Mental Welfare Commission for Scotland

Report on announced visit to: Timbury Ward, Gartnavel Royal Hospital, 1055 Great Western Rd. Glasgow G12 0XH

Date of visit: 5 May 2021

Where we visited

Due to the Covid-19 pandemic, the Commission adapted their local visit programme in accordance with the Scottish Government's Routemap (May 2020). There have been periods during the pandemic where we have been able to conduct our face-to-face visits; however, the reinstatement of lockdown required us to review this, and we are presently undertaking mainly virtual visits. This local visit was able to be carried out face-to-face.

Timbury is a 25-bedded ward which provides a service predominantly for older adults with a functional mental illness. On the day of our visit, Timbury had 15 patients.

The ward is situated on the first floor of a purpose-built hospital and provides individual rooms with en-suite facilities, offering bright and spacious facilities with a number of sitting rooms, separate dining room, and activity space. The ward has an enclosed garden space which was directly accessible from the dining room. We last visited this service on 6 November 2018 and made recommendations relating to care planning, the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') activity provision and the need for a locked door policy.

On the day of this visit we wanted to follow up on the previous recommendations, the use of the Mental Health (Care and Treatment) (Scotland) 2003 Act ('the Mental Health Act') and also how restrictions due to the Covid-19 pandemic are impacting on patient care.

Who we met with

We met with and/or reviewed the care and treatment of nine patients and spoke with one relative by telephone.

We spoke with the senor charge nurse, (SCN) charge nurse, occupational therapist, and therapy technician.

Commission visitors

Mary Hattie, Nursing officer

Yvonne Bennett, Social work officer

What people told us and what we found

Care, treatment, support and participation

The ward had significant Covid-19 outbreaks during both the first and second wave of the pandemic, with 13 patients testing positive during the second outbreak. However, the ward is currently Covid-19 free, staff have now had their second vaccination, and weekly Polymerase Chain Reaction testing is carried out on all staff working in the area. All but one patient had received their second vaccination.

There is input from four consultant psychiatrists who each hold weekly multidisciplinary team (MDT) meetings. These have continued throughout the pandemic. However due to Covid-19 restrictions, numbers of professionals attending are reduced. Relatives are not currently able to attend reviews; however they are contacted by the consultant afterwards to discuss the outcome.

Within the notes of the patients we reviewed we found that recording of MDT meetings were lacking in detail around decisions taken, actions required, and future plans. We also found that whilst nursing care plans addressed the current needs of patients, they did not contain information about goals and discharge plans.

Regular input from occupational therapy and physiotherapy has recommenced but regular pharmacy input to MDT's has not yet restarted. Additional input from other allied health professions and specialist services is available to the ward on a referral basis and we were told responses are prompt and supportive, although much of this contact remains virtual at present.

We were pleased to hear that a psychologist has recently been appointed to the ward team, providing dedicated input four days a week. Staff and patients are benefiting from this additional resource and, as well as providing direct patient input, the psychologist is working with the SCN to develop a training plan to enhance nursing staff skills in psychosocial interventions.

On the day of our visit the ward had three patients 'boarding in' who remain under the care of a consultant from other ward due to bed shortages in their home area, including one boarding in from an adult admission ward. We will follow up this individual case with the consultant psychiatrist.

We heard that, for a variety of reasons, including bed shortages in other areas, or wards being closed to admissions due to Covid-19, the ward is receiving admissions of patients with a diagnosis of dementia. Staff advise that, due to the different and higher level of care needs of patients with dementia, this can impact on the activities of the ward and can cause stress to patients.

There are currently two systems for recording patient information. EMIS records chronological and MDT documentation and Mental Health Act information 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 patients' care and treatment. We understand staff

concerns that running with two parallel systems can create difficulties and we look forward to seeing the implementation of a full electronic record keeping system including nursing care plans.

Recommendation 1:

Managers should ensure that MDT meeting notes contain details of current issues and presentation, decisions taken, actions required and future plans in relation to the care goals, treatment and discharge of patients, and this should be audited to ensure consistent quality of record keeping.

Recommendation 2:

Managers should ensure nursing care plans identify clear interventions and care goals to support discharge planning, and set out review timescales, and this should be audited on a regular basis.

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

Use of mental health and incapacity legislation

At the time of the visit there were five patients on the ward detained under the Mental Health Act. We found legal documentation for detained patients in place and up-to-date. We also found authority to treat documentation to be up to date and appropriate.

Two patients were subject to guardianship under the AWI Act; however, copies of the guardianship powers were not available on the ward.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the AWI Act.

We found completed s47 certificates and treatment plan in the notes of the patients we reviewed, who lacked capacity and, for the individuals subject to guardianship, the proxy decision maker had been consulted.

Recommendation 3:

Managers should ensure that where patients are subject to guardianship, or have a power of attorney in place this should be clearly recorded in their file along with copies of the powers and contact details of the proxy decision maker.

Rights and restrictions

This ward is a locked environment. There is a policy in place on the use of locked doors, and all patients and their families have this explained to them at the time of admission. There is also information on this next to the exit doors, advising how visitors and patients can leave and enter the ward

Patients are tested for Covid-19 on admission and again on day five. During this period they are required to self-isolate in their room. This level of isolation can be difficult for some patients which staff try to mitigate this by providing reading materials including access to iPads and radios.

Visiting has recommenced in the last few weeks, in line with government guidance. Patients are able to have visits from one nominated visitor. The ward can accommodate up to 18 visitors per day and there is a booking system in place to ensure social distancing can be maintained.

We are advised that under the current local guidance, outings of any kind should only take place if absolutely necessary. Therefore opportunities for time outwith the hospital remain very restricted. Accompanied home visits and outings with family members, complying with the current restrictions, are recommencing in a limited way without the need to self-isolate on return. However we are advised that patients are not allowed unaccompanied time outwith the ward without self-isolating for five days on return.

We were provided with a copy of the latest briefing note for mental health and learning disability services. We note that this is dated 25 March 2021; however, government guidance has changed significantly since this was drawn up and is likely to change again on 17 May 2021.

We were told independent advocacy is available for patients with initial contact 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. Whilst some of this contact remains virtual, physical visits to the ward by advocacy, legal representatives and mental health officers (MHOs) are welcome and will be accommodated.

Recommendation 4:

Management should update the briefing note on time out and pass, based on current government guidance. Decisions in relation to the management of time outwith the ward should be based on individual risk assessments and the current guidance and should be kept under review.

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

The ward benefits from input from two occupational therapists and an occupational therapy (OT) technician who provide input across three care of the elderly wards. Over the last year there have been changes to OT provision due to the necessary restrictions. During the first and second waves of the pandemic the OT staff were each allocated to one ward to reduce cross ward traffic, and could only work with residents on a one-to-one basis.

They provided personalised activity kits for patients to use in their rooms during periods of isolation. However, now that restrictions are being lifted, socially distanced small group activities are now possible. Activities such as relaxation groups, newspaper groups and art groups have recommenced and staff are looking at how they can restart cookery sessions whilst complying with the restrictions in place. We were also advised that the physiotherapy department are recommencing exercise groups.

Prior to the pandemic, the ward had input from a number of external volunteers, including Common Wheel, who provided musical input, and Therapet services. These services have not yet been able to recommence; however, the hospital volunteer co-ordinator will be looking to re-engage with these services as the tier system allows.

Patients we spoke to told us that, while there were a number of activities taking place such as relaxation groups and dominos, these were very limited and there was no activity in the evenings and weekends. As a result the day could feel very long, especially with the restrictions on visiting currently in place. We discussed this with the SCN who advised that there is no dedicated activities co-ordinator post in this ward, such as there is in adult admission units. Therefore, as nurses can be moved on a daily basis to provide cover in other units, it is difficult for the nursing team to plan and carry out activities on a regular basis.

Recommendation 5:

As restrictions lift, managers should ensure that activity provision is prioritised so patients have access to a range of therapeutic and social activities on a daily basis, to meet needs and preferences. This should include progressing the provision of a dedicated activities co-ordinator post to facilitate this.

The physical environment

The ward is clean, bright and spacious. To enable social distancing, there have been changes to the dining facilities with additional tables placed in the open plan area off-corridor. The garden is well-maintained and has a range of seating available to support outdoor visiting when the weather allows.

To facilitate contact with relatives, the ward has been provided with two iPads; however, we are advised that the Wi-Fi signal is patchy with some areas of the ward not receiving an adequate signal to enable them to use the system, resulting in some patients running up bills using data on their phones.

We were told by some residents that there is an issue with the toilet flush system; the buttons are so stiff that some residents require staff assistance to flush the toilet, which causes them embarrassment and inconvenience.

Staff advised that there are issues with the TV signal, which is poor and drops out when the weather is bad. This is particularly important to patients currently when visiting and outings are restricted due to the current Covid-19 regulations.

Recommendation 6:

Management should address the issue of poor Wi-Fi and TV signal in the ward, and address the problems with the stiff flush system in the toilets.

Any other comments

We heard that despite the considerable pressures on the staff team during the last 15 months, the team have managed to maintain mandatory training and are now looking to expand the skills set within the nursing team. Three members of staff are about to commence brief intervention training and the psychologist is working with the SCN to identify what other psychological intervention training would be of benefit to the team and their patients. Staff are feeling positive about future developments and clinical supervision is recommencing.

Summary of recommendations

1. Managers should ensure that MDT meeting notes contain details of current issues and presentation, decisions taken, actions required and future plans in relation to the care goals, treatment and discharge of patients, and this should be audited to ensure consistent quality of record keeping.

2. Managers should ensure nursing care plans identify clear interventions and care goals to support discharge planning, and set out review timescales, and this should be audited on a regular basis.

3. Managers should ensure that where patients are subject to guardianship, or have a power of attorney in place this should be clearly recorded in their file along with copies of the powers and contact details of the proxy decision maker.

4. Management should update the briefing note on time out and pass, based on current government guidance. Decisions in relation to the management of time outwith the ward should be based on individual risk assessments and the current guidance and should be kept under review.

5. As restrictions lift, managers should ensure that activity provision is prioritised so patients have access to a range of therapeutic and social activities on a daily basis, to meet needs and preferences. This should include progressing the provision of a dedicated activities co-ordinator post to facilitate this.

6. Management should address the issue of poor Wi-Fi and TV signal in the ward, and address the problems with the stiff flush system in the toilets.

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.

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.

Contact details:

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

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