



Mental Welfare Commission for Scotland

Report on an announced visit to: Willows Ward, New Craigs Hospital, Leachkin Road, Inverness, IV3 8NP

Date of visit: 29 April 2019

Where we visited

Willows Ward is a six-bedded mixed-sex learning disability assessment and treatment unit within the grounds of New Craigs Hospital. The ward was full on the day of the visit. We last visited this service on 11 October 2017. Following this visit we made recommendations in relation to patient files and Section 47 certificate and treatment plans.

Who we met with

We reviewed and met with all six patients. We also met with two relatives. In addition to this we met with the nurse team leader and other registered nurses throughout the day.

Commission visitors

Moira Healy, Social Work Officer

Dougie Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of the visit we were welcomed onto the ward which maintained a calm atmosphere throughout the day, and staff were observed to be engaging well with patients.

There was evidence of extensive multidisciplinary input with input from psychology, social work and pharmacy. This input, and the reviews at multidisciplinary team meetings, were well recorded, with information about the people who attended, changes to care and treatment, and action plans for the future.

Where appropriate, care plans gave detailed information of triggers to distressed behaviour. This included approaches to help identify early stages of distress, and distraction techniques which could be used.

The care plans covered physical and mental health care, and there were numerous care plans in the files, some of which were discontinued and no longer relevant. In addition, patient records were difficult to navigate. Therefore, it was not straightforward to ascertain which interventions and which care plans remained relevant, which goals had been achieved, and what care plans were pertinent to the care being delivered on the day.

We were advised that there has been no administration input to the ward and there is currently no senior charge nurse.

Recommendation 1:

Managers should ensure that care files contain only current and relevant care plans, and include a summative evaluation indicating the effectiveness of the interventions.

As this was also a recommendation at our last visit we will escalate this concern to senior managers.

Use of mental health and incapacity legislation

Section 281-286 of the Mental Health (Care and Treatment) (Scotland) 2003 ('the Mental Health Act') provides a framework within which restrictions can be placed on people who are detained in hospital. When a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restrictive option is applied. It is also important to provide legislative authority for this restriction as this provides the appropriate formality for the review of these restrictions to be made on the patient, and gives them the right to appeal against them.

Two patients had restrictions placed on them without evidence of completion of the necessary documentation.

Recommendation 2:

Managers should introduce an audit of specified persons forms to ensure that any restrictions are legally authorised and documented.

For patients who had a welfare guardian appointed under the Adults with Incapacity (Scotland) 2000 Act, there was a check-list in place to record the powers held by the welfare guardian, but we found the checklist in a number of files was not completed.

Recommendation 3:

Managers should ensure that a record is kept that clearly identifies who the welfare guardian is, what specific powers they hold, and a discussion regarding the delegation of those powers.

Environment

The ward cares for six patients and four have rooms that are en suite. The other two patients have designated individual bathrooms. The ward area is small, and we identified two patients who found the noise difficult to tolerate at times.

Activity and occupation

There is input from an occupational therapy technician with regard to activities but we were told that this is mainly nurse led. We noted a wide range of activities on offer including volunteering, gardening, college courses, walking, and a range of other activities both in and outwith the unit.

Two patients on the ward were ready for discharge and suitable placements had been identified for them, but were waiting until vacancies became available. It is challenging to move people on from the ward because of the complexity of the care required and the limited resources locally. There is currently a waiting list of two people waiting to be admitted.

Summary of recommendations

1. Managers should ensure that care files contain only current and relevant care plans, and include a summative evaluation indicating the effectiveness of the interventions.
2. Managers should introduce an audit of specified persons forms to ensure that any restrictions are legally authorised and documented.
3. Managers should ensure that a record is kept that clearly identifies who the welfare guardian is, what specific powers they hold, and a discussion regarding the delegation of those powers.

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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