

Mental Welfare Commission for Scotland

Report on announced visit to:

Rutherford Ward and McNair Wards, Gartnavel Hospital, 1053
Great Western Road, Glasgow G12 0YN

Date of visit: 23 July 2019

Where we visited

Rutherford and McNair wards are both 20-bedded acute mental health mixed-sexed wards. At the time of our visit Rutherford ward and McNair ward had 18 and 17 patients respectively. Of those patients, nearly half were subject to Mental Health (Care and Treatment) (Scotland) Act 2003 legislation. We last visited the wards in July 2018, and made recommendations in both wards regarding care plans and risk assessments, and identified improvements needed to the garden area.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendations and also look at Rutherford ward's health promotion project which started in July 2018.

We also wanted to review McNair ward's process for ensuring written information is being given to patients who require to have some restrictions in place however are not subject to MHA 2003 legislation. This is because we were told nursing staff have adopted a process to ensure patients are fully informed and engaged with making decisions about time spent off the ward.

Who we met with

We met with and reviewed the care and treatment of eight patients in Rutherford ward, eight patients in McNair ward and two carers. 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 visits to Rutherford and McNair wards.

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

Commission visitors

Anne Buchanan, Nursing Officer

Yvonne Bennett, Social Work Officer

Margo Fyfe, Nursing Officer

Dr Helen Alderson, St 6 in Psychiatry (on placement with the Mental Welfare Commission)

What people told us and what we found

Care, treatment, support and participation

On the day of our visit patients from Rutherford ward spoke positively about nursing and support staff. This was replicated in McNair ward where patients spoke of the nursing team as supportive with a positive approach to care and treatment. Staff we spoke to were knowledgeable about patients when we discussed their care.

On both wards we reviewed care plans, we saw evidence of a small number of patient-centred care plans which included participation from patients. Again, a small number of patient's care plans included individual's strengths, recovery focussed detail, and meaningful reviews. However, not all care plans nor reviews were consistent. There were a number of care plans which had not been updated to reflect individual patient's change in presentation or evidence of recovery. We saw very little detail of patient's needs, interventions nor goals included in care plans in both wards. Evidence of regular care plan reviews were problematic to locate either within hardcopy files or on electronic system.

We were told there are currently two systems for recording documentation. EMIS records chronological and MDT documentation electronically with all other notes held on paper file. While this is not ideal we were told EMIS will in the future be able to accommodate all information relating to patient's care and treatment. We are however concerned that during this transfer phase from one system to another key patient information relating to care and treatment could be compromised.

Recommendation 1

Managers should ensure all nursing staff are aware of the principles of care planning including the foundation for care plan reviews.

Recommendation 2

Managers should regularly audit care plans to ensure they are person-centred; include all the individual's needs; ensure individuals participate in the care planning process and given opportunities to engage in care plan reviews.

Multi-disciplinary Team

In McNair ward, patient care is reviewed at a weekly multidisciplinary team (MDT) meeting. There was evidence of input from medical, nursing, allied health professionals, pharmacist, community mental health services and social workers. We were told carers and relatives are invited to attend MDT meetings to discuss patient's care, treatment and progress in the ward.

Documentation from MDT meetings on Rutherford ward was lacking in detail. For example who attended the meetings, actions, outcomes and goals relating to recovery and discharge planning. Furthermore, one-to-one sessions between nursing staff and patients was not consistently recorded, in either electronic or paper file notes, in both wards.

Recommendation 3

Managers should ensure nursing and medical staff are aware of the importance of accurately recording the multidisciplinary meetings in a patient's file.

Recommendation 4

Managers should ensure all one-to-one sessions between a patient and nurse are clearly documented in the patient's file.

We saw evidence of input from psychology. Psychological formulations are undertaken with outcomes shared with the MDT. Psychological formulations are helpful for the patient and staff as they provide an understanding of presentation and behaviours. Furthermore, we saw evidence of assessments carried out by occupational therapists, and OT care plans were detailed and included the patient's strengths, and with a focus on recovery based interventions.

We were told McNair ward nursing staff have undertaken additional training, to ensure they are equipped to care for patients who are admitted to hospital with co-morbidity presentations. For example substance misuse, eating disorders and patients who have attracted a diagnosis of personality disorder. Furthermore, nursing staff in McNair ward have had the opportunity attend Mentalisation Based Therapy (MBT) training to promote a psychological intervention approach to care and treatment.

We were told both wards continue to focus upon physical health screening and promote interventions to improve patient's health and fitness. Rutherford ward have developed the Active Life Project which helps to support patients with weight management and engaging in exercise. Input from allied health professionals ensures patients are provided with a full range of interventions from dieticians, physiotherapy and occupational therapists. McNair ward are developing a personalised physical health booklet for patients. This booklet will contain key information relating to the patient's physical health and will be given to the patient to help ensure their physical health is still a focus post discharge from hospital. We welcomed these recent updates and look forward to seeing future developments.

Engagement with relatives and carers

Relatives we spoke with on McNair ward thought that communication between families and senior medical staff could be improved. Relatives and families undertake a key role in helping the clinical team to gather information which helps develop care plans and interventions. We would expect members within the senior clinical team to communicate rationale for care and treatment decisions where appropriate.

Recommendation 5

Managers should ensure relatives and carers are given opportunities to meet with the senior medical team, taking into account the need for patient confidentiality as appropriate.

Use of mental health and incapacity legislation

On the day of our visit, a number of patients in Rutherford and McNair wards were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act). 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 2003 Act was mostly in good order.

One patient was subject to the Adults with Incapacity Act (Scotland) Act 2000. Patients who have been assessed as having reduced, or lack, capacity should have the opportunity to

discuss their past and present wishes, in relation to future accommodation arrangements. We discussed this with senior nursing staff on the day of our visit.

Rights and restrictions

In Rutherford ward and McNair ward there were patients on an enhanced level of observation. Enhanced observations are considered for patients who require a higher level of support and observation. We were told patients who are placed on enhanced observation have opportunities to engage in therapeutic interventions, and are encouraged to participate in meaningful activities, both within the ward environment and in the ward's outdoor space. We welcomed this information as we believe patients should not be disadvantaged due to their level of observation, and enhanced observation levels should be reviewed regularly. Both Rutherford and McNair wards' senior nursing staff have the authority to reduce enhanced observation level, thus reducing the risk of patients remaining on a higher level of observation unnecessarily.

We were told both Rutherford and McNair wards operate 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. We were told the ward has a controlled entry system that can be used if required.

Independent advocacy is available for patients, initial contact is made by telephone and staff can assist patients to do this. Furthermore, legal representation is available to all patients who request it. Again, nursing staff have contact details for patients who require assistance.

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

We were told McNair ward does not currently have a Patient Activity Co-ordinator (PAC) and are attempting to recruit into this post. We were told by patients and nursing staff that by not having the opportunities to engage in meaningful activities this has had an effect on patient's recovery. While nursing staff have attempted to provide activities they have been unable to do this consistently. Patients do however have opportunities to access activities in the Hub while the PACs in Henderson and Rutherford wards provide ad hoc activities for McNair ward patients. We look forward to receiving an update when a Patient Activity Nurse has been recruited in to post.

Rutherford Ward has the benefit of a PAC three days a week who provides a range of activities, for example crafting, quizzes and accompanied walks. Both wards have input from occupational therapists (OT) who offer therapeutic activities including cooking and gardening. Furthermore, OTs provide a range of additional services including functional assessments, individual sessions, and preparation for discharge. Patients from both wards are also able to attend the Hub which is based within the hospital building. Recreational and therapeutic activities are provided by allied health professionals.

The physical environment

Both Rutherford and McNair wards are bright, spacious, clean and welcoming. Patients told us they were happy to have en-suite bedrooms, quiet seating areas and access to a pleasant garden. We saw several patients smoking within the garden. We were told that as yet, Gartnavel Royal Hospital has not yet become an entirely 'smoke free' hospital, therefore patients in Rutherford and McNair wards can use the garden to smoke. We discussed the need to further promote smoking cessation and support patients to reduce risks associated with smoking tobacco. We were told the garden in McNair ward still remains unfenced, which offers little privacy for patients, and limits access to the garden without nursing staff having to be present. We raised this issue during our last visit, and are concerned this is ongoing twelve months after our recommendation was made.

Recommendation 6

Managers should ensure that the garden area provides a safe, pleasant, and easily accessible area for all patients and visitors.

Summary of recommendations

Recommendation 1

Managers should undertake an audit to ensure all qualified nursing staff are aware of the principles of care planning including the foundation for care plan reviews.

Recommendation 2

Managers should regularly audit care plans to ensure they are person-centred; include all the individual's needs; ensure individuals participate in the care planning process and given opportunities to engage in care plan reviews.

Recommendation 3

Managers should ensure nursing and medical staff are aware of the importance of accurately recording the multidisciplinary meetings in a patient's file.

Recommendation 4

Managers should ensure all one-two-one sessions between a patient and nurse are clearly documented in a patient's file.

Recommendation 5

Managers should ensure relatives and carers are given opportunities to meet with the clinical team. Information and views from relatives / carers are given credence while also taking into account the need for patient confidentiality as appropriate

Recommendation 6

Managers should ensure that the garden area provides a safe, pleasant, and easily accessible area for all patients and visitors.

Good practice

We were pleased to hear from patients and nursing staff there are on-going efforts to ensure patients who are placed on enhanced observation levels are provided with meaningful therapeutic engagement.

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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