



Mental Welfare Commission for Scotland

Report on announced visit to: Gigha Forensic Rehabilitation and Iona Low Secure Wards, Beckford Lodge, Caird Street, Hamilton ML3 0AL

Date of visit: 15 June 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 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 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.

Gigha Ward is a 12-bedded mixed-sex rehabilitation unit in the purpose built Beckford Lodge site. The ward is a forensic rehabilitation ward. This allows a step down from the low secure forensic wards. All bedrooms are single en-suite. Patients are encouraged to personalise their rooms. The unit has four lounge areas, activity space, assessment kitchens, and laundry facilities for patient use. On the day of our visit there were 12 patients.

Iona Ward is a purpose-built, low secure forensic mental health ward providing care and treatment for male forensic patients across NHS Lanarkshire. The ward has 15 en-suite bedrooms, which patients are encouraged to personalise. The ward has activity space, three lounge areas, and a gym for patient use. There is enclosed outside space which patients can access directly from the ward. On the day of our visit there were 15 patients.

Patients from both wards can access Caird House within the Beckford Lodge grounds where they have the use of a large kitchen for group work, a large outdoor garden area with access to gardening activities, outdoor seating, and access to a bicycle maintenance shed. There is also a studio in progress within the grounds to allow for art project work with the patients.

The wards have a multidisciplinary team (MDT) of consultant psychiatrists, junior doctors, nurses, psychology, and occupational therapy. Pharmacy are available for telephone advice. Other disciplines are accessed via referral. All patients have mental health officers who, along with community staff when appropriate, attend MDT meetings along with patients and carers where the patient wants them to attend.

We last visited this service on 1 October 2019 and made recommendations regarding storing of MDT notes and ensuring equity of care plan standards across the site.

On the day of this visit we wanted to follow up on the previous recommendations and also hear how patients and staff have managed during the current pandemic.

Who we met with

We met with and or reviewed the care and treatment of 12 patients/residents, and spoke with three relatives on the telephone prior to the visit.

We spoke with the service manager, the senior charge nurses, and any other two of the consultant psychiatrists in a pre-meeting video call. Then on the day we spoke with the senior charge nurses, two charge nurses and one consultant psychiatrist. We also spoke with the new carer group lead.

Commission visitors

Margo Fyfe, Nursing Officer

Mary Leroy, Nursing Officer

Kathleen Taylor, Engagement & Participation Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

As at the time of our last visit to the service, all patients we met with were complimentary of staff support and availability. It was reassuring to hear patients tell us they were aware of their care plans and had activity planners that they participated in compiling.

Even though the extra restrictions imposed by the pandemic had been in place over the last year patients told us that they felt listened to and that staff had tried hard to alleviate any extra stresses. The patients were aware of their rights and had access to advocacy services as regularly as they wished.

Where patients had discharge plans in place they were aware of these. Of the 12 patients in Gigha Ward seven have housing identified for discharge and three patients were discharged during the pandemic restrictions. During our last visit we heard about the new build that North Lanarkshire Council have commissioned that will offer a core and cluster type of support to patients discharged there. Two patients have been offered places in this new build. Staff from the Beckford Lodge wards will remain engaged with patients on discharge for a period to support new care staff and the patients in building their care relationship.

All staff spoken with on the day were knowledgeable of their patient group.

Paperwork

We found progress notes and one-to-one notes in both wards to be clear, person-centred and informative. These notes are recorded on the Situation Background Assessment and Recommendation format. However, the recommendation part of the record is not being utilised to its full extent. We discussed this with the senior charge nurses and charge nurses and look forward to seeing how this has improved during future visits.

In Iona Ward all care information is held in paper files. Information is held over several files for each patient. For ease of locating information we suggest that there is a clear note at the front of the main file detailing where all information is located.

Risk assessments in both wards were easy to find, completed and regularly reviewed.

Care Plans

We were pleased to see that work has continued on care plans to ensure both wards now meet the high standard of care planning set by them in recent years. The care plans contain the individual patient's views and wishes in regard to their mental health journey, status, and goals. In Gigha Ward, although patients were able to tell us about their care plans, it was not evidenced in the written reviews that the patients had participated in the reviews. We recommend that managers ensure paperwork reflects the work that happens in this area.

Multidisciplinary (MDT) team meeting records

MDT meeting notes are clear and relevant. These were easy to locate in paper files in Iona Ward with a detailed meeting note held on a separate drive on the computer system. However, in Gigha Ward they are using MIDIS the electronic computer system to store patient records. The outcome MDT meeting notes are held on MIDIS and the detailed record is held on a separate drive in the computer system separate from MIDIS. The wards will both migrate to the new electronic record system in the autumn. It is hoped that the full MDT meeting notes will be held on this system. We look forward to hearing more about the new record system and seeing how records have migrated at 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.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:

Managers should ensure staff are aware they need to evidence patient participation in written care plan reviews.

Use of mental health and incapacity legislation

As at the time of our last visit we found all legal documentation to be in order and easy to access in paper files. The information sheet at the front of files that indicates review/expiry dates is helpful. We also saw named person paperwork in place where appropriate.

We noted specified person forms and reasons where applicable in Gigha Ward. In Iona Ward we found these in all care files. We were concerned they may have moved to using the specified person status in a blanket way so discussed this further with the senior charge nurse and charge nurse. We were assured this is not the case and that every patient is individually assessed for this purpose. We would like to remind both wards that specified person status under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') can only be used in a blanket way for all patients in medium and high secure settings for safety and security only.

We found all consent to treatment forms in place as required under the Mental Health Act.

Rights and restrictions

The door to Gigha Ward, is unlocked and patients can come and go freely. In Iona low secure ward the door is locked. There is information on the wall at the entrance of the ward that describes why the door is locked and how to exit.

We are aware of the work that has been done in Iona Ward in relation to the new observation policy in NHS Lanarkshire in conjunction with Health Improvement Scotland. It was good to hear directly from patients who had been subject to enhanced observation that this had been a constructive engagement for them with staff. They understood the process and this was evidenced in care records.

There was clear information available to patients and relatives/carers on the ethos of both wards. Advocacy services are available and encouraged. During the pandemic, advocacy staff were available by telephone only for a period but have started visiting the wards again.

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

During the last year there have been some changes to available activities due to the restrictions of the pandemic. We heard of the large variety of activities that have been on offer from nursing and occupational staff that patients have been involved in planning. Patients met with were clear about what was happening and available to them in their day. They spoke about activities on the wards and in the grounds that they have enjoyed during this period.

It was good to hear that as restrictions change patients are once again accessing community resources as they have in the past.

The physical environment

The physical environment is unchanged from previous visits. The unit is purpose built with single en-suite bedrooms. There is space for activity both therapeutic and recreational and relaxation as well as access to enclosed and open garden space that the patients help to maintain.

Décor is in good order and patients are encouraged to personalise their own bedrooms.

Any other comments

Relatives

Relatives spoken with prior to the visit were positive about the care and treatment on offer in both wards. They commented on the good communication throughout the pandemic with staff and their relatives.

Staffing

There is a new consultant psychiatrist in Iona ward which now means there are two consultant psychiatrists in Iona ward and one in Gigha Ward. We heard that there have been quite a few changes in nursing staff and that there are several vacancies that has led to the higher use of bank staff. It is hoped that they will be able to recruit more nursing staff from the upcoming graduation of the current cohort student nurses. We look forward to hearing how this has progressed at future visits.

Covid-19

We heard from both wards how well both patients and staff have coped during the current pandemic. When there has been outbreaks on the wards patients have coped well with the isolation required. It is felt that patients understood that they and the staff were having to deal with the same situation and all pulled together to ensure things continued as well as they could.

Summary of recommendations

1. Managers should ensure staff are aware they need to evidence patient participation in written care plan reviews.

Good practice

We heard about and saw evidence of the many audit processes in place to ensure optimum care of patients is provided to the best of the ability of the staff. We commend the staff for endeavouring to carry on with these process during the difficulties raised by the pandemic.

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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