Mental Welfare Commission for Scotland

Report on announced visit to:

New Craigs Hospital, Willows Ward, Leachkin Road, Inverness, IV3 8NP

Date of visit: 11 April 2023

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 able to be carried out face-to-face.

Willows Ward provides assessment and treatment for six adults who have an intellectual disability, mental health problems and behavioural issues. We last visited this service on 29 March 2022 and made recommendations on the use of seclusion, having a range of meaningful activities on and off-ward and, as a matter of urgency, to ensure there is an appropriate environment for the needs of this complex group of patients.

On the day of this visit, we wanted to follow up on the previous recommendations and look at concerns reported to the Mental Welfare Commission by relatives. The response we received from the service was that procedures have been introduced to bring about improvements in the areas highlighted in the previous report.

Who we met with

We met with and or reviewed the care and treatment of six patients. We also met with and discussed concerns with four carers and relatives either by telephone or on the day of our visit.

We spoke with the hospital manager, the charge nurse, psychiatrist and service manager.

Commission visitors

Douglas Seath, nursing officer

Mary Leroy, nursing officer

What people told us and what we found

Care, treatment, support and participation

Patients we interviewed were complimentary about the staff in Willows Ward. One patient said "they help me rest and relax and not get anxious and upset". For other patients, we were unable to have such detailed conversations due to the level of their disability, however we were able to observe patients throughout the day, interacting with staff in a positive manner. One relative said that staff were "polite, respectful and caring". However, some concerns were raised by relatives about difficulties with continuity of care with many bank and agency staff employed, albeit many have become 'regulars' over time.

Multidisciplinary team

Willows Ward is staffed by nurses who have qualifications and backgrounds in both learning disability and mental health, along with a consultant psychiatrist. There is sessional input from psychology, occupational therapy, speech and language therapy, GP, social work, dietetics and pharmacy. We were pleased to see the involvement of the above disciplines in multi-disciplinary team (MDT) meetings and that, where appropriate, families were invited to attend via online meetings or in person. It was also good to see that patients were given the choice to attend.

Care plans

When we last visited the service we found examples of detailed and person-centred care plans compiled by a core group of the responsible medical officer (RMO) and multi-disciplinary team. The care plans addressed the full range of care for mental health, physical health, as well as the general health and wellbeing of the individual. On this occasion, we also found detailed personal support plans, some of which demonstrated evidence of patient involvement; we were pleased to find pictorial versions of the care plans used in patient discussions. We thought more could be done to evidence patient involvement in the record. We saw that physical health care needs were being addressed by the GP and followed up appropriately by the learning disability service. Reviews of personal support plans were largely carried out in a timely manner, although this was not always the case.

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 ensure that care plans are person-centred, demonstrate patient involvement and have clear evidence of goal setting, interventions and review.

Use of mental health and incapacity legislation

In Willows Ward, all patients were detained under the Mental Health Act. Authorising treatment (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') were present and available in patient files where required. Where patients were subject to guardianship under the Adults with Incapacity (Scotland) Act 2000 ('The AWI Act') there was a copy of this in their files.

We found the monitoring of legislative matters to be exemplary and statutory forms in both Mental Health and Adult with Incapacity Acts to be fully compliant with requirements.

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 Act. We found section 47 certificates were present with attached treatment plans.

Rights and restrictions

For reasons of patient safety and other risk factors, Willows Ward was a locked ward and patients were not freely able to leave the ward. There is was explanatory note at the entrance and exit to the ward giving this information.

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 these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed. We looked at records involving individuals who had been made specified persons. The forms were in place with the required timescales observed and reasoned opinions were provided, as required by the legislation.

On the day of our visit, there were patients who required additional support with enhanced levels of continuous intervention from nursing staff. We were told that patients who were subject to continuous intervention are reviewed daily. The clinical team discuss the patients care and treatment to determine whether the level of intervention can be safely reduced. Patients are encouraged to participate in this process.

All patients in the ward have access to advocacy and some have used the service and found it helpful.

In Willows Ward, there has been the use of seclusion for short periods. We found care plans that detailed this, and the way in which it had been authorised and the documentation for each period where seclusion was used. There was also clear evidence regarding the decision-making process related to the requirement for seclusion, and on alternative strategies that had been used to try to prevent this level of restriction. Furthermore, since our last visit, we were pleased to see that a policy on the use of seclusion has been completed. The Commission recently updated its guidance on seclusion and this can be referenced in any future review of local policy and procedures and to ensure consistency of approach.
Seclusion_GoodPracticeGuide_20191010.pdf (mwcscot.org.uk)

Activity and occupation

We heard comments from patients and relatives that there were not sufficient activities for patients in the ward. We were told that there was insufficient availability of different types of exercise, with an emphasis on shopping trips rather than more meaningful forms of activity. However, we did see evidence of arts and crafts, walks in the grounds and dog petting for

some patients. Some patients had additional activities organised by their relatives and these took place in the ward.

We were advised that there was to be a review of activity provision. We think the importance of activities in a ward of this kind should be recognised and prioritised; managers should continue to review how activities could be offered for this patient group. We look forward to seeing how the progress on this when we next visit.

Nursing staff have tried to provide a range of activities but this was dependent on the level of clinical activity and other demands on their time. As we noted in last year's report, nursing staff spend a disproportionate amount of their time engaged in observation of individual patients, who may pose a risk to themselves or others, but with limited activity input.

Recommendation 2:
Managers should review the level of activities available so that there is consistency of provision with patients having individually assessed programmes in place.

The physical environment

As commented on in our report of 2022, the ward environment remains unsuitable for this patient group. There was insufficient quiet space, difficulty in providing activities without encroaching on available space for others and generally the ward felt cramped, with little alternative for patients but to stay in their bedrooms much of the time. Relatives commented on the difficulty with heat in warmer weather, as ligature prevention work had led to windows being kept closed.

There is enclosed garden space but this is uninspiring, unfit for purpose and has access and surface difficulties for some patients.

One patient who is currently being managed in another part of the hospital has been waiting for a space on the ward to be adapted in order for them to return to Willows Ward; this has also had an impact on current staffing in Willows Ward.

We were assured that there was a review being undertaken by senior management of the suitability of accommodation in Willows Ward and that we would be notified of any decision taken when this is complete.

Recommendation 3:
Managers should ensure that the current review results in the provision of an appropriate environment for the needs of this complex group of patients with suitable space (both indoors and outdoors) to allow nurses to keep patients safe and provide therapeutic care.

Summary of recommendations

Recommendation 1:
Managers should ensure that care plans are person-centred, demonstrate patient involvement and have clear evidence of goal setting, interventions and review.

Recommendation 2:
Managers should review the level of activities available so that there is consistency of provision with patients having individually assessed programmes in place.

Recommendation 3:
Managers should ensure that the current review results in the provision of an appropriate environment for the needs of this complex group of patients with suitable space (both indoors and outdoors) to allow nurses to keep patients safe and provide therapeutic care.

Good practice

The forms in use to monitor the use of Mental Health Act and Adults with Incapacity Act documents were exemplary and demonstrated how reviews can be kept up to date and authorisation of restrictions and compulsory measures kept within legal requirements.

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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