Mental Welfare Commission for Scotland

Report on announced visit to:

Ayrshire Central Hospital, Woodland View, Ward 8, Intensive Psychiatric Care Unit (IPCU), Kilwinning Road, Irvine KA12 8SS

Date of visit: 14 February 2017

Where we visited

The Intensive Psychiatric Care Unit (IPCU) within NHS Ayrshire and Arran is located at Woodland View ward 8, on the site of Ayrshire Central Hospital in Irvine. It contains eight beds, with two separate corridors that enable male and female patients to have distinct areas, if required. This flexible design also allows for individualised, intensive care to be provided within sufficient space and with dignity, when separate space is required for an individual. There were six inpatients on the day of our visit, one of whom had been very recently admitted.

We last visited the NHS Ayrshire and Arran IPCU on 27 April 2015, and again on an unannounced basis in August 2015. These visits were part of our national visits to all IPCUs in 2015. At that time, the service was located on the site of Ailsa Hospital, in an older facility that was identified as not fit for purpose and had limited space for patients and visitors. It was noted at the time that we had received general feedback from patients regarding a lack of meaningful activity within the ward, though there was dedicated occupational therapist input. On the day of this visit we wanted to follow up on those areas identified for improvement within the IPCU, recognising that specific concerns previously raised were largely environmental and therefore were addressed by the move to Woodland View. Areas of focus included:

- Provision of meaningful activity and access to occupational therapy.
- The physical environment, including female only areas and general therapeutic atmosphere.
- Compliance with consent to medical treatment requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA).
- Use and understanding of seclusion.

Who we met with

We met with and reviewed the notes of four patients and spoke to one relative.

We spoke with the deputy clinical nurse manager; deputy senior charge nurse; and senior nurse. We also met with one advocacy worker, though no patients requested his support during our visit.

Commission visitors

Jamie Aarons, Social Work Officer (visit coordinator)

Alison Thomson, Executive Director (Nursing)

What people told us and what we found

Care, treatment, support and participation

Care plans and risk assessments were person centred and included patient goals. It is evident through multidisciplinary team meetings (MDT) that consideration is given to discharge and transfer planning for patients from an early stage in admission. Patients with a diagnosis of alcohol related brain damage, acquired brain injury, or dementia will have an extended case conference arranged shortly after admission, within which staff try to identify how these individuals can be supported on to an alternative care setting.

MDT meetings are inclusive of patient participation and we had positive feedback from patients about their relationships with staff; patients generally felt that they were listened to by their doctor and nursing staff. Minutes from MDT meetings are well recorded, providing evidence that these meetings are not only about medication but incorporate a holistic review of patient needs, strengths and goals. We were informed that the MDT reviews are attended by a secretary. This support appears to be used to good effect, promoting full participation by clinical staff in the meetings and ensuring thorough and efficient minutes.

The electronic recording system includes the ability for staff to graphically chart patient progress across different indicators, risks, and behaviours; the variables can be personalised for the individual. Continued and expanded use of the graphic representation will be of benefit to the service for charting patient progress in a way that can be quickly referred to at reviews and can also be shared with patients.

We were informed that consideration is currently being given to moving toward a more nurse-led model of care within the ward. Discussions are underway to establish what a shift of this kind would mean to the delivery of care and treatment on the ward. We would like to be kept informed of any change to the model of care, and how this is manifested within IPCU.

Use of mental health and incapacity legislation

We did not identify any concerns with the ward's use of mental health legislation. Patient records reviewed included relevant medical treatment authorisation, including authorisation for the use of 'as required' intramuscular medication. We were informed that audits of relevant authorisations are carried out to ensure compliance with consent to treatment requirements. The ward benefits from regular pharmacist input, and prescribing practices are reviewed.

Where patients have an advance statement (this 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) we were pleased to see evidence of these on their electronic care files.

NHS Ayrshire and Arran continues to work with the three Ayrshire locality areas to encourage community teams to support service users to generate advance statements when well.

The electronic recording system would benefit from an audit to ensure that relevant information is documented and accessible, including the patient's mental health officer contact details and status under the Mental Health (Care & Treatment) (Scotland) Act 2003.

Rights and restrictions

We did not have any concerns in relation to patient rights and restrictions on the day of this visit. Review of weekly MDT meeting minutes indicated that suspensions of detentions are used following holistic assessment of risk, support needs and recovery. We were pleased to see evidence of positive risk taking to promote patient recovery and increased independence. It is evident that access to the hospital grounds has been of benefit to some patients, who find that going out for short walks is calming and allows them to see other people in a different setting.

We were made aware that patients from each of the health and social care partnerships have access to independent advocacy. Patient forum meetings are facilitated at Woodland View, though at present these do not include patients from IPCU.

We were advised that seclusion is not currently used within Woodland View, therefore no seclusion policy is in place. However, there are times that patients are nursed in their rooms. There is also a quiet room that can be used by patients who require time outside of their bedrooms but in a low stimulus environment. Discussions with staff indicate that as part of the review of the model of care within IPCU, in addition to the fact that there is now a low secure unit within Woodland View, the development of a seclusion policy is being considered. We would like to be updated on such a policy, if it comes to fruition within IPCU.

Activity and occupation

From patient records it was difficult to identify recreational activity being offered to patients. We were informed that there is no designated occupational therapy input into IPCU, whereas in the past there were dedicated sessions with the occupational therapy technician (OTT) and physiotherapy technician. Patients who had been in the IPCU setting previously commented that within ward 8 there is limited opportunity for structured activity, though they acknowledged that a lack of structured recreational activities will, at times, be determined by clinical demands on the ward and patient ability to engage. It was noted by patients and staff that access to the Beehive, which is the activity hub within Woodland View, is quite restricted for IPCU patients.

We were informed that, as noted above, the model of care on the ward is currently being reviewed; the review will include discussion about identifying means for improved access to the Beehive for IPCU patients.

Recommendation:

The ward manager should review the structured activity provision for the ward, including OT input, and seek to increase this.

The physical environment

We were happy to see the IPCU in its new facilities at Woodland View. The ward is bright, clean and spacious. All en-suite single bedrooms are purpose built and patients are able to come and go from their rooms as they wish. The large sitting room is comfortable and nicely furnished, offering immediate access to a secure courtyard, which is used frequently by patients. There are additional, smaller sitting rooms on each of the bedroom corridors, which provide a choice of where to sit. This is of particular benefit for patients who may prefer a smaller, quieter space for a time.

There is a gym within the ward, though we noted that this is sparsely equipped and on the day of our visit the treadmill was not fully working. We were informed that there is another gym within Woodland View for patient use, but due to the booking system this is not regularly accessed by IPCU patients.

On the day of our visit we noted that the doorbell can be distracting and disruptive. We were advised that a member of staff needs to sit at the main door, in an office that is not generally accessed by patients, to facilitate entry to the ward. When a non-member of IPCU staff is unavailable to fulfil this role, ward staff must manage this. In addition to the noise of the bell, about which some patients made negative comments, attending to do the door can detract from staff time with patients. We were informed that consideration is being given to stationing a member of administrative staff in the ward's entrance office to reduce the impact on nursing staff time. We would encourage a change of this kind, in addition to consideration of amending the volume of the bell itself.

Summary of recommendations

The ward manager should review the structured activity provision for the ward, including OT input, and seek to increase this.

Good practice

We found good practice in attention to patient physical healthcare during admission and we were pleased to see the regular inclusion of the pharmacist within the MDT, to review current medication alongside patient medical history.

The ward environment, including the outdoor space that is always accessible to patients, was pleasant to visit and is conducive to staff establishing therapeutic relationships with patients. Patients report that the ward helps to generate a sense of calm and found it to be a welcome change to the previous facilities at Ailsa Hospital.

Service response to recommendations

The Mental Welfare 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.

Alison Thomson
Executive Director (Nursing)

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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