



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Tiree Ward, The Priory Hospital,  
38-40 Mansionhouse Road, Glasgow, G41 3DW

**Date of visit:** 9 July 2021

## **Where we visited**

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's route map (May 2020). There have been periods during the pandemic where we have been unable to conduct our face to face visits, however this local visit was able to be carried out face-to-face.

The Priory Hospital, Glasgow is an independent 32-bedded psychiatric hospital. The hospital currently has a 23-bedded NHS funded eating disorder facility for women (Coll and Barra Wards with 14 and nine beds respectively) and a nine-bedded private, mixed-sex mental health unit (Tiree Ward) which provides inpatient care for patients with a range of medical disorders including depression, psychotic illness and substance misuse. We last visited the mental health unit on 6 February 2017 and, following this visit, we made four recommendations relating to risk assessments, patient information leaflets, staff training, and environmental audits.

On the day of this visit we wanted to follow up on the previous recommendations and also hear how the service had managed throughout the current Covid-19 pandemic, specifically in relation to the impact of restrictions, contact with relatives, reductions in opportunities for rehabilitative activities out with the ward and the mental health of patients. We also wanted to give patients an opportunity to raise any issues with us and to ensure the care, treatment and facilities are meeting patients' needs.

## **Who we met with**

We met with and reviewed the care and treatment of three patients. We spoke with the hospital director, the director of clinical services, the clinical director, the therapy service manager, the addictions manager, an administrator, a senior charge nurse (SCN) and a charge nurse on the day of the visit.

## **Commission visitors**

Lesley Paterson, Nursing Officer

Yvonne Bennett, Social Work Officer

## **What people told us and what we found**

On the day of this visit, Tiree Ward had eight patients and one empty bed. All of the patients in Tiree were informal, six of whom were receiving treatment for substance misuse and two were receiving treatment for mental illness. We were told that the majority of patients referred to this ward are privately funded, with very few NHS referrals. The length of patient stay is usually between one and four weeks. Due to the private nature of the facility, it is rare for patients in this unit to be detained for treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 and if this has to happen, the patients will be transferred to an NHS facility.

### **Care, treatment, support and participation**

The patients we met with spoke very highly about the care and treatment provided and of the professionalism of the clinical team. They report that staff are friendly, approachable, and knowledgeable. The ward has medical input from seven visiting consultant psychiatrists, a resident hospital doctor, (who carries out physical health reviews, blood tests, day-to-day reviews and prescribing), psychology, occupational therapy (OT), and pharmacy.

Each consultant psychiatrist holds a weekly multidisciplinary team (MDT) meeting and each patient is discussed and reviewed a minimum of once per week, but more frequently if required. The discussions, decisions and actions from the MDT meeting were recorded clearly and there was documented evidence of patient involvement. There was a range of MDT professionals involved and it was clear to see who attended each meeting. On our last visit to Tiree Ward we recommended that the risk assessment process was improved to accurately record and monitor risk information for all patients. We were pleased to see that this has been attended to and the process is much more robust and better understood by all staff who contribute to it. The risk assessments and risk management plans are regularly reviewed as part of the MDT meeting and after any incident. There was a clear link between risk, care and treatment.

Care plans were person centred, detailed, responsive to needs, and reviewed regularly. They were well-structured and evidenced collaboration between the patient and the clinical team.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

[https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans\\_GoodPracticeGuide\\_August2019\\_0.pdf](https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

We were told that advocacy input is available on request and that the patients who use this find it valuable and supportive.

A significant issue for patients and families across Scotland has been maintaining contact during the Covid-19 pandemic due to national restrictions on hospital visiting. The Priory staff have continued to encourage family contact between patients and their families as far as possible, and patients have been able to maintain telephone or video call contact where

appropriate, with a move towards face-to-face when restrictions allowed. Prior to the Covid-19 pandemic, there was a carer's support group in place. While we saw some evidence of carer involvement within the patient records, managers acknowledged that liaison between the clinical team and carers could be better. To this end, there is work ongoing to explore this area further, and formalise the carers support structure to ensure they are informed, included and involved in their loved ones care and treatment as appropriate.

We look forward to seeing how this has progressed at future visits.

## **Rights and restrictions**

Given that patients on the ward are very rarely treated under compulsory measures, it is important that patients receiving care are aware of their rights and are not subject to unnecessary or unlawful restrictions.

On our last visit to Tiree Ward, we made recommendations regarding ensuring the availability of a patient information leaflet which adequately informs patients of their rights and any restrictions in place on the ward and also ensuring staff are conversant in all aspects of rights, restrictions and issues of consent. From speaking with patients and staff on the day of the visit, it would seem that there has been much improvement in this area. Various patient information leaflets are available for patients and their families and patients appear to be fully informed of their rights and understand the restrictions and policies which are in place within the ward. Staff also appear more knowledgeable and comfortable when discussing patients' rights and consent issues.

The Commission has developed [\*Rights in Mind\*](#). This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points in their treatment. This can be found at:

<https://www.mwcscot.org.uk/law-and-rights/rights-mind>

## **Therapeutic activity and occupation**

Tiree Ward has a full therapeutic and recreational activity programme for patients which is facilitated by a range of therapists, nursing and OT staff.

On admission, patients join either a four-week addictions therapy programme or a four-week general therapy programme. On completion of this four week therapeutic programme, the therapy team will re-assess an individual patient's needs and sometimes an alternative four-week programme may be recommended, while others may benefit more from individual therapy tailored to their needs. Once a patient is discharged from Tiree Ward, outpatient follow up is provided. The patients we spoke to report a tightly scheduled and varied programme of activity which they enjoyed and felt they greatly

benefitted from. All participation in therapeutic or recreational activities was clearly documented and reviewed within the patient files and also within the MDT meeting notes.

## **The physical environment**

We were told that The Priory spent over half a million pounds on refurbishments last year and the environment was very pleasant, bright, clean and decorated to a high standard. All patients have their own large, en-suite, tastefully decorated bedroom, which most have personalised. The ward felt calm and peaceful and there were multiple areas for relaxation and recreation on the ward. The patients have access to a large dining room / café on the ground floor of the building.

We previously made a recommendation regarding systems being put in place to ensure all maintenance, environmental audits and potential ligature point work be carried out and were pleased to see this was completed immediately after our last visit in 2017.

One of the en-suite bedrooms has a wet room bathroom area and can potentially be used for patients with a physical disability; however this room is not on the ground floor and, while there is a lift, there are still three stairs to be negotiated between the lift and the bedroom.

The other bedrooms do not appear to be disability compliant either. We were told by managers that work will be commissioned to add wet rooms to some of the ground floor bedrooms to make them fully accessible, however we are concerned that in the meantime the service may not be meeting its duties under the Disability Discrimination Act (1995).

### **Recommendation 1:**

Managers should ensure that remedial work is undertaken as a priority to ensure that patients with mobility issues and / or physical disabilities are able to be safely looked after in Tiree Ward.

## **Any other comments**

We were told by managers that they currently have a high number of staffing vacancies, however this is fairly consistent with many other areas across the country. There is therefore a heavy reliance on agency staff. We were told though that three core agencies are used and every effort is made to block book the same staff members to ensure consistency as far as is possible.

We also heard that efforts to improve the attractiveness of posts, such as increased remuneration, improved terms and conditions are being explored. We were however encouraged to hear from staff that they feel respected, valued and receive sufficient training. They also receive regular clinical supervision and support from management, which they find invaluable.

## **Summary of recommendations**

1. Managers should ensure that remedial work is undertaken as a priority to ensure that patients with mobility issues and / or physical disabilities are able to be safely accommodated in Tیره Ward.

## **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.

SUZANNE MCGUINNESS  
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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