quality Assurance Programme (LanQuip), covers a range of areas including record keeping and infection prevention and control. In evidence provided, we observed that compliance in completing various audits including infection control audits was poor. Staff in one ward told us that this was due to staff absence and there was a plan in place to ensure completion of the audit schedule. We discussed this issue with senior managers who told us they had identified inconsistences around audit completion and there has been significant improvement work around audits across mental health wards. This has been noted through reports and clinical governance minutes that compliance with completing these audits has been poor since May 2024 in one ward, and from September 2024 in the other. Audits are essential for identifying risks, ensuring compliance with policy, and maintaining patient and staff safety. A requirement has been given to support improvement in this area.

Staff use an electronic incident reporting system for reporting incidents where required. Following incidents, senior managers told us that incident debriefs are provided for staff on the ward. Senior managers also told us that any learning from adverse events would be shared through email and ward handovers. During our discussion with senior managers, inspectors were told of a clear framework of

reporting and reviewing of adverse events that ensured learning was effectively and consistently shared with clinical staff. The North Lanarkshire health and social care partnership adverse events group has oversight of the adverse events process. It aims to ensure that appropriate reviews have been undertaken, key themes are identified, and learning is shared across services to drive continuous improvement. The learning from adverse events national framework indicates that all adverse incidents should be reviewed, immediate actions taken, and lessons learned shared.

As part of this inspection, we attended the older adult safety huddle. The safety huddle is attended by the service manager, senior nurse and senior charge nurses from older adult mental health wards across four older adult mental health units. The safety huddle discussion included occupancy levels, admissions, discharges and patient transfers, staffing shift numbers, deficits and planned actions to mitigate any risks identified. Patient acuity such as the need for continuous interventions and recent incidents and risks were also discussed. We observed communication around various areas such as staff supervision targets. The huddle encouraged open, honest dialogue about emerging or critical issues. However, there was no representation from any other members of the wider multidisciplinary team. This is discussed further in Domain 4.3.

We spoke with a number of staff who told us they were aware of the systems and processes to raise staffing resource issues. However, they told us that they generally dealt with this at ward level, seeking approval for bank staff use. Staff told us that when there was additional staffing required, a stable bank of staff was used to promote continuation of care and this worked very well. NHS Lanarkshire have a 'breakglass procedure' which is utilised when staffing levels are not safe to start. This policy includes the necessary escalation steps for managers to complete if shifts are unable to be covered by bank staff, excess hours or overtime. This also includes the out of hours procedure. We were told this has been rarely implemented at Cleland Hospital as staffing has been at full complement until recently, and where necessary staffing shortfalls have been covered by the provision of bank staff.

Area of good practice

Domain 2	
1	NHS Lanarkshire's 'Care and Wellbeing service' provided a range of valued support for staff.

Requirements

Domain 2	
3	NHS Lanarkshire must develop a ward staff meeting structure to ensure discussions, information and alerts are appropriately recorded and communicated to staff.

4	NHS Lanarkshire must ensure that wards adhere to the audit programme, providing assurance that safe, high-quality care is being delivered while identifying and addressing any areas for improvement.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

Both wards were settled and calm, with patients appearing well cared for and comfortable. Care plans were comprehensive, and appropriate risk assessments were in place. However, clinical waste bins were not secure.

We observed that despite being busy the wards were calm, staff were visible, approachable, and demonstrated a thorough knowledge of their patients and their needs. Interactions were respectful and we observed positive relationships between staff and patients.

During the inspection, we observed staff treating patients with care and compassion, showing dignity and respect and communicating clearly and sensitively with patients. Inspectors spoke with two patients during the inspection who were positive about staff and their care. We observed caring and respectful interactions.

The care documentation reviewed on inspection was generally complete, up to date, and contained detailed information on patient care needs and goals. We observed evidence of ongoing assessments, including falls risk, pressure area assessments, and malnutrition universal screening tool (MUST) nutritional assessments. We also observed that were a patient was assessed as being high risk regarding pressure areas, appropriate interventions were implemented, such as the use of a pressure care bundle. However, inspectors observed a paper template used for recording positional changes and frequency of interventions which lacked detail. While the care plan is maintained electronically, the repositioning charts is in paper format to allow access to real time recording. Although we did not observe an issue during our inspection, the use of a combination of paper tools and electronic care plans may prevent robust and regular review of the care plan to ensure it is safe, effective and person-centred. This issue was raised with staff during the inspection.

Patients notes demonstrated referrals were being made to allied health professionals such as physiotherapy and speech therapy. We observed a request for a referral to speech and language therapy for a patient with swallowing difficulties some weeks prior to the onsite inspection. However, there was no record as to whether this had been progressed by staff. Inspectors discussed with staff who stated they would follow up to confirm whether the referral had been made and action if necessary. The patient was being supported with diet and fluids while awaiting assessment. A requirement has been given to support improvement in this area.

The Mental Health (Care and Treatment) (Scotland) Act 2003 emphasises patient rights, participation in decision-making, and person-centred care. We found evidence of patient and family involvement in multidisciplinary team meeting records. However, care records did not consistently document whether patients had declined participation in their review meetings or if outcomes were communicated to them. Clearly recording this would ensure transparency and demonstrate that patients remain included in their care, even when they choose not to attend. A recommendation has been given to support improvement in this area.

The General Practitioner visited both wards weekly. We were told by senior managers that General Practitioners did not have access to the electronic patient record system and ward staff documented any general practitioner interventions. This could increase the potential risk of miscommunication, omissions or errors in treatment, which may compromise patient safety and continuity of care. NHS Lanarkshire must ensure the patients electronic care record can be updated by visiting clinical staff, who provide medical care. A requirement has been given to support improvement in this area.

Patient care records provided evidence of ongoing provision of physical health care. We saw ongoing monitoring of antipsychotic medication and of the potential side effects of these. The ward staff told us that they run a Clozapine clinic weekly to ensure patients are tolerating their medication. Clozapine is an antipsychotic medication which requires careful monitoring for a range of adverse effects. We observed that medication was well managed and regularly reviewed.

Safety within the mental health environment is a priority for both patients and staff. As part of the inspection process, we requested the last three months incident reports for Cleland Hospital. We saw, from the evidence provided, that falls, and violence and aggression were the most reported incidents for Cleland Hospital. We reviewed incident data in relation to falls and saw that a patient was having persistent falls. We looked at actions implemented in response to these falls and inspectors reviewed a care plan in place to reduce risks of falls which was comprehensive and appropriate risk assessments and mitigations were in place. Senior managers confirmed that any falls for patients come through the briefing note which are reviewed every Friday, and any follow-up actions are discussed with staff. Staff told us that considering acceptable risk, while supporting patient's choices, and maintaining independence and safety was challenging.

In relation to falls, senior managers told us about NHS Lanarkshire's ongoing improvement work around falls within older adult areas. A focused piece of work was undertaken in another ward, this reviewed the environment risks in relation to falls. Furniture was moved or removed and as a result, the falls for this specific ward was reduced by 50%. We were told by senior managers that there will be an ongoing focus on falls and identifying areas where the environment can be improved. This learning

will be shared with other older adult wards within NHS Lanarkshire. We were also told that senior managers were engaging with another NHS board, where there is a falls coordinator, and are looking at their processes to take any learning from them.

We observed that while call bells were available for patients, there was no provision of a staff alarm system that allows staff to quickly alert colleagues for assistance if staff find a patient unresponsive or require support. We raised this with senior managers who told us that a staff alarm system had been in place but had not been in use. However, it has now been reactivated following feedback from the inspection.

Incident reports for last three months showed eight incidences of violence and aggression. However, it is difficult to assess whether the lack of provision of staff alarms impacted on the outcome of any incidents. In discussions with staff, they did not voice any concerns or site incidences where the provision of an alarm would have changed the outcome. Incidents of violence in the wards are not frequent. However, mental health facilities can be unpredictable, and staff personal alarms have been shown to reduce risks to staff in mental health facilities by improving response times, deterring aggressive behaviour, and improving staff confidence.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. These include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

Practicing good hand hygiene helps reduce the risk of the spread of infection. We had limited opportunities to observe staff carrying out hand hygiene. Alcohol based hand rub was available throughout the hospital.

During lunch time observations, we noted that patients were not assisted or prompted to complete hand hygiene prior to mealtimes. There are no patient handwashing facilities in the dining area. However, alternative products could be considered. A recommendation has been given to support improvement in this area.

Personal protective equipment such as gloves and aprons were accessible, and inspectors observed this to be stored correctly. We observed that the ward had sufficient stocks of personal protective equipment.

Both ward areas were very clean and tidy, with no obstructions in corridors. Storage rooms were well organised. Domestic staff told us that they were well supported to do their jobs with sufficient supplies of products and equipment.

During our inspection, all patient use equipment we checked was clean and stored appropriately. Ready for use stickers were used to indicate that equipment had been cleaned.

Other standard infection control precautions such as linen, waste and sharps management minimise the risk of cross infection and must be consistently practiced by all staff. Appropriate laundry procedures were in place and staff were observed following good practice. Patients personal clothing is laundered on site, all other linen is processed at Wishaw General Hospital. Inspectors observed that clean linen was stored appropriately, and the room was clean and tidy with no items stored on the floor.

Inspectors observed good compliance with sharps management, sharps boxes were appropriately labelled, and temporary closures were in use to maintain safety.

Clinical waste must be stored in a designated, safe, lockable area whilst awaiting uplift. We observed clinical waste bins were stored in an unsecure area and on the day of inspection we observed staff lifting lids and putting waste in without unlocking or relocking bins. This meant that clinical waste could potentially be accessed by members of the public and other unauthorised persons while awaiting uplift. Staff told us the bins were usually locked. A requirement has been given to support improvement in this area.

The treatment rooms were clean however, they were small. Inspectors observed that the emergency trolley in one ward was obstructed by computers on wheels, which meant it was not readily accessible in case of emergency. This was raised with senior ward staff who advised they have asked that the clinical room be relocated to an unused office, as this would allow greater working space. However, this was declined due to funding constraints. Senior managers have confirmed that staff have reorganised the treatment room to ensure there is no access obstruction to the emergency trolley and have now included trolley access as part of the emergency trolley daily checklist.

Areas of good practice

Domain 4.1	
2	Patient and family involvement in the multidisciplinary team meetings.
3	The environment and patient use equipment was clean.
4	Patient mealtimes were well organised, and patients received appropriate support with their meals.

Requirement

Domain 4.1	
5	NHS Lanarkshire must ensure patient referrals to speech and language therapy are carried out without undue delay.
6	NHS Lanarkshire must ensure visiting clinical staff have access to patient records to enable them to record patient interventions**.**
7	NHS Lanarkshire must ensure clinical waste is stored in a designated, safe and lockable area whilst awaiting uplift.

Recommendations

Domain 4.1	
2	Cleland Hospital should explore ways to encourage patients to perform hand hygiene prior to mealtimes.
3	Cleland Hospital should ensure that patient's decision not to be involved in multi-disciplinary meetings is recorded in their notes and a record that outcomes have been communicated to them.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

We observed good leadership in both wards inspected. Senior charge nurses were visible and supporting staff. Daily safety huddles were well structured. However, there was no representation from the wider multidisciplinary team.

Senior managers told inspectors of the staffing challenges. Workforce data submitted for Cleland Hospital included data for nursing staff covering all nursing bands. We can see that there are some vacancies for Band 3 and Band 5 staff, with an overall vacancy rate being 9%.

We noted a 16.6% establishment variance within the Band 5 registered nursing workforce. We consider a high vacancy level to be above 10%. We were informed by senior managers, that the Band 5 vacancies are currently being addressed with recruitment underway. There is no evidence to substantiate any impact of vacancy gap on quality or safety at the time of inspection.

From evidence provided, we were able to review the sickness absence data with an overall sickness rate of 10.6%. We consider high sickness level to be above 4%. Following discussion with senior managers, we were provided with a newly implemented process in place for senior charge nurses. Senior charge nurses will submit a monthly absence spreadsheet to the service manager, followed by a virtual meeting to review the data and identify additional support needs. Support measures may include occupational health referrals, stress risk assessments, staff well-being self-referrals, and contact with the HR absence link worker when necessary. A combination of staff vacancies, high sickness and special leave has resulted in supplementary staffing use (SSU) to help cover gaps. Supplementary staffing includes staff working from the NHS board's staff bank to fill gaps due to temporarily high demand or general staffing shortages. We were told that the supplementary staff used in Cleland Hospital are from a pool of staff who are generally familiar with the ward. This reduces stress for patients and ensures continuity of care.

There was evidence of opportunities for staff training and development such as triangle of care training, staff told us there were sufficient opportunities for further training.

The observations of the site huddles provided staff with an opportunity to report staffing levels, concerns and identify nursing shortfall, escalate and discuss mitigation. This approach supports an open and transparent culture. However, observed hospital safety huddles addressing real time staffing assessments had no other professional groups representation apart from nursing. It is a requirement for all the clinical staff as cited within the Health and Care (Staffing) (Scotland) Act 2019) to have a system for

real time staffing assessment in place. During our meeting with senior managers, they recognised the gap for real time staffing assessments for all health professionals that contributes to the delivery of care and agreed to address this gap in future. A requirement has been given to support improvement in this area to ensure NHS Lanarkshire captures real-time multi-professional staffing information.

NHS Lanarkshire uses a staff recording system which reports real time staffing assessments in relation to patient care needs. This uses a purple, red, amber and green (PRAG) system with purple areas having the highest shortfall of staff and green the lowest. This enables informed decisions to be made when redeploying staff to help mitigate risk. Although evidence has been submitted on utilisation of the electronic system, this was not observed being used during the safety huddles. Staffing risk assessment excel templates demonstrate that there are opportunities to document patient acuity and skill mix. Evidence submitted suggests that this assessment is being carried out three times per day covering over the 24-hour period. However, as the data entered for the designated 24 period (covering three different shifts) are being done by the same person in majority of days, this suggests that the completion of the real time assessment template is not being done at the designated time during each shift. The real time element of usage of this assessment template remains unclear. A requirement has been made to support improvement in this area.

Evidence submitted confirms that the overall PRAG status for nursing staff within both inspected areas is consistently reported to be green. However, this is not representative of the lack of meaningful activities available to patients which we were told was due to staffing levels on the wards. A requirement has been given in relation to provision of meaningful activity in Cleland Hospital in Domain 1. A further requirement has been given in relation to assurance around the consistent application of the staffing tools in line with the healthcare staffing methodology.

Staff told us that they had not used the electronic reporting system for highlighting any staffing risks, as they felt those identified were being effectively managed locally via an agreed escalation process, often within ward level.

The Health and Care (Staffing) (Scotland) Act 2019 stipulates that health boards have a duty to follow the Common Staffing Method following a staffing level tool (SLT) run and requires this to be applied rigorously and consistently. The application of the common staffing method supports NHS boards to ensure appropriate staffing, and the health, wellbeing and safety of patients and the provision of safe and high-quality care. From available evidence, we noted that the staffing level tool was completed in November 2024 for one of the inspected areas. The information and data collected from the application of tool included data error inputs. The professional judgement tool, which requires to run concurrently, had not been completed which demonstrates a lack of assurance around utilisation of the mandated staffing level tools. This would

suggest that the common staffing method application would not be robust. We were informed that NHS Lanarkshire utilise the common staffing method to inform their decision around workforce establishment levels, we saw that there were opportunities for staff to receive training on the Common Staffing Method. A requirement has been given to support improvement in this area.

Time to lead is a legislative requirement under the Health Care Staffing (Scotland) Act (2019). This is to enable clinical leaders to manage and support the development of their team and oversee the delivery of safe, high quality and person-centred healthcare. Senior managers provided evidence that senior charge nurses are working in a supervisory role, with no patient caseload and are therefore given sufficient time to lead. However, we have evidence to support that senior charge nurses are required to forgo protective leadership time and NHS Lanarkshire should monitor this, if they do not already. This will help support and inform future workforce planning considerations. A recommendation has been given to support improvement in this area.

Requirements

Domain 4.3	
8	NHS Lanarkshire must review the current assurance processes around the use of staffing level tools to support the consistent application of the principles of the common staffing method including consideration of all aspects of the methodology when decisions on safe staffing levels are being made.
9	NHS Lanarkshire must ensure a robust system in place consistently to assess and capture real time staffing across all professions and clear escalation processes and any mitigations/inability to mitigate are recorded clearly and accurately.

Recommendation

Domain 1	
4	Cleland Hospital should ensure they have a system and process in place to monitor how often is protective leadership time impacted to inform future workforce planning.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

Patients were treated with dignity and respect. Single sex wards supported the management of privacy. However, low provision in both wards of bathing and showering facilities could adversely impact on patients' dignity and choice.

We observed that patients were treated with dignity and respect. Staff knew patients well and we observed some warm and respectful interactions between patients and staff. We had limited feedback from patients during the inspection. However, those we spoke with told us staff were very good. One patient said they had nothing to do in between mealtimes and felt bored. We were told that when time and staffing allow, staff in one ward could do some beauty tasks with patients and occasionally take patients up to a nearby garden centre for coffee. Health and Social Care Standards (2017) include the importance of patients being able to choose to participate in a range of activities. A requirement to support improvement in this area was given in Domain 1.

Both wards are single sex, one for male and one for female. Patient bedrooms were single rooms with en-suite toilet facilities. With the exception of one room, which was an en-suite shower room, there was one shower and one bath for up to 15 patients. Ward staff we spoke with told us this has not been an issue as patients who wanted to have a shower or bath would be supported to do so. However, at times of higher occupancy the limited number of showering and bathing facilities could impact on patient choice and dignity. A requirement has been given to support improvement in this area.

We observed that efforts were made to support patient choices such as the personalisation of bedrooms with personal effects, pictures and posters to provide a more familiar environment.

We observed privacy curtains in use when patient care was being undertaken in their rooms.

We observed patients' lunchtime and found this was person centred, and well organised in both wards. Staff were aware of dietary needs of patients and reassurance and support was given to patients, in a dignified manner. Appropriate equipment was provided such as, adaptive drinking cups. Patients were given a choice of meals from a menu, and we observed patients receiving a choice of hot and cold drinks throughout the day.

Patients are able to adjust the heating within their own room and can open and close the blinds for light preferences. This supports choice, autonomy and comfort for patients in line with the Standards for Inpatient Mental Health Services (2019).

We observed a lack of patient friendly signage or information in both wards. We discussed with senior managers, who told us that information and signage had been removed during the COVID-19 pandemic as guidance directed at the time. Ward staff told us that there was a range of health promotion and information leaflets that can be printed off as required however, there was no information readily accessible for patients and visitors within the ward. We discussed this with senior managers who told inspectors that they were addressing this and were planning to ensure appropriate signage and information was available and visible in the wards. A recommendation has been given to support improvement in this area.

We observed that patients had a choice of additional quiet sitting areas in both wards, to allow patients to have their own time and space away from everyone. A large multiple use room was available for the use of both wards, this had a pool table for patient use. The room was used for various activities such as meetings, visits and events.

Patients had limited avenues to provide feedback about the service. A feedback box was located at the reception desk, but we were told by reception staff that this was never used. No patient or community meetings take place within the wards. These could provide an avenue for patients to provide feedback and for staff to pass on any information or updates. The lack of displayed information for patients on the wards meant that patients or visitors may not be aware of the complaint's procedure or advocacy services available. A requirement has been given to support improvement in this area.

Patient care records we reviewed contained good evidence of carer involvement in care plans, multidisciplinary team meetings, on admission and prior to discharge. A former member of staff had taken on the role of link between carers and staff. However, this role had not been continued when the member of staff left. As part of the triangle of care initiative ‘carer champions’ are to be identified in both ward teams. The triangle of care framework promotes collaboration between carers, professionals, and service users. An Adults with Incapacity Section 47 Certificate is a legal document which assists the patient, their family and staff to make decisions about the patient’s care when the patient is unable to do so independently. Adults with incapacity documentation we reviewed was thoroughly completed. Do not attempt cardiopulmonary resuscitation (DNACPR) paperwork was easily accessible at the front of patient folders and was completed.

Areas of good practice

Domain 6	
5	Patient care plans were detailed and comprehensive.
6	All observed interactions between staff and patients were professional, kind and respectful.

Requirements

Domain 6	
10	NHS Lanarkshire must review the provision of showering and bathing facilities as part of any refurbishment of Cleland Hospital mental health wards.
11	NHS Lanarkshire must ensure patients are supported to give regular feedback on their care experience to inform improvements in the service.

Recommendation

Domain 6	
5	Cleland Hospital should ensure appropriate signage and information is available for patients and carers in both wards in the appropriate formats.

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2024)
- Ageing and frailty standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2024)
- Core Mental Health Quality Standard (Scottish Government, September 2023)
- Food, fluid and nutritional care standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, November 2014)
- Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)
- Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection prevention and control standards – Healthcare Improvement Scotland (Healthcare Improvement Scotland, May 2022)
- Mental Health (Care and Treatment) (Scotland) Act (Acts of the Scottish Parliament, 2003)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Healthcare Improvement Scotland and Scottish Government: operating framework (Healthcare Improvement Scotland, November 2022)
- Prevention and Management of Pressure Ulcers - Standards (Healthcare Improvement Scotland, October 2020)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- Rights, risks, and freedom to limits (Mental Welfare Commission, March 2021)
- Staff governance COVID-19 guidance for staff and managers (NHS Scotland, August 2023)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)
- The quality assurance system and framework – Healthcare Improvement Scotland (Healthcare Improvement Scotland, September 2022)

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