



Mental Welfare Commission for Scotland

Report on announced visit to: Parkside North and Parkside South Wards, Cleland Hospital, Bellside Road, Cleland ML1 5NR

Date of visit: 25 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.

Parkside North is a 15-bedded all male ward and Parkside South is a 15-bedded all female ward. The age range of the patient group is from mid-50s to mid-80s. Most of the patients have long standing mental illness and some have spent the majority of their adult life in care settings and have complex care needs. For many, attempts to offer care within the community or residential care homes have been unsuccessful. At the time of the visit there were 11 patients in Parkside North and 14 patients in Parkside South with a new admission expected the following day.

Each ward now has three beds utilised by rehabilitation and recovery services, with a focus on towards community discharge. The wards offer a recovery focussed, rehabilitation delivery of care model. These beds will be included in the rehabilitation services review being carried out across NHS Lanarkshire.

The unit has an assessment kitchen for patient use and to allow occupational therapy assessments to take place on site. There is also a large communal area which is used for group activity and family visits when applicable. All bedrooms are single with en-suite toilet facilities.

The wards are supported by a local GP practice for physical health care and have consultant psychiatry input for mental health care. There is a full time occupational therapist post currently being recruited to and a part time occupational therapy assistant dedicated to the unit. All other allied health professionals are accessed via referral.

We last visited this service on 5 March 2019 and made a recommendation regarding the recording of one-to-one patient/nurse sessions.

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

Who we met with

We met with and/or reviewed the care and treatment of six patients and one friend of a patient.

We spoke with the lead nurse, the senior charge nurses from each ward and one of the consultant psychiatrists as well as staff nurses on duty during the visit. We also spoke with one of the ward domestic staff.

Commission visitors

Margo Fyfe, Senior Manager (Practitioners) West Team
Anne Buchanan, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

During the pandemic restrictions placed on patients and staff we heard that staff have worked closely together to support each other and ensure patients have continued to have the best care possible. We recognise the difficulties patients faced in trying to understand why restrictions were in place and the work staff did to support the patients during this unusual time.

We were told there had been two outbreaks of Covid-19 in Parkside North during the last year and a half which unfortunately resulted in two patient deaths.

In both wards all areas were measured out to ensure appropriate social distancing was met and iPads were provided to help patients keep in touch with family and friends if they wish to use them.

We noted the high level of cleanliness on both wards and spoke briefly with one of the domestic staff to inform them of our view.

It was good to hear that the visiting GP to the unit had used the near me platform for consultations until recently but has returned to in person visits which is greatly appreciated by the patients who struggle with electronic meetings. Physical health notes were clear and easily located in the 'paperlite' files. The consultant psychiatrist in Parkside South continued face-to-face visits with patients throughout the restrictions and the consultant psychiatrist caring for Parkside North patients carried out meetings via TEAMS electronic system.

All multidisciplinary reviews are held via TEAMS so relatives have been unable to attend. However, we were pleased to hear that nursing staff will ask relatives who are involved with patients, for any views they wish included in the meeting and will communicate with them again after meetings to update them on decisions made. The notes detailed attendees and had forward plan discussions included.

Care plans

Care plans are held in the paperlite files as the electronic record system, MIDIS, does not provide enough space to record the detail required. We were pleased to find that current care plans are person-centred and thoughtful, showing patient involvement and based on the model devised by the low secure forensic service in NHS Lanarkshire. It was good to see that care plans were being updated in line with multidisciplinary review decisions. We found reviews to be happening monthly and reflective of patient progress.

Individual nursing notes

As at the time of our last visit to the service we found individual nursing notes to be reflective of the person's mental state and presentation during each shift, as well as how they passed their day. Previously we made a recommendation around the content of one to one discussions with patients lacking detail. On this occasion we found this to be much improved, with more detail regarding their mental health presentation.

Records

Paperwork in general was easy to navigate even though it is across paperlite files, the MIDIS electronic record system and clinical portal. On the day of the visit we had only limited access to MIDIS due to the system not allowing sign in. We are aware this has been an ongoing issue. We heard that the Wi-Fi in place is not adequate to support the use of the record system and patients use of iPads etc. We are also aware that there are plans for medicine prescriptions to move to the electronic system HEPMA and that a new record system MORS is being rolled out across NHS Lanarkshire. NHS Lanarkshire have identified the need to improve digital connectivity to support these future electronic platforms within Cleland. We raised concern that the Wi-Fi system across the unit would need to be greatly improved to allow for the move to full electronic recording as hoped.

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

Recommendation 1:

Managers should address the Wi-Fi issues in the unit to allow for improved availability to staff for record keeping and for patient use.

Use of mental health and incapacity legislation

All legal documentation including for capacity and consent to treatment in regard to both the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000 was easily located in the paperlite files for each patient they were needed for. Paperwork was appropriate and up to date.

Rights and restrictions

The main doors to the units are key card entry. The main ward doors are usually open from 8.00am to 8.00pm to allow patients to come and go at their choosing. However, due to the pandemic restrictions both ward doors were locked. Staff are available to allow entry and egress as required so no patients are disadvantaged by this situation.

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

We heard that due to staffing issues over the last year and a half that the activity nurses have been incorporated in to the ward staffing numbers. However we were pleased to see activities on offer daily to the patients in each ward appropriate to their needs and wishes. Activities external to the ward and grounds have been on hold due to restrictions but the hope is to return to these when appropriate and safe to do so. We look forward to seeing how the activity provision is re-established on future visits.

The physical environment

The wards remain homely with good personalisation in rooms as far as possible. There is a high standard of cleanliness and domestic staff are included as part of the ward team. The large communal area off the wards is pleasant and provides an area for social occasions, group work and family visits for all patients.

There is garden space to the front of the unit that is maintained by a visiting garden project. This area is pleasant for patients to sit in during good weather. The enclosed garden spaces at the rear of the wards is maintained by staff with patient help again providing a pleasant private seating area for patients and visitors to enjoy.

Any other comments

All patients met with were complimentary of staff support. We saw good interactions between staff and patients and had comments from staff about how good a place the unit is to work in and how well the senior charge nurses lead the ward teams.

Summary of recommendations

1. Managers should address the Wi-Fi issues in the unit to allow for improved availability to staff for record keeping and for patient use.

Good practice

We saw the Newcastle care model being used for patients needing care plans to be in place for stress and distress. We were impressed by the detail in these plans and commend the teams for their approach to this issue for patients and their care.

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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