Mental Welfare Commission for Scotland

Report on announced visit to: Ward 7C, Woodland View, Kilwinning Road, Irvine, KA12 8RR

Date of visit: 22 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 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 able to be carried out face-to-face.

Ward 7C is a mixed-gender, ten-bedded rehabilitation unit which provides care and treatment for patients who have been diagnosed with psychiatric illness and may have a history of criminal behaviour linked to their illness. The ward provides full multidisciplinary assessment and treatment for individuals on their journey towards discharge into the community. We last visited this service on 13 March 2018 and made a recommendation about Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') documentation.

On the day of the visit we wanted to follow up on the previous recommendation, and also meet with patients and speak with their relatives. We 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

We met with and reviewed the care and treatment of six patients

We spoke with the senior charge nurse (SCN), members of the clinical team, and a student nurse who was on placement.

In addition we met with the General Manager Inpatient Services, Consultant Psychiatrist and Clinical Nurse Manager at the end of day meeting.

Commission visitors

Mary Leroy, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found?

Care, treatment, support and participation

We were updated on some of the challenges that the service had experienced due to the Covid-19 pandemic. In the early stages of the pandemic, as part of the adult mental health contingency plan, ward 7C was vacated, and re-provisioned as a nine bedded 'red zone', for patients who had tested positive for Covid-19. As the service remobilised post the first wave of the pandemic, the patients who were originally in ward 7C, moved back into the ward. We were told this was a challenging time for both patients and the staff team.

The patients we met with were positive about the care and support they receive. When we met with patients they were able to tell us of their experiences, there was clear evidence that the patients were knowledgeable about their illness, and potential plans for the future.

When we spoke to staff it was evident that they knew patients well and delivered person-centred care. Care plans focussed on individual patient needs, with the involvement of the individual patient evident.

We saw that risk assessments were being completed appropriately, and that paperwork appeared thorough and detailed, highlighting relevant risk areas. We were also pleased to see evidence of robust regular reviews of risk assessments. We noted that the information contained within the traffic light risk management plans corresponded with individual areas of need and risk scenarios which were detailed in the risk assessments.

Care Programme Approach (CPA) documentation we reviewed was detailed with evidence of weekly reviews. Input from a range of allied health professionals was evident and it was clear from discussions that patients were fully aware of the content of reports prepared for the CPA meetings.

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

There were good links with advocacy services, and feedback from staff and patients about advocacy provision was positive. Advocacy services are clearly committed to representing the patients' wishes at Tribunal hearings, CPA meetings, and meetings with consultants

Staff informed us that they have implemented the 'triangle of care' approach and there was also a carers champion within the ward. The 'triangle of care' is a therapeutic alliance between the patient, their carer or relative and the care team to promote safety, support recovery and sustain wellbeing and ensures that the family know and have ongoing contact with the patient's named nurse and are involved in their care in a meaningful way. Nursing notes were of a high standard and there was evidence of appropriate close liaison with families.

Multidisciplinary team (MDT) meetings; the documentation of the MDT meeting is detailed and provides a good record. The MDT meetings are held on a weekly basis. The clinical decisions that occur during those meetings are clearly documented and generate an action plan with outcomes and treatment goals. Those weekly meetings were attended by medical and nursing staff, occupational therapist (OT) and when appropriate social workers. The MDT meetings also evidence patient involvement and attendance, some patients we met with spoke about their involvement in the decision making process.

We noted the involvement of psychology in supporting the care and treatment of a patient with complex care needs. The psychologist leads on the development of formulations to support the complex care needs for some patients. They deliver a number of evidence-based therapies; these include mentallisation based treatment (MBT) and the development of Wellness Recovery Action Plan (WRAP). We were also informed of plans to deliver low intensity groups; which employs brief cognitive behavioural therapy approaches, through guided self-help, forming part of the stepped care system recommended for depression and anxiety disorders.

Some of the files we reviewed contained occupational therapy functional assessments, reviews, and support with discharge planning. We were told they also support with group and individual work. We were informed that there had been recent changes to the provision of occupational therapy, which has led to a reduction in sessions available to the ward. We raised this matter at our end of day meeting with senior staff, and we were informed that there had been changes to the workforce due to employee retirement and staff resignation.

The allied health professionals are in the process of completing their workforce analysis, looking at data to inform staff recruitment, retention and employee management. The senior management team await an outcome / action plan, this will ensure that the service continue to deliver high quality care that is person centred now and in the future.

We asked about the patient journey between forensic low secure, forensic rehabilitation and forensic community services. We were keen to hear about the process and system that is in place to ensure seamless transfers between these services. The staff team highlighted that this is primarily managed through the CPA process.

We enquired further regarding the internal referral system and patient pathway. We were told that as the services manage a relatively small number of patients, internal referral between the services can be managed in a fairly informal way. Whilst it would appear that this approach is working, we would be keen to ensure that a formalised referral pathway between all services is put in place. A clear referral pathway would be of benefit to all services and would ensure that patients, their carers and all staff working within the services have clarity regarding the referral and discharge criteria, processes and time frames.

At the end of day meeting, the clinical nurse manager discussed this matter and informed us that the forensic service is in the process of drafting a guidance document to clarify and augment these processes. We were pleased to hear this and look forward to seeing the document on completion.

Use of mental health and incapacity legislation

All patients were detained under the Criminal Procedure (Scotland) Act 1995 or the Mental Health Act. All paperwork relating to the act was filed appropriately and easily accessed on the electronic file.

We reviewed the forms for consent to treatment under part 16 of the Mental Health Act, (T2 and T3 forms) and all were in order.

For those patients in the ward who were under specified person's guidance, sections 281 to 286 of the Mental Health Act provides a framework within which restrictions can be put in place. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed. We note that for those patients who were specified there was evidence of a reasoned opinion.

Our specified persons good practice guidance is available on our website at: https://www.mwcscot.org.uk/node/512

Rights and restrictions

Visiting to the wards has been restricted, but visits are resuming in line with government guidance. During lockdown the wards have utilised technology to ensure links with key people were maintained and these means of communicating have been a positive addition to the range of ways patients can maintain contact with important individuals in their lives

During interview with the patients we met, they were aware of their legal status and their rights. One of the patients informed us of their 'advance statement'. An advance statement is written by someone who had been mentally unwell. It sets out the care and treatment they would like if they become ill again in the future.

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

While we appreciate the pandemic has had an unwanted impact on the everyday schedule of therapeutic activities based in and around the hospital site. We recognise the importance of therapeutic activities and we were told by patients they value the interactions they have with staff either one-to-one or in small groups. We were advised that the Beehive activity hub, will be offering their programme of activities as restrictions are eased.

Each of the patients we met had an individual programme of activities, and patients we spoke to described a range of activities on offer in the ward and in the local community. Activities

included both therapeutic group work and social outings. The patients had access to gym, football, badminton, cycling and fishing.

On a weekly basis the patient and a nurse, meet and in collaboration prepare a timetable of activities for the week. We heard examples of staff being creative and flexible in supporting patients to maintain routines and also links with the community activities.

The physical environment

The unit is purpose built and is bright and clean. It is appropriately furnished with good attention to detail, making sure that it provides as homely an environment as possible.

The kitchen/dining area is spacious and clean, and as patients are expected to self-cater on this ward, there was great deal of space for storage.

The ward is purpose built, the bedrooms were spacious and had plenty of natural light. The meeting rooms were at the entrance to the corridor shared between the three wards. The garden is shared between two other rehab wards, and was pleasant and spacious.

There is a large garden area outside the ward which is shared with two other wards. The garden provides activity and a calm outside space for individuals whom, we were told, use it on a regular basis.

Any other comments

On the day of our visit, the SCN raised his concerns regarding urgent maintenance work required in Woodland view. This has impacted on patients within the adult acute admission wards, having to be moved out of their receiving ward to other wards to allow this maintenance work to take place. Three patients from the adult acute wards had been moved into ward 7C. The patients that were moved were at the end of their hospital admission, but not yet ready for discharge.

On the day of our visit we did review the care and treatment of those three patients. We did note that the clinical team are supporting the care and treatment of the patients as they progress towards discharge. However, the staff we interviewed on the day felt that moving a patient can impact on the patient's recovery and care, it is not person centred and can be disruptive to the patient journey.

We raised this matter at the end of day meeting with senior staff, they clarified the situation regarding the emergency maintenance work that needed to be undertaken. Senior managers acknowledged the staff view and the impact on the patient journey. They advised us that this is a short term solution, and view that the emergency work will be completed within three months. We have requested that the service inform us in writing when this environmental issue has been completed.

Summary of recommendations

There are no recommendations made in this report.

Good practice

In recognition of the physical health inequalities and often reduced life expectancy of people with a severe and enduring mental illness, physical health and wellbeing is given a high priority. The ward has a dedicated Health and Wellbeing Advisor who supports patients to make health and behaviour changes and along with the wider team will incorporate activities into a weekly programme of support.

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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