Mental Welfare Commission for Scotland

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

Date of visit: 25 September 2019

Where we visited

Bruar Ward is an eight-bedded forensic rehabilitation ward located in the grounds of New Craigs Hospital. The staff in Bruar Ward aim to support people to re-establish independent living skills by including in their weekly programmes activities such as cooking, shopping, budgeting, and use of community services in addition to self-care.

We last visited this service on 2 August 2017. On that occasion we made recommendations in relation to: weekly activity schedules; risk assessments in relation to specific activities. and access to psychology.

On the day of this visit we wanted to follow up on these recommendations and meet with patients, speak to staff, including the occupational therapist (OT) regarding activities, and look at the environment to ensure that care and treatment facilities were meeting patients' needs.

Who we met with

We met with and/or reviewed the care of all eight patients.

We spoke with one of the consultant psychiatrists the day prior to the visit. On the day we spoke to the occupational therapist, the clinical nurse area manager, the nurse team leader and other nursing and ancillary staff.

Commission visitors

Moira Healy, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

All patients we met with on the day spoke positively about the support provided by the nursing staff, OTs and medical staff.

It was clear from speaking with patients and examining the care files that patients were involved in discussions regarding their care and treatment throughout their stay. Patients are encouraged to engage in their care planning and their weekly activity schedule. We were told this can be difficult at times, but there is evidence in the notes that patients are encouraged to participate and, if patients do not engage in care planning sessions or activities, this is recorded as we recommended on the last visit.

Since our last visit, care planning has also improved and there was evidence of a more person centred and holistic care planning approach with risk assessment and risk management plans reviewed on a weekly basis where appropriate. Multidisciplinary team (MDT) meetings are clear and relevant and easy to find in notes.

We saw positive behaviour support plans in files with varying degrees of details which reflect the abilities of the individual to participate.

Where appropriate, detailed reports from all professionals providing input and the individual treatment plans provided for the Care Programme Approach (CPA) meetings. It was evident that for those patients who were able to participate, they had involvement in and were aware of those reports.

The input from the psychologist, who offered one-to-one work, group work and support for staff was of a high standard and valued by both staff and patients we spoke to.

Use of mental health and incapacity legislation

Consent to treatment certificates (T2) and certificate authorising treatment (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003 (‘the Mental Health Act’) were in place where required. We identified two cases where patients were prescribed treatment not authorised under the T3 certificate though these medications has not been dispensed and were no longer required. This was addressed on the day of the visit.

Rights and restrictions

Specified Persons

Specified person provision under sections 281-286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained 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 principles that least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and the need for these special restrictions to be regularly reviewed.

Responsible medical officers have to complete certain forms in relation to specified persons. We saw that necessary notification forms were in place on the wards where this was appropriate.

We saw that reasoned opinions were recorded by doctors relating to specified persons decisions and the specific restrictions which were being applied were well-documented in care plans and the restrictions were being 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.mwcscot.org.uk/rights-mind/

Activity and occupation

We met with the OT who spoke of the wide range of activities available, and also of the challenge in motivating some patients who were not wanting to participate because they were about to be discharged and were spending most of their time outwith the ward. He told us that in the latter circumstances, he kept consulting with the individual patients regarding their interests attempting to offer a diverse range of activity to suit their particular needs. Each time an activity takes place, it is recorded in the notes non-participation is also recorded. Activities include 'green space'. We met with the 'green space' conservation worker on the day and heard of the beneficial effect this work had on mental health. The 'green space' area is situated within the grounds on New Craigs but a short distance away from the ward. Wet weather equipment, which is needed to participate fully, is proved by the charity. In addition to 'green space' activities, there are many other activities on offer which include cooking, budgeting, shopping, self-care, use of public transport and use of community services.

The ward has direct access to a garden and other outdoor space. Patients are able to use the café within the main hub of the hospital as part of their progress towards using community facilities.

The physical environment

There are eight single en-suite rooms personalised in keeping with the individual interests. The ward was bright and airy with communal spaces which could be busy but also quieter rooms and activity rooms which were well-resourced and clearly used.

Good practice

Reflective sessions based on personal and professional challenges was offered by the psychologist and was highly valued.

Service response to recommendations

As there were no recommendation made in this report, the Commission does not require a response.

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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