Mental Welfare Commission for Scotland

Report on announced visit to:

St John's Hospital, Mother & Baby Unit, Howden West Road, Livingston, EH54 6PP

Date of visit: 16 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.

The Mental Health Mother and Baby Unit (MBU) in Livingston is a regional inpatient service covering five NHS Health Board areas – Highland, Borders, Fife, Tayside and Lothian. NHS Forth Valley and NHS Grampian have a 'buy in' agreement when required. The unit can accommodate six mothers and their babies at any one time. It provides specialist care for mothers and their babies; the majority of the admissions are post-natal mothers with babies who are up to one year old. This means that woman can receive appropriate care and treatment for their mental illness, whilst being able to maintain and develop their parenting role and relationship with their infant.

On the day of our visit there were two vacant beds. The unit has a full mental health multidisciplinary team (MDT) but also includes nursery nurses, a music therapist, and a social worker.

We last visited this service on 30 April 2018 and made a recommendation in relation to planned activities taking place. On the day of this visit we wanted to follow up on the previous recommendation as well as look at the care and treatment being provided on the ward.

As at the time of our last visit to the service, we also wanted to find out if there had been progress made towards the upgrading of the dedicated garden area.

Who we met with

We met with, and reviewed the care of four patients. We also spoke with two fathers.

We spoke with the clinical nurse manager (CNM), the senior charge nurse (SCN), charge nurse (CN), the consultant psychiatrist, the psychologist, staff nurses, the perinatal nurse consultant, nursery nurses and the music therapist.

Commission visitors

Kathleen Liddell, social work officer

Dr Juliet Brock, medical officer

What people told us and what we found

Care, treatment, support and participation

Patient/family views

The patients we met on the day of the visit were very positive about their care and treatment in the MBU. Feedback included comments such as 'there is a calm and supportive atmosphere on the ward' and 'staff are caring, professional and friendly. One of the mothers we met with told us "there is a good amount of activities daily which help with bonding between myself and my baby, for example music therapy and baby massage; things I can also do when I go home". All the mothers we spoke to told us that they benefitted from meeting other mothers who were experiencing similar difficulties and that they valued the peer support. We heard that mothers felt involved in discussions and decisions relating to their care, and they felt their views and wishes were listened to and taken into account by the MDT.

The feedback from the fathers we spoke to was also very positive. One father commented that he felt very supported by staff during his partner's admission, adding that staff communicated regularly with him, which made him feel reassured that his partner and baby were being well looked after. We were told that fathers were involved in discharge planning and signposted to supports that would be beneficial to the family post-discharge. One father commented that the welcome pack on admission to the unit was very helpful and provided us with constructive feedback about adding in information on the space that fathers can access on the ward, which could be included in the pack. We discussed this with the SCN and CN and they agreed that this information would be useful to add to the welcome pack.

Throughout the visit, we saw kind and caring interactions between staff, the mothers and babies. Staff spoken with knew the patient group well. We observed the staff providing mothers and babies with nurturing support during the visit. We were very impressed with the level of commitment, care and empathy staff offer to ensure mothers, babies and families are offered a high level of care and treatment throughout admission.

Case records

During our visit, we looked at the mother and babies information that is held electronically on the IT system, TRAK. The case records are recorded on a pre-populated template, with headings relevant to the care and treatment of the mothers and babies in the MBU. The babies also have their own case records.

The information recorded in case records was detailed and personalised, providing a good sense of how the mother and babies day had been, what had been achieved and any aspects of the day that had been difficult. There was evidence of frequent one-to-one interactions between staff, the mothers and babies. We were pleased to find that the case notes included regular communication with families and relevant professionals.

The ward has a Monday 'run down' meeting to discuss how the weekend has been for mothers and their babies. We were pleased to see this information recorded in the case records, providing useful summaries for staff.

Nursing 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 reviewed all care plans and found these to be of a good standard. We saw that physical health care needs were being addressed and followed up appropriately by either a midwife or duty doctor.

The care plans were individualised, goal focused, person-centred and adopted a holistic approach to the care and treatment of the mothers and their babies. The purpose of the admission was clear and we were pleased to find that discharge planning was referenced from admission and in the weekly MDT meetings. The care plans we read on the day of the visit were reviewed weekly as part of the MDT.

There was evidence of the mother's participating in their care plans. The mother's complete a 'relapse prevention and safety' plan which supports them to identify early warning signs, coping strategies, contact details of people who are supportive and how to make the environment safe for them and their baby. We were told by the mothers we spoke to that care plans are discussed with them throughout their admission.

Since the last visit in 2018, we were pleased to find the development of care plans for the babies on the ward. We found these care plans to be individualised and focussed on the needs of the babies.

All mothers have a comprehensive risk assessment, which is reviewed regularly by the MDT. The risk assessment included detailed pass documentation, recording the purpose of the pass and a 'failure to return' plan. We were pleased to find that a copy of the risk assessment is shared with the mother's GP on discharge.

We found the structure of the risk assessments difficult to navigate due to the volume of information written on this area of TRAK. We discussed with the CNM and SCN that it would be useful if there was a summary of identified risks. We were advised that there is ongoing work with perinatal services and TRAK to develop a system that will better suit the needs of the service. We look forward to hearing more about this when we next visit the service.

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)

Care and treatment in the MBU is provided by the MDT which has full-time consultant psychiatrist cover, a speciality trainee doctor (ST6), a foundation year 2 doctor (FY2), staff nurses, nursery nurses, a part-time psychologist, a music therapist but also nursery nurses and a social worker. There is a part time nurse therapist post being developed which will provide additional psychological input to the team.

There is no current OT input into the ward following the OT leaving post recently. We were told by the CNM and SCN there are some additional staff vacancies, mainly band 5 nursing posts and a review of the staffing is being undertaken alongside an ongoing recruitment programme. The unit has also benefitted from increased resources following recommendations of the Delivering Effective Services report, 2019. We were told that a post for a peer support worker is currently being advertised and will be based in the unit. This post will be a welcome addition to the MDT.

The MDT meet weekly in the unit, although Microsoft TEAMS is also used to host the MDT which ensures greater participation and involvement from external agencies. The mothers and their families are invited to attend if they wish. The consultant psychiatrist meets with the mothers after the MDT to discuss the outcome of the meeting, and to discuss the care planning for the week ahead.

We found detailed recording of the MDT discussion, decisions and personalised treatment plans for the mothers and babies. It was clear that everyone in the MDT is involved in the care of the mothers and babies. When mothers are moving towards discharge, we found evidence of linking in with community services and invitations to attend the MDT.

We were told that psychology input is offered on a part time basis, three days a week. There was additional time-limited funding that provided a temporary increase in psychological input to four days, which all staff agreed offered significant benefit in providing psychological support to mothers, their families and staff. We were disappointed to hear that the funding has since ended and psychology input is back to three days a week. The Delivering Effective Services report highlights that mother-baby psychological interventions are a core function of the MBU. We discussed concerns around limited capacity to provide psychological interventions in the MBU with the CNM, SCN and psychologist. They agreed that increased psychological input would be of benefit to the unit and they will continue to raise this issue with senior managers.

Use of mental health and incapacity legislation

On the day of our visit, one of the mothers in the ward was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). The patients we met with during our visit had a good understanding of their rights and detained status, where they were subject to detention under the Mental Health Act. We were pleased to see information and support on rights located in the main area of the ward.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

Part 16 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. No patients required consent to treatment certificates at the time of the visit.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 Act (AWIA) must be completed by a doctor. The certificate is required by law and provides

evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. There was no requirement for the use of section 47 certificates; all patients we reviewed as able to consent to their physical health treatment.

Rights and restrictions

The MBU continues to operate a locked door on entry. Exit is facilitated via a buzzer system and a door closing mechanism. At the entrance of the ward, there is a security system to monitor visitors, which is commensurate with the level of risk identified with the risks for mothers and their babies.

On review of the files, we noted that one mother, who was a voluntary patient, was assessed as requiring continuous intervention. We were able to locate the responsible medical officer's (RMO) decision and review of the requirement for the continuous intervention, which included a clearly recorded reasoned decision in line with the principles of the Mental Health Act. The notes indicated that the mother was in agreement with the continuous intervention and found it beneficial. We suggested with the RMO that the review of the continuous intervention should include a view of the mother's capacity to make this decision, given issues in relation to restriction. The consultant psychiatrist told us that a view on capacity is usually recorded as part of the continuous intervention decision-making and review process. We made a suggestion this matter should be discussed in the MDT, to ensure capacity is assessed and recorded.

When we are reviewing patient files, we looked for copies of advanced 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. Health boards have a responsibility for promoting advance statements. On the day of the visit, none of the patients had an advanced statement in their file. We discussed with the CNM and SNC the responsibility health boards have for promoting advanced statements as they are a way of ensuring that people with mental ill health have their rights respected and gives them the opportunity to record their decisions and choices about their future care and treatment. We were pleased to note that nursing staff have recently undertaken some work with mothers on the use of advanced statements and have developed a folder of information to support mothers in completing an advanced statement if they wish.

Advocacy is available in the ward and provided by the local mental health advocacy service. We were told that advocacy attend the ward on request and provide a good service to mothers who wish to engage with this service.

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 heard and found evidence of a broad range of activities that are available for patients in, and at times, out with the ward. We were told that following the recommendation in 2018

report in relation to planned activities not taking place, a new system has been implemented to improve on activity and occupation in the unit. The MDT meet with the mothers on a Friday and discuss what activities they would like to be involved in during the coming week. When this has been decided, the music therapist takes the lead for creating a timetable for the mothers. The activities available include baby massage, sensory groups, messy play, music therapy, mindfulness, podcasts, local walks, dance groups and a breakfast group. The unit also provides psycho-education groups for mothers, health promotion and anxiety management groups. The mothers we spoke with on the day of the visit spoke very positively and were complimentary about the activities offered.

We were told that the unit offers groups and support for fathers and siblings. The Dads' Group is facilitated by a male member of the nursing team. These groups include buggy walks and baby massage. We were pleased to hear that feedback questionnaires completed by fathers indicated the groups were beneficial. Family therapy sessions are offered and these can involve siblings.

The patients we spoke to on the day of the visit told us of the importance of the peer support they get when in the ward. Some of the mothers continue contact with each other following discharge. There is also a social media community of mothers who have been cared for in the MBU that can be accessed by mothers, if thought to be appropriate and helpful.

The physical environment

The MBU is located on the first floor of St John's Hospital. The unit is well maintained, brightly lit with some homely furnishings which creates a comfortable environment for the mothers and babies. The walls had some artwork that give a sense of a warm and welcoming environment.

Five of the six bedrooms have en-suite facilities, and there is a bathroom immediately next door to the bedroom where there is no en-suite. The bedrooms are spacious and have room for a cot. There is a nursery with five cots and baby changing facilities. We were told that mothers are encouraged to have their babies sleep in their rooms with them, however nursery nurse staff are available to offer support throughout the night if required.

The nursing station is at the centre of the ward and immediately visible on entry. There are two bedrooms behind the nursing station for mothers who require increased level of support and supervision. On the day of the visit, there was good visibility of staff in all areas of the ward and at the nursing station.

The main area of the ward functions as a dining area, which has a small kitchen type section, and a TV lounge with a well-equipped soft play area sectioned off for babies. We were told that the team has expanded since the visit in 2018, resulting in limited space for group work, family contact and a space for staff to access IT systems.

On the day of the visit, the temperature in the ward was extremely warm making the environment very uncomfortable. The windows have restrictors on them and cannot be opened more than 10cm. We were informed that this is due to health and safety concerns

about falls from height as the ward is on the first floor of the hospital. We were told that following ongoing discussions with health and safety, it was agreed that fans would be offered to mothers to prevent babies from overheating. We were told by the CNM and SCN that a decision to install a cooler system has been agreed however there is no date for this installation as yet as it will require closure of the ward. The temperature of the ward concerned us and we would suggest hospital mangers should progress this work as matter of urgency.

During the last visit in 2018, we were told about plans to upgrade the dedicated garden area and we were pleased to see that this development has been completed. We were very impressed with the new garden area that offers a child friendly and peaceful environment for mothers to spend time with their babies and family, however, we were disappointed to be told that there is an issue with access to the garden for some mothers, due to it being located on a different floor of the hospital. We were told that some mothers and babies are unable to access the garden easily as it involves leaving the ward, which is not always possible for some mothers who are acutely unwell. We heard from members of the clinical team that if mothers had easier access to the garden, it would support and improve their wellbeing, particularly during times of distress. The lack of access to outdoor space concerned us, particularly given the concern about the high temperature in the ward. We consider that it is important that all mothers have access to a safe outdoor space.

Recommendation 1:
Hospital managers should ensure that work in relation to the ward temperature is progressed as matter of urgency. The Commission would like an update on this work in a three month period.

Any other comments

We were told by many of the staff we met during the day of the visit that they have been regularly moved to other wards in St John's Hospital and at times to the Royal Edinburgh Hospital. Staff we spoke to told us how this has had a negative impact on staff morale, as being moved had, at times, prevented them from undertaking planned activities with the mothers and babies. We raised this with the CNM and SCN on the day of the visit and they agreed that the MBU staff have been used regularly to cover staff shortages in other areas of NHS Lothian. The CNM and SCN are aware of the impact this had on nursing staff and offered support to staff who found being moved from the unit difficult.

Despite this, we were pleased to hear that the MBU maintains accreditation with the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI). In order to maintain accreditation, the service has demonstrated that they continue to provide good quality to care to patients.

Summary of recommendations

Recommendation 1:
Hospital managers should ensure that work in relation to the ward temperature is progressed as matter of urgency. The Commission would like an update on this work in a three month period.

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.

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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