**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Isla Ward, Stobhill Hospital, Balornock Rd. Glasgow G21 3UW

**Date of visit:** 12 April 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 carried out face-to-face.

Isla Ward is a 24-bedded ward providing care for older people with a functional illness living within the north-east catchment of Greater Glasgow and Clyde Health Board. The ward comprises of 12 single rooms and four bed bays. We last visited this service on 23 June 2021 and made the following recommendation:

- Managers should put an audit system in place to ensure that all medication prescribed for patients who are subject to compulsion under the Mental Health (Care and Treatment (Scotland) Act 2003 ('the Mental Health Act') is properly authorised.

On the day of this visit we wanted to follow up on the previous recommendation and also look at care planning, and the use of the Mental Health Act.

## Who we met with

We met with and/or reviewed the care and treatment of eight patients; no carers/relatives/friends requested to speak to us. The patients we met with were generally happy with their care and treatment.

We spoke with the senior charge nurse and we met with the inpatient services manager.

## Commission visitors

Mary Hattie, Nursing Officer

Margo Fyfe, Senior Manager (practitioners)

## What people told us and what we found

At the time of our visit the ward had 19 patients; nine of these patients were boarded in from adult mental health wards. On our previous visit we were aware of significant numbers of adult patients boarding in the ward, which we were told at that time was due to a recent significant increase in pressure on beds across the service, and staffing challenges arising due to increased numbers of staff having to isolate due to Covid-19.

We were advised that this situation has not resolved and the ward has continued to experience very high levels of boarding patients. However, we were told that the patients who are currently boarding in the ward are age appropriate for the older adult service, but that their care had not been transitioned across to the appropriate service as the protocol for this demanded that the patient remain stable in the community for six months prior to transfer. As a result these boarding patients remain under the care of an adult psychiatrist. This creates additional demands on nursing staff time due to the additional four multidisciplinary team meetings (MDTs) each week as a result of this situation.

The Commission is aware that there is a review of old age psychiatry provision across NHS Greater Glasgow & Clyde underway. We will write to the clinical director for old age psychiatry asking that the protocol for transition to older adult services is reviewed as part of this process, to ensure it is fit for purpose and supports the provision of high quality care to patients.

### Care, treatment, support and participation

The ward routinely has input from four consultant psychiatrists who cover the catchment area. There is regular input from occupational therapy (OT), psychology, physiotherapy and pharmacy, who attend Multidisciplinary team (MDT) meetings.

We heard that, where it is appropriate, psychology input commences during admission and continues post discharge providing continuity of care. Occupational therapy and physiotherapy engage with patients soon after admission to facilitate patients returning to the community as early as possible and minimise their length of stay in hospital. Social work engagement has improved recently as heads of service have prioritised early engagement to ensure effective discharge processes. Input from other professionals including dietetics, speech and language therapy, and specialist inputs can be arranged on a referral basis

MDT meetings are held weekly for each consultant The recording of these meetings is inconsistent, with notes not routinely identified as MDT reviews on the electronic patient record system (EMIS) making them hard to find. There is varying levels of detail and clarity around decisions taken and future actions required.

The chronological notes we reviewed contained a good level of detail in relation to patients' mental health presentation and interaction with staff. We also found evidence of good communication and consultation with families and carers.

Within the care plans we reviewed during this visit risk assessments were documented and reviewed regularly, care plans were person-centred, and addressed risk and mental health needs. We also found detailed assessment and care planning for physical health care needs,

however care plan reviews were inconsistent, with some not containing adequate information on the effectiveness of the interventions and patient progress, and a number of care plans had not been updated to reflect changes in patients' needs or legal status.

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

**Recommendation 1:**

Managers should audit MDT notes to ensure these are clearly identified as such on EMIS and contain a record of those present, detail of the decisions taken, and a clear action plan.

**Recommendation 2:**

Managers should audit care plans on a regular basis to ensure care plans are updated following evaluations to reflect any changes in the individuals care needs and legal status.

## Use of mental health and incapacity legislation

Where individuals were subject to detention under the Mental Health Act, the current detention paperwork was present in the files. Part 16 (ss235-248) 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 (T3) under the Mental Health Act were in place where required and covered all medication prescribed.

Where patients had a proxy decision maker appointed under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), this was recorded.

For the patients who lacked capacity to consent to medical treatment, their care was authorised by a section 47 certificate under AWI, which is often referred to as the patient being "under AWI". This terminology can give rise to some confusion in relation to the specific legal authority in place for an individual patient. Being subject to the AWI Act could mean that there is a power of attorney (POA) or that a welfare guardian has been appointed and we would urge services to be specific about what part of "AWI" is in place to ensure that there is clarity around existing legal authority for individual patients.

## Rights and restrictions

The ward doors are locked and controlled by keypads. There is information on display on how to access and exit the ward. There is a locked door policy in place that covers this action.

On admission patients are required to isolate for five days, with PCR testing undertaken on day two and five. However this is risk assessed on an individual basis where this is causing significant distress, or where the patient has not had any community contacts in the days prior to admission, and may be managed with daily testing.

Visiting arrangements currently are that visits are booked in advance. Patients can have two visitors from the same household on any visit. The number of visits each patient is able to have is not restricted. We heard that the ward is very flexible around visiting and has adequate space to support the level of visit requests currently received.

We heard that patients are encouraged to have time out of the ward to support their return to the community and to spend time with family, with additional lateral flow testing in place to maintain safety.

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 input from three therapeutic activity nurses, who work across Isla and Jura wards. This service has been maintained throughout periods of ward closure due to Covid-19. Activity participation and outcome was recorded within the chronological notes where we saw evidence of regular activities being undertaken on a one-to-one and small group basis.

## The physical environment

The ward is bright, spacious, clean and in good decorative order. There are well-designed secure garden facilities which are regularly used by patients and visitors when the weather allows.

There are two large sitting rooms and a dining room as well as a number of smaller quiet spaces, which we noted were well-used during our visit. We liked the he memory walls, which contain a variety of memorabilia, and are changed on a regular basis.

Dining arrangements and the seating layout within the lounges has been adjusted to support social distancing. Beds are located in 12 single rooms and a number of small dormitories, all of which are en-suite.

## Summary of recommendations

1. Managers should audit MDT notes to ensure these are clearly identified as such on EMIS and contain a record of those present, detail of the decisions taken and a clear action plan.

2. Managers should audit care plans on a regular basis to ensure care plans are updated following evaluations to reflect any changes in the individuals care needs and legal status.

## 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

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