Mental Welfare Commission for Scotland

Report on announced visit to:

Murray Royal Hospital, Moredun Ward, Muirhall Road, Perth PH2 7BH

Date of visit: 22 August 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.

Moredun Ward is a 22-bedded, mixed-sex adult acute mental health admission ward at Murray Royal Hospital. On the day of our visit there were no vacant beds. The unit has a multidisciplinary team (MDT) of nursing staff, psychiatrists, occupational therapy (OT) staff, pharmacy staff, physiotherapist, psychology and activity worker.

We last visited this service on 27 November 2019 and made recommendations regarding auditing high dose monitoring arrangements, auditing consent to treatment documentation, specified persons restrictions and the provision of structured activities.

During our visit we wanted to follow up on the previous recommendations and hear how patients, staff and relatives have managed throughout the Covid-19 pandemic.

Who we met with

We met with and reviewed the care and treatment of eight patients.

We spoke with the senior charge nurse (SCN), the lead nurse and members of the OT team.

Commission visitors

Alyson Paterson, social work officer

Kathleen Liddell, social work officer

Juliet Brock, medical officer

Dichelle Wong, consultant psychiatrist

What people told us and what we found

Care, treatment, support and participation

The patients we met with during our visit mostly spoke positively about their care and treatment on the ward. Nursing staff were described as going "above and beyond" when providing care to patients. Patients were aware of having a named nurse and were able to have one-to-one sessions with them when required. Patients were also aware that they could speak to their doctor if they wished to and could attend weekly clinical meetings. Some patients were not aware of having a care plan or did not have a copy of their care plan. We were pleased to hear patients were aware of their rights as detained patients and had access to advocacy and legal representation. The ward environment was described as noisy and stressful, however patients told us they were pleased to have access to the outside courtyard. Food was rated positively. Patients talked about the activities that they participated in, which included playing pool, attending social groups, going out for walks with staff and playing football. We were told that patients would welcome an on-site gym that they could drop into, rather than be referred.

Care Plans

Nursing care plans are a tool which identify detailed plans of nursing care. Good care plans ensure consistency and continuity of care and treatment. They should be regularly reviewed to provide a record of progress being made. We were pleased to hear that to support the ongoing quality of care plans and documentation, care plan audits are carried out and overseen by the charge nurse on the ward. Unfortunately, due to staffing pressures, these audits are not carried out as regularly as the service would like. Despite this, the service has seen an improvement in the quality of care plans year on year. This remains an area of continuous improvement.

During our visit, we saw a range of detailed and person-centred care plans that addressed both physical and mental health care needs. The care plans identified needs and outlined interventions and agreed goals to meet needs which included discharge planning. There was evidence of patient participation and reasons, where appropriate, for non-engagement. Each patient had a risk assessment on file which again was comprehensive and showed evidence of appropriate intervention and strategies to manage risk. Care plans and risk assessments were regularly reviewed. Overall we were impressed with the quality of both care plans and risk assessments.

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

On the day of our visit we were told that four patients were delayed discharges. This means that they remain in hospital despite being clinically fit for discharge. The reason for all four delays were due to difficulties securing care packages in the community. The Commission is of the view that discharge planning should begin on admission. Whilst we recognise that the difficulties in securing community care packages are a national issue, we are of the view that

it is not acceptable for individuals to remain in hospital when there is no clinical need for them to do so.

Multidisciplinary Team (MDT)

A range of professionals are involved in the provision of care and treatment in the ward. This includes psychiatry, nursing staff, health care support workers, OTs, pharmacy and physiotherapy. We were told that there have been major challenges in terms of staffing on the ward. There is currently a 50% vacancy rate for registered mental health nurses (RMNs) which has resulted in the ward securing a block booking of agency staff. We were told that often it is the same agency staff who provide cover meaning that there is some consistency of care. The service is hoping that all RMN vacancies will be filled soon. There had also been vacant posts for pharmacy and occupational therapy, however those posts are now filled. Recently the ward have had to rely on locum psychiatrists to provide cover.

A new locum consultant psychiatrist has recently come into post and will be based in Moredun Ward for the next six months. We were informed that the locum consultant psychiatrist for the ward is not currently a Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) Section 22 Approved Medical Practitioner. A section 22 approved medical practitioner is one who has necessary qualifications, experience, and has completed specified training and is approved as having the required level of experience in the diagnosis and treatment of mental disorder. The ward has cover from a Speciality Registrar two days a week who is Section 22 approved. We were told that there are junior doctors and a registrar working on the ward.

We heard that the ward holds daily brief MDT ward meetings. In addition to this, weekly MDT meetings are held where there is the opportunity for patients and their relatives to attend. We heard that MDT meetings are held on set days to allow other members of the MDT to attend, for example mental health officers. We were pleased to hear that the local social work team has provided two dedicated social workers to link with the ward which should ensure a joined up approach for patients. We also heard that Citizens Advice Bureau have a presence on the ward, as does the 'therapet' dog.

On a previous visit to the ward, we made a recommendation regarding auditing high dose monitoring. We were pleased to hear prescribing checks are carried out daily and high dose monitoring is reviewed weekly by nursing staff and the MDT.

We also heard that weekly stress and distress formulation meetings take place with the wider MDT, and that the team have found this meeting beneficial.

We were pleased to hear about OT input on Moredun Ward. OTs provide a sensory integration programme on the ward; a technique which uses different sensory strategies for patients when they are feeling stressed and distressed. There is a focus on emotional regulation in order to decrease stress. We also heard about a life skills group that has been developed to support patients in transition from hospital to the community. OTs in Moredun Ward work closely with their colleagues in the community to provide a seamless service on discharge.

Recommendation 1:
Managers should have a clear process to ensure that any requirements set out by medical staff using the Mental Health (Care and Treatment) (Scotland) Act 2003 are completed lawfully, and with the proper authority and safeguards in place.

Recommendation 2:
Managers should clarify what steps and/or discussions with relevant stakeholders are being undertaken to ensure that non-section 22 locum consultant psychiatrists are able to access and undertake section 22 AMP training, as a priority, to reduce the likelihood of the circumstances above arising.

Care records

Information on patients' care and treatment is held mostly electronically on the EMIS system. Some information is held in paper files and is currently being migrated over to EMIS. The daily progress notes regarding patients care and treatment were fairly detailed and showed evidence of specific interventions, for example providing one-to-one input, using distraction techniques or offering reassurance. Daily progress notes contained information regarding MDT meetings with a good level of detail. We saw that these meetings take place on a regular basis and during each meeting; there is an action plan of what is being taken forward the following week. There was evidence of patient participation at the MDT meeting or, if they were unable to attend, a record of feedback to the patient after the meeting. In the daily progress notes, there is input from other professionals such as OT, pharmacy and mental health officers (MHOs). There was evidence that the full MDT participated in discussion and decision-making.

Use of mental health and incapacity legislation

When a patient is subject to compulsory measures under the Mental Health Act we would expect to see copies of all legal paperwork in the patient files. Part 16 (S235-248) of the Mental Health Act sets out the conditions under which treatment may be given to those patients who are subject to compulsory measures, who are either capable or incapable of consenting to specific treatments.

During this visit, we wanted to follow up on our previous recommendation regarding the auditing of consent to treatment documentation. We were told that previously the ward pharmacist undertook a weekly audit, however when the pharmacy post became vacant, audits were undertaken by medical staff but were not as regular. As the pharmacy post has now been filled, the plan is to reinstate weekly audits.

We reviewed certificates which record consent to treatment under the Mental Health Act (T2 and T3 certificates). We found these certificates were split between EMIS and paper files. Not all patient information had been uploaded.

Unfortunately we found that some detained patients were prescribed medication that had not been properly authorised under the Mental Health Act. We also saw that an informal patient was prescribed intramuscular (IM) psychotropic medication. The Commission is concerned when IM medication is being prescribed for informal patients as it would almost always require the legislative authority of the Mental Health Act. We were not clear under what legal

authority and under what circumstances this medication would be given. We consider it best practice to for a medical review to be arranged if there are exceptional circumstances where IM medication may be required.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) Act 2000 (the AWI Act) must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. In reviewing one patient's file, we were unable to locate a section 47 certificate or treatment plan for physical health care. We raised this with the SCN on the day who agreed to discuss this further with the responsible medical officer.

Rights and restrictions

Moredun Ward operates a locked door and has a policy to cover this. We were satisfied this was proportionate in relation to the needs of the patients. Although restrictions due to Covid-19 have lifted, the ward continues to have a booking system for visiting.

When we are reviewing patient files we look for copies of advance statements. The term 'advanced statement' refers to written statements made under ss274 and 276 of the Mental Health Act, and is written when a person has capacity to make decisions on the treatments they want or do not want in the future. Health boards have a responsibility for promoting advance statements. We were pleased to see that some patients had an advance statement. We would encourage the service to revisit this with all patients, as it is an important safeguard and a way of ensuring that people with mental ill health are listened to and have their human rights respected. We would like to see evidence of the attempts made to engage patients in a discussion regarding advanced statements and the reason noted for any patient that does not have one.

We were informed that all patients detained under the Mental Health Act were referred to advocacy by their MHO and/or nursing staff. We were pleased to hear that advocacy services have resumed face-to-face visits.

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

During our visit, we wanted to follow up on our last recommendation regarding the provision of structured activities. We were pleased to hear of the appointment of a full-time activity support worker working in the ward. We were also pleased to hear about the OT input on the ward in relation to activities. We were told that patients are involved in decisions regarding the provision of activities on the ward and activities are offered based on patient interest and that they attempt to offer routine and structure. Activities are discussed at the weekly patients' forum and there is the opportunity to complete activity questionnaires and surveys. Patients have access, on a weekly basis, to a socialisation fund to facilitate involvement with their

choice of activity. During our visit we saw an activity timetable on display on the ward. We were pleased to hear that activities take place seven days per week, including evenings.

We were advised of patients getting involved with the 'Get Out Get Active' programme which encourages individuals to get active together to support recovery. Patients on the ward have the opportunity to learn new skills and can attend sessions in the community or online.

We also heard about the close working links between the activity support worker and OT. We were interested to hear that the ward has a working kiln and that a well-attended pottery group is held once a week. It is hoped that more community-based activities can take place in the future.

A weekly music therapy group is well-attended and there is a piano just outside the ward, which can be used by patients and visitors.

The physical environment

The layout of the ward consists of single en-suite single rooms, with male and female patients sited on different sides of the ward. The ward has a pleasant courtyard garden which patients have access to during the day.

The ward is funded for 22 beds plus three surge beds (temporary beds). We were informed that due to RMN staffing deficits, admissions had been capped at 19 patients; however, on the day of our visit there were 24 patients on the ward with two patients 'boarding' in another ward at Murray Royal Hospital. We were told that there were no direct admissions to Moredun Ward and instead the senior leadership team should authorise all admissions. However prior to our visit, the ward had been receiving direct admissions due to increased service demand and limited capacity in other wards at Murray Royal and Carseview, Dundee.

We were told that the service holds weekly meetings and twice- daily safety huddles, whereby discussions are held to ensure that care continues to be safe.

The design and layout of the ward has been discussed in previous reports and it is acknowledged that staff have difficulty maintaining observation given the distance of some bedrooms from the main hub of the ward.

During our visit we were concerned that the layout of the ward could pose a risk to patient safety, especially if staffing shortages persist. We would like to hear from the service what plans are in place to ensure any potential risks are reduced.

We were, however, pleased to hear that all ligature reduction work had been completed on the ward.

On the day of our visit, the ward was relatively calm. Although there was pleasant artwork on the walls, the ward had a clinical feel about it and would benefit from being made more homely.

We were told about the problems in the ward of getting a Wi-Fi signal. This means that patients are unable to use their mobile phones. Mobile phones provide a way to keep in touch with family and friends, especially for those who are unable to leave the ward. Additionally we were

told that mobile phones can be used in a therapeutic way to access applications, for example rain sounds, relaxation or breathing techniques. Patients in Moredun Ward are disadvantaged in not having this access. Additionally, staff told us that it would be helpful to use the ward laptop in parts of the ward other than the office; due to the poor Wi-Fi signal this does not happen.

We were told that there is one phone in the ward that patients can use, for example to participate in their mental health tribunals. There is a plan to install an additional phone however this has been delayed due to issues with the site contractor. Efforts are being made to resolve the matter.

Recommendation 3:
Managers should ensure that staffing numbers in Moredun Ward reflect patient needs and take into account the challenges presented by the layout of the ward.

Recommendation 4:
The size and layout of the ward is not conducive for nursing staff observation especially when the ward has a significant staffing issue. Managers should prioritise a review of the ward layout to ensure that it provides a safer environment for patients.

Recommendation 5:
Managers should ensure that the boosting of the Wi-Fi signal and improvement of mobile phone reception takes place as soon as is practicable.

Recommendation 6:
Managers should ensure that plans to install an additional phone on the ward are expedited.

Any other comments

We were delighted to hear that the SCN and her team have been shortlisted for a Royal College of Nursing (RCN) award in relation to Improving Observation Practice. We look forward to receiving an update on the outcome.

Summary of recommendations

Recommendation 1:
Managers should have a clear process to ensure that any requirements set out by medical staff using the Mental Health (Care and Treatment) (Scotland) Act 2003 are completed lawfully, and with the proper authority and safeguards in place.

Recommendation 2:
Managers should clarify what steps and/or discussions with relevant stakeholders are being undertaken to ensure that non-section 22 locum consultant psychiatrists are able to access and undertake section 22 AMP training, as a priority, to reduce the likelihood of the circumstances above arising.

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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.

Claire Lamza
Executive director (nursing)

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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