Mental Welfare Commission for Scotland

Report on announced visit to: The Adult Psychiatric Unit, Western Isles Hospital, MacAulay Road, Isle of Lewis, Stornoway HS1 2AF

Date of visit: 16 April 2019

Where we visited

The adult psychiatric unit (APU) is a five-bedded ward providing care for men and women who require acute psychiatric admission and treatment. We last visited this service on 22 November 2017, and also visited Clisham Ward which is now closed. No recommendations were made in relation to this ward at the last visit.

We wanted to revisit this ward, meet with patients, and also to see if the closure of Clisham Ward had impacted on the care and treatment of patients.

Who we met with

We met with, and reviewed the care and treatment of, all three patients. On the day we spoke to the charge nurse, nursing staff, the consultant psychiatrist and the specialist dementia nurse who covered the general hospital. We also met with one advocacy worker. We were unable to meet with any relatives on the day.

Commission visitors

Moira Healy, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of the visit we were welcomed into the ward which was quiet throughout our visit.

A mental health nurse who was originally employed in Clisham Ward provides support to the wards in order for nursing staff to manage patients who often had a diagnosis of dementia.

Patient records were well-organised and maintained. Care plans were detailed and person centred with active interventions, and were reviewed on a regular basis. Involvement of relatives in care plans was evident where relevant. The notes showed evidence of one-to-one interaction with staff. Multidisciplinary team notes indicated regular attendance from the consultant psychiatrist, nursing staff, third sector staff, relatives, and social work where appropriate.

We heard that on occasions it can be difficult to transfer patients quickly to a mainland NHS inpatient ward when NHS Highland cannot accept a patient for transfer.

If NHS Highland does not have a vacant bed, staff have to widen their search across Scotland. This is difficult not only for the patient but for relatives who have been involved in their care and wished to remain involved in their care.

Use of mental health and incapacity legislation

There were no patients who were subject to mental health legislation on the day of the visit.

No patients were subject to welfare guardianship. Section 47 certificates under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') had been completed, and accompanying treatment plans were in place where required, and were detailed.

When an individual lacks capacity in relation to decisions about their medical treatment, a certificate completed under Section 47 the AWI Act must be completed by a doctor.

Rights and restrictions

The ward was unlocked at the time of our visit and no unnecessary restrictions were in place.

The Commission has developed *Rights in Mind*. This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at https://www.mwcscot.org.uk/rights-in-mind/

Activity and occupation

The occupational therapist who provides input to the ward is currently on maternity leave. Her post has not been filled despite being advertised. Therapeutic and recreational activities are nurse-led, and dependent on the level of clinical activity.

The physical environment

There is a lounge and a separate dining room. There is also an activity room which includes a pool table. Access to a garden is across the corridor from the ward. The APU is difficult to find and, unlike other wards within the hospital, it is not signposted from the entrance.

Other comments

The APU has to cater for all age groups and specialisms. Admitting patients can often mean they are there for a long period of time, as support services in some of the islands are sparse, and this can have an impact on the amount of time they spend on the ward.

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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