mental welfare
commission for scotland

Mental Welfare Commission for Scotland

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

Date of visit: 25 January 2022

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was able to be carried out face-to-face.

Affric Ward intensive psychiatric care unit (IPCU) is a 10-bedded ward situated within the main building in New Craigs Hospital. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

There were 10 single en-suite rooms in Affric Ward. The ward accepts patients who are admitted either directly to the unit, from other wards or from the courts. At the time of our visit all patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedure (Scotland) Act 1995 (the CPSA). However, due to a lack of beds in the adult acute admission ward, two patients who were subject to community compulsory treatment orders (CCTOS) were in the locked environment of IPCU on a voluntary basis. The two individuals were aware that there were no restrictions in place on their freedom of movement. They voiced no concerns about their placement in the ward and one patient was subsequently detained, having become mentally unwell. There was also one patient who would be able to move on to a less secure ward but was unable to due to lack of available beds.

We last visited this ward on a local visit on 6 June 2019. At that visit we made one recommendation relating to access to physical health care.

On the day of this visit we wanted to meet with patients and their families/carers to ask about their care, treatment and support in the unit, and to follow up on the recommendation from our last visit.

Who we met with

We met with and/or reviewed the care and treatment of five patients and also met with seven relatives.

We spoke with the charge nurse, service manager, other nursing staff and the consultant psychiatrist

Commission visitors

Douglas Seath, Nursing Officer

Justin McNicholl, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We found that patients had access to nursing support, psychiatry, clinical psychology, occupational therapy, dietetics, physiotherapy and pharmacy; the pharmacist also attended the ward rounds. Independent advocacy services were provided and were well used.

Patients and relatives we met with spoke positively about the support and treatment they were receiving within the IPCU. Although some patients had concerns about their medical treatment and admission to hospital, there was a common view that they were being well cared for, treated with respect and were being given the opportunity to have a clear say in their care, treatment plan and review of medication. Carers we spoke to told us they were given good information and support from staff.

The IPCU, although busy on the day of our visit, was noted to have a calm atmosphere and patients and staff appeared relaxed throughout our visit. All care notes were in paper format, which was initially difficult to navigate to find key pieces of information. Although risk assessments were generally in place, some were incomplete and in need of review. Additionally, there appeared to be a lack of a link between issues identified in the risk assessment and subsequent care plans. The quality of information in the care plan documents was also of a variable standard and reference to individual care plans was missing from the daily entries. We also could find no evidence of one-to-one time with the named nurse documented in the files.

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/node/1203

Recommendation 1:

Managers should audit care plans to ensure that there is a clear link with risk assessments and that there is sufficient person centred detail included with regular reviews taking place.

Use of mental health and incapacity legislation

Almost all the patients in the ward were detained under the Mental Health Act, and paperwork relating to the Mental Health Act was filed appropriately and was easy to access within the files. On the day of our visit two patients in the ward were subject to compulsory measures under CCTOs. This is described further in the next section. The staff were aware that any medication prescribed could not be given to these patients without their consent.

We reviewed forms for consent to treatment under part 16 of the Mental Health Act (T2 and T3 forms). The forms were not always present with the prescription sheets. In two cases, there was an issue about the T3 forms and the medication authorised in the forms; we discussed

and addressed this issue on the visit. In another two forms, the consent to treatment form was either overdue for review or missing altogether. This was also addressed during the visit.

Recommendation 2:

Managers should identify a system of auditing consent to treatment forms in order to ensure any errors are immediately rectified so that treatment given is legally authorised.

Rights and restrictions

One of the two patients not subject to a hospital order under the Mental Health Act did not wish to be interviewed. We spoke to the other patient in the ward who was not detained, and they clearly understood that they were not detained in the ward, and that they could ask to leave the ward if they wanted. This patient did comment that they felt staff were excellent in the ward, and said to us that they felt very safe in the ward and were happy to continue receiving care and treatment in the IPCU ward. We were reassured that this patient had been made fully aware of their status and that they could leave the ward when requested. We were also assured that any patient admitted to the IPCU because no bed was immediately available in an admission ward, would be transferred to the appropriate ward as soon as a bed became available. We would also expect managers to keep the admission into the IPCU of patients not subject to Mental Health Act detention under review.

We asked about the use of seclusion in the ward. There was no seclusion room or facility on the ward and we were told that seclusion was not used. We advised that, nevertheless, there should be a seclusion policy in place, and that the Commission's seclusion good practice guidance recommends that all IPCUs have a seclusion policy in place. We heard that efforts have begun with this process and look forward to seeing the policy when completed.

The Commission has published a *Use of seclusion* good practice guide which can be found at: https://www.mwcscot.org.uk/node/1243

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

We heard comments from several patients who at times felt there were not sufficient activities to do in the ward, and that they felt bored. We heard that the social centre has been closed throughout the Covid-19 epidemic. On the day of the visit we heard about plans to develop the post of an activities co-ordinator. The post will be used as a resource for activities alongside the physiotherapist on and off ward, which we view would be helpful for patients. We also noted there is to be a review of funding for occupational therapy. We think it is important that there is account taken of the importance of activities in a ward of this kind and that managers continue to review activity provision. We look forward to seeing how this has progressed when we next visit.

The physical environment

There were no concerns noted on the day of our visits around the ward environment and we heard that flooring had been replaced in a number of areas. There were some complaints about lack of fresh air due to windows not being able to be opened for safety reasons. However, there was an enclosed garden courtyard area accessible from the main sitting room. We found that patients were regularly able to get fresh air, particularly important for patients who were currently unable to leave the ward. The area could benefit from some upgrading and we would encourage managers to consider this. We look forward to seeing progress in this during our next visit.

Any other comments

We were impressed with the calm, friendly and efficient manner of the staff carrying out their duties in difficult circumstances. However, we did have concerns about the unnecessary restrictions placed on some patients in the ward who did not require the security of an IPCU environment. We understand that the reduction in bed numbers in adult acute wards was due to difficulties in recruitment of nursing staff. We heard that recruitment is difficult but the situation should be reviewed in the light of the current level of restriction being placed on some patients.

Summary of recommendations

1. Managers should audit care plans to ensure that there is a link with risk assessments and that there is sufficient person centred detail included with regular reviews taking place.

2. Managers should identify a system of auditing consent to treatment forms in order to ensure any errors are immediately rectified so that treatment given is legally authorised.

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.

Suzanne McGuinness
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 Commission 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

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk

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