Mental Welfare Commission for Scotland

Report on unannounced visit to: Wards 3 and 4, Woodland View, Kilwinning Road, Irvine KA12 8RR

Date of visit: 14 February 2018

Where we visited

On 14 February 2018, the Mental Welfare Commission visited wards 3 and 4 at Woodland View on an unannounced local visit. Both wards have recently moved from Pavilions 1 and 2 on the Ayrshire Central site.

Ward 3 is an acute admission and assessment ward for people over the age of 65 who have a diagnosis of dementia. It is a mixed sex, 15-bedded ward. There were 10 patients on the ward on the day of the visit. Five were there on a temporary basis and had arrived from a nursing home which had experienced a fire during the Christmas and New Year period. The ward will also take patients under 65 who have a diagnosis of dementia if it is considered to be more appropriate than an acute adult ward.

Ward 4 is a 15-bedded, mixed sex ward, for people who have a functional mental illness. There were seven patients on the ward on the day of the visit. The service has recently moved from Pavilions 1 and 2 on the same site and this was the first time we had visited this service.

Who we met with

We met with and reviewed the notes of seven people between the two wards and met with two relatives.

We also spoke with the charge nurses, staff nurses, health care assistants and to the occupational therapist (OT) who works between both wards.

Commission visitors

Moira Healy, Social Work Officer & visit co-ordinator

Margo Fyfe, Nursing Officer (am only)

Paul Noyes, Social Work Officer

What people told us and what we found

The patients we interviewed had no particular issues they had to raise with us. Most patients expressed the view that they were appreciative of the care and support they were experiencing on both wards. The relatives we met with raised specific issues in relation to their own family member's care and this was raised with staff on the day.

The wards were calm on the day of the visit and warm interaction was noted between staff and patients throughout the day. It was evident that staff on both wards knew patients well, and it was clear that one-to-one time with patients was identified as a very important part of the care, treatment and assessment process.

Care, treatment, support and participation

Care planning and documentation

Care plans we reviewed on the electronic system were appropriately detailed and person centred.

Activities on Ward 3 were varied and often involved taking patients off the ward to access resources in the community. Use of volunteers and involvement from all staff is expected in providing the varied programme. Staff told us that they have funded numerous activities for patients by fundraising. We were told they had recently won a best innovation award, and activities, which were evident throughout the day, made use of the flexible space and volunteers.

On Ward 4, there was a clear focus on promoting residual skills that people had in relation to them returning home. The OT was closely involved with those patients who required assessments to return to independent living and linking them in to community resources which they could continue to attend once they were discharged.

Regular multi-disciplinary team (MDT) meetings were recorded within the nursing chronological account of care which was helpful. A more detailed account of these meetings was held within the medical paper file. There was a clear record of who attended these meetings and actions that needed to be taken.

Not all patients on Ward 3 had a thorough risk assessment and management plan in relation to risks that we identified, and we addressed this with staff on the day.

Use of mental health and incapacity legislation

Adults with Incapacity Act s47 certificates were in place for those who needed them on both wards. A number of patients on Ward 3 had a power of attorney but this was not identified on the whiteboard which staff relied on for quick reference to legal information for each patient. Staff were advised on the day to include this information.

Mental Health (Care and Treatment) (Scotland) Act 2003

On Ward 4, staff were not able to locate legal paperwork in relation to consent to treatment for a patient who was detained. The paperwork was located eventually, but there appeared to be a lack of clarity on this ward regarding storage of information which can be held between two record systems, electronically and on paper files.

Recommendation 1:

Managers should ensure that all legal paperwork in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 is easily accessible to staff.

Rights and restrictions

Advocacy is readily available to all patients and is used on both wards.

The exit door to both wards is on a time release which means staff are able to track who is on and off the ward without being too intrusive or overly restrictive. Patients who are able and permitted to leave the ward are able to do so if they wish.

Activity and occupation

There was evidence of one-to-one activities on both wards and evidence of larger group work on Ward 3. This good practice is not always evident within the notes and this is something that staff may wish to pay more attention to. Volunteers were present on both wards and were engaged in activities and conversation with patients throughout the day.

The physical environment

The wards both have an excellent physical layout. They are built around their own garden area which is well maintained and patients have direct access to. All patients have single, en-suite bedrooms which were spacious and had plenty of natural light.

There were numerous meeting rooms at the entrance to the ward where professionals can meet with each other, and with relatives, without having to walk through the ward. There are also small meeting rooms on the ward where patients can go to and can meet with members of staff.

Summary of recommendations

1. Managers should ensure that all legal paperwork in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 is easily accessible to staff.

We would like to thank all staff for their help on the day of this visit.

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 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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