Mental Welfare Commission for Scotland

Report on announced visit to: Wishaw General Hospital, IPCU**,** Wishaw**,** ML2 0DP

Date of visit: 4 May 2016

Where we visited

The Intensive psychiatric care unit (IPCU) in Wishaw General Hospital is a 6 bed purpose built facility. The ward can take both male and female patients and has a separate sitting room for female patients use. Each bedroom has an ensuite shower room. At the time of our visit there were 5 patients in the unit. The unit has nursing, medical and occupational therapy staff. Any other disciplines required are on a referral only basis. We last visited this service on 19th August 2015 as part of the Commission's national themed visit to IPCU areas. Findings from the themed visit were published on our website on 31st March 2016.

On the day of this visit we wanted to look at care plans for individuals and activity provision. This is because we want to ensure that patients care is person centred and appropriately meeting their needs whilst in an intensive care environment.

Who we met with

We met with four patients and two relatives.

We spoke with the service manager, the senior charge nurse and the consultant psychiatrist for the unit.

Commission visitors

Margo Fyfe, nursing officer and visit co-ordinator

Kathleen Taylor, engagement & participation officer (carer)

What people told us and what we found

Care, treatment, support and participation

Care Plans

The unit use the MIDIS electronic record system for all care planning and daily notes regarding individual patients. The care plans viewed were easy to navigate with a mental health focus relevant to the individual. We saw regular reviews in place with clear interventions described to work towards achieving the goal of the care plan. Patients spoken to were aware of their care plans and most felt engaged in discussions around their care and treatment.

Multidisciplinary meeting notes were informative and detailed all in attendance. The patients also have input to these meetings and attend if they wish. Where patients do not wish to attend, the nursing staff who work closest with them, ensure their views are relayed at the meeting and update the patient on any decisions following the meeting.

We heard that there remains no psychology input to the unit. We had commented at the time of the last visit that psychology input could enhance the work the nurses trained in psychological therapies provide. It may also benefit the overall care and treatment of the patients to have access to psychology assessments during their stay in the unit and would urge managers to consider this issue further.

We also heard that there is no pharmacy input to the unit. As this is an area where medications may be used intensively we would expect to see regular audits of medication prescriptions by pharmacy. We would recommend that managers review this situation to ensure appropriate pharmacy input to benefit the patient group.

Recommendation 1

Managers should review psychology and pharmacy input to the unit to ensure optimum availability and benefit to the patients.

Use of mental health and incapacity legislation

We found all legal documentation for patients available in separate folders specifically for this information. This included where appropriate, consent to treatment certificates which were also copied into the medicine prescription folder.

Rights and restrictions

The IPCU has locked entry so no patients or visitors are able to gain access or leave without staff opening the door. There is a policy regarding locked doors in place in NHS Lanarkshire. All patients are made aware of this situation at the time of admission. Patients can access fresh air via the enclosed garden area that can be accessed directly from the ward.

We asked about the use of restraint in the ward and were informed that this is avoided where possible. If used it is for as short a time as necessary. Instead, staff are trained in the use of de-escalation techniques and encourage patients to remove themselves from areas of high stimulation when stressed or distressed.

Activity and occupation

Activities are in the main provided on a one to one basis due to the acuteness of illness patients are experiencing. These are provided by nursing staff and occupational therapy staff. Nurses and occupational therapy staff spend time helping patients understand their illnesses and exploring ways of coping with these better as their mental health improves.

The unit has a room dedicated to relaxation and exercise. The room has some exercise equipment which can be used under staff supervision as well as lighting and

seating designed to promote relaxation. There is also access to other recreational activity such as table tennis and electronic games.

The physical environment

The unit sits within a general hospital and as such has restrictions on what can be done to soften the clinical appearance.

The unit is purpose built having six single ensuite bedrooms, two sitting rooms, a dining room and a well equipped activity/relaxation room. There is access to an enclosed garden area. Outside the entrance there is a family room for patient use. The unit is bright and well maintained if somewhat clinical. We were shown pictures that are waiting to be hung in the corridor areas which will soften the appearance of the unit.

Any other comments

The relatives we met with during the visit were happy with the care and treatment given to their family member. They were complimentary of staff and said that communication with them had been good.

Patents met with were in the main positive about their experiences in the unit and felt involved in their care and treatment.

Any of the staff approached for information about the patients in their care were helpful and knowledgeable about the patients in question.

Summary of recommendations

1. Managers should review psychology and pharmacy input to the unit to ensure optimum availability and benefit to the 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)

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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