

Mental Welfare Commission for Scotland

Report on announced visit to: Gartnavel Royal Hospital,
Kelvin Ward, 1055 Great Western Road, Glasgow G12 0XH

Date of visit: 24 January 2017

Where we visited

Kelvin Ward is a 12 bedded rehabilitation unit providing care and treatment for adults with severe and enduring mental health problems. The rehabilitation service in Gartnavel Royal Hospital consists of two wards, Kelvin and Clyde. Following some difficulties in Clyde over several years, a review was commissioned and there were a number of organisational development days held last year. Currently there is a steering group led by the clinical psychologist, and service improvement meetings taking place to look at the referral criteria, function and configuration of the two wards.

There is a weekly referral meeting where consideration is given to suitability for either ward. The patients in Kelvin generally need a shorter period of rehabilitation than those in Clyde. However, the length of rehabilitation is likely to be between six months and several years due to the complexity of the patients' mental health and behaviour difficulties. Patients can often be acutely unwell due to a relapse in their mental health, or may come from the acute sector before their mental health has stabilised due to pressure on beds. Patients' motivation and engagement can be poor due to the chronic nature of the person's illness.

On the day of our visit there were 10 patients, one of whom was boarding from Clyde ward and one who had just recently moved from there.

We last visited Kelvin in March 2015. At that time we were very positive about the care and treatment people were receiving.

We visited on this occasion to give patients an opportunity to raise any issues with us and to ensure the care and treatment and the facilities are meeting patients' needs.

We also looked at

- Care and treatment and service user participation
- Therapeutic activity
- Use of legislation
- Physical environment

Who we met with

We met with four patients and looked at their records and three further records. We spoke to one set of relatives.

We spoke with the senior charge nurse, the charge nurse and the clinical psychologist.

The Commission visitors were

Alison Goodwin, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients and relatives we spoke to were generally positive about the care and treatment provided by the nursing staff and the allied health professionals and had no concerns to raise. One detained patient was unhappy about being in hospital, but it was clear from her notes that staff were trying to address a number of issues relating to her mental health, personal care and activities of daily living, in order to allow her to live as independently as possible on discharge.

There is a very diverse group of patients in the ward. Many patients have been in hospital for a considerable number of years and the chronic nature of their illness means their ability to engage and participate in activities of daily living, therapeutic, social and recreational activities can be limited. However we saw considerable efforts by nursing staff, occupational therapy (OT) staff and the psychologist to encourage involvement in both their treatment and activities.

The consultant who previously covered the ward recently retired and the ward currently has a locum consultant for two sessions per week and a senior house officer whose time is shared with Clyde and the Intensive Psychiatric Care Unit. There is a GP from Anniesland Practice who attends the ward once a week. Annual health checks are carried out along with bloods for Clozapine therapy, high dose monitoring and general monitoring, where required, and we saw evidence in the records of good follow up of any physical health issues. Pharmacy regularly have input to the multidisciplinary team meetings, complete reviews of medication and spend time with patients in discussing their prescriptions.

There have been some significant issues with nursing cover in the ward over the last year but two nurses have now moved from Clyde and this will hopefully improve the situation and, if a permanent consultant can be recruited, give more continuity.

It was clear that staff knew the patients well, that their care and treatment was appropriate to their current needs and that patients were moving on from the ward to a variety of settings. We were able to see some excellent initial assessment and updates of these assessments in the records. Regular reviews of care and treatment were recorded in both the multidisciplinary team (MDT) paperwork and in the chronological notes. Care plans were mainly person-centred and detailed in terms of physical health, mental health and social needs. However they did vary.

Some were less recovery-focussed than others and some lacked detail in the interventions, particularly in the care plans for managing distressed behaviour.

There is some background information on patients included in the OT assessments and sometimes in initial assessments but we felt that it would be useful if there was more detailed personal information or life history information for each individual in their file.

We noted the efforts made by the senior charge nurse to ensure her staff had professional input to enhance the care and treatment they provide, for instance input on autistic spectrum disorder.

It was evident from the chronological notes and from talking to nursing staff and the psychologist that they actively promote and support family involvement in the patient's life and, where appropriate, in discussion of the patient's care and treatment.

Patients themselves are invited to attend the MDT meeting but many do not want to do this and the consultant and nursing staff will see them prior to the meeting to ensure their issues are raised and feedback is given afterwards. We were told that most patients attend their Care Programme Approach (CPA) meetings. There are regular community meetings on the ward where patients can bring up any concerns and the minutes of these were displayed on the notice board. There is an excellent checklist in each person's file to prompt discussion every three months between nurse and patient on advanced statements, advocacy, named person and consent to information sharing. There was also a useful form for the key nurse and patient to sign in relation to one to one time.

Recommendation 1:

The senior charge nurse should ensure there is consistency in the quality of the care plans, they are recovery-focussed and interventions are sufficiently detailed and clear.

Recommendation 2:

The senior charge nurse should ensure there is life history information for each patient in their record as far as is possible.

Therapeutic activity

There is a full time psychologist who covers both wards. He delivers a number of evidence-based therapies to patients with nursing staff. These include cognitive behaviour therapy for people with psychosis, cognitive remedial therapy (CRT) and behaviour family therapy (BFT). A number of nursing staff have been trained recently in BFT and CRT.

He is involved in formulations and mini formulations on distressed behaviours to maximise the options for patients on discharge. He is also involved in the overall service development.

There are good OT assessments and reviews for all the patients. There is a full time OT and a full time OT technician covering Kelvin and Clyde, though some of their time is now shared with the acute wards which has diluted the service. Having said that, they are in the ward every day, take some groups and do individual work with patients. Nursing staff also contribute to the running of the weekly programme. There are a range of activities including a soup group, Therapet, walking groups, an art group is being planned and there is socialising through games, a themed night once a week and the Sunday meal. Polyphony, Common Wheel, woodwork and one-off events are available in the Hub though we were told it is difficult to get the patients in the ward to participate in these. Some patients attend Coachhouse, a community resource with a range of activities on offer.

Patients usually self-cater at least twice a week and shop for this. They also do their own laundry, change their beds and keep their rooms tidy and clean. Motivation can be an issue in engagement with the programme.

We saw weekly activity planners in each patient's file. We were told that nursing staff are now taking over doing the weekly planners from OT staff. Where there is active involvement of the patient in this, it can be a useful tool in involving the patient in making choices and hopefully maximising engagement.

An activity board with the week's events in the ward was clearly displayed in the corridor alongside a notice board with other activities available in the hospital.

Use of mental health and incapacity legislation

We were pleased to find all consent to treatment forms under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) and section 47 certificates and treatment plans under the Adults with Incapacity (Scotland) Act 2000 (AWI) were in place. Nursing staff carry out a weekly audit to check dates and that the treatment is compliant with the forms. If discrepancies are found this is immediately dealt with and reported to the appropriate responsible medical officer.

There are good personal spending plans for those patients whose funds are managed under Part 4 of the AWI Act. We saw efforts to encourage spending on appropriate items and think of ways patients could benefit from their money.

The physical environment

The accommodation is in single rooms, some with en suite shower and toilet facilities. The toilets have been upgraded since our last visit. There is a spacious sitting/dining room and several smaller sitting areas and the furniture has recently been replaced in these areas. There is a large activity room and a large training kitchen.

The flooring is worn in places and would benefit from being replaced. We were told that there are problems with moving the beds as they are heavy and not on wheels.

The treatment room, which is effectively just a cupboard, is extremely cramped and not fit for its purpose. It barely accommodates a nurse and a patient and could present safety issues if a patient became distressed. There are aspects of storage on the ward that need addressed but these do not directly affect patient care.

The garden area is enclosed and accessible to patients at all times but access to it is littered with cigarette butts.

Recommendation 3:

The service manager should review the adequacy and safety of the treatment room and the need for replacement of the flooring and beds.

Recommendation 4:

The service manager should ensure the access to the garden area is clean and maintained free of litter.

Summary of recommendations:

1. The senior charge nurse should ensure there is consistency in the quality of the care plans, they are recovery-focussed and interventions are sufficiently detailed and clear.
2. The senior charge nurse should ensure there is life history information for each patient in their record as far as is possible.
3. The service manager should review the adequacy and safety of the treatment room and the need for replacement of the flooring and beds.
4. The service manager should ensure the access to the garden area is clean and maintained free of litter.

Service response and action plan

The Commission requires an action plan 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.

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