Mental Welfare Commission for Scotland

Report on unannounced visit to:
Willow Ward, Orchard View, Inverclyde Royal Hospital, Larkfield Road, Greenock PA16 OPG

Date of visit: 28 September 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.

Willow ward is a 30-bedded unit that provides assessment and treatment for older adults who have complex care needs. On the day of our visit there were nine vacant beds. The ward comprises of 30 en-suite single rooms, several sitting rooms and pleasant enclosed gardens.

We last visited this service on 14 December 2021 and made recommendations relating to the recordings of multidisciplinary team meeting, of reviews, on the update of care plans and the recording of proxy decision makers. The response we received from the service was that the issues had been addressed through an audit process.

On the day of this visit we wanted to follow up on the previous recommendations and also to hear how the service was adapting as Covid-19 restrictions have eased.

Who we met with

We met with, and reviewed the care of, seven patients, five whom we met with in person and two whose care notes we reviewed.

We spoke with the service manager and the charge nurse.

Commission visitors

Mary Hattie, nursing officer

Anne Craig, social work officer

What people told us and what we found

Care, treatment, support and participation

Throughout the visit we saw kind and caring interactions between staff and patients. We were advised that the SCN had been relocated to provide support in another ward, and the ward currently has ten registered nurse vacancies and a number of staff on sick leave, with the ward using bank staff and additional shifts to cover gaps. The charge nurse we met with had an excellent knowledge of her patients and was clearly providing strong positive leadership in challenging times

Care plans

We found completed "Getting to know me" forms in the patients' files we reviewed. This document contains information on an individual's needs, likes and dislikes, personal preferences and background, to enable staff to understand what is important to the individual and how best to provide person-centred care whilst they are in hospital. We also saw "What matters to me" information above each patient's bed. This is a one page summary of key information about the individual that assists staff to provide care and engage with the individual. This information was reflected in the individual care plans.

There were updated risk assessments in place for all the patients whose files we reviewed and the identified risks were addressed in the care plans that covered both physical and mental health needs.

We found Newcastle Model formulations in place in the files of a number of patients who we reviewed, and these had been used to develop person-centred care plans for managing the individuals stress and distress. This is a framework and a process developed to help nursing and care staff understand and improve their care for people who may present with behaviours that challenge.

We found recent meaningful care plan evaluations in all the files we reviewed; however this information had not always been used to update the care plan to reflect changes in presentation, care needs, or legal status.

We noted good practice in relation to the ward's development of care plans for managing stress and distress, based on the Newcastle Model, utilising a traffic light system. These provide guidance for staff in the ward on what behaviours could indicate increasing distress and/or risk, and include detailed person centred information on signs of escalating distress and how to respond at each stage to manage risk through distraction and de-escalation. These will follow the patients on their journey should they move to another care setting. The traffic light system is designed to provide care home staff with the information they may need to understand and manage behaviours which arise as a result of stress and distress.

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

Recommendation 1:
Managers should review their audit processes to ensure care plans are updated to accurately reflect the patients' current needs, planned interventions and legal status.

Multidisciplinary team (MDT)

The unit has a multidisciplinary team (MDT) of nursing staff, a psychiatrist, occupational therapy staff, physiotherapy staff, a patient activity co-ordinator, pharmacy and psychology. There are two nurses currently undertaking advanced nurse practitioner training; they provide input and support across all the mental health wards in Inverclyde Royal. Referrals can be made to all other services such as social work, speech and language therapy, and dietetics as and when required and we found that services responded promptly to all referrals.

MDT meetings were recorded on EMIS and included a record of those present, decisions taken and actions required. There was also evidence of family involvement, either through attendance at meetings, or by telephone contact.

Use of mental health and incapacity legislation

On the day of our visit, only one of the 21 patients in the ward was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act).

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. Certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed.

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.

Where individuals have granted a Power of Attorney (POA) or a guardianship order has been granted under the Adults with Incapacity (Scotland) 2000 Act (the AWI Act), a copy of the powers granted should be held in the patients care file and the proxy decision maker should be consulted appropriately. We found where there was a proxy, this was recorded and copies of the powers were available in the care files we reviewed.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of 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 AWI Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. We found s47 certificates in place for all patients that we reviewed and where a proxy decision maker was appointed, they had been consulted.

Rights and restrictions

Willow Ward continues to operate a locked door policy, commensurate with the level of risk identified with the patient group. There was information available advising patients and visitors how to access and leave the ward.

The ward continues to offer open visiting and has no difficulty accommodating this.

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 a dedicated patient activity co-ordinator who continues to provide a wide range of activities on an individual and small group basis, including, lunchtime groups, men's group, reminiscence work, music sessions, life history work, chair exercises, hand massage, gardening, various games in the courtyard, or simply going for a walk and chatting. There is also a full time occupational therapist and occupational therapy assistant, who provide a range of therapeutic activities, that includes craft based activities, breakfast and lunch groups, life story work and playlists for life, as well as assessments of patients. The occupational therapy staff and activity nurse co-ordinate their programmes to maximise availability of activities for all patients. The ward has access to a minibus; however, due to current staffing levels, outings are less frequent. During our visit we saw a number of staff engaging with patients in a range of activities, or simply spending time chatting with them.

The physical environment

The ward is clean and bright and benefits from access to enclosed courtyard gardens that can be accessed from the main ward area, as well as pleasant landscaped space around the building. There are also a number of smaller sitting rooms which were being used during our visit. We heard that equipment to support the development of the multi-sensory room is on order.

The ward had a calm, peaceful atmosphere. There are pictures of local places of interest on the corridor walls and dementia-friendly signage throughout. Orientation is supported by the use of patients' names and memory boxes outside bedrooms that contained photographs and personal memorabilia, and the use of different colours in different parts of the ward. Orchard View previously had a café in the foyer which was well used by patients and visitors; unfortunately this has not re-opened since the Covid-19 restrictions have eased, and it is very much missed by patients and staff, however the space is utilised to provide additional space for visitors.

Summary of recommendations

Recommendation 1:
Managers should review their audit processes to ensure care plans are updated to accurately reflect the patients' current needs, planned interventions and legal status.

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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