

Mental Welfare Commission for Scotland

Report on announced visit to: Henderson Ward, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH

Date of visit: 15 August 2019

Where we visited

Henderson Ward is a 20-bedded adult acute mental health mixed-sex ward. The ward is based in Gartnavel Royal Hospital. We last visited this service on July 2018 and we did not make any recommendations on that occasion.

On the day of this visit we wanted we wanted to meet with patients and look generally at the care and support being provided in the unit because it was over a year since our previous visit.

Who we met with

We met with, and reviewed the care and treatment of, six patients and met with one relative. We advised the nurse in charge to inform carers and relatives of our visit and we would welcome contact from carers and relatives should they wish to speak to us following our recent visit to Henderson Ward. We spoke with the senior charge nurse (SCN) and other members of the clinical team.

Commission visitors

Anne Buchanan Nursing Officer

Mary Hattie Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit we were able to meet with six patients. Patients we met with spoke positively about their care and treatment in the ward. We observed nursing staff interactions with patients that were professional and respectful. Most patients told us they felt staff were approachable and had a positive attitude. Staff we spoke to were knowledgeable about the patients when we discussed their care.

We were told patients' notes are currently recorded in two separate formats. EMIS records chronological and multi-disciplinary team (MDT) documentation electronically, with all other notes held on paper file. While this is not ideal, we were told EMIS will in the future be able to accommodate all information relating to patients' care and treatment. We welcomed this recent update and hope to see fully integrated records soon.

Risk assessments were detailed, regularly reviewed and updated. We saw care plans relating to mental health that were person-centred with evidence of patient participation. There was evidence of psychosocial interventions workbooks being used to help patients make sense of their mental health related experiences and support recovery. Patient care is reviewed at a weekly MDT meeting. Prior to this meeting, patients are invited to record their views on a pre-meeting form. This gives an opportunity for patients to have their progress discussed and participate within the meeting. There was evidence of input from medical, nursing, allied health professionals, psychology and social workers. Actions and outcomes were clearly recorded in patients' MDT forms, and all documentation was detailed and of a high standard. We were told carers and relatives are invited to attend MDT meetings to discuss patients' care, treatment, and progress in the ward.

We were told nursing staff have recently discussed a new initiative to improve patients' participation in their care and treatment. 'Patient conversation' will offer patients an opportunity to discuss what is important to them during their admission to hospital; what areas of their care and treatment they wish to focus upon and what recovery means to them. We welcomed this new initiative and look forward to hearing of its progress during our next visit.

Use of mental health and incapacity legislation

On the day of our visit 13 patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Of those patients subject to compulsory treatment, we reviewed the legal documentation available within their files. One patient was subject to Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'). Paperwork relating to treatment under part 16 of the AWI Act was mostly in good order. The authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were available. Where there was evidence of one treatment not included on a T3 certificate this was brought to the attention of the senior charge nurse on the day of the visit.

Specified persons

Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are subject to detention in hospital. Where a patient is a specified

person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied.

The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed. We were told patients who are subject to these procedures are reviewed weekly at the MDT to determine whether the restrictions in place are still required. We found evidence of the reasoned opinion in the care plans and that patients had been informed about their right of review.

Our specified persons good practice guidance is available on our website:

http://www.mwscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Rights and restrictions

We were told Henderson Ward operates a controlled door entry system, and patients are provided with the code to allow them access to come and go from the ward. The nursing team undertake hourly environmental checks which include opportunities to engage with patients. On the day of the visit the ward was calm and quiet although it is recognised that this is not always the case and depends on the patient population at any given time.

We were told patients have access to independent advocacy and legal representation. The ward have contact details for both and leaflets with information are provided upon admission to the ward.

On the day of our visit there were two patients who required additional support with enhanced observation from nursing staff. We were told patients who are subject to enhanced observations are reviewed daily. The medical and nursing team discuss the patients' care and treatment to determine whether the patients' observation level can be safely reduced.

The Commission has developed [*Rights in 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 ward benefits from having a full-time patient activity co-ordinator (PAC) who offers an extensive range of activities. On admission to Henderson Ward each patient is referred to the PAC for assessment. Each patient has a structured activity programme which includes activities in the ward and opportunities to spend time outwith the ward environment. Additional therapeutic activities are provided by volunteers who run music and art groups. A weekly activities planner is available in the ward while one-to-one activities are provided for patients who do not wish to attend groups. The activity provision was highly praised by nursing staff and patients. Further therapeutic activity is offered by 'Solutions', which is an informal ward-based group that promotes positive steps towards recovery.

Patients are provided with additional input from allied health professionals including occupational therapy, physiotherapy and psychology. Occupational therapists provide comprehensive functional assessment of needs with care plans which were person-centred and regularly reviewed and updated.

The physical environment

The ward was clean, bright, and maintained to a high standard. All communal areas, including sitting rooms and the dining room, were welcoming and comfortable. All bedrooms were en-suite and offered showering facilities. Patients had access to the garden area which was well laid out with a variety of plants and shrubs. On the day of the visit we saw several patients enjoying the outdoor space. We were told patients contribute to maintaining the garden and enjoy having the opportunity to have fresh air during the warmer weather. We saw several patients smoking. We were told that as yet, Gartnavel Royal Hospital has not yet become an entirely 'smoke free' hospital, therefore patients can use the garden to smoke. We discussed the need to further promote smoking cessation and support patients to reduce risks associated with smoking tobacco.

Any other comments

We were told senior nursing staff now regularly meet with their community mental health colleagues to discuss patients who are nearing discharge from hospital to home and patients who may require admission to hospital. We were told while this development is in its infancy, nursing staff believe these meetings have greatly improved communication between services which in turn has benefitted patient's pathway into mental health services.

Service response to recommendations

As there were no recommendation made in this report, the Commission does not require a response.

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

MIKE DIAMOND
Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

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

The Commission visits people in a variety of settings.

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

When we visit:

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

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons Inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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

