

Mental Welfare Commission for Scotland

Report on announced visit to: Whyteman's Brae Hospital, Ravenscraig ward, Whyteman's Brae Hospital, Whyteman's Brae, Kirkcaldy, KY1 2ND

Date of visit: 30 March 2016

Where we visited

Ravenscraig ward is a 29 bedded acute psychiatric admission ward. We last made a local visit to Ravenscraig ward on 09 October 2013 and made recommendations about activities and care planning. We also visited this ward in 2014 as part of our themed visiting programme.

On the day of this visit we wanted to follow up on the previous recommendations and also look for any new issues arising.

Who we met with

We met with nine patients.

We spoke with the clinical services manager and the senior charge nurse.

Commission visitors

Dr Steven Morgan, medical officer (visit coordinator)

Douglas Seath, nursing officer

Graham Morgan, engagement and participation officer (lived experience)

What people told us and what we found

Care, treatment, support and participation

We heard positive feedback from patients about nursing staff working in this ward. We were told that nursing staff were approachable and interested in helping their patients. Several patients told us that the nurses were very sympathetic. However, we were also told by patients that it appeared that the nursing staff were very busy and sometimes seemed 'over-worked'. This meant that patients sometimes felt reluctant to approach nurses or ask for one to one time.

The care plans that we looked at were personalised and reasonably detailed. The care plans were regularly reviewed but it was difficult to identify these reviews within the nursing notes. There may be some benefit to highlighting reviews of care plans within the notes to make them easier to identify.

Two patients told us about difficulties accessing some of their possessions which they had left at home. When we raised this with staff we were told that steps had been taken to remedy this and in one case the situation was resolved while we were on the ward.

There was evidence of attention to physical healthcare needs. When patients described physical problems they were seen promptly.

Use of mental health and incapacity legislation

Copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 were contained within the case notes and could be easily identified.

We noted some issues with the authorisation of medical treatment. We found one patient on the ward who was receiving treatment which was not included on the required T2 (certificate of consent to treatment) or T3 (certificate of the designated medical practitioner) form. We raised this issue directly with the patient's consultant. We also found some cases where informal patients were prescribed as required intramuscular medication. We have concerns about intramuscular 'if required' medication being prescribed for informal patients. This is because it is likely that they would not be consenting to receive the treatment if it was later administered. We consider it best practice for a medical review to be arranged if circumstances arise where intramuscular medication may be required. We brought this to the attention of the service manager and senior charge nurse.

Recommendation 1

Managers should ensure that prescription of medication and authority for this treatment are audited periodically on these wards.

Rights and restrictions

We found that where patients were subject to restrictions, appropriate measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 were in place. We did not identify any patients who were subject to unlawful deprivation of liberty. We noted that the 'Admission Information' form in the case notes gave a useful summary of restrictions in place, but this form was not fully completed for some patients. This form should be completed for all patients admitted to the ward.

Activity and occupation

The majority of patients interviewed commented about the lack of activities on the ward. Some individuals told us that there was no programme of activities in place. We heard complaints that there did not appear to be an activities coordinator and that there was very little occupational therapy input to the ward. We raised the issue on the day of our visit with the service manager and senior charge nurse. We heard that staff are aware of the issues around activity provision and are considering how the situation can be improved.

Recommendation 2

Managers should undertake a review of activity provision on this ward. The Commission would like to receive a copy of this review.

Due to the fact that the subject of activity provision was raised on our previous visit to this service we will also be escalating this issue to the General Manager of Mental Health Services at NHS Fife.

The physical environment

We noted the improvements made to the ward since our previous visit, particularly the new flooring and the upgraded decor. We saw the building work being undertaken to provide a new reception area to the ward. The refurbishment has improved the physical environment of the ward. We observed that the ward contains dormitory areas, with patients' bed spaces separated by curtains or dividers. These arrangements are looking increasingly dated in comparison to newer units where single rooms are the norm. Some of the patients we interviewed stated a preference for single rooms but others were happy with the current dormitory arrangement.

Summary of recommendations

1. Managers should ensure that prescription of medication and authority for this treatment are audited periodically on these wards.
2. Managers should undertake a review of activity provision on this ward. The Commission would like to receive a copy of this review.

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.

Kate Fearnley

Executive director (engagement and participation)

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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