



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Ward 4 Dr Gray's Hospital,  
Pluscarden Road, Elgin IV30 1SN

**Date of visit:** 26 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 a variety of face to face and/or virtual visits. This local visit was able to be carried out face-to-face, along with support from our participation and engagement officer who conducted interviews virtually.

Ward 4 in Dr Gray's Hospital is an 18-bedded acute psychiatric admission ward for adults. The ward also provides admission to older adults, young people and patients with a learning disability and/or autism who have a mental health diagnosis. On the day of our visit there was 13 patients in the ward. The senior charge nurse (SCN) told us that due to Covid-19 restrictions, the maximum number of patients that the ward currently admits is 16 patients, as only two patients are allowed to share a dormitory in order to adhere to social distancing measures.

We last visited this service on 19 October 2019 and made recommendations relating to care planning and recording of activities. On the day of this visit we wanted to meet with patients and follow up on the previous recommendations. At the beginning of the pandemic we had heard from professionals and patients that visiting to the ward was difficult and that time out for both detained and informal patients was an issue. Ward 4 is a stand-alone ward that sits in the general hospital site of Dr Gray's hospital; there is no dedicated garden space for patients on this ward.

This local visit was undertaken using a combination of information gathered prior to and after visit and included telephone contact as well as face to face interviews.

## **Who we met with**

We reviewed the care and treatment of seven patients.

We spoke with the SCN and depute charge nurse (DCN) of the ward, along with ward staff. Contact was also made with Circles Advocacy Project and Moray Wellbeing Hub.

## **Commission visitors**

Tracey Ferguson, Social Work Officer

Douglas Seath, Nursing Officer

Graham Morgan, Participation and Engagement Officer

# What people told us and what we found

## Care, treatment, support and participation

Those that we spoke with during the visit told us that they were generally happy with their care and treatment in the ward. Patients described the staff as friendly, approachable and supportive. Patients were positive about the support they received from advocacy and where patients had contact with the Scottish Association for Mental Health (SAMH), they were able to tell us about their input on and off the ward. Some patients told us that there was plenty to do on the ward, others told us that there was not enough to do. Some patients told us that they missed the group activities affected by the Covid-19 restrictions, but they were positive about the plans for these re-starting.

We reviewed the patient files and found evidence of detailed initial mental health assessments at the point of admission, along with risk assessments and risk management plans that were reviewed regularly throughout the patient's stay. Good attention to physical health care needs, including a full medical assessment on admission with regular physical checks.

We wanted to follow up on our previous recommendation regarding care plans. We saw evidence of detailed care plans, including recovery and wellness care plans, which identified patient's needs and strengths. One-to-one sessions with nursing staff were clearly recorded in notes where patients had an opportunity to discuss and review their care plans. Managers told us that they continue to audit nursing documentation and we were provided with a copy of the audit tool. We were told that due to the pandemic the reviewing of the documentation had been put on hold, however a short life working group is being set up with the lead nurse as part of review process.

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](https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

We were told that there are six adult consultant psychiatrists and two older adult consultant psychiatrists who admit patients to the ward. Multidisciplinary team (MDT) meetings continue to be held every day apart from a Wednesday. We heard that this took up a large part of nursing time in order to attend these meetings.

Patients were well supported to attend and participate in the meetings and we saw evidence that the patient, prior to the meeting, had sat with their advocate or nurse to write down items that they wished to discuss. Where relevant, carers, relatives and service providers were also invited to attend these meetings, some of which had to be done virtually. We saw detailed recordings and outcomes of MDT meetings although we found that the level of detail set out in each patient's document varied. There was a more detailed record in the patient's medical notes and we suggested to the managers that perhaps one record could capture the meeting, along with outcomes, as opposed to having two separate recorded note.

We were told that other professionals who regularly visit the ward and have input to patients care and treatment, were social workers, mental health officers, community psychiatric nurses, psychology and occupational therapy. The ward has good links with Circles Advocacy, Moray Wellbeing Hub and SAMH.

## **Use of mental health and incapacity legislation**

Of the 13 patients on the day of our visit, five were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act').

We reviewed the records for four of those patients and found that the Mental Health Act paperwork in records was well maintained and was easy to access.

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. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place; however we found a discrepancy with no T3 to cover intra muscular (IM) medication. We followed this up on the day with the SCN and have written to the Responsible Medical Officer (RMO).

We reminded staff of the requirement to ensure that they have a copy of the legal order in patient's file where an appointed legal proxy, under Adults with Incapacity (Scotland) Act 2000 is in place for a patient.

## **Rights and restrictions**

For those detained under the Mental Health Act, we were able to see documentation that authorised time out of the ward and found evidence of ongoing review. However, we noted that this documentation was also in place for an informal patient; it was unclear if the patient had been involved in this decision as there was no recording in file or care plan in place. We raised this matter on the day and the managers agreed to follow this up with the ward consultants.

As part of the visit, we spoke with Circles Advocacy who told us that they feel very welcome on the ward and staff are helpful at arranging meetings so patients can have contact with their advocates. At the start of the pandemic, advocacy were only able to speak with patients via telephone, although we were pleased to hear that for some time now, advocacy have been gaining access to the ward, which is positive for 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.mwscot.org.uk/law-and-rights/rights-mind>

## **Activity and occupation**

Feedback about activities varied from patient to patient. Whilst some felt there was plenty to do, others told us there was not enough. There was a games room on the ward that patients used to play pool, table tennis, table football and where there was access to gym equipment. Due to current Covid-19 restrictions, access now has to be managed by ward staff. On the day of our visit we were able to see patients using the gym equipment. There was a quieter room available for patients that had a piano in situ, and we heard that there were patients who enjoyed this activity.

Nursing staff told us that they provide activities to the patients on the ward and we were able to see this recording of activities in the patient's file.

While Covid-19 had prevented the SAMH service accessing the ward, this has recently recommenced, and we were able to see recordings in patient's files where support from SAMH was being provided and how often. We were told that occupational therapist also has input into the ward, particularly involvement around patient's discharge.

## **The physical environment**

The ward comprises of dormitories and single en-suite rooms. At present, due to Covid-19 restrictions, only two patients are allowed to share the dormitories. The ward has a kitchen where patients can access the facilities, such as making tea/coffee or using the washing machine if they wished to.

The ward is situated on the first floor and patients continue to have no access to a dedicated garden. We were told that this had a significant impact on patients, particularly at beginning of lockdown, where restrictions were in place and patients could not get outdoors.

On our visit, we found that the windows on the ward were sealed and did not open; this provides no opportunity for fresh air into the ward. Both staff and patients commented on this. We were also advised of a significant adverse event, resulting from an incident on the ward where windows in a room had been smashed and shards of glass fell to the ground below the building. Concerns have been raised, which we also share, about the potentially serious consequences of this had there been anyone passing by.

We heard that the ward has recently undergone some work to address potential ligature points and further work is to be completed. In some situations this has resulted in patients having no privacy in their rooms as there are no locks on the doors to their bedrooms or the bathrooms. This issue has been escalated to the senior manager on the NHS Grampian Ligature work programme. We were told that discussions taken place at Board level on different options for the ward so a full refurbishment can take place. We are keen to be kept updated of this.

### **Recommendation 1:**

Managers must ensure that work is undertaken on the environment to meet the needs of patients in relation to privacy, dignity and wellbeing.

## **Any other comments**

We received a copy of a newly devised carers leaflet that the staff have been working with the Moray Wellbeing Hub for relatives/carers that provides information about admission, including the care and treatment that their relative should receive if they require admission to the ward. This leaflet has been viewed as a progressive step in ensuring that carers are full recognised and included if their relative requires admission to the ward. We were told that the next step is to devise a patient leaflet

## **Summary of recommendations**

1. Managers must ensure that work is undertaken on the environment to meet the needs of patients in relation to privacy, dignity and wellbeing.

## **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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