

Mental Welfare Commission for Scotland

Report on announced visit to: Colville Ward, Airbles Road
Clinic, Airbles Road Motherwell ML1 2TJ

Date of visit: 14 March 2016

Where we visited

Colville ward is a twelve bedded mixed sex ward for the assessment of older people with functional illnesses. At the time of our visit there were six patients in the ward. The ward is the only inpatient service on the Airbles Road Clinic Site. The ward has nursing staff three consultant psychiatrists plus junior medical staff, a half time occupational therapist, an occupational therapy assistant, psychology input one day per week and two days per week of peer support worker input.

The ward will be closing in June 2016 and patients and staff will move toward 2 in Wishaw General Hospital alongside the dementia assessment ward.

We last visited this service on 25 June 2014 and made recommendations regarding consent to treatment and guardianship paperwork.

On the day of this visit we wanted to follow up on the previous recommendations and also look at care plans as the service have transferred over to the electronic record system MIDIS (multi-disciplinary information system). This is because we want to ensure that patient care and treatment is appropriately recorded and reflected in the care file.

Who we met with

We met with six patients.

We spoke with the acting senior charge nurse and other nursing staff as well as one of the consultant psychiatrists.

Commission visitors

Margo Fyfe, Nursing Officer and visit co-ordinator

Moir Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Care Plans

Since our last visit to the ward they have moved all records onto the electronic record system MIDIS. We were keen to see how staff were using the system and to see if information was person centred and meaningful. We were pleased to see informative person centred care plans that recovery focussed and are regularly reviewed. Overall care plan reviews indicated the individual patient's progress and reflected the goals set at the weekly multidisciplinary reviews.

Multidisciplinary reviews are typed into the MIDIS record on the day of the review. These reviews show the individual's progress and have clear goals set for the coming week.

Continuation notes were informative but we suggested considering the use of the situation, background, action, review (SBAR) model of recording daily notes. We are aware this model is used elsewhere in NHS Lanarkshire in-patient services and works successfully.

We were pleased to see that risk assessments are updated weekly reflecting the individual's progress.

We found good evidence of patient and carer involvement in care and discharge planning decisions. We spoke about the availability of the carer liaison nurses based in Wishaw General Hospital and suggested that it may be beneficial to link carers to this service for support.

Use of mental health and incapacity legislation

When we last visited the ward we highlighted the need to ensure that all relevant paperwork in regard to mental health and incapacity legislation was properly completed and filed in the relevant individual's care file. On this visit we were pleased to find all relevant paperwork in the paperlite care files. We also found the information sheets in place relating to mental health act episodes, detailing dates and times for renewals and consent to treatment second opinion reviews as well as up to date consent to treatment documentation where required. However we could not find a record of time off the ward for detained patients. We recommend that a record off time off the ward for a detained patient is kept in the paperlite file this will ensure an accurate record of time out and will enable nursing staff and medical staff are alerted when suspension of detention documentation is required.

We noted that where required Power of Attorney documentation was in place in the paperlite file.

Recommendation 1:

Senior Charge Nurse should ensure accurate records of time-off the ward for detained patients is included in the paperlite care files.

Rights and restrictions

Patients are given an information booklet on admission to the ward this gives information about the ward and what patients can expect from their stay in the ward.

Although the ward door is keypad locked we were informed all informal patients can come and go as they wish as staff will open doors for them. Patients did not complain about the locked door during our visit. We also heard that patients spend time off of the ward at different times each day engaging in activity with the

occupational therapist and peer support worker. Some family members also take their relative out of the ward when they visit.

Activity and occupation

The ward has a half time occupational therapist an occupational therapy assistant and a part time peer support worker who provide both social and therapeutic group activity and 1:1 activity to the ward. There is a wide variety of activity on offer for patients to engage with. Patients highly praised the staff and told us they felt there was plenty to do when you wanted to join in activities.

During the visit there was a relaxation group happening then a few of the patients went out for a walk in the local area with the occupational therapist.

We heard that staff are in the process of setting an activity plan for therapeutic group work that will be in place in time for the ward moving to Wishaw General Hospital in the summer. We look forward to seeing how this has progressed at the time of our next visit.

The physical environment

The ward is clean, bright and pleasantly decorated. Signage throughout the unit was dementia friendly for ease of patients with cognitive impairment. The communal areas are well furnished and spacious.

Any other comments

Patient comment

We had the opportunity to speak to all of the patients who were in the ward at the time of our visit. Everyone spoke highly of the staff and said they were well cared for. During the visit we witnessed kind caring interactions between staff and patients.

Ward move to Wishaw General Hospital

We heard that staff will be undergoing team building days in preparation for the ward moving to the Wishaw General Hospital site in June of this year. We also hear that patients and families will be prepared for the move by information sessions from staff. This is important as staff for the new ward will be gathered from three ward areas and will be working together for the first time as a new staff team. We are keen to hear how the move goes and would plan to visit the new ward once the move has taken place.

Summary of recommendations

1. The Senior Charge Nurse should ensure accurate records of time off the ward for detained patients is included in the paperlite care files

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.

Mike Diamond
Executive Director (Social Work)

12 April 2016

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: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

