

Mental Welfare Commission for Scotland

Report on unannounced visit to: Stobhill Hospital, Isla Ward
133 Balornock Road, Glasgow, G21 3UW

Date of visit: 4 August 2016

Where we visited

Isla ward is a 20-bed mixed-sex ward providing assessment and treatment for older adults with a functional mental illness. We last visited this service on 9 December 2014 as part of a national themed visit. As such we did not make specific recommendations, but did make comment in our feedback letter on:

- Difficulties in providing activities on a consistent basis
- The generic nature of care plans, particularly in relation to mental health care and the quality of evaluations

On the day of this visit we wanted to follow up on these issues and also look at the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act). This is because of our statutory role.

Who we met with

We met with and reviewed the care and treatment of 11 patients.

We spoke with the senior charge nurse.

Commission visitors

Mary Hattie, Nursing Officer

Alison Goodwin, Social Work Officer

Kathleen Taylor, Engagement and Participation Officer (Carer)

What people told us and what we found

Care, treatment, support and participation

Multidisciplinary input

The ward is served by four consultants. Out-of-hours medical cover is provided by the on-call duty doctor. There is dedicated occupational therapy and pharmacy provision. Physiotherapy, psychology, speech and language therapy, dietetics and podiatry are all available on referral.

Care plans

The level of detail and personalisation of care plans varied, with a small number having a good level of detail and person-centred information and others having very little personalisation and not covering all of the patients care needs. The care plans we looked at had not been reviewed to reflect changes in patients care needs, though these were evident in the chronological and multidisciplinary records.

Physical health care

There was good attention to physical health care. Several of the individuals whose care we reviewed had physical health concerns identified and had been referred for investigation and treatment of these.

Recommendation 1:

Managers should ensure nursing care plans are person-centred, reflecting the care needs of each person, identifying clear interventions and care goals and that these are evaluated on a regular basis.

Use of mental health and incapacity legislation

On the day of our visit, five patients were subject to detention under the 2003 Act. We reviewed the care of three of these. Where appropriate, 'consent to treatment' (T2) and 'certificate authorising treatment' (T3) forms were in place and covered all medication prescribed for the individual.

Rights and restrictions

The interior door to the ward has a swipe card entry system; access and egress are controlled by nursing staff and we did not observe any unnecessary barriers or delays to exit from the ward

Activity and occupation

During our last visit we commented on the need to ensure that activities are provided on a consistent basis regardless of staffing and clinical demands. On the day of our visit we found that the morning activity programme did not go ahead due to staff sickness. We also heard from several patients that they were bored, there was very little activity provision and that scheduled activities often did not happen

Recommendation 2:

Managers should ensure that all patients have access to a range of recreational and therapeutic activities to meet their individual needs and provide them with a meaningful day, and that this is recorded.

The physical environment

The ward is bright, clean, well decorated and signposted and has a spacious and open feel. There is an excellent, safe, secure garden area, which was used by patients throughout our visit. However the doors to this are at times locked and alarmed and patients have to ask a member of staff to let them into the garden and to allow them back into the ward area.

Recommendation 3:

Managers should review the arrangements for accessing the garden to ensure easy access to this very pleasant space.

Summary of recommendations

1. Managers should ensure nursing care plans are person-centred, reflecting the care needs of each person, identifying clear interventions and care goals and that these are evaluated on a regular basis.
2. Managers should ensure that all patients have access to a range of recreational and therapeutic activities to meet their individual needs and provide them with a meaningful day.
3. Managers should review the arrangements for accessing the garden to ensure easy access to this very pleasant space.

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.

Alison Thomson
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 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

