

Mental Welfare Commission for Scotland

Report on announced visit to: McNair Ward, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 OXN

Date of visit: 23 July 2018

Where we visited

Mc Nair ward is a 20-bedded adult acute mental health mixed-sex ward. The ward is based in Gartnavel Royal Hospital. We last visited this service in September 2017 and made a recommendation regarding mental health legislation.

On the day of this visit we wanted to follow up on the previous recommendation and also look at care planning and patient participation in their care and activities.

These themes were identified from our adult acute themed visit report as activities that services across Scotland may need to improve.

Who we met with

We met with and/or reviewed the care and treatment of five patients.

We spoke with the senior charge nurse (SCN) and other members of the nursing team.

Commission visitors

Mary Leroy, Nursing Officer

Yvonne Bennet, Social Work Officer

What people told us and what we found

On the day of our visit we were able to meet with five patients. There was a calm atmosphere on the ward. All the interactions towards patients we observed from the staff were friendly and supportive. Staff were knowledgeable about patients when we discussed their care.

Patients we met with spoke positively about their care and treatment in the ward. Some of the patients commented on the supportive leadership within the ward.

We reviewed care plans; some were person centred containing individualised information identifying clear interventions and care goals. However, there were also some care plans that were not person centred and did not reflect the specific care needs of the individual.

We were informed that risk assessments were reviewed on a regular basis, either daily or weekly by the key nurse and through the multidisciplinary team (MDT) meeting. On review of this documentation we found that some reviews of risk assessments were not being dated. We raised this matter with the senior charge nurse on the day of our visit.

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The ward has five consultant psychiatrists and there is a daily MDT meeting with input from medical and nursing staff, occupational therapy, pharmacy and other relevant allied health professionals.

There was evidence of patient involvement in the MDT meeting. This is ensured through a recent development in the pre-meeting process where the patient meets with the nursing staff prior to the meeting to ensure their views, questions, and thoughts are discussed and documented prior to the meeting.

This encourages patients to participate in decisions about their care and treatment. The clinical discussions that occur within the meeting were well documented and generated a clear action plan with treatment goals.

Recommendation 1:

Managers should ensure all nursing care plans are person centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and care goals.

Use of mental health and incapacity legislation

On the day of our visit seven patients were subject to the Mental Health (Care and treatment) (Scotland) Act 2003 (MHA).

We noted that copies of certificates authorising detention under the MHA were in patients' notes. The Greater Glasgow and Clyde care plan documentation sheet for information on legislation was accurate and reflected the patients current legal status.

We examined drug prescription sheet and treatment certificates (T2/T3) which were in place for all the patients who required them. MHA paperwork and copies of all relevant documentation were within the patients' files as appropriate.

Rights and restrictions

We discussed with the SCN our recommendation from our last visit to the service when we found that some patients who were not subject to the MHA were having time out of the ward restricted, with no evidence of any collaboration to gain their consent to this restriction.

The clinical team have put a process in place to ensure that written information regarding legal status is given to patients and, if any restrictions regarding time off the ward are in place, these are sought through collaboration with the patient and that this information is documented and reviewed.

We reviewed the notes of two patients and saw written evidence of those conversations taking place. The patients we spoke to were clear about their legal status, as were the staff.

The advocacy service within the ward was available on a referral basis. There was an information leaflet on display and available on the ward. Some of the patients we met with told us about the support they had received.

The Commission has developed 'Rights in Mind'. This pathway is designed to help staff in mental health services ensure that patients have their rights respected at key points in their treatment.

This can be found at:

https://www.mwcscot.org.uk/media/369925/human_rights_in_mental_health_service_s.pdf

Activity and occupation

On the day of our visit ward activities were taking place, with some activities recorded in notes, along with nursing one-to-one sessions.

The ward has a patient activity coordinator (PAC). On admission all patients are referred to the PAC for assessment. There is a small activity room on the ward for facilities for art and games. There was a range of activities available within the ward.

The service also has links with the local volunteer service, who organise musical and arts events for the ward.

The occupational therapist (OT) on the ward provides a range of services including functional assessments, individual sessions, and preparation for discharge. Within the patients' files there were comprehensive OT assessments with detailed outcomes and were recovery focussed.

The physical environment

McNair ward is a relatively new build ward and all patients have en-suite single rooms. The ward is bright and airy and has some artwork on display. The ward had easy access to the garden areas, but the fact that the gardens are not enclosed can present difficulties in observation of some patients.

Staff said that the garden space offered little privacy for patients as, due to the area being so open and close to the road, it is difficult to leave the ward door open for patients to freely access the garden area. It is important that the garden space is accessible to all, whilst ensuring safety.

Recommendation 2:

Managers should ensure that the garden area provides a safe, pleasant, and easily accessible area for all patients and visitors.

Summary of recommendations

1. Managers should ensure nursing care plans are person-centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and care goals.
2. Managers should ensure that the garden area provides a safe, pleasant and easily accessible area for all patients and visitors.

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.

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