

Mental Welfare Commission for Scotland

Report on announced visit to: Wards 1 & 2, Wishaw General University Hospital, Netherton Street, Wishaw, ML2 0DP

Date of visit: 13 September 2018

Where we visited

Wards 1 and 2 are both mixed-sex adult acute mental health admission wards within Wishaw General University Hospital. The wards are situated in the lower ground floor and have access to enclosed garden areas. Both wards have 23 beds, and are a mix of four-bedded dormitories and single en-suite rooms. The wards cover all of North Lanarkshire, offering a service to adults between 18 and 65 years old. Ward 1 also accepts young people under the age of 18 where necessary and supports the admission of young people who are admitted to the paediatric ward for mental health reasons. Ward 2 moved to the Wishaw General Hospital site from Monklands Hospital on 31 July 2017. Both wards were full on the day of our visit and had patients boarding in other wards and hospitals within the health board. There were also patients from other health board areas in Ward 2.

The multidisciplinary input to the wards consists of medical staff, nurses, psychology, occupational therapists (OT), and peer support workers. Social work attend ward meetings as required and advocacy services attend on referral. Pharmacy now also offer regular input to both wards.

We last visited this service on 16 November 2017 and made recommendations around care plans in Ward 2 and the need for regular pharmacy input to both wards.

On the day of this visit we wanted to follow up on the previous recommendations and also look at nursing notes and activities. This is because we want to ensure equity of service available to patients in both wards now that Ward 2 has been in place for over a year.

Who we met with

We met with and/or reviewed the care and treatment of 11 patients and one relative.

We spoke with the service manager, the senior charge nurse from Ward 1 and charge nurses from both wards, as well as the OT and the psychologist who have input to both wards.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Mike Diamond, Executive Director (Social Work)

Moira Healy, Social Work Officer

Dr Ritchie Scott, Medical Officer

What people told us and what we found

Care, treatment, support and participation

When we arrived in Ward 2 we found that the first staff member we met was at the end of the ward behind a high desk working on a computer. Although the staff member was helpful he was obviously busy on the computer. The same nurses' station was a hub for patients who seemed to be looking for attention they needed from this same staff member. We discussed this with the charge nurses and service manager at the end of the visit and were advised this was an area they were looking to improve.

NHS England have developed guidance in relation to how to improve on a person's introduction to the ward for patients and visitors. It is a helpful reminder for staff, and it includes patient involvement about how important it is to feel welcomed and feel safe whilst on the ward. It contains a tool kit about how to start and review what is going on and can be found here:

<https://www.england.nhs.uk/wp-content/uploads/2017/11/15-steps-mental-health.pdf>

Care plans and continuation notes

As at the previous visit in Ward 1, we found care plans to be person centred and recovery focussed. There was clear evidence of outcomes and goals, and regular reviews following changes in patient presentation. We were pleased to see that physical health care was now on a separate care plan for patients who required this.

We made a recommendation around care plan improvements in Ward 2 when we last visited. We noted that there had been some work carried out to ensure care plans were person centred. We found some improvement in content and review but appreciate this work is ongoing.

Both wards promote the use of MYWRAP (Wellness, Recovery Action Plan) and 'My Care Plan'.

We took the opportunity to look at daily notes recorded by nursing staff in both wards. We found evidence of one-to-one support happening, and in Ward 1 in particular, a record of activity participation. Although there were clear entries regarding how the patient had presented throughout the day, we were of the view that there could be more descriptive detail used to highlight patients' mental state and general presentation. On discussing this issue, we heard that Ward 1 charge nurses are looking to produce a pro forma to use for the writing of daily notes. We suggested this be shared across both wards when available.

Recommendation 1:

Managers and senior charge nurses in both wards should audit daily notes to ensure clear descriptions of patient presentation are included.

Psychology and occupational therapy input

We heard from psychology staff about the support now offered to staff in training and case discussion alongside direct patient work in the wards. This is an area we have highlighted in previous reports. We were pleased to see this service was now in place. However, we note that Ward 2 has been slower in starting the case discussion process, and we would look to see progress here in future visits. Staff spoken with told us how much this service was appreciated and had helped in their work with patients. We look forward to hearing how this input has progressed during future visits.

We were pleased to see that OT were working well in both wards offering assessment and support to all patients as appropriate. We heard from staff and patients that the OT input to care was highly valued.

Use of mental health and incapacity legislation

On checking mental health legislation paperwork in both wards we saw that all relevant paperwork was in place.

Rights and restrictions

Both wards had open doors and access to enclosed garden areas. Observation levels, when in place, were being regularly reviewed.

We heard from patients in both wards that they felt safe on the wards and staff were praised for their approachability and support.

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.mwscot.org.uk/media/369925/human_rights_in_mental_health_services.pdf

Activity and occupation

In Ward 1 we were pleased to see a busy activity programme in place. We heard that the activity co-ordinator along with nursing staff, OT staff, and the peer support worker offer a wide range of therapeutic and recreational group activities. Patients met weekly to discuss the recreational activities they would like for the coming week and these were incorporated in the activity planner for the ward. There was also one-to-one work provided by keyworkers, and patients we met with knew who their keyworkers were.

In Ward 2, although there were group activities happening during the visit, we were informed that the activities were put in place on each day in case activities have to be

cancelled at short notice. There was no activity coordinator on the ward so activities were not prioritised. We also heard that patients do not meet weekly to input to activity planning. Activities were led by nursing staff, the peer support worker, and the OTs.

We are aware that Ward 2 is the only adult acute care ward in the health board area that has no plans to introduce an activity planner. We feel that activity, both therapeutic and recreational, is an important part of a patient's recovery and that there should be an emphasis on this recovery tool. In order to ensure equality across all of the health board's adult acute inpatient wards, we would urge managers to consider the activity co-ordinator role within Ward 2.

Recommendation 2:

Managers should review the activity provision within Ward 2 and consider the addition of an activity co-ordinator to ensure equity across the service and benefit to patients.

The physical environment

We found both wards to be bright and clean. We understand the restrictions in place due to the wards being within a district general hospital. However, we were pleased to see the attention to pictures in public areas and more modern furnishings in lounge areas.

Any other comments

Staffing

We heard that there had been some staff shortages in the wards but that this was changing due to new recruits starting over the next few months. We also heard that in Ward 2 there had been a period of high levels of sickness absence which had led to the higher use of bank staff. We discussed this with managers and look forward to hearing how the situation has progressed at future visits.

Summary of recommendations

1. Managers and senior charge nurses in both wards should audit daily notes to ensure clear descriptions of patient presentation are included.
2. Managers should review the activity provision within Ward 2 and consider the addition of an activity co-ordinator to ensure equity across service and benefit to patients.

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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