

Mental Welfare Commission for Scotland

Report on announced visit to: Munro Ward, Stobhill Hospital,
133 Balornock Road, Glasgow, G21 3UW

Date of visit: 18 September 2018

Where we visited

Munro Ward is a 20-bedded mixed-sex adult acute mental health ward in Stobhill Hospital. In March of this year Ward 3, formerly located in Parkhead Hospital, moved into this refurbished ward.

We last visited this service on 12 October 2017 and on that visit there were no recommendations made to the service.

On the day of this visit we wanted to look at patient and carer involvement.

Who we met with

We met with and/or reviewed the care and treatment of eight patients and one relative.

We spoke with the senior charge nurse (SCN) and other member of the clinical team.

Commission visitors

Mary Leroy, Nursing Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients we met with on the day spoke very positively of their care and treatment whilst in Munro Ward. They described the staff as “supportive and approachable”. They were aware of who their named nurse was and there was good interaction between staff and patients. Patients we met with said that they felt safe on the ward and staff were knowledgeable about the patients when we discussed their care.

The carer we spoke to was also complimentary about the care her family member was receiving, commenting that the “flexible visiting times was helpful”.

We found that care plans had some aspects of person-centred planning, however there were inconsistencies in the completion of those documents and not all the care plans were person centred or recovery focussed. We discussed this with the SCN on the day of our visit.

An audit of care plans should be carried out to ensure consistency in recording and to ensure that they are person centred, and indicate progress and interventions for the individuals.

The SCN advised that assessment and care plan refresher sessions were available through the nurse practice development service and she would seek input.

There was evidence of nursing one-to-one sessions taking place with patients, and multidisciplinary meetings were documented and outlined care management and discharge planning. The meeting also reflected a range of medical, nursing, and allied health professionals being present. There was evidence of both patient and carer involvement in those meetings.

Within the patients' notes we examined, we found evidence of comprehensive psychology assessments. The SCN also told us of the psychology training sessions which were planned and delivered throughout the year offering training in a range of psychological approaches to care.

We saw comprehensive occupational therapy (OT) assessments of the individuals' needs, strengths, limitations, and identifying areas to develop. OT undertake individual and some group activities within the ward.

We were also informed of the recent development of the role of the discharge co-ordinator. The SCN commented that this supportive role was having an impact on assisting with the timely discharge of patients from the service.

Recommendation 1:

Managers should ensure that care plans are person centred with interventions clearly stated and an audit to promote a consistent approach.

Use of mental health and incapacity legislation

On the day of our visit, 11 patients were subject to the Mental Health (Care and treatment) (Scotland) Act 2003 ('Mental Health Act'). The remaining patients were informal.

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

We examined drug prescription sheets and treatment certificates (T2/T3), which were in place for all patients who required them.

Rights and restrictions

On the day of our visit two patients were on enhanced levels of observation and we found clearly-defined levels of observation on file. Changes to the patients' observation status were documented as part of the weekly review, along with discussion held with the patient.

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/>

Activity and occupation

The patients that we met were encouraged to access a variety of activities although some patients chose not to engage in them. One patient commented that “there was plenty to do, if you wanted to.” The files we reviewed evidenced access to recreational, social and therapeutic activities.

The SCN advised us of the recent service developments and the employment of therapeutic nurses and health care assistants. This development was to support the provision of activities in the evening and the weekend for patients. She informed us that some evening and weekend activities were now started on the ward. We look forward to hearing how this is being developed on our next visit to the service.

The physical environment

The ward has six en-suite bedrooms and three dormitories. This newly refurbished ward is clean, bright and maintained to a high standard.

The garden area is pleasant and well maintained. It is a useful facility for both gardening and leisure. Several of the patients we met commented on the ease of access to the garden space.

Any other comments

We discussed with the SCN the impact of access for visitors following the relocation from Parkhead Hospital. The service have provided a minibus that runs from the Stobhill campus to Parkhead throughout the day. This is for both patients and carers/families. The SCN felt that the move to the Stobhill campus had resulted in less family and carers visiting, and the ward is actively encouraging the use of this minibus service.

Summary of recommendations

Recommendation 1:

Managers should ensure that care plans are person centred with interventions clearly stated and an audit to promote a consistent approach.

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

Alison Thomson, Executive Director (Nursing)

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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