



Mental Welfare Commission for Scotland

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

Date of visit: 9 August 2018

Where we visited

South Ward at Dykebar Hospital is one of two wards that make up the adult acute in-patient service for patients aged 18-65 years from the Renfrewshire and Paisley area. This ward generally provides the admission facility for the adult acute service and accommodates patients from Renfrewshire. The other part of the adult acute service is Ward 3B at Leverndale Hospital which mainly accommodates patients from the Paisley area. As both wards are extremely busy, patients are frequently moved between wards depending on bed availability.

South Ward is a mixed-sex ward with a capacity for accommodating 15 patients. The ward was full on the day of our visit with 10 of the patients detained under the Mental Health Act (Care and Treatment) (Scotland) Act 2003 (MHA). We last visited this ward on 26 September 2017, where we noted high levels of enhanced observation and made recommendations regarding the need to keep these high levels under review and look at options to address this. We also asked for an update on future plans regarding the acute service, as there are difficulties in relation to the current two-site situation.

The main reason for visiting was as part of our regular visits to acute adult wards, to follow up on previous recommendations and to look at general issues important for patient care:

- Care, treatment, support and participation
- Use of mental health and incapacity legislation
- Rights and restrictions
- Activity and occupation
- The physical environment

Who we met with

We met with and/or reviewed the care and treatment of six patients in the ward.

There were no carers/relatives/friends requesting interview during our visit.

We also spoke with the senior charge nurse, several members of nursing and occupational therapist (OT) during the visit.

Commission visitors

Paul Noyes, Social Work Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

From speaking with staff it was evident that they knew their patients well and were familiar with their individual situations and care needs. Patients also generally reported that staff were friendly, helpful, and respectful to them.

We noted from our interviews with patients, and from reading their records, that they were usually fully involved in their care planning and often attended their multidisciplinary team (MDT) meetings.

We were informed that the previously reported high levels of enhanced observations have generally reduced to one or two patients at any one time. It seems the improvements have been as a result of staff training and having a liaison nurse linking with the Scottish Patient Safety Programme (SPSP) which has improved practice on the ward. On the day of our visit there were three patients on an enhanced level of observation.

We found that care plans continue to be good, with these plans being person-centred and identifying patient strengths and goals. The care plans were also well evaluated and reviewed.

There are weekly MDT meetings to discuss patient care. These meetings are well documented and generally attended by medical and nursing staff, with regular attendance from OTs, physiotherapy, pharmacy, and psychology. We were pleased to see a clarity around decisions from the meetings with clear action plans and treatment goals. We also noted the encouragement of family involvement in MDTs and care planning.

In addition to the MDT meetings we were informed that there is a six-weekly meeting between the ward and the local Community Mental Health Team (CMHT) providing a formalised link between the ward and community. There is also a weekly meeting with social work to discuss social work referrals. Both meetings represent good practice developments, improving links with the community teams and promoting timely discharge for patients.

The ward continues to have a good clinical psychology input and also access to psychological therapies from a nurse psychotherapist. Both regularly attend the MDT and such interventions are particularly beneficial to patient care, treatment, and recovery.

Several patients we reviewed also had complex physical healthcare needs in addition to their mental health needs. These appeared to be well met with regular physical health checks and monitoring and referral to specialist services if required.

There can be difficulties and sometimes delays in accessing some community resources, particularly accommodation and support, for patients ready to be discharged from the ward. The weekly meeting with social work is an opportunity to address this at an earlier stage in care planning and is proving beneficial.

Use of mental health and incapacity legislation

There were 10 patients on the ward detained under the MHA at the time of our visit. The appropriate legal paperwork was in order and accessible within patient care files. Care plan documentation also accurately reflected the patients' current status.

We noted that detained patients had the consent to treatment certificate (T2) forms and certificate authorising treatment (T3) forms required to comply with medical treatment requirements of the MHA. We alerted the senior charge nurse to some minor issues that required attention.

Rights and restrictions

South Ward has a mix of informal and detained patients. The door operates on a key pad system with the number clearly visible to patients.

Patients interviewed were generally clear about their rights and there was evidence that patients had access to advocacy.

We highlighted the need to clearly record consent to any restrictions on informal patients. We would encourage managers to use the Commission's [Rights in Mind](#) publication and supporting materials to improve this situation.

Activity and occupation

The ward has a full activity schedule primarily led by the OT. We noted a high level of patient participation and this was well-documented in patients' chronological notes.

We spoke to one of the OTs on the day of the visit and heard about some of the activities available to patients. Activities included breakfast club, relaxation, cookery, gardening, walking, and patients accessing the gym. The gardening project has proved particularly popular during summer months, with garden produce being used in the cooking group. In addition to the activity programme the OT is also involved in individual work with patients including assessments interventions to facilitate discharge.

The physical environment

The ward environment remains relatively unchanged since our last visit. Patients have individual en-suite bedrooms and these rooms are pleasant and well decorated.

The ward has a good mix of quiet sitting rooms and small communal areas. There is also easy access to an enclosed garden area which is well used by patients.

Any other comments

The split location of two acute wards on different hospital sites continues to cause difficulties, particularly when patients are moved between the wards. This can be disruptive to their care and the differences in the standard of patient accommodation between the wards is also an issue for patients. From speaking to ward staff it would seem there are no imminent plans to change this situation, the Commission would however wish to be kept informed of longer term plans for these wards.

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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