Mental Welfare Commission for Scotland

Report on unannounced visit to: Ward 24, Monklands District General Hospital, Monkscourt Ave, Airdrie, North Lanarkshire ML6 0JS

Date of visit: 1 December 2015

Date sent to service: 20 January 2016

Where we visited

Ward 24 is an acute adult psychiatric admission unit based in the grounds of Monklands District General Hospital. The ward has undergone substantial renovations and remodelling and was reopened at the beginning of December 2014. The new environment provides 24 beds, in a layout of 2 and 3 bed dormitories and single en-suite rooms. The refurbished ward has a small lounge, a dining room with servery, a family visiting room, a quiet lounge, a group room, an activities room, an occupational therapy assessment kitchen and two interview rooms. It also has a small kitchen where patients can make hot drinks and snacks at any time.

During our visit there were 18 patients in the ward, five were subject to detention under the mental health act. One patient was considered to be a delayed discharge due to difficulties in provision of appropriate community supports. There was also one patient awaiting an NHS rehabilitation placement who had been in this position for some time.

We last visited this service on 31st March 2015 and made recommendations in relation to the environment, nursing staff time, access to psychological services, consultant psychiatry input to the ward and access to activities.

On the day of this visit we wanted to follow up on the previous recommendations and also look at case records on the electronic record system, MIDIS. This is because we had noted on other visits in NHS Lanarkshire where this system is being used that notes were lacking in detail.

Who we met with

We met with nine patients and reviewed an additional case record. We also spoke with the ward manager, nursing staff and a peer support worker.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Multidisciplinary Team (MDT) input to the ward

During our last visit we were told that the ward had two full time occupational therapists but that they spent most of their time off the ward doing assessments with individuals in their own homes. This meant that ward patients had limited input to their care and treatment from this resource. On this visit we were pleased to hear that there are still two occupational therapists in post and that they have reviewed their input to the ward so that now they spend more time ward based providing activities and assessments for patients and attend all patient review meetings. They continue to carry out home assessments but on a less frequent basis.

We were informed that psychology input is on a referral only basis but that ward patients are given priority to ensure assessments can be accessed during admission. There is still a delay of three to four weeks for an assessment but this is an improvement since our last visit.

We heard that input from speech and language therapy and physiotherapy is also via referral but that referrals are addressed quickly.

As at the time of our last visit there are still up to nine consultants holding MDT meetings within the ward. We are told that there are currently six regular consultants inputting to three MDT meetings each week- Monday to Friday plus additional input from visiting consultants from learning disabilities, forensic and Child and Adolescnt Mental Health Service (CAMHS) services when required. However, the ward manager feels this is managed by ensuring each consultant group have specific days to carry out reviews and visiting consultants see their patients on a separate day.

Nursing staff numbers had been increased since our last visit however currently the ward has two nurses on maternity leave and one vacancy. It was not clear if the vacancy will be filled. At present bank staff are used to ensure adequate nursing numbers. We heard that where possible, the permanent ward staff, who also work for the nurse bank will try to cover shifts. This is not always possible so using bank staff excessively does not allow for continuity in care for patients. It may be beneficial to review staffing on the ward to ensure optimum levels of nursing care are available to patients.

Care plans

We looked at care plans, daily progress notes and MDT review notes on the MIDIS electronic recording system as the ward had moved to using this system in the last year in line with all inpatient areas in NHS Lanarkshire. When visiting some other areas we had found these records to lack detail and be difficult to navigate.

We were very pleased to see that the nursing staff have chosen to use the situation, background, assessment, recommendation (SBAR) model of recording their notes. This gives a clear indication of the patient's day and mental state as well as stating what support is required, tying this in to care plans and the MDT reviews. Of the records reviewed we noted that care plans are reviewed at least weekly in line with MDT reviews. We note this to be an area of good practice.

We were told that nurses have devised a system to ensure they have allotted time in the day for recording in patient files to ensure there are always nurses available to the patients and to engage in ward activities.

The MIDIS system remains slow and we heard there have been issues with the system not functioning. To ensure information continues to be available, the ward keeps a small paper file for each patient where information is recorded if the electronic system is unavailable. This information is then input to the electronic file when the system is back on line. This can take up nursing time away from patient interaction.

In reviewing the case files we found evidence of patient participation in care decisions and where appropriate families being invited to attend care reviews. It was also good to see there was clear attention to physical health care needs alongside mental health care needs.

Use of mental health and incapacity legislation

Legal documentation was held in the small paper file for relevant patients and held in the ward manager's office. We found all relevant paperwork to be in place. Consent to treatment certificates were located in the medicine recording files.

There was appropriate guardianship paperwork on file for two patients.

Rights and restrictions

During our visit we were made aware of one patient on the ward on an informal basis where the consultant psychiatrist had indicated the individual had not to have time off the ward. We discussed the situation with the ward manager and agreed to write to the doctor regarding the restriction being placed on the individual without legal authority.

Activity and occupation

At the time of our last visit to the ward we noted a lack of activity available to patients. We were pleased to see that there is now an established group activity programme that is reviewed daily to meet patient needs. Group activities are carried out both on and off the ward by occupational therapists, nurses and a peer support worker.

The peer support worker has been in place for several months and attends the ward three days per week. As well as participating in the group activities he supports individual patients on a one to one basis.

Nursing staff now ensure all patients have one to one time under the key worker system and this is recorded in the care file.

We saw activities in action during the visit. Individuals met with on the day of the visit said they were happy with the activities on offer and felt able to participate as they chose to. Patients commented positively on the time nurses spent with them and said that all staff were approachable and available to them when needed. Patients also commented on the content of the activity programme stating that there are things available that can be carried on at home such as relaxation, acupuncture, mindfulness and craft work.

The physical environment

The environment is bright and clean although somewhat clinical. It was nice to see the attention since our last visit to ensuring artwork is on the communal area walls. The artwork has been produced by patients and is of a high standard. We were told that it is hoped some furnishings will be renewed to try to give a more homely feel to the ward and we look forward to seeing this in future visits.

Patients have access to an enclosed garden area that is nicely presented.

Any other comments

Discharge planning

We were informed that as part of the Scottish Patient Safety Programme (SPSP) the ward have been looking at the discharge process. They are moving to a discharge pause in this process. In practice this will mean there is time specifically allocated near to a discharge date that the nurse leading on the discharge process will use to ensure everything required to facilitate the discharge is in place. This will include contacts with services that will provide ongoing support to individuals such as community teams ensuring they are involved in discharge planning meetings. We look forward to hearing how this has progressed when we next visit.

Accessing NHS rehabilitation placement

We met with a patient who has been on the ward for some considerable time awaiting an NHS rehabilitation placement. We will write to the consultant psychiatrist for more information regarding this individual.

We are aware that this is an issue across NHS Lanarkshire. However, we are unclear if this is solely due to the lack of available community provision for individuals in the rehabilitation area to move on to in order to keep the throughput of

these services active. We would like to be informed of any individuals who are affected by this situation.

Recommendation 1

Ward manager, medical staff and service manager should inform the Commission of any individuals who are affected by an overly long delay in accessing rehabilitation placements.

Summary of Recommendations

1. Ward manager, medical staff and service manager should inform the Commission of any individuals who are affected by an overly long delay in accessing rehabilitation placements.

Good practice

The area of good practice we wish to highlight and think should be shared across NHS Lanarkshire, is the model used on ward 24 to record patient progress on the MIDIS system. The SBAR provides continuity and references care decisions and care planning clearly and meaningfully for individual patients.

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)

20 January 2016

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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