Mental Welfare Commission for Scotland

Report on announced visit to: Wards 1 & 2 Wishaw General University Hospital, Netherton Street, Wishaw, ML2 ODP

Date of visit: 8 February 2022

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 able to be carried out face-to-face.

Ward 1 and 2 are both mixed-sex adult acute mental health admission wards within Wishaw General University Hospital. The wards are situated in the lower ground floor and have access to enclosed garden areas. Both wards have 23 beds with two of the beds in Ward 1 utilised for adult detox inpatient treatment; the second bed accepts young people under the age of 18. The wards cover all of North Lanarkshire offering a service to adults between 18 and 65 years old.

The multidisciplinary team (MDT) input to the wards consists of medical staff, nurses, psychology, occupational therapists (OTs) and peer support workers. Social work attend ward meetings as required, advocacy services attend on a referral basis. Pharmacy also offer regular input to both wards.

We last visited this service on the 22 August 2019. On the day of this visit we wanted to follow up on previous recommendations regarding nursing care planning and progress note keeping.

Who we met with

We met with and reviewed the care and treatment of 12 patients. Unfortunately no carers/relatives/friends took the opportunity to speak with us on this occasion.

We spoke with the service manager, both senior charge nurses (SCN) and staff nurses.

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

Mary Hattie, Nursing Officer

Anne Craig, Social Work Officer

What people told us and what we found?

Impact of the pandemic

The SCNs informed us that the weeks prior to Christmas 2021 had been challenging for the service. This related to the surge and increase in infections due to the new Omicron variant.

We heard that Covid-19 impacted on staffing due to rules around self-isolating, awaiting test results and an increase in rate of infection transmission which led to staff absences. The senior manager informed us that the service managed with a combination of regular staff within the ward working extra shifts and commissioned agency staff to assist.

Electronic records

We were told that that both wards have now migrated to the new electronic recording system 'Morse'. The staff inform us that the new electronic system is faster and more intuitive to navigate. They described the 'roll out' of the new system as smooth and that the involvement of clinicians in both design and rollout had ensured that this had gone well for the service.

The team described some early challenges, but comment that they are well supported by the Morse IT team.

The clinical team state that the new system is easier and a better system to use for care planning and evidencing patient involvement. The staff have uploaded care plan documentation, risk assessments, chronological notes and MDT meeting documentation.

Care and treatment, support and participation

Feedback from the patients was very favourable about their stay in hospital. Most patients told us they felt safe in the ward environment, and spoke positively about the clinical team who supported them. We saw interactions between staff and patients which were warm and supportive. In speaking to staff it was evident they knew the patients well. The only concern raised by patients was the lack of structured activities within the wards, this issue is raised further in the report.

We reviewed the patients' electronic files. We saw that risk assessments were completed appropriately, regularly reviewed and highlight relevant areas of risk.

During our last visit to ward we commented and made a recommendation around nurse care planning and the need for improvement to chronological note keeping specifically in Ward 2. On this visit we were pleased to hear about the care plan auditing process, and staff commented that the Mental Welfare Commission's good practice guidance on person centred care plans had informed the recent development and their reviewing process.

All the nursing care plans we reviewed in both wards were detailed and person centred. The nursing care plans were recovery-focused; with clear specific interventions to meet identified needs. In the individual files we looked at, we observed that reviews were thoughtful and meaningful, with detailed progress and changes in patient care recorded. We also noted that

the new electronic system has a clear section that evidence patient involvement, specifically their views of their care plans.

We saw evidence of one-to-one nursing interventions noted in the chronological notes. Patients explained that they can spend time with the nurses on a one-to-one basis, and highlighted that the individual sessions could be either initiated by the patient or the nurse.

The nursing continuation notes clearly documented the individuals' "mental state presentation" during each shift and noted how the individual had spent the day. The one-to-one sessions focussed on person's wellbeing, understanding of their illness and the stage of recovery.

Multidisciplinary team

The documentation for the MDT meetings is detailed and provides a good record. The MDT meetings are held weekly. The clinical decisions that occur during those meetings are clearly documented and generate an action plan with outcomes and treatment goals. In attendance at the MDT meeting there is medical staff, nursing, OT and psychology input. We were also told that both patients and families are invited to attend the meeting. We saw good evidence of engagement with families and patients in the daily progress notes.

In Ward 1 there were three patients whose discharges were delayed. In Ward 2 there was one patient whose discharge was delayed. However, we did note social work were engaged, and the senior charge nurses meet with the delayed discharge coordinator monthly to update on progress. The senior manager highlighted that the service benefitted from a model that operates a planned day of discharge, therefore discharge planning commences at point of admission; this is deemed good practice.

Use of mental health and incapacity legislation

The patients we met with during the visit had a good understanding of their detained status where they were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act').

Where patients in the ward were detained under the Mental Health Act copies of detention paperwork were on file.

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. Certificates authorising treatment (T2/3) under the Mental Health Act were in place where required and authorised all treatment prescribed.

Where individuals lacked capacity to make decisions about their health care, section 47 (s47) certificates, which authorise treatment under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), were in place.

Rights and restrictions

We were told that patients have access to independent advocacy and input is available on request. We heard that patients who use the service find it valuable and supportive.

A significant issue across Scotland has been maintaining contact during the Covid-19 pandemic due to national restrictions on hospital visiting. During lockdown the wards have utilised technology to ensure links with key people were maintained. The use of technology as a means of communicating have been a positive addition to the range of ways patients can maintain contact with important individuals in their lives. We were pleased to hear that face-to-face visiting has resumed in line with guidance from the Scottish government.

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 were told by the clinical team that some restrictions due to Covid-19 had adversely impacted on the level of activities, which had previously taken place on the wards. We note that historically there was an activity coordinator available to both services. However, due to pressures of clinical work this role is no longer in place. The SCN's commented that the coordinator role was valued by both the clinical team, and the ensured activities for patients. Research indicates that greater staff patient interaction and specifically greater patient activity, both therapeutic and recreational, improves clinical outcomes for patient with mental illness.

For both wards there is some activity in place provided by nursing staff, OT and peer support workers.

We heard that OT is available on the wards, offering one-to-one assessments and some group sessions, as well as home assessment pre-discharge. We saw relevant notes to evidence this in the patient's electronic files.

We are pleased to hear that a peer support worker is available on both wards and can provide support on a one-to-one basis and in a group if required. Both SCN's reported on the benefits of the peer support model offering, which includes a range of activities and support for patients who may require additional support to support engagement. The activities that are offered range from relaxation, mindfulness, arts and crafts and technology.

The peer support workers also create links with local services in the community, linking patients with local mental health hubs post discharge.

We did hear from some patients who described that there was a "lack of structured activities on the ward" and that the days felt long and led to feelings of boredom.

Recommendation 1:

Managers should progress and re-establish the provision of activity co-coordinators for both wards.

The physical environment

The wards are on the site of a large district general hospital and as such are subject to strict hygiene rules regarding fixtures and fittings.

Any other comments

We were informed on the day of our visit that Ward 2 were a pilot team for the Scottish Patient Safety programme. This is part of a new national collaborative to ensure "everyone in adult mental health inpatient wards experiences high quality and person centred care every time". The initiative will focus on creating conditions for improvement in the team. The focus is on human rights and trauma informed care, and the reduction of restraint and seclusion.

Ward 2's primary area of improvement is "from observation to intervention" guidance into practice. We look forward to hearing about this service development, and primarily its impact on improving patient care.

The clinical team also shared with us a recent development within the clinical team regarding "the patient's hospital based journey and nursing practice" in line with the Mental Health Act. This training document focuses and guides practitioners through a series of pathways for patients who are informal or subject to legislation. There is also a pathway regarding the nurses holding power/assessment for detention. There are plans for this document to inform in house training across the mental health services. We look forward to hearing how all progressive activity is benefitting patient care during our next visit.

Summary of recommendations

1. Managers should progress/re-establish the provision of activity co-coordinators in the wards

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.

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.

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