



**mental welfare**  
commission for scotland

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Wards 9, 10 & 11, Woodland View,  
Kilwinning Road, Irvine KA12 8RR

**Date of visit:** 9 July 2019

## **Where we visited**

Woodland View Wards 9, 10 and 11 are 20-bedded acute admission mental health mixed-sex wards. The wards are situated in the grounds of Ayrshire Central Hospital in Irvine and serve East, South and North Ayrshire areas respectively.

We last visited this service on 22 January 2018, and made the following recommendation: managers should review the input from psychology to the wards and verify that it is sufficient to meet patient need.

On the day of this visit we wanted to meet with patients and carers follow up on the previous recommendations about the input from psychology. On our last visit we raised our concerns about lack of access to psychology services. The service has since reviewed this issue, and reviewed the psychology services. There is now provision for referral and case discussion by the sector psychologist. Staff commented they are able to refer patients and this is responded to in a timely manner.

## **Who we met with**

We met with and/or reviewed the care and treatment of 12 patients, and met with two relatives.

We spoke with the clinical service manager, the senior charge nurses (SCNs) from each ward, and other clinical staff who were on duty on the day.

## **Commission visitors**

Mary Leroy, Nursing Officer

Kathleen Taylor, Engagement and Participation Officer (Carer)

Mary Hattie, Nursing Officer

Yvonne Bennett, Social Work Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

The atmosphere in all the wards we visited was calm. Patients seemed comfortable in the company of staff. We saw that staff were proactive in engaging with patients. All the interactions we saw were warm, friendly and respectful. We saw patients participating in activities and going off the ward in the company of staff during our visit

The patients that we spoke with were positive and complimentary about the care they received. Patients told us that they were impressed with the ward staff and the environment, that care was excellent, and that the nurses and allied health professionals were caring and approachable. We heard that there were plenty of things to do, patients knew who their keyworker was, knew what was in their care plans, and that they felt involved in their care.

All the nursing care plans of the patients we reviewed were person-centred and recovery focussed. The plans were an accurate reflection of the care being delivered. They were dynamic, with good links between the goals set at the multidisciplinary team (MDT) meetings and the nursing plans. Ward 10 is a care planning pilot site for Excellence in Care: this approach is person-centred and focuses on the organisation supporting staff to deliver high quality care. The team continue to develop the care planning process and were building on the individuals' 'strengths', and on the day of our visit we saw some of the impact of this development work in practice.

There was evidence of patient involvement in the compilation of care plans. The SCN on Ward 11 informed us that when appropriate, some patients received copies of their care plans and there was also some plans that were electronically signed.

We noted that the Ayrshire Risk Assessment framework was well embedded in practice, dynamic, and shared across community and inpatient services. Those individualised plans were reviewed and regularly updated. We discussed with the nurses that involving the patients in their own risk assessment would make it more person centred.

The MDT meetings are held on a weekly basis. Patients, families and carers are encouraged to attend. The clinical decisions that occur during those meetings are clearly documented and generate an action plan with outcomes and treatment goals. Those weekly meetings were attended by medical and nursing staff, occupational therapist (OT) and social workers. We were advised that pharmacy input is also regularly available and the pharmacist reviews the patient prescription sheets on a regular basis.

The SCN in Ward 10 had accessed money to provide admin support at the MDT meetings which allowed information to be recorded in real time. The team feel that this approach dispenses with the need for the nurses to write the notes up after the meeting, freeing up to time to discuss the outcomes with the patient in more detail.

### **Engagement with carers and relatives**

The teams had many processes that augment good communication with carers and relatives. There was recording of contact with relatives, and staff spoke of their overall commitment to involving carers and relatives in assessment and care planning where consent had been given.

Families and carers are invited to the MDT meeting when appropriate. We met with two carers who spoke positively about the care and treatment provided by the service.

The staff in Ward 9 and Ward 10 informed us that they have implemented the 'triangle of care standards', and this is applied into practice through an initial letter to the carer informing them of the named nurse and contact details for the ward, with an assurance that carers and families should contact the services with any concerns. We found good attention to physical healthcare needs.

The SCN on Ward 9 told us the team have built a level of enhanced skills and have an interest in eating disorders. The Community Eating Disorder Service is based in Irvine and the ward work closely together. This service has supported the ward with assessment, care planning, treatment and training specific to the needs of patients with an eating disorder.

We asked about providing care and treatment for autistic people, and if the service had links with specialist services in autism. We referred staff to the NHS Education for Scotland's Autism Training framework, which sets out the knowledge and skills required at different levels with the health and social care work force to achieve key outcomes for people with ASD and their family and carers. At the end of day meeting the service manager discussed the potential to build this level of expertise within the service.

In relation to one patient we saw who had a diagnosis of ASD, we felt that his care could be enhanced by the involvement of speech and language therapy to ensure communication was appropriate and fit for purpose and for OT to undertake a sensory assessment to ensure the environment is suitable for his individual needs.

### **Recommendation 1:**

Managers should ensure that staff providing services to a person with autism and complex needs is trained to the appropriate level of the NES training framework.

### **Use of mental health and incapacity legislation**

The copies of the certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') were filed in the patients notes, and also uploaded onto the electronic system. On the front page of the patients' information there was also clear documentation of legal status, with a link to the electronic copy of the document.

We examined the consent to treatment certificates (T2) and certificates authorising treatment (T3) were in place for all patients who required them.

Following our last visit we had made a comment about the need for more detailed recording of a reasoned opinion within the patient's notes. On the day of our visit two of the patients were specified persons in relation to sections 281-286 of the Mental Health Act, which can allow certain restriction to be placed on the patients. The Commission expects restrictions to be authorised, and the need for restrictions to be regularly reviewed. We were pleased to see that the forms detailed in terms of the restrictions that applied, with a reasoned opinion noted in the care file.

## **Rights and restrictions**

On the day of our visit across all the wards there were three people on enhanced observations.

For three patients who were identified as having their discharge delayed, we will write to local authorities to seek an update on their plans.

On admission to the service the electronic system (care partner) prompts the nurse about whether the patient has an advance statement. Section 276c of the Mental Health Act states that support for advance statements should be published by NHS Boards.

There were details about how to access the advocacy service which was readily available and, where relevant, this was recorded in the patient's files, along with any legal representation that they had.

The Commission has developed [Rights in Mind](https://www.mwscot.org.uk/law-and-rights/rights-mind). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment. This can be found at:

<https://www.mwscot.org.uk/law-and-rights/rights-mind>

## **Activity and occupation.**

The patients we met with were positive about the activities and groups on offer and able to discuss with us the activities they participated and enjoyed.

The patients also have access to the Beehive activity hub, patients are able to drop in use the pool table and table tennis facilities. The service provides a good range of activities with some emphasis on encouraging people to be physically active. Other activities are arts and crafts, mindfulness and kitchen sessions.

We were informed that the nursing staff are providing groups on the ward, including newspaper, relaxation, quiz, and art and crafts.

## **The physical environment**

This is a recently purpose-built unit, the wards are all warm and welcoming, and the physical environment was to a high standard. Homely furnishing were evident throughout the wards. The bedrooms were large, en-suite and decorated to a high standard.

Meeting rooms for professionals were offset from the foyer at the entrance to the ward, which allowed professionals and families to meet without having to walk through the ward.

Each ward is built around a courtyard garden. The gardens were pleasant and well maintained. The courtyard is easily accessible for all, and some of the patients we met with commented positively on access to the large garden space.

On our visit last year the staff spoke about getting environmental repairs attended to in a timely manner. We were told of the process in place to manage this issue.

## **Good practice**

We were informed of the project initiated in Ward 10 supporting Improving Observation Practice (IOP) stream of the Scottish patient safety programme (SPSP-MH) within the adult acute admission environment.

This project provided a multidisciplinary response to deliver enhanced therapeutic activity within the ward, mirroring the IOP vision of moving from observation to intervention. Patients who were not well enough to attend therapeutic groups generally had limited access to therapeutic interventions and group work on the ward. The service looked at early 'OT assessment and ring fencing nursing time' to deliver structured daily group activity. Early data collection from the project suggests that levels of violence, self-harm restraint and use of enhanced observations have all significantly reduced. This innovative project has won a national award for the service.

## **Summary of recommendations**

1. Managers should ensure that staff providing services to a person with autism and complex needs is trained to the appropriate level of the NES training framework.

## **Service response to recommendations**

The Commission requires a response to this recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

MIKE DIAMOND  
Executive Director (Social Work)

## **About the Mental Welfare Commission and our local visits**

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local

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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