Mental Welfare Commission for Scotland

Report on announced visit to: Woodland View, Wards 10 and 11, Kilwinning Road, Irvine KA12 8RR.

Date of visit: 17 May 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 10 and 11 are both 20-bedded, mixed-sex adult acute mental health admission wards in Woodland View, which is in the grounds of Ayrshire Central Hospital. The wards cover South and East Ayrshire, offering a service to adults from 18 and 65 years old.

We last visited this service on the 9 July 2019. For this visit we wanted to follow up on a previous recommendation regarding the need for training, using the NHS Education for Scotland (NES) training framework, to ensure staff providing services to a person with autism and complex needs are trained to the appropriate level.

Who we met with

We met with and reviewed the care and treatment of 16 patients and three relatives.

We spoke with the senior charge nurses (SCN) on both of the wards, and other members of the clinical team who were on duty on the day of our visit.

We also met with the in-patient senior manager for mental health and forensic services, and the clinical nurse manager at the end of day meeting.

Commission visitors

Margo Fyfe, senior manager (practitioners) west team

Justin McNichol, social work officer

Dr Gordon Skilling, consultant psychiatrist

Yvonne Bennett, social work officer

Mary Leroy, nursing officer

What people told us and what we found?

Care and treatment, support and participation

All the patients and relatives we met with during our visit spoke highly of all staff on the wards and they were positive about the care, treatment and support they had been receiving. We heard that staff treated patients with dignity and respect, were approachable and made time when patients needed to speak to someone. We saw interactions between staff and patients which were warm and supportive. In speaking to staff it was evident they knew the patients well.

Impact of the pandemic

The SCNS informed us that the weeks prior to Christmas had been challenging for the service; this related to the surge and increase in infections due to the new Omicron variant.

This had an impact on staffing, due to rules around self-isolating, awaiting test results, the increase in the rate of transmission and infection which led to staff absences. The senior manager informed us that the service managed with a combination of regular staff in the ward working extra shifts, and agency staff who had been employed to assist.

On the day of our visit all beds were occupied with levels of bed occupancy having remained high over the past 12 months. Nursing staff told us there has been an increase in acuity of patients symptoms, with patients admitted from the community have been exceptionally unwell. We heard from staff that they considered factors such as social isolation, reduced service provision and anxiety in relation to the Covid-19 pandemic had contributed to an increase in mental distress. There was also a concern that patients' duration in hospital has been longer than in previous years.

Care planning

All the nursing care plans we reviewed in both wards were detailed and person centred. They were recovery focussed, with clear specific interventions to meet identified needs. In the individual files we looked at, we saw that reviews were thoughtful and meaningful, and there was detailed progress and changes noted with patient care.

We noted that the Ayrshire risk assessment framework was well embedded in practice, was dynamic, and shared across community and in-patient services. The individualised plans were reviewed, regularly updated and highlighted relevant areas of risk.

Nursing notes were of a good standard and there was evidence of close liaison with families. Full physical healthcare assessment was noted to have taken place on admission, and the follow up and frequency of these were evidenced in the notes where necessary.

The nursing continuation notes clearly documented the individuals' "mental state presentation" during each shift and indicated how the individual had spent their day.

We saw evidence of one-to-one nursing interventions noted in the chronological notes. Patients explained that they could spend time with the nurses on a one-to-one basis, and told us that the individual sessions could be either initiated by them or the nurse. The one-to-one

sessions focused on the patient's wellbeing, their understanding of their illness and the stage of recovery.

In ward 10, we did note that the one-to-one nurse meetings in the chronological notes were not highlighted.

Recommendation 1:
Managers should ensure that nursing one-to-one sessions/ interventions are highlighted and clearly documented.

Multidisciplinary team

The multidisciplinary team meeting (MDT) is held weekly, and is attended by medical and nursing staff, pharmacist, an occupational therapist (OT) and when appropriate, social workers.

The MDT meetings also evidenced patient involvement and attendance. Some patients we met with told us about their involvement in the decision-making process.

We discussed the 'the pan-Ayrshire Autism strategy' and the recently developed role of the autism spectrum disorder (ASD) co-ordinator, who works across the partnership. On our previous visit to the ward we asked about providing care and treatment for autistic people who accessed adult acute mental health services. We were pleased to see that the service has now introduced all staff to the NHS Education for Scotland's Autism Training framework. This training will ensure that the service can achieve key outcomes for people with ASD, their family and carers.

Use of mental health and incapacity legislation

The patients we met with during the 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').

Where patients in the ward were detained under the Mental Health Act, copies of detention paperwork were on file.

Part 16 (S235-248) of the Mental Health Act sets out the conditions under which treatment may be given to those patients who are subject to compulsory measures, who are either capable or incapable of consenting to specific treatments. T2 certificates are completed when a patient has capacity and can consent to treatment, T3 certificates are completed when a patient is unable to consent to treatment. Certificates authorising treatment under the Mental Health Act were in place where required and authorised all treatment prescribed. In the ward most of the patients were subject to the Mental Health Act.

In Ward 10, we noted that there were two omissions on the certificates; these issues were highlighted to managers at the end of the visit.

Recommendation 2:
Managers should audit consent to treatment documentation to ensure that treatment is lawfully authorised.

Rights and restrictions

When we were reviewing patient files we were looked for copies of advanced statements. The term 'advance statement' refers to written statements, made under section 274 to 276 of the Mental Health Act, and is written when a person has capacity to make a decision on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements, however on the day of our visit, we were not able to locate any. Advance statements are a way of ensuring that people with mental ill health are listened to and have their human rights respected. We would like to see evidence of the attempts made to engage patients in a discussion regarding advanced statements and the reason noted for any patient that does not have one.

At the end of day meeting senior managers informed us of future plans to promote the advance statements for patients. We look forward to hearing about this initiative on our next visit to the service.

We were told that patients have access to independent advocacy. Input is available on request and patients who use the service find it valuable and supportive.

A significant issue across Scotland has been maintaining contact during the Covid-19 pandemic due to national restrictions on hospital visiting. During lockdown the wards utilised technology to ensure links with key people were maintained; as a means of communicating, this has been a positive addition to the range of ways patients could maintain contact with important individuals in their lives. We were pleased to hear that face to face visiting has resumed in line with guidance from Scottish Government.

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 appreciate that the pandemic has had an unwanted impact on the everyday schedule of therapeutic activities. The patients we met with were positive about the activities on offer and able to discuss with us the activities they participated in and enjoyed**.**

We were pleased to hear that the patients again have access to the Beehive activity hub; we were informed that during the pandemic patients did not have access to the service. We were told by the clinical team that some restrictions due to Covid-19 have adversely impacted on the level of activity that that Beehive could provide. However, through the remobilisation process, patients are beginning to engage and have access to a wider variety of activities that are now available.

The physical environment

The physical environment of the wards are of a high standard. The entrance provides a warm and welcoming introduction to the ward.

Meeting rooms, which were offset from the foyer, enable visiting families and professionals to meet in these rooms without having to walk through the ward. There is also a small visitors' room. Homely furnishings were evident. Throughout the ward there are quiet spaces and a wide variety of places and opportunities to meet with people. The bedrooms were en-suite and decorated to a high standard. The courtyard gardens were pleasant and well maintained and are easily accessible for all patients.

Any other comments

We were informed on the day of our visit that both wards were a pilot teams for the Scottish Patient Safety Programme (SPSP). This is part of a national collaborative to ensure "everyone in adult mental health inpatient ward experiences high quality and person-centred care every time". For the staff team in Ward 11 the improvement and training focused on human rights and trauma informed care, as well as in the reduction of restraint and seclusion.
For Ward 10 their primary area of improvement focused on "from observation to intervention", and the implementation of this guidance into practice.
We look forward to hearing about the above mentioned service developments, and primarily their impact on improving patient care.

Summary of recommendations

1. Managers should ensure that one-to-one sessions/nursing interventions are highlighted and clearly documented.

2. Managers should audit consent to treatment documentation to ensure that treatment is legally authorised.

Service response to recommendations

The Commission requires a response to these recommendations within three months of receiving 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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