**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:** South Ward, Dykebar Hospital, Grahamston Road, Paisley, Renfrewshire, PA2 7DE

**Date of visit:** 14 December 2023

## Where we visited

South Ward is an adult acute mental health admission ward and covers the geographical area of Paisley and Renfrewshire. The ward has 15 single rooms with en-suite facilities. There were no empty beds on the day we visited.

On our last visit in November 2022, we made two recommendations regarding care plan auditing and authorisation for medication. On the day of this visit, we wanted to follow up on the recommendations and any progress made. We also wanted to speak with individuals and staff, and listen to their views on the care, treatment, and environment.

## Who we met with

We met with and reviewed the care of four individuals, and we reviewed the care notes of a further three individuals.

We met with allied health professionals, the charge nurses (CNs), staff nurses and nursing assistants.

## Commission visitors

Gemma Maguire, social work officer

Susan Hynes, nursing officer

# What people told us and what we found

Feedback provided by those that we spoke with was positive and we heard how individuals felt 'listened' to by staff. Staff we spoke with had a good knowledge of those they cared for and we observed warm and caring interactions in a calm environment throughout the day.

We heard about how people enjoyed a range of recreational and occupational therapies, such as art, creative writing, gardening, and walking groups.

## Care, treatment, support and participation

### Care planning

At our last visit, we made a recommendation in relation to care plan audits, to ensure recording of individual progress was reviewed. During this visit we observed consistent records of care plans with reviews and progress notes clearly documented. We found care plans to be accessible in paper files, relating to risk assessment as well as being regularly discussed at weekly multidisciplinary team (MDT) meetings.

Those individuals we spoke with felt involved in their care planning and reported regular one-to-one time with nursing staff and psychiatrists. Individual participation was evident in the recording of views in the care plans, the MDT meetings and nursing notes.

Staff we met with provided us with a good understanding of individual need, including working with those who experienced an eating disorder and physical health conditions. Staff told us about the needs of an individual with epilepsy, however on reviewing care plans there were no specific details on how the condition was being managed. We heard how the practical and emotional support provided by staff during nutrition by nasogastric (NG) feeding could significantly ease distress. Staff knowledge of eating disorders, when supporting incidents of self-harm, was also beneficial in providing an alternative view to their MDT colleagues. On reviewing notes, we found that care plans for those with an eating disorder had not been developed to support specific interventions during NG feeding and in relation to self-harm. Having a structured plan around all assessed needs would ensure a consistency of approach and enhance the individual's care experience. We brought these issues to the attention of the CN and managers on the day of our visit and were advised that care plans would be updated to reflect the specific interventions. We look forward to seeing progress on our next visit.

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 audit care plans to ensure they are person-centred and consistently record all needs relating to patient care.

### Multidisciplinary team (MDT)

MDT meetings continue to be held weekly on South Ward, with consultants visiting the ward and meeting patients throughout the week. The MDT consists of two consultant psychiatrists, junior doctors, nurses, pharmacy, psychology, discharge co-ordinator, physiotherapy, and

occupational therapy. We were pleased to hear individuals felt involved in meetings, with their views being consistently recorded. Family members were regularly invited, with their views documented in the record of the meeting.

Some individuals we met with were progressing in their discharge from South Ward and told us they felt supported by occupational therapy, physiotherapy, and the discharge co-ordinator team. We heard how community services are involved in discharge planning, including social work, community mental health teams, and housing services to support the recovery of individuals upon discharge.

## Use of mental health and incapacity and adult protection legislation

On the day of our visit, there were eight individuals in South Ward who were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). The legal status of individuals subject to the Mental Health Act was clear and accessible on the electronic recording system.

Part 16 of the Mental Health Act sets out conditions under which treatment may be given to individuals subject to compulsory measures, who are either capable or incapable of consenting to specific treatments, including medications. To authorise treatment, T2 certificates should be used for individuals who can consent, and for those who cannot consent, T3 certificates should be used. We reviewed all T2 and T3 certificates and found discrepancies with two T2 forms; one was missing prescribed medication, and another noted intramuscular medication to be given only as required when the patient was refusing and/or unable to consent, therefore the T2 was not appropriate. Additionally, we noted that an 'as required' medication had not been administered in the last year, and required review. These issues were discussed with the CN on the day of our visit who agreed to follow this up with the psychiatrists.

**Recommendation 2:**
Managers should ensure the review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon timeously.

The Adult Support and Protection (Scotland) Act 2007 (the ASP Act), provides a legislative framework when working with vulnerable adults at risk of harm. Two case records that we reviewed had appropriate documentation and recording in relation to the ASP Act, including referrals made by the service.

Under the Adults with Incapacity (Scotland) Act 2000 (the AWI Act), a section 47 certificate should be completed by a doctor where an adult is assessed to lack capacity regarding medical decisions. Where individuals had been assessed regarding this, we found the relevant s47 certificate.

## Rights and restrictions

We were pleased to note that those subject to detention under the Mental Health Act had been advised of their rights verbally and in writing; those who were subject to detention were either accessing, or knew how to access, advocacy services.

Sections 281 to 286 of the Mental Health Act relate to specified persons, a legal safeguard required when placing restrictions on an individual who is detained in hospital. Making someone a specified person should be the least restrictive option and where not doing so would place them, or others, at significant risk of harm. During our visit, one individual was found to be specified. We noted that the documentation only had a reasoned opinion for restricting telephone use, despite safety and security restrictions also being applied. This was discussed with the charge nurse on the day of our visit who agreed to notify the psychiatrist for follow up.

The Commission has published a good practice guide in relation to specified person which nursing and medical staff may find helpful when considering restrictions: specified_persons_guidance_2015.pdf (mwcscot.org.uk)

**Recommendation 3:**
Managers should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that individuals 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

Those that we spoke with on South Ward told us that they enjoyed a range of activities on the ward. Activities were supported by the occupational therapy and physiotherapy teams and were offered on a group, or one-to-one basis. We heard from several individuals that nursing staff arranged ward-based activities during the weekend, such as organising walks.

South Ward also has access to an occupational therapy kitchen which supports the development of cooking skills and functional assessments in preparation for discharge.

## The physical environment

South Ward was spacious, bright, and welcoming with individuals' artwork displayed throughout the ward. There are accessible bedrooms for assisted individuals, with quieter spaces to accommodate varying needs.

The garden facilities were tidy and clean and could be enjoyed by individuals and visitors throughout the year, weather permitting.

We observed magnetic, partial en-suite toilet doors in bedrooms which we noted fell off easily and we consider this to be a safety issue. Some individuals we met with commented that they did not feel the doors afforded appropriate privacy. In discussion with managers, we were advised the doors, along with other ward furniture, are being reviewed as part of service-wide risk assessment and management. We look forward to seeing progress on our next visit.

**Recommendation 4:**
Managers should update the Commission on the progress of reviewing the safety and privacy issues raised in relation to use of magnetic en-suite doors.

## Any other comments

Some staff we met with reported that until recently staffing and ward capacity felt “unmanageable”. We were advised South Ward historically received all acute mental health inpatient admissions for the Renfrewshire area. We also heard of pressures on senior charge nurse (SCN) and CN posts caused by long term staff absences, staff leaving posts, and others being moved to provide cover elsewhere.

We were pleased to hear that managers have taken steps to ease pressures on the service; Ward 3B in Leverndale Hospital now receives inpatient admissions alongside South Ward and staff retention and recruitment are a key service priority. On the day we visited, there were no SCN or CN vacancies and one CN had been temporarily moved to provide cover in another ward. We heard from several staff and patients that the ward felt less “chaotic” with staff being more consistently available.

## Summary of recommendations

**Recommendation 1:**
Managers should audit care plans to ensure they are person centred and consistently record all needs relating to patient care.

**Recommendation 2:**
Managers should ensure the review and audit of medication records for individuals requiring T2 and T3 certificates to authorise their treatment under the Mental Health Act is carried out and findings acted upon timeously.

**Recommendation 3:**
Managers should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

**Recommendation 4:**
Managers should update the Commission on the progress of reviewing the safety and privacy issues raised in relation to the use of magnetic en-suite doors.

## Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication 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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