Mental Welfare Commission for Scotland

Report on announced visit to: Munro and Nairn Wards, Stobhill Hospital, 133 Balornock Road, Glasgow G21 3UW

Date of visit: 17 September 2019

Where we visited

Nairn and Munro Wards are both 20-bedded acute mental health mixed-sexed admission wards. At the time of our visit both wards had 20 patients respectively. Of those patients, nearly half were subject to Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') legislation. We last visited the wards in September 2018 and made a recommendation for Munro Ward regarding care planning.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendation, and also look at therapeutic activity provision across both wards. This is because we were told at our last visit that therapeutic activity staff resource would be increasing and activities would be provided throughout the week and in the evenings.

Who we met with

We met with and reviewed the care and treatment of 14 patients across both wards. Unfortunately on the day of our visit we were unable to meet with relatives. We advised the nurses 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 Nairn and Munro Wards. We spoke with the senior charge nurses (SCN) in Nairn and Munro Wards, and other members of the clinical team.

Commission visitors

Anne Buchanan, Nursing Officer

Mary Leroy, Nursing Officer

Paul Noyes, Social Work Officer

Kathleen Taylor, Carer Engagement Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit, patients from Nairn Ward spoke positively about nursing and support staff. This was replicated in Munro Ward where patients spoke of the nursing team as supportive with a positive approach to care and treatment. Staff we spoke to were knowledgeable about patients when we discussed their care.

We were told that patients' notes are currently recorded in two separate formats. EMIS records chronological and multidisciplinary 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 patient's care and treatment. We welcomed this recent update and hope to see fully integrated records soon.

Across both wards, we saw risk assessments that were detailed, regularly reviewed and updated. We saw care plans relating to mental health that were person-centred with evidence of patient participation. Patient care is reviewed at weekly MDT meetings. Prior to these meetings, nursing staff meet with their patients to seek their views of progress they have made over the previous week. Nursing staff told us this is to ensure care and treatment remains recovery focussed and patient's participation in their care is valued.

There was evidence of input from medical, nursing, allied health professionals, psychology and social workers. Additionally, the community crisis team attend the MDT meetings. We were told this has helped improve patient flow from hospital to home and assist patients with transition back into the community.

Actions and outcomes were clearly recorded in patient 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 saw evidence of input from psychology in Nairn Ward and Munro Ward. Psychological formulations are undertaken with outcomes shared with the MDT. Psychological formulations are helpful for the patient and staff as they provide an understanding of presentation and behaviours. Staff on both wards continue to deliver care which is trauma informed and have received additional training to help support patients who have a diagnosis of personality disorder.

Furthermore, psychologists facilitate group work on both wards. Group work includes supporting patients who are experiencing psychotic symptoms (e.g. hearing voices) and groups for patients who experience emotional distress.

Patients are provided with additional input from allied health professionals including occupational therapy, pharmacy and physiotherapy. Occupational therapists provide comprehensive functional assessment of needs with care plans which were person-centred and regularly reviewed and updated. Furthermore, occupational therapy technicians provide therapeutic activities and additional group work on both wards.

Patients told us they feel involved in their care and treatment and value input from allied health professionals.

We were told both Nairn Ward and Munro Ward currently have patients who have been in the wards for several months. This was largely due to the complexity of their needs and the challenge in finding services to support their needs following discharge from hospital.

We would like to draw attention to the transfer of patients between inpatient wards. The use of 'stable patient transfer' was discussed with the senior charge nurse on the day of our visit. Patients who are considered to not be acutely unwell are identified as being able to be transferred to another ward to make way for admissions. While we appreciate there are on-going issues with inpatient capacity for admissions to hospital, we do not consider transferring patients between wards as an appropriate approach to managing this situation.

We were told neither patients, their relatives, nor nursing staff find the 'stable patient transfer' model acceptable largely because of the potential for patients care pathway to be compromised thus leading to the patient's recovery being undermined.

Recommendation 1:
Managers should review the current stable patient transfer model taking into account the views of patients, staff and carers.

Engagement with relatives and carers

We saw evidence of carer and relatives participation recorded in MDT documentation. Nursing staff spoke of their commitment to involve carers and relatives with 'carer's link nurses' having been introduced to provide a point of contact for the wards. We were told the Therapeutic Activity Nurse team facilitate carers support groups across both Munro and Nairn Wards. On the day of the visit we were unable to meet with carers or relatives. We asked for our contact details to be provided to carers should they wish to speak to us after our visit.

Use of mental health and incapacity legislation

On the day of our visit, the majority of patients on Nairn and Munro Wards were subject to Mental Health Act legislation. For those who were we reviewed the relevant paperwork relating to the Mental Health Act, copies of documentation are held on electronic and paper file and were in good order. Of those files we reviewed on both wards, we found forms for consent to treatment under the Act (T2) and forms authorising treatment (T3) were completed appropriately. Paperwork relating to the Mental Health Act are available on the electronic system and copies are kept with medication prescription sheets.

Specified persons

Section 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, 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 at http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Rights and restrictions

We were told both Munro and Nairn Wards operate controlled door entry system, patients are provided with the code to allow them 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. 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. Furthermore, patients have access to a benefits officer who can assist with benefits and financial queries.

On the day of our visit there were 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 patient's care and treatment to determine whether the patient's 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.mwcscot.org.uk/rights-mind/

Activity and occupation

There was evidence of a structured activity plan for each patient whose notes we reviewed. Where a patient cannot participate with a group activity we saw individual therapeutic activities to meet their particular areas of interest or need. Input from the therapeutic activity nurses provide an extensive variety of activities and are highly praised by patients and the clinical team. Lack of activity provision in the evenings and weekend had been highlighted during our last visit. However, we were pleased to see activities are now provided throughout the day and evenings, including weekends.

Additional activities are provided by volunteers, including visits to the wards from a therapet and a befriender who can offer informal group work or one-to-one support.

The physical environment

Both Nairn and Munro wards were clean, bright and maintained to a high standard. All communal areas, including sitting rooms and the dining room, were welcoming and comfortable. Patients had access to the garden areas, which were 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 were told Nairn Ward is due to move into to

their new purpose built accommodation next year and we look forward to visiting them in their new ward.

Any other comments

Patients we spoke to on our visit to Nairn and Munro wards highly praised their care and treatment. Nursing and allied health professionals were viewed as supportive and promoted a sense of equality in terms of patients being given opportunities to make decisions about their care and treatment while working together towards recovery.

Summary of recommendations

1. Managers should review the current stable patient transfer model taking into account the views of patients, staff and carers.

Service response to recommendations

The Commission requires a response to this recommendation 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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