



## **Mental Welfare Commission for Scotland**

**Report on virtual visit to:** Munro Ward Stobhill Hospital  
113 Balornock Road, Glasgow, G21 3UZ

**Date of visit:** 8 June 2021

## **Where we visited (virtually)**

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 mainly virtual visits. This local visit was undertaken virtually, we met with charge nurses prior to our virtual visit and spoke with patients by telephone on the day.

Munro Ward is a 20-bedded adult mixed-sex ward based in Stobhill Hospital. We last visited this service on 17 September 2019 and made a recommendation regarding the use of stable patient transfer between wards on this site.

On the day of this visit we wanted to follow up on the previous recommendation and also meet with patients and ask their views about their care and treatment. We also wanted to hear from staff of their experience of caring for patients during the Covid-19 pandemic. This is because we were aware from local intelligence in-patient services saw a significant rise in mental illness acuity. Furthermore, with restrictions in place there was a reduced opportunity for patients to have input from allied health practitioners, therapeutic activity away from the ward environment and visits from friends and relatives.

## **Who we met with**

On the day of our virtual visit to Munro Ward we were able to speak with four patients by telephone. We had offered opportunities for relatives to discuss care and treatment however on the day no relatives had contacted the clinical team or ourselves.

## **Commission visitors**

Anne Buchanan Nursing Officer

Yvonne Bennett Social Work Officer

## What people told us and what we found

Over the past 12 months Munro Ward continued to admit individuals who present with severe mental illness. However, there have been some changes to the wards on the hospital site with Munro Ward now considered a treatment ward rather than an acute admission ward. Patients who require additional care and treatment following an initial assessment in Elgin Ward will be reviewed by the clinical team to assess whether a further stay in hospital would be beneficial or an individual could be discharged into the care of a community mental health team. Should an individual require further care and treatment their care will be transferred over to Munro Ward with all relevant documentation available to the new team. With this change of remit, Munro Ward staff are not seeing a sense of increased acuity as with other general adult admission wards in the hospital.

On the day of our virtual visit all beds were occupied with levels of bed occupancy having remained high over the past 12 months. Recently, in an attempt to promote sustainable discharges from hospital-based care to community teams, a ward-based social worker has been recruited into post. Furthermore, with the addition of a discharge co-ordinator the clinical team propose there has been a definite improvement in discharge planning. The two new staff are particularly knowledgeable in relation to community services and can also undertake assessments with individuals within their own homes and tenancies. This is to ensure any issues within the home environment are dealt with prior to discharge. Moreover, it is also seen as an opportunity to determine the level of support the individual will require including which services should be providing input to achieve a sustainable discharge.

The patients we spoke with were generally positive about their care and treatment in Munro Ward. Nursing staff were approachable with regular input from keyworkers / named nurse. Care and treatment is delivered by the ward's multidisciplinary team including nursing, medical staff, occupational therapist (OT), psychology, therapeutic activity nurse and regular support from the pharmacist. Patients told us they appreciate the input from the ward OT and the assistant OT. Assessments and care plans are detailed and patients feel involved in their recovery. However, one patient described feeling the clinical team were not promoting patient participation in their own care and treatment. Their length of stay has been protracted with little sense of an agreeable outcome for discharge planning. We have been informed by senior nurses funding for a package of care has been agreed and the process of securing a suitable tenancy has commenced.

We heard the ward's therapeutic activity nurse (TAN) is highly thought of and their input especially over the last year has been appreciated. While visits from relatives or opportunities to leave the ward have been restricted due to the pandemic patients told us the ward staff including the TAN have made huge efforts to promote therapeutic activities either as group work or with individuals.

We are aware there have been limited opportunities for relatives and friends to visit the ward especially during the height of the pandemic. To assist with helping individuals to maintain contact with their relatives the ward purchased electronic devices (tablets) while also providing a quiet room for individuals to make telephone calls in private. With restrictions

easing nursing staff have been able to facilitate more visits for relatives, time slots can now be booked in advance with opportunities for relatives to catch-up with the clinical team.

Following our last visit to Munro Ward we made a recommendation for managers to review the practice of moving patients between wards. This was referred to as “stable patient transfer”; patients who were assessed as being in the recovery phase of their illness were moved to other wards to enable admissions of acutely unwell individuals. While we accept bed occupancy rates for admission wards are consistently high we were concerned having met with patients and their relatives this policy was not thought to be therapeutic. Moreover this bed management approach offered little in the way of supporting recovery. This practice has now ceased; patients; their relatives and nursing staff have welcomed this change in bed management policy.

As this visit to Munro Ward was a virtual visit we were unable to review documentation for example care plans, assessments and minutes from meetings. Senior nursing staff undertake regular audits of documentation including individual patient’s care plans. Outcomes from the audits are discussed during one-to-one supervision as part of the nurses’ on-going learning. The nursing team have also benefited from further education in working with individuals who have attracted a diagnosis of personality disorder. We were told nurses have also benefited from engaging with reflective practice and have regular peer supervision.

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

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

On the day of our visit there were a number of individuals subject to Mental Health (Care and Treatment) (Scotland) Act 2003 (‘the Mental Health Act’). We would during our local visits to hospital wards review Mental Health Act paperwork including forms for consent to treatment under the Act (T2) along with forms authorising treatment (T3). It was brought to our attention a delay had occurred within the timescale for a Compulsory Treatment Order mandatory review. We discussed this issue with senior nursing staff and have requested the Responsible Medical Officer provides a written overview of the circumstances to the Commission.

Over the last year the Mental Health Tribunal for Scotland have held their hearings ‘virtually’. We were told while a number of individuals have attended their hearings, for some individuals this has provoked anxiety and stress. Teleconferencing where an individual is invited to attend their hearing by telephone is helpful however for some individuals it is likely to hinder their ability to engage with the legal process. Nursing staff and advocacy services do play an important role in assisting and supporting individuals to ‘attend’ hearings. Furthermore, their role will extend to ensuring individuals currently subject to Mental Health Act legislation are not disadvantaged by restrictions put in place in light of the ongoing measures to manage

## **Rights and restrictions**

On the day of our virtual visit there were three individuals placed on enhanced levels of observation. This level of observation is reviewed daily, it can also be applied at times during the day when individuals feel a greater level of staff support is required. Due to the nature of this observation the clinical team with the individual will assess whether this observation is required and when it can be safely discontinued.

Munro Ward operates a keypad entry system, individuals are provided with the door code, there is a door policy in place.

Individuals who are subject to Mental Health Act legislation are provided with contact information for legal representation. Furthermore, Advocacy regularly attend the ward, self-referrals are encouraged and input can be provided either by telephone or in-person.

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>

## **The physical environment**

The ward provides single en-suite bedrooms for all inpatients, with areas for individuals to meet and socialise or spend time with their visitor in private. There is a garden which is also a space for relaxing and therapeutic activity.

Staff have informed the Commission Munro Ward will be re-locating from its original site. The new ward will not have single bedrooms that are en-suite, and concerns were raised that the garden area does not offer safety or privacy. Staff have raised concerns about the new ward as currently Munro Ward is considered a therapeutic environment that offers and provides a sense of safety, privacy and dignity. We have asked managers to keep the Commission informed with information about the transfer of patients and staff to the new ward.

## **Summary of recommendations**

There are no recommendations made in this report.

A copy of this report will be sent for information to Health 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.

**Contact details:**

**The Mental Welfare Commission for Scotland**  
**Thistle House**  
**91 Haymarket Terrace**  
**Edinburgh**  
**EH12 5HE**

**telephone: 0131 313 8777**

**e-mail: [mwc.enquiries@nhs.scot](mailto:mwc.enquiries@nhs.scot)**

**website: [www.mwcscot.org.uk](http://www.mwcscot.org.uk)**

