Mental Welfare Commission for Scotland

Report on announced visit to: Ward 4 Dr Gray's Hospital, Pluscarden Road, Elgin IV30 1SN

Date of visit: 17 May 2022

Where we visited

At the Commission, due to the Covid-19 pandemic, we have had to adapt our 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 4 in Dr Gray's Hospital is an 18-bedded acute psychiatric admission ward for adults. The ward also provides admission to older adults, young people and patients with a learning disability and/or autism who have a mental health diagnosis. On the day of our visit there were 17 patients in the ward. We last visited this service on 26 May 2021 and made a recommendation regarding the environment.

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

Who we met with

On the day of the visit we met with the senior charge nurse (SCN), clinical nurse manager, lead nurse and service manager. Throughout the day we spoke with a range of nursing and ward staff. Links with the local advocacy service and Moray well-being hub were also made prior to the visit. We spoke with and/or reviewed the care and treatment of 10 patients.

Commission visitors

Tracey Ferguson, social work officer

Douglas Seath, nursing officer

Graham Morgan, engagement and participation officer (lived experience)

What people told us and what we found

Care, treatment, support and participation

Most patients that we spoke with during the visit told us that they were generally happy with their care and treatment on the ward. Each patient that we met with were all at different stages of their recovery. Whilst some patients were preparing for discharge, others had recently been admitted and therefore the various levels of acuity in the ward may impact on patient experience. Some patients told us that it can be noisy and disruptive on the ward, and felt the ward did not really help with recovery, whereas others told us that they felt safe on the ward and it was a place where they got better. Patients told us that staff listened to them and were approachable.

A few patients told us that the pandemic made their mental health worse, and found a lack of support in the community, which left them often feeling isolated. Patients talked about the stigma attached to mental health and how staff have helped them with this, and have been really supportive.

Patients told us about their involvement in their care and treatment, having the opportunity to discuss this regularly with the doctor. Other patients told us about the support they received from advocacy and where patients had contact with the Scottish Association for Mental Health (SAMH), they were able to tell us about their input on and off the ward and how this has helped them.

Nursing care plans

Within the patients' files we saw detailed nursing assessments, which was completed on admission, along with a robust risk assessment and management plan. The ward use a named nurse system and this was documented within the notes. However we spoke with a patient who was unsure about the identity of their named nurse. We discussed this further with managers to ensure patients know their named nurse. From our last visit we were aware that the ward was developing a patient booklet in conjunction with Moray Wellbeing Hub. We were informed that this was put on hold due to the pandemic, however this work will be taken forward and managers agreed to discuss with the Hub. We look forward to hearing how this work progresses during our next visit.

We saw care plans that were detailed, with regular reviews and summative evaluations taking place. Within the nursing notes, we saw clear and meaningful entries which were linked to each care plan. We did see one continuous intervention care plan in a patients file, and brought this to the SCN attention on the day, as we observed that this patient was not receiving continuous interventions.

There was evidence that physical health care checks and monitoring were happening on admission and throughout each patient's journey.

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

Multidisciplinary team (MDT)

Multidisciplinary team (MDT) meetings are held every week with all six consultants who admit patients to the ward. Patients were well supported to attend and participate in the meeting, or had opportunity to meet with the doctor before or after the meeting, if this is what they chose. Some patients told us that their relative could also attend the meeting, which they told us was positive and supportive.

The level of detail recorded for each patient's MDT notes varied, with some clearly recording attendance, detail and outcomes. On our last visit we suggested to the managers that one MDT record which captured the meeting, as opposed to two separate records, (nursing and medical) would be more consistent, however we observed that there continues to be separate records. We found that where a patient's discharge was delayed there was a lack of detail regarding the follow up actions within the MDT record. We were unsure about discharge planning meetings and social work involvement. Managers told us that there are not separate meetings, and that all information, including discharge planning is recorded within the MDT record. We were however informed that social workers record in a different system, therefore this may be reason why some of the detail is not contained within the MDT record. We suggested that details of all professionals involved should be recorded in the MDT minute. Managers told us that there continues to be proactive work around discharge planning, which was positive to hear. We are aware of a significant delay with one patient's discharge and will follow this up with the Health and Social Care Partnership (HSCP) and RMO. We advised that planned discharge meetings should take place prior to patients discharge, providing the continuity between hospital and community.

The ward continues to have access to Allied Health professional (AHP's) and psychological services via a referral system.

Care records

Patients file are paper based notes and there is a separate file for nursing and medical staff. The files have separate sections for information and they appeared organised and easy to navigate around.

Use of mental health and incapacity legislation

Eight patients were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') and of the files we reviewed, we found that the Mental Health Act paperwork was in order.

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. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place. However we found a few discrepancies with two patients' treatment that were not authorised on the T2/T3. We followed this up on the day with managers.

We noted that copies of consent to treatment certificates were generally kept in the individual patient medical files, and were not stored with the medication kardex. We would suggest copies of these certificates should be kept with the medication kardex to ensure nursing staff

administering medication are clear about what specific treatment is authorised by the Mental Health Act and the Adults with Incapacity (Scotland) Act 2000 (the AWI Act). We suggested that the wards' audit tool could capture this to ensure all treatments forms and Mental Health Act forms are up to date.

Recommendation 1:

Managers should ensure that copies all treatment forms, T2/3, section 47 certificate, treatment plan, and covert medication pathway be stored with the medication prescription sheet.

Rights and restrictions

For those detained under the Mental Health Act we were able to see documentation which authorised time out of the ward, along with ongoing review and discussion. The SCN told us that although the ward has an open door, a decision is made from time to time to lock the door for short periods due to the risk or safety of a patient. This was evident on our day of visit and patients who were informal are made aware of this on admission and throughout their stay.

Section 281 to 286 of the Mental Health Act provides a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a 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. Two patients on the ward had been made a specified person by the RMO for the use of telephones. We found paperwork in the files, however we found no reasoned opinion paperwork. The Commission would expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed within the files.

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

Recommendation 2:

Managers should ensure where a patient has been made a specified person, reasoned opinions are in place and these restrictions are regularly reviewed.

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

Most patients told us about the activities that they are involved in, on and off the ward. There was a games room on the ward where patients can play pool, table tennis and access gym equipment. Patients told us that they enjoyed playing pool or using the equipment and we saw this on the day of our visit. The SCN told us that the equipment can get broken, however action is taken to replace as soon as possible.

The nursing staff provided activities to the patients on the ward and we saw evidence of this in the patient files. The ward had a recovery nurse in place and we had a discussion on the day regarding the benefits that this role has brought to patient recovery. Patients were able to tell us about their therapeutic activities and regular one-to-one meetings with the recovery nurse. One patient told us that it was fantastic being able to meet with the recovery nurse and how meditation has really helped them.

It was positive to hear of the work and future plans regarding this specific role, along with the support that is being provided to patients as part of their recovery journey. We look forward to hearing about this development on our next visit.

Where patients have involvement of SAMH service, we were able to see entries in patient files, detailing where support was being provided and how often.

The physical environment

The ward compromises of dormitories and single en-suite rooms. The ward has a kitchen where patients can access the facilities, such as making tea/coffee and use the washing machine if they wish.

We wanted to follow up on our previous recommendation regarding the environment.

The ward does not have any dedicated garden space as it is on the first floor. We found windows on the ward are sealed and did not open, providing no opportunity for fresh air into the ward. Some bedroom and bathroom doors continue to have no locks, providing a lack of privacy and dignity for patients.

Patients we spoke with on the visit told us about the lack of fresh air that comes into the ward, as none of the windows open. Patients and staff told us about the lack of privacy due to patients' bedroom and bathroom doors not locking. We are concerned that no changes have been made to the environment since our last visit. This ward does not meet the needs of patients, nor protect their privacy, dignity and/or promote their wellbeing whilst on the ward.

Since our last visit, the Commission has continued to receive updates in regards to the environment from managers of Moray health and social care partnership (HSCP). Environmental issues have continued to be escalated to the senior manager on the NHS Grampian ligature work programme and we are aware that there has been ongoing discussions and various option appraisals undertaken in order to progress the outstanding work to completion.

The Commission continues to be concerned that no decision has yet been reached between Moray HSCP and NHS Grampian regarding the works that require to be completed in Ward 4 at Dr Gray's. As this is directly adversely impacting on patient and staff wellbeing within the Ward 4 environment, we will write directly to the Chief Officer of Moray HSCP and Chief Executive of NHS Grampian.

Summary of recommendations

1. Managers should ensure that copies all treatment forms, T2/3, Section s47 certificate, treatment plan, and covert medication pathway be stored with the drug prescription sheet.

2. Managers should ensure where a patient has been made a specified person, reasoned opinions are in place and these restrictions are regularly reviewed.

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.

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