

Mental Welfare Commission for Scotland

Report on announced visit to: Kirklands Hospital, Kylepark
Cottage, Fallside Road, Bothwell, Glasgow G71 8BB

Date of visit: 24 November 2016

Where we visited

Kylepark is a purpose built unit providing nine assessment and treatment beds and three low secure beds for adults with a learning disability. This visit was not including the low secure beds which had recently been visited as part of a Commission themed visit. At the time of our visit there were seven patients resident in the ward. We last visited this service on a local visit on 17 April 2014 and during a themed visit to learning disability hospital wards in 2015. At the last local visit we made recommendations around specified person documentation, consent to treatment documentation and time interval detail of 'as required' medication prescriptions.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

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

We spoke with the senior charge nurse and other nursing staff.

Commission visitors

Margo Fyfe, Nursing Officer and area visit coordinator

What people told us and what we found

Care, treatment, support and participation

Multidisciplinary input

It was good to see that there remains a high level of multidisciplinary (MDT) input to the ward. On admission, patients have access to nursing support; psychiatry; psychology; occupational therapy; speech and language therapy; dietetics; physiotherapy; and the GP. Pharmacy are involved on request. If the individual has been supported in the community then their community psychiatric nurses (CPN) and care staff continue to attend meetings, and provide support to the individual, where appropriate, during the admission.

The advocacy service visit the ward regularly and engage with individuals as required.

Individuals and families/carers are actively encouraged to attend meetings and input to care decisions. Any participation is documented in the meeting notes.

The five case notes reviewed were easy to navigate with titled sections. It was good to see all clinicians writing their notes in the same care file for continuity. MDT notes were clear, had a list of attendees including those who had been invited and given apologies. It was good to note that in particularly difficult cases that sub-group meetings are called to ensure regular review of issues and progress.

'As required medication'

It was noted from prescribed medicine files that 'as required medication' was detailed in dose intervals and that there was reference to the protocol for this type of use. The protocol was held in the same file for ease of access. There was also a separate sheet for each individual that detailed the date and time when 'as required medication' was given.

Care plans

Care plans were person centred and informative. They detailed the individuals care need for both mental health and physical health. Although the care plans were regularly reviewed, the evaluation was not consistent. In some cases there was no evidence of progress or deterioration and no note of interventions used. It is important to track the individual's progress by ensuring evaluations are meaningful and reflective.

Recommendation 1

The senior charge nurse should ensure all staff are aware of the need for consistent meaningful evaluation of nursing care plans. Care plans should then be reviewed to ensure this is actioned.

Use of mental health and incapacity legislation

Consent to treatment

During the previous local visit we highlighted the need to ensure consent to treatment documentation under the Mental Health Act and the Adults with Incapacity Act was completed timeously and correctly. On this visit it was noted that all consent to treatment certificates relating to both acts was in place and relevant to the prescribed treatment for the individual concerned. However, it was noted that the treatment certificates attached to the s47 certificates for consent to treatment under the Adults with Incapacity Act referred to psychotropic medication whether the person was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or not. As these certificates do not cover the administration of such medication for detained patients, it should not be mentioned on the treatment form.

Recommendation 2

Medical staff should review all s47 treatment plans and ensure psychotropic medication is not referred to on the form of detained patients.

Specified persons

There were no specified persons on the ward at the time of the visit. However during the visit to the low secure area recently it was noted that there were reasoned opinions in place.

The senior charge nurse informed the Commission visitor that there had been a recent review of the information given to patients in mental health and learning disability settings. From this, easily accessible leaflets are being produced to inform individuals of specified person status and what this means for them. It was good to see the importance of this information being highlighted for the patient group in Kylepark.

Rights and restrictions

The ward has a locked door. There is a policy in place and everyone is aware of this. There is a sign beside the door stating this. Six of the seven individuals in residence were detained at the time of the visit. The individual who was informal was able to ask staff to let them out. As the duty room is beside the door there did not appear to be any delay in opening the door for the patient.

There is a courtyard area, that individuals can access, which the occupational therapist along with patients has designed. There are raised beds for gardening, seating areas and a potting shed.

There is an emphasis in the ward of getting people outside in the hospital grounds and local community as soon as they are well enough to manage this. It was noted from care files that this is happening regularly for individuals.

Activity and occupation

There is a wide variety of activities available to individuals both on and off the ward. The occupational therapist, nursing staff and, where in place, carers from independent services, support individuals to participate in activities. Activities are tailored to the individual's needs including, cookery; exercise; college attendance; crafts; gardening; visits to shops; and the café on site. Participation in activities is clearly documented in the care files. It is of note that activity participation can be affected by cuts in support staff hours. It was raised that both the local authorities that inpatients come from have reduced support staff hours when the individual is in hospital, even though they can still support the individual to participate in the tasks they support them with at home. We urge managers to discuss this situation with the local authorities to ensure patients continue to benefit from their support team input.

Recommendation 3

Managers should discuss continuation of support staff input to individual care during hospital admission to ensure benefit to the individuals concerned.

The physical environment

During our last visit we had the opportunity to see the purpose built area within the ward that meets the needs of an individual to ensure they are safe and can manage the living conditions. This area is still in use. Currently there is an issue with the floor in one of the rooms. Advice on how to manage this has been sought from infection control as they can't be moved.

The rest of the ward is bright, well maintained and clean. There are pictures and murals on the walls. There is pleasant outside space for all individuals to access. Patients can access the space easily from the ward. The occupational therapist has encouraged the patients to use the space and to participate in some gardening groups there.

Any other comments

Individuals seen

During the visit it was good to see staff interacting with individuals in a caring supportive way. Everyone we spoke with was happy with their care and the activities available to them and raised no concerns about their care in the ward.

Discharge

Where individuals are getting ready for discharge there is a note of the discharge plan in the care file as discussed at multi-disciplinary team meetings. This planning will include the engagement of social work, support staff and community health teams where appropriate along with the individual and their family.

Delays in discharge can be due to difficulties in recruiting support staff and finding appropriate accommodation as well as the complexity of the individual's care needs and fluctuations in their mental health.

Summary of recommendations

1. The senior charge nurse should ensure all staff are aware of the need for consistent, meaningful, evaluation of nursing care plans. Care plans should then be reviewed to ensure this is actioned.
2. Medical staff should review all s47 treatment plans and ensure psychotropic medication is not referred to on the form of detained patients.
3. Managers should discuss continuation of support staff input to individual care during hospital admission to ensure benefit to the individuals concerned.

Good practice

It was good to see the efforts made to include carers/family in the individuals care and treatment.

The senior charge nurse has been trained in the use of 'Talking Mats' to assist individuals with communication difficulties. This has made a difference to several individuals in their in-patient stay. We are keen to hear more about the use of this model and the role out of training to other staff at future visits.

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 (HIS).

Mike Diamond, Executive Director (Social Work)
17 January 2017

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.

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