Mental Welfare Commission for Scotland

Report on unannounced visit to: Struan Ward, MacKinnon House, Stobhill Hospital, 133 Balornock Road, Glasgow G21 3UZ

Date of visit: 3 October 2019

Where we visited

Struan Ward is a 20-bedded adult acute mixed-sexed ward. The ward is based in MacKinnon House at Stobhill Hospital. We last visited this service in May 2018 and made recommendations regarding care plans and 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 psychology input for patients and training opportunities for nursing staff following last year's training needs analysis. This is because we were told a newly appointed psychologist would be working with patients and the nursing team to deliver a psychological informed approach to care and treatment.

Who we met with

We met with and/or reviewed the care and treatment of seven patients. On the day of the visit we were unable to meet with any carers or relatives. However, we advised the nurses 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 Struan Ward.

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

Commission visitors

Anne Buchanan, Nursing Officer

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

Patients we met with spoke positively about their care and treatment in the ward. We observed nursing staff interactions with patients that were professional and respectful. Most patients told us they felt staff were approachable and had a positive attitude. Staff we spoke to were knowledgeable about the patients when we discussed their care.

We were told patient's notes are currently recorded in two separate formats. Egton Medical Information Systems (EMIS) records chronological and multi-disciplinary team (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 welcomed this recent update and hope to see fully integrated records soon.

Risk assessments were detailed, regularly reviewed, and updated. Risk assessments for physical health concerns were also detailed with outcomes shared with the MDT. We were told nursing staff have undertaken additional training to help support patients with complex physical health issues. There are weekly multidisciplinary team (MDT) meetings for all patients. The MDT meetings include a large number of professionals including medical, nursing, occupational therapy, psychology and pharmacy. Patients and their carers / relatives are encouraged to contribute to the meeting with opportunities for patients to discuss their care and progress. We were told there are strong links with community mental health services who are in regular contact with the ward. We were told this has improved transitions for patients who are moving from the ward back into the community.

When we last visited Struan Ward we found care plans were inconsistent and did not clearly show the patient's progress during their admission to hospital. Unfortunately we did not see any improvement during this visit. We saw little evidence of person-centred care planning, patient participation, or reviews which could evidence whether care plans were helping with an individual's recovery. On the day of our visit we discussed our concerns with the senior charge nurse.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:

Managers should ensure care plans are person-centred, and patients participate in the care planning process and are given opportunities to engage in care plan reviews.

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. We were told nursing staff have equally benefitted from having psychology input in the ward. Nursing staff have been

given training to help develop skills when working with patients with complex needs and patients who have a diagnosis of personality disorder.

We were told there are inpatient beds in Struan Ward for young adults whose care is provided in the community by Esteem early intervention service. The Esteem clinical team work closely with the Struan Ward nursing staff in order to provide care and treatment appropriate for young adults who are experiencing first episode of psychosis. The input from Esteem is highly praised by senior nursing staff and patients. We were told nurses have benefited from working with Esteem colleagues and have a positive approach to working with young adults.

Patients are provided with additional input from other allied health professionals including occupational therapy, pharmacy and physiotherapy. Occupational therapists provide comprehensive functional assessment of needs with care plans which were person-centred and regularly reviewed and updated. Furthermore, occupational therapy technicians provide therapeutic activities and additional group work on both wards.

We discussed the transfer of patients between inpatient wards. The use of 'stable patient transfer' was discussed with the senior charge nurse on the day of our visit. Patients who are considered to not be acutely unwell are identified as being able to be transferred to another ward to make way for admissions. While we appreciate there are ongoing issues with inpatient capacity for admissions to hospital, we do not consider transferring patients between wards as an appropriate approach to managing this situation. We were told neither patients, their relatives nor nursing staff find the 'stable patient transfer' model acceptable largely because of the potential for patients care pathway to be compromised thus leading to patient's recovery being undermined.

Recommendation 2:
Managers should review the current stable patient transfer model taking into account the views of patients, staff, and carers.

Use of mental health and incapacity legislation

On the day of our visit the majority of patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). For those we reviewed, the relevant paperwork relating to the Mental Health Act was held on electronic and paper files and were in good order. Of those files we reviewed, we found forms for consent to treatment under the Act (T2) and forms authorising treatment (T3) were completed appropriately. Paperwork relating to Mental Health Act are available on the electronic system, and paper copies are kept with medication prescription sheets.

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.

The Commission would therefore expect restrictions to be legally authorised, and that the need for specific restrictions is regularly reviewed. We were told patients who are subject to these procedures are reviewed weekly at the MDT to determine whether the restrictions in

place are still required. Our specified persons good practice guidance is available on our website at:

http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Rights and restrictions

Patients we spoke to were aware of their rights to advocacy. Contact information was available for patients and carers while the advocacy service also provide an additional drop in service to the ward. We were told patients have access to legal representation, a list of lawyers with contact details can be provided for patients upon request.

There is a door entry system and this can be used to control access to and from the ward if required. We were told patients are able to come and go from the ward however where a patient is requested not to leave the ward unaccompanied by a nurse the rationale for this is explained to the patient.

On the day of our visit there were two patients who required additional support with enhanced observation from nursing staff. We were told patients who are subject to and enhanced level of observation are reviewed daily. The medical and nursing team discuss the patient's care and treatment to determine whether the observation level can be safely reduced. We were told the clinical team work with patients to help determine when enhanced observation can be reduced. Patients are encouraged to participate in their risk assessments and to collaborate with risk management plans. This is to ensure patients are not subject to an ongoing enhanced observation level unnecessarily.

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-in-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. Input from the therapeutic activity nurses provide an extensive variety of activities and are highly praised by patients and the clinical team. Lack of activity provision in the evenings and weekend had been highlighted during our last visit. However, we were pleased to see activities are now provided throughout the day and evenings including weekends.

Additional activities are provided by volunteers, included are visits to the ward from Therapet. Patients and staff have been attending to the garden and have worked together to create a more welcoming space for patients and visitors.

The physical environment

The ward was bright, clean and a welcoming environment. We were told the ward has been redecorated and updated throughout. During our last visit we were told there were issues

relating to delays with repairs being carried out. We were pleased to hear this has now been resolved and any maintenance issues are resolved with a timely response.

We were told during our last visit the ward's garden offered little privacy for patients due to the area being open and close to a main thoroughfare for hospital traffic. Unfortunately this is still the case and causes a degree of frustration for staff and patients who believe it is important patients are provided with safety, privacy and dignity which is currently not offered with the ward's outdoor space.

Recommendation 3:
Managers should ensure that the garden area is maintained to provide a safe, discreet, and easily accessible area for patients and visitors.

Summary of recommendations

1. Managers should ensure care plans are person-centred, and patients participate in the care planning process and are given opportunities to engage in care plan reviews.

2. Managers should review the current stable patient transfer model taking into account the views of patients, staff, and carers.

3. Managers should ensure that the garden area is maintained to provide a safe, discreet, and easily accessible area for patients and visitors.

Good practice

We saw evidence of nursing staff working collaboratively with patients during risk assessment reviews. Risk management plans were detailed with patients and staff working together to ensure enhanced observation, while necessary for periods of time, is not carried out longer than required.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk