Mental Welfare Commission for Scotland

Report on announced visit to: Mother and Baby Unit, Leverndale Hospital, 510 Crookston Road, Glasgow G53 7TU

Date of visit: 29 November 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

The Mother and Baby Unit (MBU) in Leverndale Hospital was the first specialist perinatal inpatient service to open in Scotland and serves the West of Scotland, receiving admissions from Dumfries and Galloway, Ayrshire and Arran, Greater Glasgow and Clyde, Lanarkshire and Western Island Boards. On occasion it also receives admissions from Forth Valley and Grampian Health Boards. The service has a community perinatal team, offering outpatient clinics and outreach support for women in Greater Glasgow and Clyde and liaising with local maternity services. The unit accepts referrals from women at any stage of their pregnancy and during the first postpartum year. We last visited this service on 28 May 2018 and made the following recommendation:

- Managers should arrange for an audit of all care plans to ensure that these include appropriate evaluation of progress towards care goals.

On the day of this visit we wanted to follow up on the previous recommendation and also look at how the service has been impacted by the public health measures put in place as a consequence of the Covid-19 pandemic. Freedom of movement is a key right of individuals. We were interested to hear how the service had responded to the difficult balance of responding in an appropriate and proportionate way to the public health measures demanded by the pandemic, whilst providing patient centred care and limiting the impact of separation as much as possible, on the rights of parents and their children.

Who we met with

There were four patients admitted to the ward on the day of our visit with one patient on pass. We met with one patient and reviewed the care and treatment of the further three patients.

We spoke with the senior charge nurse (SCN) and two of the unit's charge nurses.

Commission visitors

Dr Helen Dawson, Medical Officer

Kathleen Liddell, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Admission documentation

In reviewing patient files we found evidence of good record keeping of admission documentation, with good use of admissions proformas to support information gathering and recording. Information relating to the admission was clearly laid out and easy to navigate on the whole.

Care Plans

We found the care plans to be of a high standard and were clearly individualised and person-centred. We were told that care plans are discussed and shared with the patients throughout admission. We obtained evidence of this occurring and being reviewed with the mothers on a regular basis. Piloting of patient's evaluating their own care plan has provided feedback that the ward team have found helpful in further developing inclusion of patients in their care plan. We look forward to learning how this develops further at future visits. Discharge planning is taken into account from the time of admission. This includes work to establish contacts with community services who will be involved post discharge, and occurring from the first days of an admission.

Following our previous recommendations regarding the evaluation of progression of care plans, we found good evidence that this was now taking place. We were also provided with documentation from the monthly audits undertaken by the unit to ensure these elements are taking place routinely.

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/node/1203

The majority of patient care records are held within the electronic EMIS system. EMIS has some limitations in its scope to record and facilitate the review of care plans, which are kept separately for each patient in a paper file. From visits to other services that also use EMIS, we have become aware of how other services have adapted to the constraints of the EMIS system. We suggest further exploration with IT services within Greater Glasgow and Clyde Health Board (NHS GGC) might be beneficial to explore how the unit may incorporate the care plan elements of a patient's medical records into EMIS, rather than having a separated note system running parallel.

Recommendation 1:

Managers should explore with relevant IT personnel the options to adapt functions within the EMIS, the electronic note system, to facilitate the recording and review of care planning documentation.

Risk assessment

All patients had a clear and comprehensive risk assessment (CRAFT) in place. We saw evidence of CRAFT being updated and informing the relevant care plans when appropriate. Risk assessment completion and review forms part of the unit's ongoing monthly audit processes for patient records, which supports high standards in record keeping and care.

Clinical Team and Multidisciplinary working

The unit has benefitted from increased resources following the recommendations of the Delivering Effective Services Report 2019, which in 2020 resulted in a substantial increase in staffing levels within the unit. Key areas of expansion has taken place within ward nursing staff, nursery nurses and a nurse therapist post, which is in line with the 2019 recommendations. We were provided with a summary of current staffing provision. In addition to the psychiatry and nursing staff, patient care is also provided by input from social work, clinical psychology, physiotherapy, occupational therapy, health visitor, nursery nurses and a parent-infant therapist. A GP visits regularly to provide care for the babies.

Every woman is provided with a named nurse and nursing associate upon admission. A key challenge in a clinical team with such a diverse range of staff supporting either mother or baby individually or the mother and the baby together, is the need for role clarity and good communication. As the clinical team has expanded, we were told this has developed incrementally and is an ongoing process. The regular multidisciplinary (MDT) meetings are key to support integration of activity within the unit and also with community services. We were told that the use of Microsoft Teams during the pandemic lockdown to host the MDT meetings has proved beneficial, with greater participation and involvement from external agencies, which otherwise would not have been able to travel to the unit and participate in the meetings.

Use of mental health and incapacity legislation

All the files we reviewed had the appropriate paperwork in place regarding patients who were being treated under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The documentation was easy to locate within the patient files.

Rights and restrictions

The ward is not locked from the inside and access is gained via the unit's reception area and switch card system. Exit is facilitated via a buzzer system and door closing mechanism.

Travel expenses

We were told that in recent months MBU Family Funds have been made available to support the travelling expenses, meal and accommodation costs of close family or carers and that there had been good uptake of this including amongst Glasgow patients. Supporting visits in this way is one way in which contact between immediate family members is being encouraged and supported.

Covid-19 restrictions

At the time of our visit there were limited restrictions placed on movement of the general public due to Covid-19. In order to protect the health of the unit's inpatients and staff team on the ward, however, a number of measures remain in place reflecting wider NHS GGC board policy. We were told that within the unit there were some areas of flexibility in implementing the policy depending on an individual patient's needs. Upon admission a mother and her baby were required to self-isolate in their bedroom until initial PCR testing was completed, which took 24-48 hours. The unit's occupational therapist has developed a pack to support women at this time with an emphasis on self-care and nurturance. Staff were available to sit with women when indicated with full PPE and access to an iPad or tablet was available. Prior to the pandemic the ward had set times during the day for visiting, with some flexibility around this, partners were able to visit the mother's bedrooms. At the time of visiting there were limitations in the number of visitors available to visit on a daily basis. Primarily a mother's partner and the next of kin to the baby would be able to book hospital visits, which took place in the ward's family room or garden area. For those inpatients able to take time off the ward, access to the hospital's grounds was encouraged. Visits into enclosed areas of the community, including shops with staff members, could be facilitated as long as social distancing measures were observed. Visits into the enclosed areas of the community with partners or overnight passes, however, meant that PCR testing and isolation within the bedroom was required on return to the ward. We were told that older children were encouraged to visit with no changes made to the visiting policy for children of patients.

We were told at the time of visiting that an application had been made to NHS GGC board management to further ease visiting restrictions to the unit, but that the outcome of the request had yet to be decided.

Recommendation 2:

Managers should arrange for review of access policies to the ward for family members, including parents, to the ward during the Covid-19 pandemic to ensure any restrictions are proportionate to the risks, consistent with wider practice, justified and necessary in their scope and function.

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 a good range of activities available through the day and evening. Activities were discussed in meetings with nursing staff daily and participation recorded.

Information and Participation

Patients are provided with written information about the unit, their hospital stay and their rights at the time of admission and which is also available in their rooms. The unit has previously produced an online virtual tour of the unit which is available on NHS GGC's website. This introduces the unit and helps mothers to find out about the unit prior to admission. We found the information provided to patients to be attractive and of a high standard with a range of topics considered and included.

Patients are referred to advocacy on an individual basis and information given to patients about advocacy and their rights to this. During our visit we learned that advocacy provision was largely being undertaken on a virtual basis at the moment and that there were sometimes delays experienced in accessing advocacy for some patients.

The physical environment

The MBU is located within a purpose built two storey building in Leverndale Hospital. The light and spacious ward is located on the ground floor with the West of Scotland perinatal service occupying the remainder of the building. The ward overlooks a private garden pleasantly stocked with plants with areas to sit in a range of weathers. There are a number of recreational areas of varying size within the ward where mothers and babies can relax and spend time together or with others. Each of the six bedrooms provide en-suite facilities and have a cot. One bedroom has facilities for disabled access. A nursery is sited at the centre of the unit and there is a separate baby feeding kitchen, baby bathroom and laundry facilities.

The unit's layout enables staff to observe mothers and their babies unobtrusively. The open plan lounge is large and bright with a dining area and looks out over the garden. A family room and separate play room provides space for individual and group activities.

The ward environment appeared clean and uncluttered. It was in good decorative order and was welcoming in appearance. There were no issues reported with respect to noise levels and light levels. The heating and ventilation appeared appropriate for an environment catering to the needs of babies.

Summary of recommendations

1. Managers should explore with relevant IT personnel the options to adapt functions within the EMIS, the electronic note system, to facilitate the recording and review of care planning documentation.

2. Managers should arrange for review of access policies to the ward for family members, including parents to the ward, during the Covid-19 pandemic to ensure any restrictions are proportionate to the risks, consistent with wider practice, justified and necessary in their scope and function.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Suzanne McGuinness
Executive Director (Social Work)

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 Commission 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
website: www.mwcscot.org.uk