



Mental Welfare Commission for Scotland

Report on announced visit to: Parkside North & Parkside South Wards, Cleland Hospital, Bellside Road, Cleland ML1 5NR

Date of visit: 13 March 2018

Where we visited

Parkside North is a 15-bedded all male ward and Parkside South is a 15-bedded all female ward. The age range of the patient group is from mid 50s to mid 80s. Most of the patients have long standing mental illness and spent the majority of their adult life in care settings and have complex care needs. For many, attempts to offer care within the community or residential care homes have been unsuccessful.

The wards are moving towards a rehabilitation delivery of care model. Each ward now has three beds dedicated to slow stream rehabilitation with a focus on moving towards community discharge. With this change in mind, the units have an assessment kitchen for patient use and to allow occupational therapy (OT) assessments to take place on site. The bedrooms are single with en-suite toilet facilities.

We last visited this service on 23 May 2016 and made recommendations around the recording of care plan interventions, recording of multidisciplinary reviews, pharmacy input and consent to treatment certificate completion.

On the day of this visit, we wanted to follow up on the previous recommendations and also look at how the unit and patients have adapted to the recent changes.

Who we met with

We met with seven patients and with two relatives.

We also spoke with the senior charge nurses, the lead nurse and several nursing staff.

Commission visitors

Margo Fyfe, Nursing Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The wards have multidisciplinary teams. This comprises medical staff, nursing staff, an OT between both wards and an OT assistant, an activity coordinator between the wards, a psychologist one session per week in each ward, and a house keeper and domestic staff. The OT post had been vacant but has now been recruited to and the new staff member is due to take up post in a few weeks' time.

During our last visit, we heard that there is no pharmacy input directly to the hospital and no pharmacy audits are carried out. On this visit we were told that there had been difficulties in recruiting to the pharmacy vacancies across NHS Lanarkshire but that efforts were ongoing to achieve this. In the meantime pharmacist support and advice can be accessed by telephone when required.

Care plans

On our previous visit to the wards, we were concerned that care plans were not audited and reviews did not accurately reflect interventions. We were pleased to find that current care plans are person centred and thoughtful. There was evidence of patient involvement in the devising of care plans. Although reviews were being carried out regularly in line with the new audit process, we felt that the detail in the reviews was inconsistent.

Recommendation 1:

Managers should audit care plan reviews to ensure the level of detail is consistent and detail meaningful interventions.

Multidisciplinary notes

We were pleased to see that notes from multidisciplinary team (MDT) reviews and weekly ward rounds were held on the MIDIS electronic record system and that nursing staff were fully aware of how to record and access these. We had raised concern at our last visit that these notes were difficult to find and not always accurately recorded. It was good to see evidence of patient and carer involvement in annual MDT reviews, as well as weekly reviews.

We also noted that daily continuation notes reflected patients' mental state and presentation during each shift, as well as how they passed their day. This allows anyone accessing the records to get an informed picture of the patients' progress.

Use of mental health and incapacity legislation

All legal documentation in regard to both the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000 (AWI) was easily located in the 'paperlite' files for each patient they were needed for. Paperwork was appropriate and up to date.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under s47 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. During our last visit, we had found that treatment certificates under AWI were not always accurately completed. However, this was rectified and all certificates were in place as required.

Rights and restrictions

The main doors to the units are key card entry. We were informed this is for general safety to ensure staff are aware of who is coming into the units. Staff are available to let patients out and in to the unit as required.

Activity and occupation

There is an activity coordinator who works Monday to Friday across both wards. There is access to a minibus for outings and patients are encouraged to participate in activities. We discussed the difficulty at times in motivating the patient group to participate in activities. We discussed that there has been a lack of OT into the wards for some time and heard the hopes of staff that the new OT will assist in motivation of patients, especially in Parkside North, the male unit. The male patients seem to be more difficult to engage in more structured activity

We heard about the use of iPods for music for patients and also discussed the possibility of looking into befrienders and volunteer groups coming into the wards to support patients.

We were pleased to see patients coming and going from the wards throughout our visit making use of the outside space. We saw activity boards and evidence of activity participation in patient notes and activity folders.

We look forward to seeing how activity provision improves at future visits.

The physical environment

The wards and recreation space within Cleland hospital are well maintained and homely. We praised the efforts of staff in ensuring each patient's bedroom is personalised and comfortable. This is of particular importance as patients are in the wards for lengthy periods and should feel that their bedrooms are personal to them. We understand this has been achieved in conjunction with infection control colleagues.

The ward has large gardens that are well maintained and nice areas to sit in during good weather. We heard about a planned garden project which will include patients working in the gardens and focus on providing a market garden space that patients will be able to use the produce from. We look forward to hearing how this progresses during our next visit.

Any other comments

During our meetings with patients and carers, staff support, their availability and approachability were highly praised. During the visit we also witnessed caring interactions between staff and patients.

We heard that over the last few months there have been several patients that have required palliative care. To assist the staff in providing this care, the hospital at home care team have been supporting and guiding staff in delivering appropriate physical health care to these patients.

The wards are supported by a local GP practice for physical health care and have consultant psychiatry input for mental health care. However, we heard that there have

been some difficulties in ensuring the GP service meets the current ward needs. We understand that senior managers are in discussion with the GP practice to improve this situation.

Summary of recommendations

1. Managers should audit care plan reviews to ensure the level of detail is consistent and detail meaningful interventions.

Good practice

The wards are carrying out a health promotion project throughout the year focussing on a different aspect of physical and mental health improvement each month. They are involving various disciplines, such as dietetics and physiotherapy, in taking the project forward. All patients are being encouraged to participate and physical health issues will be addressed during the process of the project.

Service response to recommendations

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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