mental welfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Aonach Mor, 120 Benula Road, Inverness, IV3 8EL

Date of visit: 24 September 2019

Where we visited

Aonach Mor is a 12-bedded rehabilitation unit divided into three separate flats located in a suburb of Inverness. Aonach Mor staff provide assistance with building practical skills related to independent living and education regarding their mental and physical wellbeing towards recovery. Group work plays a significant part in this process but one-to-one sessions are individually tailored to patients needs and are provided by nurses and occupational therapists (OTs).

We last visited this service on 6 August 2018 as part of a national themed visit to rehabilitation units. No recommendations were made. However it was identified that many care plans were lacking in person-centred content.

On the day of this visit we wanted to meet with patients, speak to staff, and hear about activities. We also wanted to look at the environment to ensure that the care and treatment facilities are meeting patients' needs.

Who we met with

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

We spoke with the clinical area manager, consultant psychiatrist, acting nurse team leader and other nursing staff.

Commission visitors

Moira Healy, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients we met with were positive about the care and treatment provided by nursing staff and felt actively involved in in the care planning process. All staff we spoke with were knowledgeable of their patient group.

In addition to providing care for its own patients on the ward, ward staff also provide in-reach work for patients in general adult psychiatry wards on the main campus at New Craigs Hospital if they have been identified as being suitable for Aonach Mor, but where no beds available. The staff also provide a transitional discharge service for patients who have left Aonach Mor. This can be for up to six weeks and sometimes longer depending on the needs of the individual.

Care plans

Personal support plans were person-centred with the involvement of patients at the centre of them. They were recovery focussed, detailed, holistic and active participation in meaningful activities is clearly encouraged. Care plans are reviewed on a regular basis and information made in relation to care programme goals are evaluated and discussed at the multi-disciplinary team meetings which are held fortnightly. Risk management plans were detailed and completed with risk assessments updated as necessary.

For most patients there was good information in relation to their individual history. We identified one patient where this could have been improved and staff agreed to address this.

We were told that one-to-one meetings between patients and named nurses were happening but were not easy to find in the chronological notes. Nursing staff on the day agreed that they need to improve how to record this perhaps by highlighting these important therapeutic interventions.

The input from the psychologist, who offers one-to-one work and group work with patients and support for staff in dealing with patients in their care, was highly valued.

Detailed reports from professionals when providing input to a patients treatment plans were provided for all Care Programme Approach (CPA) meetings and were easy to find in the notes.

Use of mental health and incapacity legislation

Consent to treatment certificates (T2) and certificates authorising treatments (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003 (‘the Mental Health Act’) were in place where required. It was noted ‘as required’ medication had been included in some prescription sheets but not on the T3 certificate. This medication had never been used, and we advised the consultant psychiatrist that this be discontinued.

Rights and restrictions

Specified person provisions

Sections 281-286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained 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 the need for those special restrictions to be regularly reviewed.

Responsible medical officers have to complete certain forms in relation to specified persons. We saw that the necessary notification forms were in place on the wards where this was appropriate. We saw that reasoned opinions were recorded by doctors relating to specified persons decisions and that specific restrictions which were being applied were well documented in care plans and that the restrictions were being reviewed.

We discussed further with staff some individual cases in relation to specified person procedures.

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/rights-mind/

We saw evidence that supported decision making is promoted and encouraged and patients are involved in discussing care and treatment at all stages in their stay at Aonach Mor.

Activity and occupation

On the day of the visit, many of the patients were participating in their activity programmes in the community. The age range of patients on the ward is wide and their interests are diverse. The involvement of Occupational Therapist (OT), OT technician and nursing staff means ensures a wide variety of group work available which is tailored to individual interests and needs. Most patients are involved in a range of activities with include a pool group, 'green space' (an outdoor activity within the grounds of New Craigs), a healthy eating cookery group, a nature walking group, a city cycling group, and a current affair group amongst others.

Activities were well-recorded and the emphasis was on community based events which patients could continue to use on discharge from the service.

The physical environment

The flats were clean and bright. There was also a variety of places to take part in activities or just sit at leisure. We were told furniture was on order to replace worn furniture in one room. There was easy access to a large garden.

Any other comments

It was good to hear of the emphasis on person-centred care and staff spoke of being proud of building relationships and instilling confidence in patients who are often felt marginalised.

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.

ALISON THOMSON
Executive Director (Nursing)

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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