Mental Welfare Commission for Scotland

Report on an unannounced visit to: New Craigs Hospital Ruthven, Maree, and Morar 1 wards Leachkin Road, Inverness IV3 8NP

Date of visit: 4th February 2016

Where we visited

Morar 1, Maree and Ruthven wards are all adult acute wards. We last visited these wards on 28th January 2015 and made the following recommendations:

1. RMOs to check that all T2 and T3 certificates for consent to treatment are on file and accurately reflect current guidance.

2. Care plans should evidence service user participation and be reviewed meaningfully by nursing staff.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

We met with nine patients and reviewed their notes. No carers, relatives or friends were available on the day of this unannounced visit.

We also spoke with the Charge Nurses and several staff nurses.

Commission visitors

Tony Jevon, Social Work Officer (coordinator) and Dougie Seath, Nurse Officer.

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were in general happy with the care and treatment provided in the wards and told us they were treated with respect. Care plans were detailed and individualised with regular evaluations. One observation was that some care plans seen were overly inclusive trying to fit in too many needs onto a single plan where if they were split into more than one care plan it would allow clearer ability to review each need without having to rewrite the whole care plan.

Weekly ward reviews were well documented. Patients in Maree are seen in advance of the meeting by their RMO to make their wishes known and so that they do not have to attend if they do not want to.

Use of mental health and incapacity legislation

Mental health act paperwork including T2 and T3 certificates for consent to treatment were present in the files reviewed. This was an improvement on our previous visit. One minor exception was reported to the Charge Nurse (as required medication written for intramuscular injection was being given orally).

All the files seen had an initial assessment followed by risk assessment and management plan. Where appropriate “Skills Training on Risk Management” assessment forms had been completed with the involvement of patients as part of

their suicide prevention and self-harm mitigation care plans. Other care plans were detailed and individualised with evaluations.

Rights and restrictions

Specified person documentation seen on our visit was in order. The Consultant Psychiatrist in accordance with Sections 281 to 286 of the Mental Health (Scotland) 2003 Act had included a reasoned opinion statement stating that without restrictions being in place there would be a risk to the individual or to others.

In Maree ward two patients were on constant observation**.** This was properly authorised and reviewed.

One patient seen told us she found no posters or leaflets available on the ward about the mental health act, local mental health organisations, patients' rights leaflets, or how to make a complaint. We discussed this with the Senior Nurse and she agreed to obtain these leaflets and posters, which had been on the ward, but were not restocked on a regular basis. We also heard that the Patient Council was based at Raigmore and had little in-reach to New Craigs Hospital.

Recommendation 1:

Managers should ensure that through partnership forums such as the patient council, users of services in New Craigs Hospital are informed about services, engaged in discussing how to improve health and social care services, and supported to be involved in planning and decision making.

Activity and occupation

There is a weekly OT programme showing activities available. Those patients we spoke to who attended these, were satisfied with the level of activity offered and with the access to the social centre and gym.

We found that face to face support sessions with associate nurses were well documented.

The physical environment

One patient seen raised an issue about the doors in the ward. They are fitted with anti-ligature knobs and have no grip. As such they are hard to manipulate and if your hand is damp it is impossible to open the door. She finds it difficult to open the doors and is worried about how she would open them in the event of emergency.

Managers should consider whether the door knobs meet Building Regulations in particular as they apply to the Equality Act 2010, that latched doors should be able to be opened by people with limited manual dexterity.

Summary of recommendation

Recommendation 1:

Managers should ensure that through partnership forums such as the patient council, patients in New Craigs Hospital are informed about services, engaged in discussing how to improve health and social care services, and supported to be involved in planning and decision making.

Service response to recommendation

The Commission requires a response to the recommendation 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 & 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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk