Mental Welfare Commission for Scotland

Report on announced visit to: Ward 7a, Woodland View. Kilwinning Road, Irvine, KA12 8RR.

Date of visit: 5 October 2020

Where we visited

Due to the Covid-19 pandemic, the Commission had postponed all scheduled local visits in March 2020. By August 2020 the Commission began a phased return to our visit programme, following the recommendations in the Scottish Government's route map to recovery

This visit was to Ward 7a in Woodland View Hospital. In March 2020, as part of the continuing redesign of inpatient and community services in NHS Ayrshire and Arran, the service moved from Arrol Park, to Woodland View Hospital.

We were keen to visit the service because the scheduled visit in March 2020 was cancelled due to the Covid-19 pandemic. This 10-bedded unit currently provides assessment and treatment for patients who have a learning disability, with significantly complex health care needs often associated with a diagnosis of autism spectrum disorder. There were six patients in the ward on the day of our visit.

This local visit was undertaken using a combination of telephone contact with staff and managers prior to, and after, the visit and interviews in person with patients and ward staff on the wards on the day of the visit. Patients from ward 7a had been offered the opportunity of telephone or video interviews prior to the visit but no patients chose to do so.

On the day of this visit we wanted to follow up on our previous recommendations. We last visited this service on 28 March 2018 and made recommendations about care planning, activities, and the physical environment.

We were also keen to speak with patients and staff to see how they had been affected by the pandemic. We were particularly interested to hear about the impact on patient care, the effect of additional restrictions on contact with relatives and family, activity, and the mental health of patients.

Who we met with

We saw all the patients who requested to see our visitors on the day. We interviewed six patients on the ward, and reviewed the notes of all the patients interviewed. We met with one relative.

We also spoke with the senior charge nurse (SCN) and other staff we met on the wards.

In addition, we had individual discussions with the clinical nurse manager, consultant psychiatrist, psychologist and a representative from a local advocacy service. We were told about plans to develop this service and discussed current themes.

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennnett, Social Work Officer

What people told us and what we found

The patients who we spoke to, who were able to express a view, were positive about the care and treatment that they were receiving. We heard from patients about some activities that they enjoyed. We observed positive interactions between staff and patients during our visit. We found staff to be knowledgeable regarding all their patients.

Care, treatment, support and participation

This visit took place during Phase 3 the Scottish Government's route map to recovery and at a time of additional restrictions to patients due to the Covid-19 pandemic. Since the end of March 2020, the hospital has operated a mental health inpatient Covid-19 contingency plan, which made major changes to the usual model of care in an attempt to contain Covid-19 transmission on site. This model of care has been more restrictive but closely monitored; the Commission has received copies of weekly monitoring reports throughout and has been in regular communication with managers and advocacy services at the hospital. Though these restrictions are in place in the ward we heard that most patients have generally coped well with the lockdown experience of the ongoing pandemic.

We did hear that some patients required gentle guidance regarding social distancing. There were concerns about the mental health of some patients and this was monitored closely during this period of time. Some patients who were on the autistic spectrum experienced increased anxiety due to changes to routines.

We heard that patient care has continued very much as normal throughout the pandemic with patients continuing to have good access to their doctors and input from the wider multidisciplinary team. We saw evidence of input from psychology, speech and language, social work and other services. Patients also continue to be able to access advocacy in the hospital.

Patients in the ward have their care and progress managed using the Positive Behaviour Support (PBS) plans and for some the Care Programme Approach (CPA), risk assessment forming an essential component of all care plans.

The Positive Behaviour Support (PBS) plans had been complied by the psychologist and the staff team. They contained both proactive and reactive strategies to manage the patients behaviours, the plans were positive and gave the staff a lot of detail and practical strategies for managing patients complex care needs. On the last visit to the service some of the patients were managed through PBS model, we were pleased to see on this occasion that all patients had a PBS support plan in place.

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

Though the overall feedback from this visit was positive. There were individual concerns from a relative regarding care and treatment and we addressed this with the multidisciplinary team (MDT) on the day. There are two patients who we will follow up further on an individual basis.

There is a strong multidisciplinary focus on the care and support that is being provided. The core clinical team consists of medical, nursing staff, psychologist, speech and language therapist, dietician and access to physiotherapy is on a referral basis. We were informed that an occupational therapist has recently been employed.

We saw evidence of recordings and outcomes from the MDT. However, there appeared to be a lack of consistency in how the information was collated and recorded.

We were told by the service that they are in the process of reviewing the process for recording MDT meetings and establish a more robust recording system that will also evidence both patient and family involvement.

We felt there was good attention to meet physical health care needs. All patients have access on a weekly basis to general practitioner and advanced nurse practitioner, patients have annual health checks and appropriate health screening. This is particularly important for some patients with a range of complex health care conditions.

Use of mental health and incapacity legislation

All patients in the ward are detained under either the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995 and this continues to be the case during the current pandemic. Legal documentation is well maintained in patient files. We found the appropriate legal paperwork in place for patients we reviewed and staff were clear about their legal status.

We did not find any issues with regard to T2 and T3 forms that authorise prescribed medication but this was not a main focus of this visit.

Rights and restrictions

On the day of our visit there were two people who required additional support with enhanced observation from nursing staff. We were told that patients who are subject to an enhanced level of observation are reviewed daily. The medical and nursing staff discuss the patients care and treatment to determine whether the observation level can be safely reduced. We were told that the team attempted to work with the patient to determine when enhanced observations can be reduced. This is to ensure that patients are not subject to an ongoing enhanced observation level unnecessarily.

For one patient who was identified as having discharge delayed, we will write to the social work team to seek an update on their plans.

A significant issue for patients and families has been contact during the Covid-19 pandemic due to national restrictions on hospital visiting. Physical visiting has only just been resumed

in the Phase 3 of the Scottish Government's route map to recovery and is currently limited to only one family member.

Several patients we spoke to had managed to have a visitor; visits are now taking place in the family room. This is a recent change as a result of the pandemic. This environment has been commented on favourably by patients. We saw the rooms being used, which provided an airy space for physical distancing and a pleasant bright environment.

The issue of keeping patients in contact with family has been a priority throughout the pandemic and some patients have been able to maintain telephone contact where appropriate.

We spoke to an advocacy worker on the day of the visit, and were told there were strong links with the ward, and that advocacy support patients in tribunals and meetings. The advocacy service has maintained contact with the patients by telephone and recently had commenced visiting to meet face to face with patients in line with government guidelines.

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

We saw evidence of some provision of activities, we were informed that most of the activities for the patients were delivered on a one-to-one basis. Nursing staff continue to provide activities within the ward. We could see there were outings to local amenities with staff, and activities had a social emphasis or focussed on the patient's health and wellbeing. Other activities were looking at skill development that would assist patients moving on.

The patients also have access to the Beehive activity hub, and there is a pool table and table tennis facilities. The service provides a good range of activities with some emphasis on encouraging people to be physically active. Other activities are arts and crafts, mindfulness and kitchen sessions.

We were pleased to hear from the SCN and the clinical nurse manager about the recent employment of the occupational therapist (OT). The OT on the ward provides a range of services including functional assessments, individual sessions, and preparation for discharge. We look forward to this development and hearing about how activity scheduling and skill development is embedded further into the care and treatment of patients.

The physical environment

The physical environment of the ward is to a high standard. The entrance provides a warm and welcoming introduction to the ward. Meeting rooms, which were offset from the foyer, meant that visiting professional and families could meet in these rooms without having to walk through the ward. There is also a small visitors' room. Homely furnishing were evident

thought our offering quiet spaces and a wide variety of places and opportunities to meet with people. The bedrooms were ensuite and decorated to a high standard.

The courtyard garden was pleasant and well maintained and is easily accessible for all patients.

Any other comments

The SCN told us about plans with the team psychologist, to assess the gaps in staff training, and also to identify the related training needs. We were told about the nurses who were trained in psychological therapies; are trained in Beat it, one in Positive Behaviour Support PBS.

During our conversation about training we 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.

The Quality Network for Inpatient Learning Disability Services (QNLD) aims to support wards to improve and evaluate their management processes and standards of care. This is assisting the team as they update and develop their assessment and treatment admission pack for patient information.

Future learning

Though the Covid-19 situation has been a devastating and traumatic time, it has presented challenges that have required creativity and new ways of working. It is hoped the positive changes that have benefitted some aspects of patient care can be continued and developed in future models of care.

Service response to recommendations

There are no recommendations in this report.

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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