

Mental Welfare Commission for Scotland

Report on announced visit to: Mother and Baby Unit,
Leverndale Hospital, 510 Crookston Road, Glasgow G53 7TU

Date of visit: 23 May 2018

Where we visited

This was the first Mother and Baby Unit to open in Scotland. The service also has a community perinatal team, offering outpatient clinics and outreach support for women in Greater Glasgow and Clyde and liaising with local maternity services. The inpatient unit accepts referrals for women at any stage of pregnancy and during the first postpartum year. It occupies a purpose built unit at Leverndale Hospital.

The inpatient unit occupies a large, light and spacious ward on the ground floor of a two storey new building; the West of Scotland perinatal service being found in the remainder of the building. It has a private garden and multiple recreational areas within the ward, where mothers and babies can relax and spend time together. Each of the six rooms is en-suite and has a cot. There is a nursery sited within the core of the unit. Its design, with windows onto the ward, allows staff to observe mothers and babies without being intrusive. There is a separate milk kitchen. There is a large, bright open-plan lounge and dining area in the centre of the ward, a family room and a separate play room, providing space for individual and group activities.

Although we visited the unit as part of our perinatal themed visit, published June 2016, this is the first local visit to the service since it moved to the Leverndale site.

Who we met with

There were four patients admitted to the ward on the day of our visit. We met with two patients, and reviewed the care and treatment of the other two patients. We spoke with one relative.

We spoke with the charge nurse, consultant psychiatrist and student nurses.

Commission visitors

Ritchie Scott, Medical Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Admission documentation

Information relating to the patients' admission was clearly laid out in the unit's admission pro forma and fully completed in the files we reviewed. Where patients had moved relatively recently into the area where they now lived, there was detailed information of involvement of services from the prior area.

Care plans

We found the care plans to be detailed and comprehensive. These were full and person-centred in nature. Discharge planning is taken into account from admission.

There was evidence of patients' involvement in developing care plans where appropriate. The care plans showed good involvement of family and carers where appropriate. We did however find that the care plans did not tend to include links to evaluation of completion and/or progress towards of the care goals.

Recommendation 1:

Managers should arrange for an audit of all care plans to ensure that these include appropriate evaluation of progress towards care goals.

Risk Assessment

All patients had a clear and comprehensive risk assessment in place which, where appropriate, informed their care plan.

Medical and nursing care

There is regular medical input to the unit. The consultant psychiatrist visits daily and attends the regular multidisciplinary team (MDT) meetings. Additionally, the unit has a core trainee psychiatrist who attends regularly. Later in the year the unit will also have a higher trainee.

Nursing staff on the ward are motivated and knowledgeable about perinatal mental health. There is a culture of learning and there is ongoing training for some staff in, for instance, the Solihull Approach and in basic Cognitive Behavioural Techniques.

Multidisciplinary working

There is a strong multidisciplinary approach to the unit. The range of inputs was apparent from reviews of notes and from what patients told us. In addition to medical and nursing care, patient care includes input from social work, clinical psychology, physiotherapy, dietetics and occupational therapy.

A pharmacist visits the ward regularly, and will review prescription charts once every few days. The pharmacy department were reported to be easily contactable by staff and provide valuable advice about any prescribable treatments for babies.

Health visitors and community mental health nurses from the patients' community teams are invited to MDT meetings on the unit to assist with communication and care planning among services.

Use of mental health and incapacity legislation

All of the files we reviewed had necessary paperwork in place regarding patients liable to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act) had in place paperwork relating to treatment under part 16 of the Act. This documentation was easy to find in the files.

Women's experience of the ward

The patients that we spoke to told us that they found the ward a safe and welcoming environment. They found the staff to be available when needed and acted in a professional and courteous manner. They felt supported in looking after their baby.

The patients we spoke to who were liable to detention told us that they would prefer to be at home and did not agree with the decision to detain them on the ward. We were reassured they were aware of their right to appeal their detention under the Act.

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/rights-in-mind/>

Activities

The ward has an activity coordinator. There was a full programme of activities in the ward. The activity programme was detailed in wall planners and the programme was discussed with patients in meetings with nursing staff. Participation in activities was well recorded. There is a mixture of activities on the ward and access to recreational therapy in the main hospital.

Information and participation

The patients reported being given information about the unit on admission. The unit gives the patients written information on admission and patients have a file in their rooms with information on the unit, their rights and so on. The unit has produced online video information about the unit, so that mothers can familiarise themselves with the unit and find out more about it before arrival. We found that the information available to patients about the unit and their treatment was of excellent quality and an example of good practice.

There is clear evidence of the patients' participation in review meetings and there is good communication about progress.

Patients are referred to advocacy on an individual basis and information given to patients about advocacy and their rights to this.

Visiting

The ward has set times during the day for visiting, but there is flexibility around this, particularly for facilitating visits by fathers.

Ward environment

The ward environment was very clean and uncluttered. It appeared well maintained and in good decorative order. The ward was welcoming in appearance. The family

areas were appropriate for visits by older children with toys and decoration. The ward was very calm and quiet, and there were no issues around noise levels. Heating and ventilation were pleasant and the environment is closely monitored, as would be expected given the babies on the ward.

The layout of the unit is logical, and provides good sightlines for unobtrusive monitoring of patients if required. The garden space attached to the ward is very pleasant, and the door to this area is left open at all times during the day. There were no signs of smoking outside the unit – as this is a no-smoking hospital this must happen off the hospital site. The door to the unit is locked from the outside at all times for security reasons, but there is no lock from the inside.

Summary of recommendations

1. Managers should arrange for an audit of all care plans to ensure that these include appropriate evaluation of progress towards care goals.

Service response to recommendation

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.

Mike Diamond
Executive Director (social work)

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 MWC 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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