

Mental Welfare Commission for Scotland

Report on announced visit to: Affric Ward (IPCU) New Craigs
Hospital, Leachkin Road, Inverness IV3 8NP

Date of visit: 5 June 2019

Where we visited

Affric Ward Intensive Psychiatric Care Unit (IPCU) is a 10-bedded ward situated within the main building in New Craigs Hospital. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

There were 10 single en suite rooms (one room was out of use at the time of our visit for deep cleaning). The ward accepts patients who are admitted either directly to the unit, from other wards or from the courts. At the time of our visit all patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedure (Scotland) Act 1995.

We last visited this ward on a local visit on 2 August 2017. At that visit we made one recommendation relating to the provision of clinical psychology.

On the day of this visit we wanted to meet with patients and their families/carers to ask about their care, treatment and support in the unit, and to follow up on the recommendation from our last visit.

Who we met with

We met with and reviewed the care and treatment of seven patients and spoke with three relatives.

We also spoke with the senior charge nurse, the consultant psychiatrist, the forensic and IPCU manager, and nursing staff.

Commission visitors

Alison Thomson, Executive Director (Nursing)

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients had access to nursing support, psychiatry, clinical psychology, occupational therapy, dietetics, physiotherapy and pharmacy; the pharmacist also attended the ward rounds.

A clinical psychologist has now been recruited. Social work engaged as required with individual patients. Independent advocacy services were provided and were well used.

Patients and relatives we met with spoke positively about the support and treatment they were receiving within the IPCU. Although some patients had concerns about their medical treatment and admission to hospital, there was a common view that they were being well cared for and treated with respect. Carers we spoke to told us they were given good information and support from staff.

The IPCU, although busy on the day of our visit, was noted to have a calm atmosphere and patients and staff appeared relaxed throughout our visit.

All care notes were in paper form which can result in bulky documentation, and this was initially difficult to navigate to find key pieces of information. The quality of information in the care plan documents was generally of a good standard, but we discussed with the charge nurse that it could benefit from being audited on a regular basis.

We heard from two patients that it can often take too long for medical staff to attend to physical healthcare requests and this was confirmed by staff who were aware of the difficulties of providing medical cover across the hospital.

Recommendation 1:

Managers should ensure that reported delays in access to physical healthcare provision are reviewed and addressed.

Use of mental health and incapacity legislation

All patients at the time of our visit were detained under the appropriate legislation and we were told that informal patients would not be admitted to the IPCU.

We found all paperwork around mental health and incapacity legislation to be up to date in the care files. Consent to treatment documentation where required was in good order.

Rights and restrictions

Being an IPCU, the door is always locked. There was no seclusion room/facility on the ward and we were told that seclusion was not used. We advised that there should be a seclusion policy in place, and that the Commission's seclusion good practice guidance will be updated later this year and we will be recommending that all IPCUs have a policy in place.

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/law-and-rights/rights-mind>

Activity and occupation

Patients were participating in activities both on and off the ward on the day of our visit. Participation in activities was reviewed and documented. An occupational therapy (OT) assistant had recently been employed and was working three days a week; this was regarded as being very valuable by both patients and staff. Activity provision is an area that staff are trying to increase engagement in. Nursing staff provide recreational and therapeutic activities outwith the OT assistant's working hours.

The physical environment

There were no concerns noted on the day of our visits and one of the rooms was being deep cleaned. The unit, however, could benefit from general redecoration. There was an enclosed garden courtyard area accessible from the main sitting room so patients were regularly able to get fresh air, particularly important for patients who were currently unable to leave the ward. The area had recently been replanted.

The interview room is currently used as a 'Place of Safety' for assessments under Section 297 of the Mental Health Act. This was a concern for ward staff as it can be upsetting for patients to see the police in the ward, often with individuals who can be quite distressed.

We spoke with staff on the day about the possibility of these assessments happening elsewhere, and we will follow this up with the managers.

Any other comments

We heard about the NHS Grampian 'Values Management' programme, a quality improvement initiative with the focus on the generation of improvement ideas at ground level.

This linked in well with some of the other quality improvement work ongoing in conjunction with the Scottish Patient Safety Programme (mental health), including the use of the Patient Safety Climate Tool and monitoring of the use of restraint with a view to reducing incidences of this.

This work is currently generating many innovative ideas and interventions and we look forward to seeing this progressing.

We noted the new initial incident review forms that had been put in place in the IPCU. These were examples of good practice and looked at the possible triggers for any incident in the IPCU and looking at how best to reduce the likelihood of this recurring.

Summary of recommendations

1. Managers should ensure that reported delays in access to physical healthcare provision are reviewed and addressed.

Service response to recommendations

The Commission requires a response to this recommendation 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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