Mental Welfare Commission for Scotland

Report on an unannounced visit to: Ward 8 Intensive Psychiatric Unit (IPCU), Woodland View, Kilwinning Road, Irvine, KA12 8RR

Date of visit: 4 October 2019

Where we visited

Ward 8 is the Intensive Psychiatric Care Unit (IPCU), an eight-bedded purpose built facility in Woodland View Hospital. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door policy. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

On the day of our visit there were five patients within the unit, all of whom were subject to either the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the mental health provisions of the Criminal Procedure (Scotland) Act 1995 ('the CPSA Act') We last visited this service on 30 January 2018 and made a recommendation relating to the environment.

Who we met with

We met with and reviewed the care and treatment of all five patients. This was an unannounced visit to the service and we were unable to meet with any relatives or carers.

We also spoke with the charge nurse, staff nurses, and healthcare assistants throughout the day.

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer.

What people told us and what we found

Care, treatment, support and participation

Our visit was, on this occasion, unannounced so patients, relatives, and staff had no prior warning or notification of our arrival. On the day of the visit the ward was busy, the clinical team were awaiting the arrival of a new patient who was being admitted into the unit. Patients seemed comfortable in the company of staff and happy to approach them.

We saw staff being proactive and engaging with patients and all the interactions we saw were warm, friendly and respectful. Patients spoke favourably about their care on the ward and nursing staff were knowledgeable about their patients.

The nursing care plans of the patients we reviewed were person-centred and recovery focussed. Risk assessment were detailed, regularly reviewed, and we saw individual safety plans included in the patients' records.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Multidisciplinary team meeting

On our previous visit to the service we commented positively on the multidisciplinary team meeting (MDT), the psychiatrist's input and it being highly valued by the team and the 'live' recording of notes. We viewed it as an exemplary model of recording decisions being taken and records made.

On the day of this visit we found that one patient had not been reviewed through the MDT for over two weeks. When we raised this issue with the nurse in charge we were told about changes to medical cover for the service. The IPCU is now served by the sector consultants from patients' originating areas, and his has led to some issues with the organising of the MDT meetings. We were told that the visiting consultant usually arranged a day for the MDT review, but they are often unable to specify a time. This arrangement can also make it challenging for other allied health professionals and for families/carers to plan their involvement.

Recommendation 1:

Managers should ensure that there is a consistent approach to the process of the MDT meeting to ensure participation of all interested parties and comprehensive recording of decisions.

Within the chronological notes there was evidence of input from medical, nursing and allied health professionals and social work. We noted the involvement of psychology in supporting the care and treatment of a patient with complex care needs. The use of formulation has promoted a more positive risk taking approach and the team explained some of the benefits that they have noted from having input from psychology.

In relation to one patient, the involvement of clinical psychology had supported the clinical team with the individuals care and treatment needs.

We also 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 autistic spectrum disorder and their family and carers.

Engagement with carers and relatives

Patients were being actively encourage to maintain family contact and whether they would like to share information, or to be included, in in their overall care and treatment. There was good recording of contact with relatives, and staff spoke of their overall commitment to involve carers and relatives in the patient's care and treatment where consent had been given.

Use of mental health and incapacity legislation

On the day of our visit all patients were subject to Mental Health Act or CPSA Act legislation.

Copies of certificates authorising detention under the Mental Health Act were uploaded on to the electronic system. On the front page of the patient information sheet there was 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). All the forms authorising treatment should be available in the care plan and in the drug prescription sheet for the patient. Two of the forms we reviewed were in date and covered the prescribed medication; there was an issue with finding/ accessing the other three (T3) documents. We were told they were usually held on file in a folder next to the electronic medication system. We raised this issue on the day with the charge nurse who was addressing this as a matter of urgency.

Recommendation 2:

Managers should ensure that all medication prescribed is authorised by T2 or T3 certificates as appropriate and processes are in place to audit this.

Rights and restrictions

This IPCU is a locked ward and has a 'locked door policy' which is proportionate with the level of risk being managed within an intensive care setting.

We were told that patients are provided with information about how to access independent advocacy and provided with contact telephone numbers for legal representation.

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-in-mind/

Activity and occupation

We discussed the activities that were available on the ward and were said that the patients were offered activities on a daily basis. We were told that the nurses provide recreational and social activities. We noted that there were attempts to engage patients in a range of activities.

On Friday afternoon patients in the ward have exclusive access to the Beehive Unit. This service is delivered by the occupational therapy department, and provides recreational and therapeutic activities.

The physical environment

The physical environment of the ward was of a high standard and is bright, clean and spacious. There is a large sitting area and on our last visit, we made a recommendation to improve the stark clinical appearance of this room. We saw that now there is artwork on the walls and soft furnishings which have improved this space.

The ward has its own courtyard and garden, this space is well used by the patients. There is a small gym within the ward and we were informed that this space is well used, staff told us they had recently invested in more equipment and this improvement was commented on by patients.

Summary of recommendations

1. Managers should ensure that there is a consistent approach to the process of the MDT meeting to ensure participation of all interested parties and comprehensive recording of decisions.

2. Managers should ensure that all medication prescribed is authorised with T2 or T3 authority are in place where required, and processes are in place to audit this.

Service response to recommendations

The Commission requires a response to these 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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk