Mental Welfare Commission for Scotland

Report on announced visit to: Kylepark Cottage, Kirklands Hospital, Fallside Road, Bothwell G71 8BB.

Date of visit: 3 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.

Kylepark Cottage is a purpose built inpatient service providing nine assessment and treatment beds and three low secure beds for adults with a learning disability. The ward is mixed-sex. All rooms are single with en-suite facilities. The unit was full at the time of our visit. We last visited this service on 11 April 2019 and made recommendations on information contained in care plan reviews and delayed discharges.

On the day of this visit we wanted to follow up on previous recommendations and to speak with patients and staff about how they have coped during the restrictions placed on the ward during the current pandemic.

Patients have access to a range of allied health professionals as well as nursing, medical and psychology staff. Although pharmacy are not based in the unit they are contactable by telephone and will attend meetings on request. If patients had the support of community teams then their community nurses and care staff continue to attend review meetings during admission. During the last year these meetings have taken place via electronic means due to restrictions in place around the pandemic.

Advocacy services have remained in contact with the ward by telephone and have begun to visit in person once again. Information for patients and carers on how to contact advocacy services is available on the ward.

Who we met with

We met with and/or reviewed the care and treatment of six patients and had telephone contact with two relatives prior to the visit.

We spoke with the service manager, the senior charge nurse (SCN) and nursing staff on duty. We also spoke with an advocacy worker, and an interpreter who were on the ward supporting patients to meet with Commission visitors.

Commission visitors

Margo Fyfe, Senior Manager (Practitioners)

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On previous visits we have commended the ward on their attention to ensuring carers/relatives are involved in review meetings. During this visit we were informed that due to the technology in use throughout the current pandemic for meetings it was not possible for carers/relatives or patients to attend the meetings. However, we saw from meeting notes and noted from discussions on the day that every effort was made to ensure views of patients and their family or carers were sought prior to the meetings and feedback was given after the meetings.

We heard that some relatives did window visits to the unit when visiting inside the ward was not allowed. There had been some concerns raised that there was a lack of available telephones and iPads for patients to use to keep in touch with families. However, when this was resolved very few families opted to use this as they struggled with video contact. It was good to note that essential visits have been an ongoing discussion at a senior level within the board and that such visits were facilitated as required for the benefit of patients and their families. We were pleased to see that indoor visits have resumed with one visitor identified for each patient as per current guidelines.

It was good to hear that discharge planning time off the ward is restarting to assist patients in preparing for discharge from hospital. We discussed two patients who had been waiting for some time for discharge and were pleased to hear that one of them is now working towards discharge and the other is awaiting guardianship being finalised to allow discharge to go ahead.

Paperwork

We found all paperwork to be accessible. Care plans including discharge plans were holistic, person-centred and had a good recovery focus. We were particularly pleased to see clear Covid-19 care plans in place for each patient. Patients are encouraged to participate in care planning however, we could not see any evidence of this in the paperwork.

Risk assessments were comprehensive and regularly reviewed.

Multidisciplinary meeting notes were held within the care files. They detailed attendees and contained forward plans. Although patients cannot attend the online meetings efforts are being made to source an online platform that will allow their direct participation. We look forward to hearing how this progresses at future visits. In the meantime we suggest ensuring that there is a clear note made in care files of pre and post meeting discussions with patients.

We were pleased to see evidence of physical healthcare checks.

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 that patient participation is evidenced on care plans, reviews and meeting notes.

Use of mental health and incapacity legislation

As on previous visits we found all legal documentation regarding mental health act legislation accessible within the paper care files. This included specified person forms, where in use, alongside detention forms and consent to treatment forms.

Consent to treatment

For patients subject to compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003, we checked whether consent to treatment certificates (T2) and certificates authorising treatment (T3) were in place where required.

We also checked to ensure all patients who required a section 47 certificate under the Adults with Incapacity (Scotland) 2000 Act ('the AWI Act') authoring medical treatment for patients who are unable to give or refuse consent were in place. The certificate provides evidence that treatment complies with the principle of the AWI Act. We noted section 47 certificates and treatment plans were in place for the patients in files we reviewed on the day.

Where patients had a proxy decision maker appointed under the AWI Act, this was recorded. Where appropriate we found copies of the powers granted in care files.

Rights and restrictions

The ward has a locked door and a clear policy in place. There is signage in place for all visitors to the ward explaining this.

There is a seclusion policy in place should seclusion be required during someone's care and treatment. If in use it is regularly reviewed to ensure it is used safely and for the least possible time.

There are enclosed garden areas that are used to allow all patients to have access to fresh air and outside space. The gardens have raised beds and patients are encourage to participate in light gardening activities.

We noted that two patients had advance statements in their care files. The SCN said this was an area they tried to promote with patients.

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 what has been a very difficult and unusual time for patients and staff we were pleased to see the emphasis that has been placed on ensuring patients have a variety of activities to participate in. The patients' individual likes/dislikes had been considered and nursing staff had ensured patients felt included in everything that was on offer. Whether patients agreed to participate or not this was noted in care files.

We were informed that throughout the pandemic occupational therapy staff had attended the ward and ensured their activity with patients was clearly recorded in patient files. We were pleased to note the continued involvement of physiotherapy around activity in the gym area.

Some patients we met with told us they are looking forward to participating in activities with their care staff again and all patients met with highly praised the ward staff for their work on providing things to do.

The physical environment

The unit remains bright and clean with good access to garden space and the wider hospital grounds. The patients had participated in the development of a fairy trail in the grounds for anyone to use.

Patients all have their own en-suite rooms and there are several areas for socialising and participating in activities within the ward.

Any other comments

Staffing

Overall the unit has had acutely unwell patients over the last year resulting in higher levels of observation. This has led to an increased use of bank and agency staff. The service manager is currently looking to build a bank of staff who specifically work in the unit and there is a hope that new staff will be recruited when the next cohort of student nurses qualify later this year.

Individual Case

There is an ongoing case that the Commission have been monitoring for some time that requires further input to look at a move for a patient. We will continue to discuss issues in this area separately with NHS Lanarkshire and the consultant psychiatrist in charge of the person's care and treatment.

Covid-19 response

The ward had a Covid-19 outbreak which led to closure to admissions for two months. Two patients had to transfer for a time to general hospital care and returned when well again. Patients had been through first vaccinations and were having their second vaccinations on the day of our visit. Most staff have taken up their vaccinations.

We heard that during their lock down patients and staff managed well. Staff ensured all patients had personal items they required and that communication was kept up with families.

Summary of recommendations

1. Managers should ensure that patient participation is evidenced on care plans, reviews and meeting notes.

Good practice

We were particularly pleased to see that all patients had a care plan in place specifically around Covid-19. This was reviewed along with other care plans and ensured all patients had time to specifically discuss their thoughts and feelings in relation to this issue. By doing this the staff help to allay fears and contain anxieties regarding the pandemic. This would be a good action for other wards in the health board area.

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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