



Mental Welfare Commission for Scotland

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

Date of visit: 29 May 2019

Where we visited

Armadale Ward is a 20-bedded adult acute mixed-sex ward. The ward is based in MacKinnon House at the Stobhill Hospital campus. Sixteen of the beds within this service are for adult acute admissions and four of the beds are reserved for the inpatient eating disorder service. We last visited this service on 30 April 2018 and made the following recommendation: hospital managers should ensure that the garden area is maintained and provides a safe, pleasant and easily accessible area for patients and visitors.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendation, and also look at physical health screening and monitoring. This is because we were told during our last visit to Armadale that there would be a continuing focus on development of physical health care plans.

Who we met with

We met with, and reviewed the care and treatment of, four patients. On this visit we did not meet with any carers or relatives. We advised the nurse in charge to inform carers and relatives of our visit and we would welcome contact from carers and relatives should they wish to speak to us following our recent visit to Armadale Ward.

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

Commission visitors

Anne Buchanan, Nursing Officer

Mary Hattie, Nursing Officer

Kathleen Taylor, Engagement and Participation Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit we were able to meet with four patients. They told us staff were professional, approachable, engaged well, and have a positive attitude. Staff were knowledgeable about the patients when we discussed their care. Risk assessments were detailed, regularly reviewed and updated. We were told nursing staff have extended their role and now undertake physical examinations including ECGs and phlebotomy. We saw physical healthcare plans which were detailed and evidence of participation with patients. Patients are given opportunities to consider the benefits of exercise and healthy eating to help promote recovery.

We saw care plans relating to mental health that were person-centred with evidence of patient participation. Patient care is reviewed at a weekly multidisciplinary team (MDT) meeting. There was evidence of input from medical, nursing, allied health professionals and social workers. Actions and outcomes were clearly recorded in patient MDT forms and

documentation was detailed and of a high standard. We were told carers and relatives are invited to attend MDT meetings to discuss patients' care, treatment, and progress in the ward.

On the day of our visit we were told all four of the beds available for patients with eating disorders were being used. Input for those patients is provided by the Adult Eating Disorder Service (AEDS) which is based at Florence Street Resource Centre. There are close links between inpatient and community eating disorder services, and this is seen as important to ensure patients are provided with opportunities for additional therapeutic engagement to aid their recovery. On the day of our visit a number of patients were attending community based therapy groups.

We were told Armadale Ward nursing staff attend specific training related to working with individuals who have an eating disorder. Additional training has been planned with an online course for all staff. Furthermore, we were told a review of current eating disorder provision within inpatient and community services is underway with an intention to develop a new operational policy. We welcomed this recent update and look forward to seeing future developments.

Engagement with carers and relatives

We saw evidence of carer and relatives participation recorded in MDT documentation. Nursing staff spoke of their commitment to involve carers and relatives, a recent draft of a 'carers and relatives' information booklet has been developed to sit alongside the patient information booklet. We were told that, as part of discharge planning, carers and relatives, where appropriate, are provided with a discharge information letter. Within the letter there is information about community support plan as well as crisis contact telephone numbers. We were told this has been well received by patients and their relatives and helps with the transition from hospital to home.

We were told there is a carers and relatives support group and advocacy service should carers and relatives wish additional support. On the day of the visit we were unable to meet with carers or relatives. We asked for our contact details to be provided to carers should they wish to speak to us after our visit.

Use of mental health and incapacity legislation

On the day of our visit there were 12 patients who were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). One patient was subject to Adults with Incapacity (Scotland) Act 2000. Of those patients subject to compulsory treatment, we reviewed the legal documentation available within their file. Paperwork relating to treatment under part 16 of the Mental Health Act was mostly in good order. The certificate authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were available. Where there was evidence of one treatment not included on a T3 certificate this was brought to the attention of the senior charge nurse on the day of the visit.

Specified Persons

Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are subject to detention in hospital. Where 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 restriction is applied.

We found any restrictions to be legally authorised and the need for specific restrictions regularly reviewed.

Our specified persons good practice guidance is available on our website:

https://www.mwcscot.org.uk/sites/default/files/2019-06/specified_persons_guidance_2015.pdf

Rights and restrictions

We were told Armadale Ward operates an open door policy. The nursing team undertake hourly environmental checks which include opportunities to engage with patients. On the day of the visit the ward was calm and quiet although it is recognised that this is not always the case and depends on the patient population as any given time. We were told the ward has a controlled entry system that can be used if required however senior nursing staff prefer least restrictive options for patients.

Independent advocacy have a drop in service to the ward with their contact details on the ward information noticeboards. Patients told us they were aware of advocacy, their role, and how to contact them.

On the day of our visit there were a number of patients on enhanced level of observation. Patients with an eating disorder also require additional observation and supervision to support them before and after mealtimes and snacks. We were told there is an additional compliment of staff within the nursing establishment to meet the unique needs of patients who require an enhanced level of observation.

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/law-and-rights/rights-mind>

Activity and occupation

There was evidence of a structured activity plan for each patient whose notes we reviewed. Where a patient cannot participate with a group activity we saw individual therapeutic activities to meet their particular areas of interest or need. Most patients we spoke to were positive about the ward-based activities including access to the gym, physiotherapy, occupational therapy. Input from the therapeutic activity nurses provide an extensive variety of activities and are highly praised by patients and the clinical team. Activities are provided throughout the day and evenings including weekends.

On our last visit to Armadale Ward we were concerned patients had limited access to the garden and lack of privacy when using this outdoor space. We were pleased to see the garden area is now enclosed offering security and privacy. We were told funding has been agreed to purchase new garden furniture and look forward to seeing this on our next visit.

The physical environment

The ward is bright, spacious and clean, and we were told the issues with regulating the ward temperature has now been resolved, with an investment of funds having been made to update the heating system. Furthermore, the ward laundry is due to be updated and the ward is to be re-decorated as part of the mental health wards maintenance programme. The ward has an activity room, one main sitting area, and a separate sitting room for women.

Good practice

On the day of our visit we saw an ongoing commitment to promote patient-centred care planning and seek the views from carers and relatives relating to patient care and treatment.

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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