Mental Welfare Commission for Scotland

Report on announced visit to:
Bruar Ward, New Craigs Hospital, Leachkin Road, Inverness, IV3 8NP

Date of visit: 16 May 2022

Where we visited

At the Commission, due to the Covid-19 pandemic, we have had to adapt our local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was able to be carried out face to face.

Bruar Ward is an eight-bedded forensic rehabilitation ward located in the grounds of New Craigs Hospital. All beds were occupied at the time of the visit. The staff in Bruar Ward aim to support people to re-establish independent living skills by including in their weekly programmes activities such as cooking, shopping, budgeting, and use of community services in addition to attending to self-care. We last visited this service on 25 September 2019. On that occasion we made no recommendations. Not all patients in the ward met the criteria for the rehabilitation programme provided and this is proving problematic for both patients and staff.

We wanted to find out 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 outwith the ward and on 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 or reviewed the care and treatment of six patients, met with one visitor and spoke with three relatives by telephone.

We met with the service manager, the senior and deputy charge nurses.

Commission visitors

Douglas Seath, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Nursing care plans

When we last visited the service we found examples of detailed and person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual. On this occasion we found detailed, person centred care plans which were regularly reviewed and evidenced patient involvement. We also found a good deal of information recorded in patients' one-to-one discussions with their named nurse.

We found evidence in the notes that patients are encouraged to participate and, if patients do not engage in care planning sessions or activities, this is recorded as we found on our previous visits.

Risk assessment and risk management plans are reviewed on a weekly basis where appropriate. We also saw that many of the patients had physical health care needs and that these were being addressed and followed up timeously.

Care Programme Approach (CPA) meetings were clearly documented for the majority of patients. We saw detailed individual treatment plans and reports from all professionals providing input to the patients' care were included. It was evident that patients and relatives who were able to participate had involvement in, and were aware of, those reports.

Some of the documents we looked at were undated and it was unclear at times which care plans were current and which were no longer in use. There were also documents filed in the wrong parts of the files. The ward do not currently have access to the input of a ward clerk and recognise that this is an issue which needs to be addressed.

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.mwcscot.org.uk/node/1203

Recommendation 1:

Managers should introduce measures to ensure that files are kept in good order so that they provide an accurate record of care and treatment.

Multidisciplinary team (MDT)

It was clear from the very detailed MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend the meetings and update on their views. This also includes the patient and their families should they wish to attend. It was also evident from the notes that when the patient is moving towards discharge that community services also attend the meetings.

Use of mental health and incapacity legislation

Where subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('Mental Health Act'), the patients we met with during our visit had a good understanding of

their detained status. Where individuals were subject to detention under the Mental Health Act, all relevant current detention paperwork was present in the files. Part 16 (ss.235-248) of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. We found some errors in consent to treatment forms in relation to authorisation of medication. These were of a relatively minor order mainly in relation to medicines given with consent. We discussed these with managers on the day and look forward to seeing an improvement in this area on our next visit.

Rights and restrictions

The ward doors are secured by a keypad entry system. Visitors exit and enter with the assistance of nursing staff. There is information about this on display near the door and during our visit we observed that staff responded promptly to visitors

Where specified person restrictions were in place under the Mental Health Act, we found that reasoned opinions in place were out of date. As stated in our last report sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person and where restrictions are introduced, it is important that the principle of least restriction is applied and that the individual patient's rights are upheld.

We were told that advocacy input is available on request and that the patients who use this find it valuable and supportive. Some patients had made an advance statement. An advance statement is written by someone who has been mentally unwell. It sets out the care and treatment they would like, or would not like, if they become ill again in future. Staff informed us that advance statements are promoted within the ward and staff and tend to be encouraged as patients approach their date of discharge.

Visiting is booked in line with current Covid-19 regulations. The relatives we spoke with told us that they were not finding any difficulty with this system and they were able to visit when they wished.

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

Recommendation 2:

Managers should consider MDT training in the application and use of specified persons and introduce an audit system to monitor the use of restrictions.

Our specified persons good practice guidance is available on our website:
https://www.mwcscot.org.uk/node/512

Activity and occupation

We are aware that during the pandemic, restrictions put in place had meant that various activities outwith the unit had to be put on hold and that some of the patient group had struggled with this change to their routine. However, we heard about the efforts of nursing staff to ensure there was always activity available on the unit for patients. We also heard that the occupational therapy (OT) staff and psychologist continued individual work with patients and that this had been greatly received. The ward takes a blended approach to rehabilitation with shopping and cooking for some, although meals are also delivered where this had not been possible during the pandemic. Because of the restrictions during this period, meal preparation had to be restricted to one patient at a time in the kitchen, thereby reducing capacity.

Now that restrictions are beginning to lift and patients are once again able to resume community activities, they are having to again adapt and cope with the changes in routine this brings them. We heard that staff have gone the extra mile to facilitate activity and ensure patients' needs in this area are met. Patients reported being happy with the level of activities available. There is also the prospect of commencing group work and the staff are keen to resume this form of activities suspended during the previous years.

The physical environment

The layout of the ward consists of eight single rooms, a lounge area and a separate dining area for the patients, both are bright and spacious. There was also quiet space. Activity rooms were well equipped and well used. There is also a large garden area which provides for outdoor space much used in the summer months.

Any other comments

Throughout the visit we saw positive interactions between staff and patients. Staff clearly knew the patient group well and the atmosphere was calm and relaxed.

We were pleased to hear that nursing staff were receiving training from specialists in relation to the current patients' needs and were receiving supervision from psychological therapy staff.

Summary of recommendations

1. Managers should introduce measures to ensure that files are kept in good order so that they provide an accurate record of care and treatment.

2. Managers should consider MDT training in the application and use of specified persons and introduce an audit system to monitor the use of restrictions.

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.

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 Commission 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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