Mental Welfare Commission for Scotland

Report on announced visit to:

Ward 3B, Leverndale Hospital, 510 Crookston Road, Glasgow G53 7TU

Date of visit: 3 November 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.

Ward 3B is a 24-bedded mixed-sex unit and has a mix of dormitory and single room accommodation. When we visited there were two male six-bedded dormitories (this configuration can change given patient mix) and one female dormitory. There were also six single rooms that can accommodate either sex. The designated capacity of this ward is 24 patients but on the day of our visit, it was accommodating 23 patients, mainly from the Renfrewshire area. The unit provides assessment and treatment for adults who have a diagnosis of mental illness. One of the consultants also has responsibility for ESTEEM, a mental health service for people aged 16-35 who are experiencing a first episode of psychosis and who require in-patient care. ESTEEM offers different types of support that has been shown to help people recover from psychosis; this can include medication, practical support, family work and psychological therapy.

On the day of our visit there were no vacant beds. The unit has a multidisciplinary team (MDT) consisting of nursing staff, psychiatrists, occupational therapy staff, psychology, speech and language therapy staff. Referrals can be made to all other services as and when required.

We last visited this service on 15 October, 2019 and made recommendations around the quality of nursing care plans and record keeping on the electronic record system, EMIS. On the day of this visit we wanted to follow up on the previous recommendations and also to hear how patients and staff have managed throughout the current pandemic.

Who we met with

We met with eight patients, and reviewed the care records for all who we met. We also met with two relatives and spoke with another on the telephone.

We spoke with the lead nurse and the senior charge nurse.

Commission visitors

Anne Craig, social work officer

Margo Fyfe, senior manager

What people told us and what we found

Care, treatment, support and participation

Without exception, all patients we spoke to had only praise for the staff team. One patient who had been in the ward for only a short time described the staff team as “brilliant”, and a relative said that they were “fantastic, but run off their feet”. A visitor also commented that staff were helpful, had a lovely manner and noticed and offered support and help if a relative was upset. Another patient advised that the care in Ward 3B is better than anywhere else they had been. Another patient told us they felt “respected and cared for”.

When asked about staffing issues, we were advised that it has been difficult, as it has across most services although recruitment is ongoing.

Throughout the visit we saw kind and caring interactions between staff and patients. Staff spoken with knew the patient group well. It was good to note that patients we met with highly praised the staff, without exception.

We heard about the work that had gone into supporting carers/families during the restrictions. There had been additional iPads made available to the unit to encourage online contact between patients and families.

On our visit we found that there was improvement to care planning, but we felt that they were not sufficiently person-centred and did not reflect patient’s care and recovery journey. There was clear evidence of care plans being reviewed but the review did not reflect the needs identified in the current care plans.

We discussed this with the senior charge nurse and the lead nurse. Further explanation about our findings were detailed at the feedback session at the end of our visit. We are aware that across the service there is an acknowledgment that care planning and reviews requires to be more robust, and we suggested using the Commission guidance on our website to help in the process.

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 carry out an audit of the nursing care plans and reviews to ensure they fully reflect the patients’ progress towards stated care goals and recovery and that recording of reviews are consistent across all care plans.

We found a good deal of information contained in patients one-to-one discussions with their named nurse, and the detail in the daily notes was concise and with additional information related to the patient’s current presentation.

We saw that physical health care needs were being addressed and followed up appropriately, with input where required from allied health professionals, including dietetics and speech and language services.

Multidisciplinary team (MDT)

The unit has a broad range of disciplines either based there or accessible to them. It was clear from the very detailed MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend the meetings and update on their views. This also includes the patient and their families, should they wish to attend. In one patient's notes on EMIS there was clear evidence that the discharge planning process was being considered, and where several areas which would impact on the discharge plan that was being discussed.

We heard that MDT meetings had been held online during the restrictions and that this had enabled more professionals to attend. Several patients and their relatives told us that they do attend the MDT, and they felt that they were included in decision making.

Care records

Information on patients' care and treatment is held in two ways, there is a paper file and the electronic record system EMIS. We found this easy to navigate. The paper plans were numbered according to the information that was included and this corresponded to the MDT information recorded on EMIS. We would like to see all information recorded on EMIS and on the day of our visit we were assured that discussions are ongoing with the IT department to ensure that going forward most information can be saved to the EMIS system. We look forward to seeing how this has progressed at future visits.

Use of mental health and incapacity legislation

On the day of our visit, 15 of the 23 patients in the ward were 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 detained status where they were subject to detention under the Mental Health Act.

All documentation pertaining to the Mental Health Act and the Adults with Incapacity (Scotland) Act 2000 (AWI) including certificates around capacity to consent to treatment were in place in the paper files and were up to date.

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. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3s had been completed by the responsible medical officer to record non-consent; they were available and up to date.

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 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 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 were no patients who required this safeguard on the day of our visit.

Rights and restrictions

Staff in 3B have a swipe-pass that lets patients in and out of the ward. There is a back door in the ward that leads outside to the garden and to the public areas, this door is open throughout the day and locked at night for security reasons. This space is shared with Ward 3A.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. There were no specified persons in the unit on the day of our visit.

When we are reviewing patient files we look for copies of advance statements. The term 'advance 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. We were pleased to see that several patients had advance statements on file and that these were up to date.

In the past we had been concerned about patients being on the ward for extended periods of time as delayed discharges. We were pleased to hear that at the time of our visit there were no delayed discharges.

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 were aware that during the pandemic, restrictions that had to be put in place meant that various activities out with the unit had to be put on hold; some patients had struggled with this change to their routine. However, we heard about the efforts of nursing and occupational therapy staff to ensure there was always activities available on the unit for patients. We saw the activity board in the main corridor where there were structured activities available from Monday to Friday, but less structured activity at weekends, e.g. walking group. Now that restrictions have lifted, patients are once again able to resume community activities. We heard that staff have worked hard to facilitate activities and ensure patients' needs in this area are met.

On our visit we were told, and observed, a range of activities taking place. We saw the activity room and heard about the competition between wards in decorating the windows for Halloween.

We heard that the recreational therapy area in Leverndale is not available to the patients in 3B as they are part of the Dykebar service area. The senior charge nurse has raised this as an issue on several occasions. As 3B is on the Leverndale site we are of the view that patients from this ward should have access to the recreational therapy area.

Recommendation 2:
Managers should ensure equity of access to the recreational therapy on the Leverndale site across all wards and no patients should be disadvantaged.

The physical environment

There are compromises with the physical environment of Ward 3B. The first is by the shared communal areas with ward 3A and the second relates to the dormitory accommodation. Staff and patients make the best of the situation although this would only change with a reconstruction of the current accommodation.

We heard from some patients that they like the company that comes from being in dormitory accommodation, others did not. Ward 3B is a 24-bedded mixed-sex unit and has a mix of dormitory and single room accommodation. When we visited there were two male dormitories (this configuration can change given patient mix) and one female dormitory. There are also six single rooms which can accommodate either sex. There is a lounge area and a separate dining area for the patients, both are bright and spacious.

Ward 3B has a room designated as a Family room to meet the requirements of section 278 MHA, this room has age-appropriate activities and is for patients who have parental responsibilities.

Visiting arrangements to the ward have returned to normal levels. Visits can be in the interview rooms, in the patients' room if appropriate, or the patient can have time off ward in agreement with the Responsible Medical Officer.

Summary of recommendations

Recommendation 1:
Managers should carry out an audit of the nursing care plans and reviews to ensure they fully reflect the patients' progress towards stated care goals and recovery and that recording of reviews are consistent across all care plans.

Recommendation 2:
Managers should ensure equity of access to the recreational therapy on the Leverndale site across all wards and no patients should be disadvantaged.

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.

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