Mental Welfare Commission for Scotland

Report on announced/unannounced visit to: Coathill Hospital, Glencairn Rehabilitation Unit, Hospital Street, Coatbridge, ML5 4DN

Date of visit: 21 March 2016

Where we visited

Glencairn is a purpose-built unit of 12 beds for the rehabilitation and recovery of patients with severe and enduring mental illness. The unit provides ongoing care and treatment whilst working towards a gradual return to the community. The unit opened in 2010 and has a multidisciplinary team input to care and treatment. At the time of the Commission visit the unit was fully occupied.

We last visited this service on 10 April 2014 and made one recommendation around self-catering budgets for patients.

On the day of this visit we wanted to follow up on the previous recommendation and also look at care plans. This is because we want to ensure that care plans clearly reflect the patient's rehabilitation process and that these are person-centred.

Who we met with

We met with seven patients.

We spoke with the charge nurse, the liaison occupational therapist, the liaison discharge nurse as well as one of the consultant psychiatrists and a junior member of the medical team.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Care Plans and daily notes

When reviewing the care plans we found them to be person-centred and recovery focussed. However, interventions were not well-described and reviews were not informative of actions taken, or any changes to the care plans as a result of these actions. There were also no care plans specific to cultural or religious needs. We would have expected to see these because, at the time of our visit, there was a multicultural patient group.

Multidisciplinary meeting notes we viewed were informative and clearly involved the patents. They are currently handwritten by medical staff in the paperlite files. There is a specific page on the electronic record system MIDIS for recording these meetings. In order to ensure all notes are recorded accurately and ensure information is not missed we recommend that medical staff write notes in the MIDIS system.

The daily notes that nurses write are held on MIDIS. We suggested these could be more detailed and informative of the patient's day and progress. We suggested considering using the Situation Background Action Review (SBAR) model of writing these notes to ensure reflection on progress with the patient is written up daily. We felt that locating one to one interactions between patients and keyworkers were difficult to locate in the notes as was current important person specific information and suggested these are highlighted in some way to stand out.

Recommendation 1

Managers should review care plans to ensure they are meaningful and informative in relation to patient needs.

Recommendation 2

Medical staff should write their notes on the electronic system to ensure continuity and avoid missing any relevant information.

Recommendation 3

Managers should consider utilising the SBAR model of note writing for daily notes in patient files.

Use of mental health and incapacity legislation

Consent to treatment documentation

When we reviewed the medicine prescription sheets we found two 'consent to treatment' (T2) documents which did not fully authorise all prescribed medication. We spoke to medical staff on the day of the visit who then arranged for second opinions to be done in order to have up to date T2 certificates completed.

Medicine prescription sheets

We found the medicine prescription sheets confusing as regular prescriptions were mixed in with 'as required' prescriptions. We suggested the prescription sheets should be reviewed and the layout changed to ensure that medication prescribed for regular use is noted on a separate part of the sheet from medication prescribed for 'as required' use. This change will ensure clarity for all staff and help avoid any errors in administering medication.

Recommendation 4

Medical staff should review medicine prescriptions sheets to ensure they are laid out clearly and that regular prescriptions are distinct from as required prescriptions.

Rights and restrictions

We were pleased to see that all patients have access to a garden and are encouraged to participate in growing plants and vegetables which are used by the patients in preparing their meals. We heard that the occupational therapy (OT) staff maintain the garden with patient assistance.

We also heard that patients are encouraged to do activity in the local community and to take an interest in their physical, as well as their mental, heath.

Activity and occupation

The ward has two dedicated OT staff. They work with nursing staff to ensure individual patients have varied activities available to them in their rehabilitation. Activities take place both in the unit and the local community. We heard that as far as possible individuals' interests are incorporated into activities and these activities are planned on a weekly basis with the involvement of patients. All patients have a copy of their individual activity planner for the week.

The physical environment

The unit is bright and clean. There is art work throughout and furnishings appropriate to a rehabilitation unit. Patients are encouraged to personalise their bedrooms and to maintain a standard of tidiness throughout the unit.

The kitchens and laundry facilities are well used by patients.

The garden area is particularly well-cared for by patients and OT staff. However we came across patients smoking in the garden area. We discussed this with the nurse in charge who told us patients are discouraged from smoking and that smoking cessation is available to all patients who wish this support. We heard that there is a pathway planned to allow patients to safely walk off of hospital grounds should they wish to smoke. We understand this is a difficult issue for staff to deal with and suggested that the ashtray and shelter in the garden area are removed to discourage smoking there. We also suggested the Board no smoking policy is made available to all staff and discussed again with patients.

Any other comments

All of the patients we met with on the day of the visit highly praised staff and the support they feel they are given.

Individual food budgets

When we last visited the unit we were concerned that for a rehabilitation area few patients had a budget for food and were preparing their own meals. On this visit we

heard that apart from the weekend meal preparing group. patients tend to do more food budgeting and cooking nearer to the time of their discharge. In discussion with the OT she was clear there would be benefit in starting this process earlier. We confirmed that there is a budget available for this use and encouraged nursing and OT staff to discuss which patients would benefit from utilising the budget earlier in their rehabilitation journey.

Delayed Discharges

In discussions with all staff we met with during our visit, we heard that there are some difficulties in moving people into the community. This is in part due to a lack of available supported accommodation. However, we heard there have also been particular difficulties engaging with North Lanarkshire Council. We were also told about council-funded support packages for patients which are being reduced, and in some instances stopped, at the point in their in-patient journey where extra support is of benefit in helping them prepare for discharge to the community. We urge managers to urgently discuss these issues with North Lanarkshire Council. We will write separately to North Lanarkshire Council requesting further information on this issue.

Recommendation 5

Managers should urgently discuss engagement and support packages with North Lanarkshire Council.

Summary of recommendations

1. Managers should review care plans to ensure they are meaningful and informative in relation to patient needs.

2. Medical staff should write their notes on the electronic system to ensure continuity and avoid missing any relevant information.

3. Managers should consider utilising the SBAR model of note writing for daily notes in patient files.

4. Medical staff should review medicine prescriptions sheets to ensure they are laid out clearly and that regular prescriptions are distinct from as required prescriptions.

5. Managers should urgently discuss engagement and support packages with North Lanarkshire Council.

Good practice

We were impressed by the garden project at the unit and the emphasis on exercise and physical health for all. We see this as an area of good practice and encourage its continuation.

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

Mike Diamond

Executive Director (Social Work**)**

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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