



Mental Welfare Commission for Scotland

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

Date of visit: 10 May 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Route map (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 required us to review this, and we are presently undertaking mainly virtual visits. This local visit was able to be carried out face-to-face.

Ward 8 is the intensive Psychiatric Care Unit, an eight-bedded purpose build 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.

We last visited this service and made recommendations in relation to multidisciplinary team meetings (MDT), and issues relating to mental health act documentation. We received a response from the service, with appropriate actions relating to the recommendations.

On the day of this visit we wanted to meet with patients and look generally at care and treatment provided in the IPCU, we last visited the service on the 4 October 2019.

Who we met with

We met with and/or reviewed the care and treatment of six patients on the day of our visit, we had telephone contact with two relatives.

We spoke with a charge nurse and other members of the nursing team.

In addition we met with the lead nurse and general manager inpatient services at our end of visit meeting.

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found?

Care, treatment, support and participation

On the day of our visit the ward was busy. The clinical team were in the process of admitting a new patient to the ward.

Comments from patients

Most of the patients in the ward had very complex clinical needs. Some patients were so acutely unwell that it was not possible to have any conversation with them about their care and treatment. Some patients we did speak to generally reported good support from staff in the ward and said the nurses were helpful and approachable.

When we were able to talk to patients about their care and treatment, they knew why they had been admitted to the IPCU, and what the plans were for moving on.

During our time on the ward we saw staff interacting and communicating with patients in a positive and supportive manner.

Feedback from Families and carers

We were able to speak with two relatives via telephone. Both spoke positively about the care and treatment provided with in the IPCU. One of the relatives spoke of the excellent communication between medical staff and the family.

The other carer we spoke with told us of daily contact with the service during the period of time when visiting was restricted, both families welcome the resuming of visiting in line with government guidance.

Care planning

We reviewed all the individual patient files on the electronic system. The care plans were detailed and person-centred with good information about specific interventions to meet the identified needs. We saw clear identifications of needs, agreed goals and interventions. There was some evidence of patient involvement in the care planning process.

Where patients were able to collaborate with staff we identified examples of discussions that incorporated the patient's views. Where patients were unable to participate in care planning this was noted on their care plans.

Multidisciplinary team meetings (MDT)

The documentation of the MDT meetings are detailed and provides a good record of the progress and goals set, we noted good evidence of patient involvement.

Multidisciplinary team medical cover

The patients in IPCU are covered by the consultant from their home area; this has led to some issues with the organisation of the MDT meeting. We were told that the visiting consultant

usually arranges a day for the MDT review, but they are unable to specify a time. The issue of the timing of the meeting remains problematic which the senior manager is reviewing.

There is no dedicated psychologist working within the IPCU. Psychology input is via referral to the local psychology services. We noted the involvement of psychology in supporting the care and treatment of a patient with complex care needs.

For one patient there are difficulties moving on to a more specialist resource. We were aware of this situation prior to our visit and will be informed of any developments.

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

Use of mental health and incapacity legislation

On the day of our visit all patients were subject to either Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or Criminal Procedure (Scotland) Act 1995/

All documentation relating to the Mental Health Act was filed appropriately and easily accessed on the electronic file.

We reviewed the forms for consent to treatment under part 16 of the Mental Health Act, (T2 and T3 forms) all were in order. On our last visit, lack of appropriate authorisation for some patient's medication was an issue. We were pleased to see that this had been addressed.

For those patients in the ward who were under specified person's guidance, sections 281 to 286 of the Mental Health Act provides a framework within which restrictions can be put in place. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed. We note that for those patients who were specified there was evidence of a reasoned opinion and was being carried out appropriately.

Our specified persons good practice guidance is available on our website <https://www.mwcscot.org.uk/node/512>

Rights and restrictions

The IPCU (Ward 8) operate a locked door policy commensurate with their remit of an intensive treatment area and access and egress to the ward is based on individual risk assessments. Restrictions within the wards have been significantly impacted by Covid-19 restrictions and there are further protocols in place to manage admissions safely.

Visiting has been similarly restricted but visits are resuming in line with government guidance. During lockdown the wards have utilised technology to ensure links with key people were maintained and these means of communicating have been a positive addition to the range of ways patients can maintain contact with important individuals in their lives

On the day of our visit there were three patients who required additional support with enhanced levels of observation and engagement from nursing staff. We were told that patients who are subject to enhanced levels of observations are reviewed daily.

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

There is a small gym in the ward which is well used by patients following an initial induction session on how to use the equipment safely. The gym can be used flexibly with staff supporting and supervising patients if necessary. Patients interviewed commented on enjoying access to the small gym on the ward.

Activity provision can be limited at times in the IPCU ward. We were told about the previous role and input from the occupational therapist (OT); he had been active in the provision of group work which had been appreciated by the patients. The OT has left and we were informed that the service is in the process of advertising for this post.

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 is of a high standard, it is modern, bright, clean and spacious. The ward has its own courtyard and garden which is landscaped with plants and shrubs, this outdoor space is appreciated and well used by patients.

Service response to recommendations

There are no recommendations in this report, therefore no response from service is required.

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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