



Mental Welfare Commission for Scotland

Report on virtual visit to: Ward 3 / Clyde Ward (amalgamated),
Udston Hospital, Farm Road, Hamilton, Lanarkshire, ML3 9LA

Date of visit: 4 February 2021

Where we visited (virtually)

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Routemap (May 2020). There have been periods during the pandemic where we have been able to conduct our face-to-face visits; however, the reinstatement of lockdown has required us to review this, and we are presently undertaking virtual visits.

We were keen to conduct a virtual visit to Ward 3/Clyde ward at Udston Hospital because the ward is currently amalgamated and we have been unable to arrange a face-to-face visit. This local visit was undertaken using a combination of data and information gathered prior to and after the visit and telephone interviews.

The wards are mixed-sex, acute, care and assessment wards for people over 65 years old with functional mental illness. Clyde Ward is situated in Udston Hospital in Hamilton and Ward 3 is usually situated in University Hospital Wishaw General (UHWG). However due to the Covid-19 pandemic, Ward 3 moved to Udston hospital and amalgamated with Clyde ward to ensure appropriate staffing and service provision for patients. The ward space in UHWG was to be prepared as a ward for Covid-19 patients should the need arise. We are aware there are plans in place to move Ward 3 back to UHWG when the easing of restrictions allow.

The wards have on-site access to occupational therapy, psychiatrists, and nursing staff, with sessional input from psychology. They have access via referral to dietetics, speech and language therapy, and physiotherapy, as well as advocacy services. There is some pharmacy input on request. There is also a full-time activity coordinator.

We last visited the wards in 2019 as part of a themed visit and made recommendations around improving care plans.

For this virtual visit, we wanted to follow up on the previous recommendations and also review how the patients, carers and ward staff were managing having been brought together under the current restrictions that are in place regarding the Covid-19 pandemic.

Who we spoke with

Unfortunately no patients were willing to speak with us. However we spoke with two relatives by telephone.

We also spoke with the service manager, the senior charge nurse (SCN) and charge nurse.

Commission visitor:

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of the virtual visit the ward had just been closed to admissions. Of the twenty patients there had been three who had tested positive for Covid-19 and there were 13 patients isolating. One patient had been transferred to a medical ward, leaving three patients able to use the public areas. All staff have had their initial vaccination and have twice weekly testing in place.

We had planned to look at care plans during visits to both wards, as this had been an area highlighted for improvement in the past. However, it was not possible to do so virtually. The SCN spoke about improvements made to paperwork in general around the use of Situation Background Action Review (SBAR). We look forward to seeing this on future visits to the wards. We were also told that the medication prescribing has moved to an electronic system (HEPMA) and that staff have found this beneficial in ensuring medications are closely monitored.

We were informed that neither ward is yet using the new electronic record system MORSE but they are scheduled to have this in place on phase three of the roll out of the system. We look forward to seeing how this has progressed in future visits.

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.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Use of mental health and incapacity legislation

At the time of the virtual visit there were six patients on the ward detained under the Mental Health (Care & Treatment) (Scotland) Act 2003. One patient had a power of attorney in place and there was a copy of the paperwork available on the ward for staff to access.

The SCN was able to assure us that all relevant paperwork was complete for those patients who were detained, this included specified person paperwork where this was in place. We will look at this paperwork on future visits to ward areas.

Rights and restrictions

Patients are tested on admission and four days later for any Covi-19 symptoms.

The ward has split into a traffic light system of zones in line with infection control guidelines.

Due to the pandemic, patients have had to get used to only seeing visitors through windows as the wards currently have no visiting in place. Patients have struggled with nurses wearing masks and personal protective equipment (PPE). We were assured that nurses spend time reassuring patients around the need for PPE. Also, in the lockdown situation of the ward,

patients who are in isolation are having to get used to nurses being with them constantly to monitor symptoms and to assist with activities.

Prior to the current ward lockdown patients had been able to access the enclosed garden space as/when weather permitted and to use the larger public areas of the ward for activities.

The entrance to the ward is locked and there is a policy regarding this in place. Patients and relatives/carers are told about this prior to or on admission.

We were pleased to hear that patients continue to have access to information about their stay on the ward and are encouraged to use advocacy services. Advocacy representatives have been visiting the ward and using assisted technology to speak with patients, and join review meetings as required.

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.mwscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

There continues to be an occupational therapy presence on the ward Monday to Friday but the time available has reduced. The activity nurses, along with all other nurses, have continued to provide activity as much as staffing levels allow; however, they have at times been drawn into general nursing duties to ensure safe and appropriate care is provided. It was good to hear that student nurses are still in place and that learning for them has continued.

We look forward to seeing more of the activity programme on offer when the wards have returned to their base services.

Any other comments

Due to the wards amalgamation there are five consultant psychiatrists attending to patients in the ward. We heard that reviews are being carried out via electronic means on a weekly basis. Staff nurses participate and feel supported by the medical staff. Patients and relatives/carers are encouraged to attend these meetings. Families are updated after each review should they choose not to attend the meetings.

It was good to hear that psychology staff continue to see patients on the ward and to support staff in their care for patients.

Relatives/Carers

We were able to speak with two relatives via telephone. Both highly praised the care provided to their loved ones and the regular contact from ward staff. They are eager to be able to visit again but fully understand the current situation. They keep in contact with their relative by telephone calls and texting.

We heard from the SCN that when in ward 3 relatives could visit at windows and telephone the patients as they had four telephones for this purpose. However, in Clyde ward there is only

one such phone available. As relatives are keen to use this it can mean some people having to wait to speak to the patients they are visiting. It is our view that all areas would benefit from having the same number of telephones to allow window visits for patients to continue in a more streamlined way.

Recommendation 1:

Managers should ensure all wards have access to several telephones that patients can use to speak with relatives who wish to visit but cannot access the wards at this time.

Summary of recommendations

1. Managers should ensure all wards have access to several telephones that patients can use to speak with relatives who wish to visit but cannot access the wards at this time.

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.

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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