

Mental Welfare Commission for Scotland

Report on announced visit to: Ward 3, University Hospital
Wishaw General, Netherton Road, Wishaw ML2 0DP

Date of visit: 7 June 2018

Where we visited

Ward 3 is a care of the elderly admission and assessment ward for people with various mental illnesses, excluding dementia. It is a 23-bedded mixed-sex unit in the mental health department of a district general hospital.

The patients and staff had originally been in Ward 2 and opened Ward 3 in the summer of 2016, following the closure of wards in Coatbridge Hospital and Airbles Road Clinic. Due to reconfiguration of the hospital-based mental health services in NHS Lanarkshire, patients and staff have now moved to Ward 3. To allow the move to take place and essential environmental work in the ward, patients were moved to Udston Hospital for several months. At the time of the visit the ward had been back in place for five weeks and there were 18 patients on the ward.

The ward has six consultant psychiatrists who hold their review meetings on four days of the week. There is psychology input one and a half days per week providing staff training and direct patient contact. At present, occupational therapy provides a mainly assessment service to the ward over two days per week. The activity coordinator role is carried out by a band three nurse, which is dedicated time over five days per week. There are nursing vacancies which are being recruited to. Many of the nurses are new to post. There is good access to dietetics, physiotherapy and for physical health investigations as the patients are on the general hospital site.

On the day of this visit, we wanted to follow up on the previous recommendations around care plans, activities and the environment. We also wanted to look at how patients and staff were settling into the new ward environment.

Who we met with

We met with and/or reviewed the care and treatment of seven patients, and met with three relatives.

We also spoke with the lead nurse, the senior charge nurse, the charge nurse and some of the staff nurses.

Commission visitors

Margo Fyfe, Nursing Officer and visit coordinator

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The care plans, multidisciplinary reviews, risk assessments and continuation notes are held on the electronic system MIDIS. This system is slow to navigate and we heard, as in previous visits within the health board area, that nurses are of the view the system

takes time away from patient contact. We are aware that plans are ongoing towards improving the electronic record system. There is also a paperlite file in place which hold written records when the electronic system is unavailable, as well as copies of any legal documentation pertaining to the patient.

Care plans and multidisciplinary meeting notes

When we last visited we found care plans were inconsistent and did not clearly show the patient's progress during their stay. We highlighted this as an area requiring attention. Unfortunately we did not see improvement in the care plan documentation and took the opportunity to discuss this, at length, with the new senior charge nurse and the lead nurse. We recommended that an audit of care plans be carried out to ensure consistency in recording, and to ensure that they are person-centred and clearly indicate progress and interventions for the individual patients. As there are quite a few new nurses on the ward we suggested that some training in how to complete nursing care plans may be beneficial.

Although we found multidisciplinary meetings notes to be informative, they were not being recorded consistently. We did find some good examples of recording and encourage managers to discuss this with medical staff to ensure consistency and clarity in recording of meeting notes.

Recommendation 1:

Managers should ensure a review of care plans to promote a consistent approach, and that care plans are person-centred with interventions clearly stated.

Medical meetings

We heard that medical staff are contactable and attend the ward regularly. However, we were informed that having six consultant psychiatrists requiring ward meetings throughout the week can impact adversely on nursing staff's ability to spend time with patients. We would encourage managers and medical staff to discuss possible solutions to this issue.

Use of mental health and incapacity legislation

As at the time of our last visit to the ward, we found all legal documentation in the paperlite files. We also found copies of consent to treatment documentation and covert medication pathway paperwork as required with medicine prescription sheets. All documentation was current.

Rights and restrictions

Patients who were detained were aware of their detention and had been offered advocacy support, as well as having their rights explained to them. Patients who were restricted on leaving the ward by themselves due to their detained status told us they

were aware of the reasons for this. We found a note of any restrictions and their review in the paperlite files.

The Mental Welfare Commission have developed the 'Rights in Mind' pathway. It 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/>

Activity and occupation

We are aware that the ward is currently settling into the new environment and that there are some refurbishments ongoing to adapt space. We heard from staff that there are plans to expand the activity programme in the ward supported by psychology. It is also hoped that occupational therapy staff will be able to support the improved programme. This will include group and one-to-one activity.

The senior charge nurse is also keen to involve local school children in ward activities and is exploring this further. We saw the information board in the main corridor detailing what is currently on offer. Patients were aware of some of the plans and reported looking forward to having more to do, as they can feel a bit bored at times. We look forward to seeing how the activity provision has improved at the time of our next visit.

The physical environment

The ward had only been back in use for five weeks prior to our visit. We were pleased to see that attention had been paid to ensuring comfortable day room furnishings and pictures that helped make the environment less clinical. We were assured that there is no more time spent on meeting cleaning requirements for this furniture than for previous furniture. Although some refurbishment work is ongoing it was good to see the thought that has gone into utilising space within the ward for the benefit of patients, such as an activity room. We look forward to seeing how the changes improve patient experience when we next visit.

There is an enclosed garden space patients can access from the day room of the ward. We saw several patients using this during our visit. The senior charge nurse told us about plans to involve patients in planting flowers in the garden area. We heard that there had been some issue of patients from other wards using the garden area to smoke. We suggested that ashtrays are removed from the garden to discourage this practice.

Any other comments

Patients and relatives met with were very positive about their care and treatment. One patient said they felt with the care they had received they were 'finally turning a corner.'

Relatives reported feeling included and well informed, as well as always being made to feel welcome.

Summary of recommendations

1. Managers should ensure a review of care plans to promote a consistent approach and that care plans are person-centred with interventions clearly stated.

Good practice

We were pleased to see the emphasis on carer involvement in the ward and the availability of carer support when required.

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.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

