Mental Welfare Commission for Scotland

Report on unannounced visit to: Wards 1 & 2 Wishaw General University Hospital, Netherton Street, Wishaw, ML2 0DP

Date of visit: 22 August 2019

Where we visited

Wards 1 and 2 are both mixed-sex adult acute mental health admission wards within Wishaw General University Hospital. The wards are situated in the lower ground floor and have access to enclosed garden areas. Both wards have 23 beds with two of the beds in Ward 1 utilised for alcohol detox inpatient treatment. The wards cover all of North Lanarkshire, offering a service to adults between 18 and 65 years old. Ward 1 also accepts young people under the age of 18 where necessary, and supports the admission of young people who are admitted to the paediatric ward for mental health reasons. Ward 2 moved to the Wishaw General Hospital site from Monklands Hospital on 31 July 2017. The wards are a mix of four-bedded dormitories and single en-suite rooms. Ward 1 was full on the day of our visit and had patients boarding in other wards. Ward 2 had 21 patients and two empty beds at the time of our visit.

The multidisciplinary team (MDT) input to the wards consists of medical staff, nurses, psychology, occupational therapists (OT), and peer support workers who work alongside activity co-ordinators. Social work attend ward meetings as required and advocacy services attend on referral. Pharmacy also offer regular input to both wards.

We last visited this service on 13 September 2018 and made recommendations around daily records and activity provision. On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

We met with and/or reviewed the care and treatment of 14 patients.

We spoke with the service manager, one of the senior charge nurses (SCNs) and staff nurses.

Commission visitors

Margo Fyfe, Nursing Officer

Mike Diamond, Executive Director (Social Work)

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

Kathleen Taylor, Engagement & Participation Officer (Carer)

What people told us and what we found

Care, treatment, support and participation

We found MDT meeting notes to be informative and easy to find on the electronic record system Midis.

Care plans and continuation notes

Ward 1

In Ward 1 we found the care plans to be person-centred and regularly reviewed. It was good to see that reviews happen when there are changes for the patients and are recovery focussed. Patients reported being aware of their care plans and of feeling involved in their care and treatment.

Progress notes have improved since our last visit. One-to-one notes involving keyworkers and patients are easily identifiable in the patient record. We noted the work that the senior charge nurse and charge nurse have taken forward to develop a template for recording the patient's progress throughout the day. This includes their mental and physical health. We were told that the project had been supported by practice development nurses and, along with regular peer review of progress notes, had become part of the regular record-keeping on the ward. It is hoped that the template will be rolled out across all adult acute admission wards in the health board. We look forward to seeing this on future visits across the board area.

Ward 2

We did not find any improvement in care plan records in Ward 2. We found that in the records we reviewed, not all health issues were being care planned for and that physical health care needs in particular had no care plans in place. Reviews, although happening, were not accurately reflecting the patient's legal status and progress. We did not find any indication that patients were aware of their care plans. We are of the view that care plans need immediate attention and suggest that the SCN links in with the SCN in Ward 1 to ensure equity of care provision and record keeping across the wards.

When reviewing progress notes we found these did not consistently reflect the patient's progress or actions being taking by staff to assist the progress. We think that the ward record keeping would improve with the adoption of the template used in Ward 1 to record daily progress notes.

Recommendation 1

Managers should ensure that SCNs in Ward 1 and Ward 2 collaborate on care plan writing and patient progress note keeping to ensure that records are kept that accurately reflect the patient's journey, and that this is equitable across both wards.

The Commission has produced good practice guidance on person-centred care plans which can be found at:
https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Use of mental health and incapacity legislation

In both wards we were able to easily access legal documentation.

We found that not all patients could remember their legal status and suggest that having a clear plan in the days following admission to go through this again with individuals would be helpful.

We found consent to treatment forms (T2s and T3s) under the Mental Health Act (Care and Treatment) (Scotland) 2003 in place and up-to-date on both wards.

Rights and restrictions

Both wards are open wards. Where restrictions for individuals were in place we found relevant paperwork in place. Observation status was being regularly reviewed where higher levels of observation were in place.

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.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

In Ward 1, activities are in place and provided by the activity co-ordinator, occupational therapy and the peer support worker. There is a clear indication of activities displayed on a white board in the main corridor, and patients are made aware of the activities on offer daily.

In Ward 2 we were pleased to hear that they now have an activity co-ordinator in place two days per week. She works alongside the peer support worker, and they are endeavouring to cover more time across the week by being available on different days. We heard that therapet are also visiting the ward regularly. It was good to note that nurses try to ensure activities are available outwith the times when the activity co-ordinator and peer support worker are available. We were told that staff are beginning to notice that the activity provision is having a positive effect for patients. We look forward to hearing more about the activity provision in Ward 2 during future visits.

The physical environment

The wards are on the site of a large district general hospital and as such are subject to strict hygiene rules regarding fixtures and fittings. However, as at our last visit we were pleased to see the attention to pictures in public areas and more modern furnishings in lounge areas.

Any other comments

In Ward 2, we heard that there have been recent changes to how nurses on the ward co-ordinate patient care. We were told that patients are placed in groups according to which community sector they come from. This has made a difference to MDT meeting management and has improved links with community teams. We also heard about efforts to adopt the triangle of care on the ward to ensure clearer carer involvement. We look forward to hearing how this has progressed at future visits.

In Ward 1 we heard about plans to introduce group work for the patients specifically in relation to medication management and education. We look forward to hearing how this has progressed at future visits.

Summary of recommendations

1. Managers should ensure that SCNs in Ward 1 and Ward 2 collaborate on care plan writing and patient progress note keeping to ensure that records are kept that accurately reflect the patient's journey, and that this is equitable across both wards.

Good practice

We recognise the work that has been done around the progress note template and further work planned in Ward 2 to standardise paperwork in order to benefit both patients and staff. We hope this can be rolled out across the adult inpatient services across the board area. This will ensure equity across the service and alleviate confusion on how records should be kept.

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 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.

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