Mental Welfare Commission for Scotland

Report on announced visit to: Ravenscraig Ward, Whyteman's Brae Hospital, Kirkcaldy, Fife, KY1 2ND

Date of visit: 30 September 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.

Ravenscraig Ward is a 21-bedded adult acute admission unit in Kirkcaldy, Fife. The ward is based on the site of Whyteman's Brae Hospital. The ward is mixed-sex with accommodation that includes dormitories and single bedrooms. There are a number of shared sitting rooms, a kitchen (not accessible for patients) and a dining room which is located away from the main ward. Ravenscraig Ward is the only inpatient service on this hospital site; it covers the catchment area of central Fife.

We were informed that, as part of a longer term plan for mental health inpatient services across the Fife estate, there will be a review of all accommodation and consideration is being given as to whether Ravenscraig Ward will remain in its current location.

We last visited this service on 23 January 2020 and made recommendations about the completion and auditing of person-centred care plans; that risk assessments and authorising treatment forms should be audited regularly; those who are being treated informally be made aware of their rights; that a range of meaningful activities are offered to patients, and that this is recorded in care plans; the safety concerns in the ward environment are addressed and the garden and communal areas are upgraded.

On the day of this visit we wanted to follow up on the previous recommendations and the reduction of inpatient capacity from 29 to 21 beds in Ravenscraig Ward. This was reported to us as a direct response to the Covid-19 pandemic. We welcomed this news as patients told us during our last visit they felt nurses were too busy due to the large number of patients on the ward.

Furthermore, we were keen to see the improvements in relation to the environment including the addition of a security fence round the garden area and measures to prevent open access to the ward's fire door which leads to the unsecure garden. We have been told there has been a significant reduction of individuals leaving the ward without staff knowledge, support or agreement.

Who we met with

We met with and reviewed the care and treatment of five patients and met with two relatives.

Prior to visiting the ward we met with the senior charge nurse, service manager and lead nurse. On the day of the visit we spoke with the ward charge nurses, service managers and the clinical team.

Commission visitors

Anne Buchanan, Nursing Officer
Susan Tait, Nursing Officer
Kathleen Liddell, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Ravenscraig Ward provides a multidisciplinary team (MDT) approach to care and treatment. In the team there are consultant psychiatrists, nurses, occupational therapists (OTs), including OT assistants, psychology input by referral and regular input from pharmacy. OTs continue to play a central role in relation to care and treatment as they carry out functional assessments and support patients in their preparation for discharge back into the community. By way of reviewing individual patients, there are weekly MDT meetings based on the ward. This is an opportunity for the team to formally discuss progress, any constraints to progress, actions and interventions required to support the patient's recovery.

We spoke to and reviewed the records of five patients and spoke with two relatives. Of the patients we spoke to they were largely positive about their care and treatment. They were appreciative of the time nursing staff spent with them however recognised nursing staff were busy most days.

While patients viewed their relationships with staff as therapeutic they were on the whole unable to tell the Commission visitors the details of their care plans or anticipatory plans for discharge from hospital back into their community. Patients we spoke to were not aware of the goals or interventions required to aid their recovery.

We consider that care planning should be a shared activity between a patient and their keyworker/care staff and patients should routinely be given the opportunity to review their care plans, agree goals or interventions to support recovery.

From our last visit to Ravenscraig Ward in January 2020 we were told a care plan model to enhance person-centred approach to care and treatment would be implemented. Furthermore, a partnership documentation audit tool had commenced to enhance and improve care plans while also supporting nursing staff to promote best practice. We were therefore disappointed to see little improvement in the overall standard of care plans or evidence of a person-centred approach to care and treatment. As this was a previous recommendation, which we have again added to this report, we will follow up the progress in relation to this with managers.

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

Recommendation 1:

Managers should ensure that care plans are audited regularly to ensure that they are of a high standard with a focus on person-centred care and recovery**.**

Recommendation 2:

Managers should ensure additional guidance and support is provided for staff to promote patient-centred care planning.

From July 2021 patients' notes have largely moved from paper files to an electronic record system. This transition from paper to electronic record keeping is in its infancy with the clinical team working with IT staff to address difficulties in the new system. We were told the transition has been more challenging and concerning with risk assessments and care plan documentation.

Documenting and updating risk assessments is not possible on the new system causing risk assessments to either not be updated or nursing staff are frequently having to re-write assessments. If the risk assessments are not updated in a timely fashion, this poses a risk to patient safety. We discussed this concern with senior nursing staff on the day of our visit. We were told there are regular meetings to highlight any issues with the IT team responsible for implementing the new electronic record system.

In the daily continuation notes we would expect to see evidence of a patient's progress, contact with keyworker or engagement in ward based therapeutic/recreational activities. Of the patients' electronic notes we reviewed, there was some evidence of one-to-one meetings taking place between patients and nursing staff. Due to a lack of detail, it was difficult to assess whether patients were progressing during their admission and the daily record of contact with patients lacked detail and evidence of interaction with the patient. We would like to have seen details of therapeutic engagement taking place and a subjective view from patients about their progress.

Recommendation 3:

Managers should ensure daily record of contact between nursing staff and patients is meaningful and includes both a subjective and objective account of a patient's presentation.

Recommendation 4:

Managers should ensure regular audits of progress notes to ensure consistency of record keeping and assist with reviews.

Ravenscraig Ward uses a standardised risk assessment document and there remain inconsistencies in the completion of this document; the move from paper to electronic recording keeping may have had an impact on these variations.

The current document does not lend itself to demonstrating patient participation, or inviting the patient to discuss interventions that may be helpful to reduce identified risks. We discussed with staff the possible compromises attached to record keeping and working with risk. We were told an audit tool is now in place. This is to enable senior nursing staff to review risk assessment documentation, ensure assessments are fully completed, reviewed, accurate, and factual. We would be keen to re-visit this during our next visit to Ravenscraig Ward.

Recommendation 5:

Managers should ensure that risk assessments are audited regularly to ensure full completion as identified within local guidelines and provide written evidence of patient participation.

Contact with relatives

We spoke with relatives on the day of our visit. While there was an appreciation that nursing staff are busy, relatives felt there could be improvement in relation to communication with families.

The ward being a mixed-sex ward was highlighted as a concern for relatives of younger patients, and that the environment did not lend itself to privacy. We discussed individual care and treatment with the relatives that we spoke with.

Use of mental health and incapacity legislation

On the day of our visit, nine patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Of those patients subject to compulsory treatment, we reviewed the legal documentation within their files. Paperwork relating to treatment under part 16 (s235 -248) of the Mental Health Act was in good order. The authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were available.

Rights and restrictions

We were told patients have access to independent advocacy and legal representation. During the pandemic, meetings between patients and their legal representatives or advocacy support workers had been largely undertaken by telephone. The Mental Health Tribunal for Scotland continues to provide teleconferencing facility for hearings. Ward staff, including social worker with mental health officer (MHO) status provide information about how to access legal representation and support from independent advocacy services. Leaflets and contact information is made available and private access to telephones is encouraged in order for patients to seek representation during their admission to hospital.

The ward is accessed through a door entry system, the door remains locked at all times due to identified hazards and risks located in and around the hospital site. Patients and visitors can enter by a buzzer system and can leave by asking a member of the ward team.

Sections 281-286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions are regularly reviewed. It also provides the appropriate framework for review of the restrictions and the patient with their right to appeal against these.

On the day of our visit there were a few patients who were subject to urine drug screens due to ongoing illicit substance use. We would expect those patients subject to those

investigations to have in their care records agreement or consent for tests to be carried out. If a patient is unable to consent then authority under the Mental Health Act would be necessary.

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

Recommendation 6:

Managers should ensure specified persons procedures are implemented for patients where this is required to legally authorise random urine drug screens.

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

We appreciate the pandemic has had an impact on the everyday schedule of therapeutic activities based in and around the hospital site. We were disappointed to learn the appointment of a patient activity co-ordinator post for Ravenscraig Ward has not happened.

We recognise the importance of therapeutic activities as we heard from patients that they value the interactions they have with staff, either one-to-one, or in small groups. However, we were told additional activities included in the current timetable would be greatly appreciated. Having a dedicated member of the team to invest time and energy into an imaginative therapeutic programme would be welcomed. OTs continue to provide opportunities for formal assessments as well as therapeutic engagement from their assistants.

Currently nursing staff offer group or one-to-one activities; outcomes from interactions should be recorded within a patient's records.

The physical environment

Ravenscraig Ward is the only ward on the Whyteman's Brae Hospital site. There are a number of community services and offices with the mental health unscheduled care team located in the main hospital building. Should nursing staff require assistance they largely depend upon the community mental health team staff for support; this support is not available 'out of hours'. Previously individuals requiring an emergency mental health assessment would be brought to Ravenscraig Ward to be assessed by the unscheduled care team. We were pleased to hear this practice has now stopped and a more appropriate environment has been located in the main hospital.

We were aware that the physical environment has had some re-decoration since our last visit. However, on entering the ward we could see there are still some significant issues with the environment. The reception area is now staffed however remains rather unwelcoming. The entry system was not working on the day of our visit and visitors had to phone in to the ward to gain access at times.

The visitors room while clean and with adequate seating requires to be softened. The main corridor into the ward is bright with several murals including a 'recovery tree' with quotes from patients who had spent time in Ravenscraig Ward. The quotes were inspiring although it would have been encouraging to have up-to-date quotes, rather than ones from past years.

Dormitories that would have had six patients sleeping in them have now reduced to three or four patients. However, there was an issue about adequate storage; we could see patient's personal belongings lying on the floor.

The dormitories face onto a large car park. We were told the film applied to the windows allows patients to look out however members of the public cannot see in. We think this is still an issue as patients require a sense of safety and privacy in their sleeping area.

The ward has a number of single bedrooms. Of the rooms we viewed, we found them to be unwelcoming, they were sparsely furnished, curtains and curtains required to be re-hung. While some of the ward environment had been re-decorated we would suggest the single bedrooms require attention.

Patients do not have access to the ward kitchen therefore there is a trolley in a sitting room with tea/coffee. We would like to have seen patients given access to the kitchen to make hot or cold drinks, or make themselves a light snack or even to make their visitors a drink.

We were aware of the strong smell of cigarette smoke in the ward and saw patients smoking at an open fire door. We noticed an ashtray had been attached to the wall just outside the fire door that leads to the garden however cigarette ends littered the grounds. We were told patients who had their bed space near this part of the ward found the smell of cigarette smoke unpleasant. Nursing staff do attempt to persuade patients to smoke in the garden rather than at the door.

However, on the day of our visit it was clear patients continued to smoke in the ward area. Fife Health and Social Care Partnership will be initiating a 'smoke free' environment across its estate this year. We have been told staff have been working with patients to support smoking cessation prior to the launch of the 'smoke free' implementation.

We had raised concerns during our last visits to Ravenscraig about the safety and security of the garden. We were also concerned about the number of patients leaving the ward without prior agreement or without support from staff. Around the perimeter of the garden a large wire fence has been erected. While reducing the risk of patients leaving the ward/garden without staff knowledge, it does not offer any privacy for patients. Access to the garden is through a fire door, previous access through the dining room has stopped as the dining room is off the main ward.

During our previous visits to Ravenscraig Ward, we raised concerns around privacy for patients attending the dining room. This is because the dining room is not attached to the main ward. Patients have to walk past reception, through a non-clinical area before they reach the dining-room. We were concerned privacy could be compromised as patients in their nightclothes walked through the corridors to attend the dining room. We were told this

practice has now stopped, patients are provided with breakfast in the ward's sitting room or breakfast can be taken in their bedroom.

The ward environment has had a number of adaptations to minimise potential ligature points throughout the ward. While we are pleased to hear that this work has been undertaken we would also be keen for the ward to receive some investment to update the fixture and fittings. The dormitories and single bedroom would benefit from updating their décor and any maintenance issues dealt with promptly.

As we have previously mentioned in our report, there are longer term plans being considered for mental health inpatient services across the Fife region. We are aware plans are being pursued but may take considerable length of time to finalise and put into action. Ravenscraig Ward in its current condition is likely to require significant ongoing financial investment to continue care for adults with serious mental illness.

Recommendation 7:

Managers should address the environment issues in relation to updating fixtures, fittings, decoration, and maintenance issues.

Recommendation 8:

Managers should ensure that the upgrade programme is regularly reviewed, and attention is paid to maintenance issues that compromise patients' safety and privacy.

Summary of recommendations

1. Managers should ensure that care plans are audited regularly to ensure that they are of a high standard with a focus on person centred care and recovery.

2. Managers should ensure where nursing staff including keyworkers require additional guidance for working with patients to promote patient-centred care planning this is undertaken without delay.

3. Managers should ensure daily record of contact between nursing staff and patients is meaningful, includes both a subjective and objective account of a patient's presentation.

4. Managers should ensure regular audits of progress notes to ensure consistency of record keeping and assist with reviews.

5. Managers should ensure that risk assessments are audited regularly to ensure full completion as identified within local guidelines and provide written evidence of patient participation.

6. Managers should ensure specified persons procedures are implemented for patients where this is required to legally authorise random urine drug screens.

7. Managers should address the ongoing environment issues in relation to updating fixtures, fittings and poor decorative state of the ward.

8. Managers should ensure that the upgrade programme is regularly reviewed, and attention is paid to maintenance issues that compromise patients' safety and privacy.

Service response to recommendations

The Commission requires a response to these recommendations within three months of receiving 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

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk