Mental Welfare Commission for Scotland

Report on announced visit to: Isla Ward, Stobhill Hospital, Balornock Road, Glasgow

Date of visit: 23 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.

Isla Ward is a 24-bedded ward providing care for older people with a functional illness living within the north east catchment of Greater Glasgow and Clyde Health Board. The ward comprises of 12 single rooms and four bed bays. We last visited this service on 5 April 2018 and made recommendations in relation to care planning, recording of proxy decision makers, and activity provision.

On the day of this visit we wanted to follow up on the previous recommendations and also look at the use of the Mental Health (Care and Treatment) (Scotland) Act 2003, ('the Mental Health Act') and how the ward is currently affected by the pandemic.

Who we met with

We met with and/or reviewed the care and treatment of seven patients and one relative.

We spoke with the charge nurse, operational nurse manager and hospital manager.

Commission visitors

Mary Hattie, Nursing officer

Lesley Paterson, Nursing officer

What people told us and what we found

At the time of our visit the ward had 22 patients; seven of these patients were boarded in from adult mental health wards, and two were boarded in from a ward for older people with dementia. All patients who are boarding remain under the care of their original consultant. We were told that two patients who would normally have been admitted to the ward have had to be boarded out to another hospital. We also heard about the complex physical healthcare needs of a number of the current patients.

There are particular challenges in providing care for such a diverse group of patients and meeting their very different needs. This is further compounded by the additional demands on nursing staff time due to the additional three multidisciplinary team meetings (MDTs) each week as a result of this situation.

We were told that this challenging situation is due to a recent significant increase in pressure on beds across the service, and staffing challenges arising due to increased numbers of staff having to isolate due to Covid-19. We heard that the ward has been running significantly under capacity for much of the last two years. There is a review underway of bed provision within old age psychiatry, and it is hoped that it will be possible to reduce the total number of beds within the ward once this is completed and the current crisis resolves. We look forward to hearing the outcome of the review.

Care, treatment, support and participation

The ward routinely has input from four consultant psychiatrists who cover the catchment area. There is regular input from occupational therapy (OT), psychology, physiotherapy and pharmacy. Input from other professionals including dietetics, speech and language therapy, and specialist input such as tissue viability or lymphedema nurses can be arranged on a referral basis. Social workers are involved on a case-by-case basis.

MDT meetings are held weekly for each consultant, decisions were recorded clearly with documented evidence of patient involvement, good communication and consultation with families and carers. There was good documentation of weekly ward rounds on the electronic record. This included a list of those present at the meeting, detail of the discussion and a clear action plan.

We made recommendations in relation to care planning in our previous visit report. Within the care plans we reviewed during this visit risk assessments were documented and reviewed regularly, care plans were person-centred, and addressed risk and mental health needs. We also found detailed assessment and care planning for physical health care needs.

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

Where individuals were subject to detention under the Mental Health Act, the current detention paperwork was present in the files.

Part 16 (s235-248) of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Certificates authorising treatment (T3) under the Mental Health Act were in place where required; however a number of these certificates did not cover all medication prescribed. Where a medication change is out with that covered in the current T3 the Responsible Medical Officer (RMO) should contact the Commission to arrange a review by a designated medical practitioner. This was discussed with the charge nurse and service manager on the day, and medical staff were being contacted to have this addressed.

Where patients had a proxy decision maker appointed under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), this was recorded. Where individuals were subject to guardianship we found copies of the powers within the files we reviewed.

Where individuals lacked capacity to make decisions about their health care, section 47 certificates, which authorise treatment under the AWI Act, were in place.

Recommendation 1:

Managers should put an audit system in place to ensure that all medication prescribed for patients who are subject to compulsion under the Mental Health Act is properly authorised.

Rights and restrictions

The ward doors are locked and controlled by keypads. There is information on display on how to access and exit the ward. The current level two Covid-19 restrictions mean that patients are allowed to have two designated visitors. Visits must be booked in advance. We heard that the ward is very flexible around visiting times and has adequate space to support the level of visit requests currently received.

Due to the Covid-19 restrictions, time outside the ward is restricted, with time out being routinely limited to 90 minutes, within the hospital grounds. However longer time out and home visits to support discharge planning are risk assessed and authorised on an individual basis with plans in place to ensure compliance with current restrictions and to minimise risk.

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

The ward has input from two therapeutic activity nurses, who work across Isla and Jura wards. We heard that this service continued throughout the pandemic, only being curtailed during active Covid-19 outbreaks in the ward. We saw evidence of regular activities being undertaken on a one-to-one and small group basis within the care plans we reviewed. We also heard that the physiotherapist was providing exercise classes focusing on balance and strength.

The physical environment

The ward is bright, spacious, clean and in good decorative order. There are well-designed secure garden facilities which were used by patients during our visit. There are two large sitting rooms and a dining room as well as a number of smaller quiet spaces. Beds are located in 12 single rooms and a number of small dormitories, all of which are en-suite. We were pleased to hear that the ward has retained the therapeutic kitchen, which was under review during our last visit.

Summary of recommendations

1. Managers should put an audit system in place to ensure that all medication prescribed under the Mental Health Act is properly authorised.

Good practice

We were pleased to see the impact of the dedicated therapeutic activity nurse role within the ward. This is clearly benefiting patients by ensuring a focus on activity provision. We were particularly pleased to hear that this service had enabled the ward to continue to maintain a level of activity provision throughout the pandemic. This is in contrast to other areas we visited which did not have dedicated activity staff, where the clinical demands during the pandemic meant the majority of recreational activities ceased.

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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