Mental Welfare Commission for Scotland

Report on announced visit to: Wishaw General Hospital, Ward 3, 50 Netherton Street, Wishaw ML2 0DP

Date of visit: 4 July 2016

Where we visited

Ward 3 is a 23-bedded mixed sex ward for assessment of older people with a form of dementia. The ward is situated on the lower level of a large district general hospital. There is a mixture of single room and four-bed dormitory accommodation as well as a large lounge, a dining area an activity space and a relaxation area. There is direct access to an enclosed garden area from the lounge area of the ward.

When we visited there were 22 patients on the ward, nine of whom were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA).

We last visited this service on 9 June 2015 and made recommendations in regard to care plans, recording of one-to-one time, consent documentation, patient access to bed areas and the length of time it took for the ward to have some maintenance requests such as window screening, attended to.

On the day of this visit we wanted to follow up on the previous recommendations and hear how the ward had coped with patient transfers from Coathill Hospital when wards were closed.

Who we met with

We met with and or reviewed the care and treatment of nine patients. Although relatives had been informed of our visit to the ward and posters detailing the visit were prominently displayed none chose to meet with us.

We spoke with the senior charge nurse (SCN), several staff nurses, student nurses and the activities co-ordinator.

Commission visitors

Margo Fyfe, Nursing Officer

Moira Healy, Social work Officer

What people told us and what we found

Care, treatment, support and participation

Staffing

Multidisciplinary input to the ward has remained the same as at the time of the previous visit. The ward has five sessions per week of occupational therapy input as well as a full time activity co-ordinator who work alongside medical and nursing staff. Being situated in a district general hospital there are good links to physicians for physical health issues and investigations as required.

We heard that nursing staff are undergoing training on the Newcastle Model of managing stressed and distressed behaviour led by the practice development nurse and the clinical psychologist, who has one session per week in the ward.

Documentation

We were pleased to see that since our last visit good attention had been paid to ensuring DNACPR documentation had been discussed with families and/or guardians and power of attorneys. We also found that documents patients had signed giving consent to share information were no longer being given, as a matter of course, to patients who lack capacity or to family members who have no legal authority to sign them.

Care Plans

The ward has now transferred to the MIDIS electronic records system. We heard from staff how slow and time-consuming the system is. This at times interferes with the time staff have available to spend with patients. We are aware the system is under review and look forward to hearing of progress in this area at future visits.

We were disappointed to find that nursing care plans were in need of audit and improvement. We found that the initial care plan in place was person-centred and addressed immediate care needs. However, from the care plans reviewed we found that reviews had no detail attached so it was unclear what was actually reviewed. There was a lack of care plan in relation to mental health care needs other than stressed and distressed behaviour and there was no clear link to multidisciplinary reviews or general continuation notes. We discussed this issue with the SCN and recommend this issue is urgently addressed to ensure clarity around care needs on an ongoing basis for individuals.

Recommendation 1:

Managers and SCN should urgently audit care plans to ensure consistency, continuity and clarity in person-centred nursing care plans and that these link into multidisciplinary reviews.

Use of mental health and incapacity legislation

In the care files reviewed we found person-centred s47s, capacity to consent to treatment certificates and treatment plans in place. We also found all MHA Part 16 certificates easy to find and current.

MHA documentation along with guardianship and power of attorney documentation were located in paper-lite files for each patient that should have had this documentation in place.

Rights and restrictions

Locked Door

The main door of the ward is locked. There is a locked door policy in place and patients and relatives have this explained to them. Those who choose to leave the ward know how they can do so.

Patients can access an enclosed garden area off the lounge, weather permitting.

Patient access to bed areas

During our last visit we were concerned that patients were allowed to freely go in and out of all bed areas. On this occasion we were informed that staff have a higher profile on the ward to observe patient movements. We also heard about, and witnessed, staff checking regularly where patients were to ensure they were not in the bed areas of other patients. We also heard that the maintenance service SERCO are in discussions with service managers regarding locks for doors and cupboards as required to ensure patients privacy and dignity as well as protecting their belongings.

Activity and occupation

The full-time activity co-ordinator has been allocated to the ward for some time. She ensures there is a variety of group and individual activities available to patients on a daily basis. We witnessed some of the activity during our visit and saw a good rapport between the activity co-ordinator and patients. There are also visiting entertainment and therapet visits to the ward, which patients greatly enjoy. We heard that the occupational therapist also spends a lot of time on ensuring patients have access to appropriate activities and assessments as required.

The physical environment

The ward was being painted at the time of the visit so there was a lack of art work etcetera. We were told that at times they have difficulty in presenting a less clinical environment due to the restrictions placed on them in relation to hygiene requirements. We urge service managers to continue discussions with hospital managers regarding this issue for psychiatric wards where the cross infection risks are less than in surgical areas. We look forward to hearing how this has progressed at future visits.

Any other comments

Throughout the visit we noted pleasant, supportive interactions between staff and patients. The ward was calm although busy and staff took time with patients to provide required support. The patients who were able to express themselves praised the staff and how well they felt cared for.

Summary of recommendations

1. Managers and SCN should urgently audit care plans to ensure consistency, continuity and clarity in person-centred nursing care plans and that these link into multidisciplinary reviews.

Good practice

At the start of the visit we were shown a report that the nurse in charge of the shift collates for each member of nursing staff at the time of the shift handover. The report is based on the Situation Background Action Review model from the Scottish Patient Safety Programme approach. The report details information on each patient with an update on their current care issues any test results awaited and any safety alerts. We found this to be extremely helpful and good practice. Other areas of the service may benefit from using this approach.

Service response to recommendations

The Commission requires a response to this recommendation 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 Officer (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.

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