

Mental Welfare Commission for Scotland

Report on announced visit to: Kylepark Cottage, Kirklands Hospital, Fallside Road, Bothwell G71 8BB

Date of visit: 11 April 2019

Where we visited

Kylepark is a purpose-built unit providing nine assessment and treatment beds and three low secure beds for adults with a learning disability. All rooms are single and have en-suite facilities. This visit was to both areas of the unit. At the time of our visit there were 10 patients resident in the ward, all of whom were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act').

We last visited this service on a local visit on 9 May 2018. At that visit we made no recommendations as we had found clear improvements since the previous visit.

On the day of this visit, we wanted to meet with patients and their families/carers to ask how they experienced their stay in the unit.

Patients have access to: nursing support, psychiatry, psychology, occupational therapy, speech and language therapy, dietetics, physiotherapy, and the general practitioner. Pharmacy are involved on request. If the individual has been supported in the community, then their community psychiatric nurses and care staff continue to attend meetings, and provide support to the individual, where appropriate, during the admission. We also noted that social work engage as required.

Advocacy services are provided by North Lanarkshire Advocacy Equal Say and Speak Out Project, South Lanarkshire Council. There is information on these services available in the unit and all patients are encouraged to engage with advocacy services.

Who we met with

We met with and/or reviewed the care and treatment of six patients and three relatives.

We spoke with the senior charge nurse (SCN) and the clinical director as well as three advocacy workers who were in the unit supporting individuals in meeting with Commission visitors.

Commission visitors

Margo Fyfe, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

As noted on previous visits to the unit, we found multidisciplinary meeting notes informative. It was clear to see who attends and that individuals, families and carers, are actively encouraged to attend meetings and have input in care decisions. Any participation is documented in the meeting notes. We also saw forward planning and discharge plans, where appropriate, as part of these notes. We also noted that the

practice of have extra meetings as required to meet the needs of complex cases has continued.

When external agencies are involved in supporting patients they keep notes of their interventions in a specific folder separate from the ward care file. We suggested that the separate folder is referenced in the main care file to ensure ease of access for staff.

Care Plans

On all Commission visits we take the opportunity to look at nursing care plans. On this occasion we saw the care plans for all six patients met with. We found them to be person centred and informative. They detailed the individual's care needs for both mental health and physical health. We were informed that patients are given the option of having a copy of their care plans and that if required these can be provided in easy read format. We were informed that patients are involved in devising and reviewing their care plans. However, it was difficult to locate evidence of this. We suggested there should be clear entries in care plans stating whether an individual has been able to participate in care planning or not.

Unfortunately we found that, although the care plans were regularly reviewed, the evaluation was not consistently detailed. In some cases we found no evidence of progress or deterioration and no note of interventions used. This is an area we have commented on in the past but had found to have improved when we last visited. We discussed this issue with the SCN and the clinical director who informed us they were aware of the issue and actively working with staff to improve the care plan paperwork. We discussed the guidance being developed by the Commission around nursing care plans and agreed to discuss this further with the senior charge nurse prior to publication.

Recommendation 1:

Senior charge nurse should review all care plan reviews to ensure consistency and meaningful entries are given regarding patient progress.

Use of mental health and incapacity legislation

Legal documentation

We found all paperwork around mental health act legislation to be easily accessible in care files. Consent to treatment documentation for both the mental health act and the Adults with Incapacity Act (Scotland) 2000 ('the AWI Act') was also easy to find and up to date.

In one case we did not find relevant guardianship documentation for a patient who is subject to guardianship under the AWI Act. The documentation is required to ensure that the guardian and the patient's rights are respected in care decisions and as proof

that the guardianship is in place. On discussing this with the SCN and clinical director we were informed that they have asked the family to provide this documentation. We have asked to be informed when the guardians have provided the documentation to the ward.

Recorded matters

When reviewing care files we noted that there were recorded matters on detention paperwork for two patients. We discussed this briefly with the clinical director and will follow this up separately with her in more detail.

Rights and restrictions

The main entry door to the ward is locked. There is a policy in place and everyone is made aware of this. There is a sign beside the door stating that it is locked. All patients were detained under the Mental Health Act at the time of the visit. The low secure area of the ward is accessed via card swipe entry. All patients in this area are also detained under the Mental Health Act. There is a courtyard area available to both parts of the unit that individuals can access for fresh air. There are raised beds for gardening, seating areas, and a potting shed.

There is a seclusion policy in place for use when required. If in use a seclusion pathway is put in place that is regularly reviewed.

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/rights-in-mind/>

We suggested it may be useful to have a specific nursing care plan around rights for each patient.

Activity and occupation

Patients were participating in activity both on and off the ward during our visit. We noted a good rapport between the patients and staff. Activities available remain varied and tailored to meet individual needs. We heard that activities are facilitated by the nursing staff, occupational therapists and patients own support staff from the community. Participation in activities is clearly documented in the care files if facilitated by unit staff and in a separate file if facilitated by the patient's support staff.

We note that patients are given the opportunity to have weekly activity planners should they wish this. Not all patients want to have a planner in their room and we heard that the activity planner can be sent electronically to the patient's email address if they request this.

The physical environment

The unit was bright, clean and maintained to a good standard. Patients have their own rooms and share dining and lounge areas. Activities are carried out in several areas of the unit including the occupational therapy assessment kitchen. There is pleasant garden space available to both areas of the unit.

Any other comments

Delayed discharges

We are aware there are five patients currently on the ward who sit within the delayed discharge category of care. We were pleased to note that there are discharge plans in place for three of these patients with full inter-agency discussions ongoing for the other two patients. We would like to be kept informed of progress for these patients.

Recommendation 2:

Senior charge nurse and clinical director should keep the Commission informed of the progress of the patients deemed to be delayed discharges.

Staffing

We heard that there had been staff shortages over the last few months due to sickness/absence and that this had resulted in the use of bank staff more than would normally be used in the unit. We were pleased to hear that this situation had resolved and that funding had been secured to increase the nursing compliment in the unit. We look forward to hearing how this has progressed at future visits.

Summary of recommendations

1. Senior charge nurse should review all care plan reviews to ensure consistency and meaningful entries are given regarding patient progress.
2. Senior charge nurse and clinical director should keep the Commission informed of the progress of the patients deemed to be delayed discharges.

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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