



Mental Welfare Commission for Scotland

Report on a virtual visit to: Morar Ward, New Craigs Hospital,
Leachkin Road, Inverness, IV3 8NP

Date of visit: 31 March 2021

Where we visited (virtually)

Due to the Covid-19 pandemic, the Commission have adapted 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 visit Morar Ward, at New Craigs Hospital as the last time we visited the ward was in 2019.

Morar Ward is an adult mental health assessment and treatment ward for up to 24 patients. For this virtual visit, we wanted to follow up on the arrangements made since the outbreak of the Covid-19 pandemic with regard to staffing, activity provision and the environment. We also wanted to speak to patients and to staff to see how they had been affected by the pandemic.

We were particularly interested to hear about the impact on patient care and the effect of any additional pressures on relatives, family, staff and the overall health and wellbeing of patients. This local visit was undertaken using a combination of data and information gathered prior to the visit and information we gained on the day.

Who we spoke with

We spoke with and reviewed the care of seven patients. We spoke with three members of the nursing team and a consultant psychiatrist.

Commission visitors

Moira Healy, Social Work Officer

Claire Lamza, Interim Executive Director (Practitioners)

What people told us and what we found

Care, treatment, support and participation

In general, the patients we spoke to were positive about the care given on the ward. Some that we spoke to were unable to provide details about their stay in hospital due to the acuity of their symptoms, but others were able to tell us about the routine on the ward, access to activities, and the support they received from staff. We heard that the staff were available if an individual wanted to speak with them, but also heard that there wasn't much to do.

Some told us of being able to go out for walks, or to go to the gym, but that these opportunities were limited. We did hear that people were informed about the reason for their stay in hospital, and where there were restrictions placed upon them, and were given information about their care and treatment and access to advocacy. Those that we spoke to were able to tell us about their future plans, and what they hoped to achieve during their stay in the ward.

We also heard from staff regarding the challenges faced during the Covid-19 pandemic. Initially there had been a merger of the two adult acute wards (Maree and Morar) with both staff groups becoming one team; they then had to split off again whilst anti-ligature work was commenced, with the two wards merging again once that work was completed.

We were advised that supporting clinical activity in another ward on the New Craig site had created a pressure in terms of staff availability. This has had an impact on the resources available for the patients in Morar Ward. When we asked about potential solutions for this, we were informed that this was expected to be time limited, and that in the near future the staffing establishment for Morar Ward will return to what has been agreed.

We heard that presently there are a range of factors directly affecting Morar Ward. The combination of a reduction in bed numbers, along with an increased complexity/acuity of the patient group being admitted, the lack of space on the ward, the difficulties of recruiting staff and a reliance on agency and bank staff at times have all added to the impact on the quality of care on the ward during the pandemic.

We were advised that urgent referrals can lead to pressures on the allocation of beds and this can create tension for those in the community waiting to be admitted and for the nursing staff on the ward.

Recommendation 1:

Managers should review the provision of adult acute care beds at the earliest opportunity.

There is one consultant psychiatrist, one ST6 medic and one speciality doctor who cover the ward. Patients told us it was easy to meet with their doctor and discuss any medication concerns and issues in relation to their care. Multidisciplinary team meetings take place on various days throughout the week. As we were unable to visit in person, we were not able to examine the clinical notes or patient's records and see if the decisions and outcomes from these meetings were clearly recorded.

We were made aware of three patients whose discharge has been delayed. We were told that this is in part due to the difficulty in recruiting to third sector organisations who would be involved in providing care packages for those due to be discharged. It is anticipated that in future, closer links with social work will ensure that for those patients with complex needs, who require a comprehensive package of care on discharge, and where plans to seek a suitable care provider, start earlier in the discharge planning process.

Recommendation 2:

Managers should review the discharge planning for patients with complex care needs.

Care Plans

Although we were not able to visit on the day or see care plans, we were told that all staff were aware of the Commission guidance with regard to care plans. We heard that the senior managers and nurse team leaders conduct an audit of the care plans, which is then discussed at clinical supervision meetings with nurses, to ensure that these are of a high standard. We will follow up on this on our next visit.

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

We were made aware of all patients who were detained under the Mental Health Act (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). As we were unable to see paperwork or documentation in relation to the patient's legal status, we discussed these aspects with the senior charge nurse on the day.

For those patients detained under the Mental Health Act that we spoke to, they told us that they were aware of what this meant in terms of their stay in hospital and the medication that they were required to take.

Sections 281 to 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. We were aware that for some patients, there were measures in place based on individual assessment and that the relevant documentation was in the patient's records.

Rights and restrictions

Some of the patients that we spoke to told us that they had been in contact with advocacy services, others told us that they had access to legal advice and had a solicitor. We also heard

that for those not who were not formally detained, there were opportunities to leave/return to the ward when they wished to do so.

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 were pleased to hear from some patients that there were opportunities to engage in activities on the ward. Activities for patients should be available both on and off the ward however, we were unable to look at activity planners on the day and during the pandemic some activities which might have been possible off the ward were not available.

We understand that the occupational therapy service in New Craigs is being reconfigured and this may have had an impact on provision of this service in Morar Ward.

Recommendation 3:

Managers should ensure there is a choice of therapeutic and recreational activities, provided by a range of disciplines that are made available for patients.

The physical environment

Morar Ward is split into two sections. There are 12 patients on each side. The ward is situated within the main hub of the hospital. We were advised that the two adult acute wards, Morar and Maree, were brought together during the pandemic and merged into Morar Ward. We understand that this was not meant to be a permanent arrangement and options to return to having two acute adult wards are being considered. This would create more space, and different areas for patients to access throughout the day. We heard that the ward has been at full capacity with 24 patients throughout the Covid-19 period, which has meant there has been limited space.

We were advised that the ward has direct access to a garden. We were told that this is used regularly by patients.

Summary of recommendations

1. Managers should review the provision of adult acute care beds at the earliest opportunity.
2. Managers should review the discharge planning for patients with complex care needs.
3. Managers should ensure there is a choice of therapeutic and recreational activities, provided by a range of disciplines that are made available for patients.

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.

CLAIRE LAMZA
Interim Executive Director (Practitioners)

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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