Mental Welfare Commission for Scotland

Report on announced visit to: Royal Alexandra Hospital, Ward 39, Corsebar Rd, Paisley PA2 9PN

Date of visit: 22 June 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 carried out face-to-face.

Ward 39 is a 20-bedded short-stay ward providing care and treatment for older adults with a functional mental illness. Sleeping accommodation is comprised of a number of small dormitories and two single rooms. On the day of our visit there were 17 patients, seven of whom were patients boarded out from adult psychiatric wards. The patients who were boarding from the adult wards remained under the care of their original consultant. When we last visited the ward we found there were a number of patients boarded in from both adult psychiatry and other old age psychiatry facilities. At that time we commented on the challenges in having high levels of patients boarded in from adult psychiatry, and the implications that this posed for the service. On this visit we heard that this has remained an ongoing issue due to pressure on beds across the service. The challenges in providing care for such a diverse group of patients and in meeting their very different needs are also compounded by the environment, as there is one communal dining and sitting area used by all.

The unit has a multidisciplinary team (MDT) on site consisting of nursing staff, psychiatrists, occupational therapy staff, physiotherapy staff, pharmacy staff and psychology staff. Referrals to other services such as social work, dietetics and speech and language therapy can be made as and when required.

We last visited this service on 21 August 2021 and made recommendations regarding recording of patient's status under the Adults with Incapacity (Scotland) 2000 Act (AWI), and activity care plans.

On the day of this visit we wanted to follow up on the previous recommendations and also hear how the service was adapting as Covid-19 restrictions eased.

Who we met with

We met with and reviewed the care and treatment of seven patients and spoke with two relatives.

We spoke with the senior charge nurse, charge nurse, the lead nurse, consultant psychiatrist and occupational therapist.

Commission visitors

Mary Hattie, nursing officer
Anne Craig, social work officer

What people told us and what we found

Care, treatment, support and participation

The ward has invested in having nursing staff trained in behavioural activation therapy (BAT), who work with individual patients who benefit from this approach.

Nursing care plans

In the care plans we reviewed, risk assessments were documented and regularly evaluated. Care plans were person centred and addressed identified risks and current needs, as well as providing relevant information about recent changes. Care plan evaluations were regular, thoughtful and meaningful and care plans were updated to incorporate changes in risk, decisions from MDT reviews, and the care plan evaluation information.

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

Multidisciplinary team (MDT) meetings and records

Information on patients care and treatment was held in a paper file and on the electronic record system EMIS. We heard that the ward was about to move to using an electronic prescription and drug recording system.

It was clear from the MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend and has input to the meetings. This also includes the patient and their families, should they wish to attend. Decisions taken and agreed actions are clearly recorded and this information is reflected in nursing care plan evaluations. Community staff are involved in pre-discharge meetings.

Use of mental health and incapacity legislation

The patients we met with during our visit had a good understanding of their detained status where they were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). If there was a guardianship under the AWI Act, they also knew what this meant for them.

All documentation pertaining to the Mental Health Act and AWI, including certificates around capacity to consent to treatment, were in place in the paper files and were up to date. On our previous visit we had asked that, where patients were subject to AWI, the specific provision of the act be referred to. We were pleased to see this is now routinely documented in the patient information record.

Rights and restrictions

The ward door is secured by a keypad. The code for this is on the wall beside the door to enable visitors and patients, who are not subject to restrictions under the Mental Health Act, to leave the ward. The ward conservatory doors were open and patients were able to access the gardens and grounds freely.

Posters for the advocacy service were on display and we found evidence of advocacy involvement in the chronological notes and from discussions with patients.

We heard from staff and relatives that, despite the reduction in Covid-19 restrictions and associated changes to national guidance on visiting, the ward continues to operate a booked visiting system. On discussion with staff we were told that the decision to continue to require visits be pre-booked was due to the impact of visiting on other patients. For reasons of patient privacy and dignity it was not felt appropriate to have visitors in shared dormitory areas, therefore visiting is accommodated in the communal dining and sitting room; there is no other suitable space that is regularly available. Prior to the pandemic, visiting hours were restricted to two hours in the afternoon and evening. However, to maximise visiting opportunities whilst maintaining social distancing during the restrictions visiting hours had been extended from 10am to 8pm and, due to positive feedback from visitors, the extended visiting hours have continued. As this area is the main patient sitting area, and is also used for occupational therapy groups and recreational activities it can be very busy, and it was felt that the booked visits system in operation enabled staff to manage the numbers of visitors at any one time. One relative we spoke to felt that the booked visiting system was unnecessarily restrictive.

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

Recommendation 1:
Managers should review visiting arrangements to ensure the ward provides a pleasant and positive experience for visits and that arrangements are in line with national guidance.

Recommendation 2:
Managers should review bed provision across adult and old age psychiatry to ensure there is adequate capacity in each service to meet demand.

Activity and occupation

During our previous visit we found limited recording of activity in the patients' records and no individual care plans for activities. We were pleased to find individual activity care plans in the files we reviewed, providing information on previous interests and hobbies, activity participation and outcomes were recorded in the chronological notes on EMIS.

There was a calendar on the dining room wall with a programme of activities, which included quizzes, exercise, relaxation, tai chi and a number of other group activities. These are provided by occupational therapy staff, nursing staff and physiotherapy staff. The ward also benefits from regular art therapy sessions and a wandering minstrel.

Now that restrictions are beginning to lift the occupational therapist is again undertaking assessments in individuals' homes. Patients are able to spend time out with the hospital, with their families and outings to the community are recommencing.

The physical environment

The layout of the ward consists of two single rooms and four shared dormitories. The ward has benefited from some superficial redecoration and the provision of new furniture and soft furnishings.

There are two showers, with fixed heads, and one assisted bath available. We have been told that due to issues with the construction of the building it is not possible to undertake any structural work to improve the facilities. We heard from a relative and a patient that there is not the opportunity to have a bath or shower every day and patients were offered a basin to wash at their bedside, which they found unacceptable.

There is a lounge and dining area for the patients. This is bright and spacious, however as this area is also used for activity provision and visiting, it can be busy and noisy.

The occupational therapist raised the absence of a dedicated therapeutic kitchen. We heard that having this facility would support kitchen assessments to be carried out on site, rather than always having to travel to the patient's home, and would enable the provision of informal small groups or individual cooking sessions; this would help individuals to maintain and develop their skills and confidence in the kitchen.

We were advised that there has been a recent environmental audit looking at ligature risks and an action plan is being devised to address those that are identified.

Recommendation 3:
Managers should undertake an audit of the environment and develop a plan to address the identified issues of lack of suitable shower/bathing facilities, limited facilities for activity provision and visiting and the absence of access to a therapeutic kitchen.

Any other comments

Throughout the visit we saw kind and caring interactions between staff and patients. Staff that we spoke with knew the patient group well. It was good to note that the individuals we met with were generally very positive about the staff, however the relatives we spoke with identified that they would welcome a more proactive approach to information sharing by staff.

Throughout the pandemic, mandatory staff training was maintained, and we were advised that additional training for staff is now scheduled, including stress and distress training for staff.

Recommendation 4:
Managers should ensure that staff are proactive in providing information on care decisions and progress of patients to relatives.

Summary of recommendations

1. Managers should review visiting arrangements to ensure the ward provides a pleasant and positive experience for visits and that arrangements are in line with national guidance.

2. Managers should review bed provision across adult and old age psychiatry to ensure there is adequate capacity within each service to meet demand.

3. Managers should undertake an audit of the environment and develop a plan to address the identified issues of lack of suitable shower/bathing facilities, limited facilities for activity provision and visiting and the absence of access to a therapeutic kitchen.

4. Managers should ensure that staff are proactive in providing information on care decisions and progress of patients to relatives.

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.

Claire Lamza
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 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.

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