mentalwelfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to:

South Ward, Dykebar Hospital, Grahamston Road, Paisley,

PA2 7DE

Date of visit: 26 September 2017

Where we visited

We visited South Ward at Dykebar Hospital. This is one of two wards that make up the adult acute in-patient service for adult patients from the Renfrewshire area. The South Ward generally provides the admission facility for the service with many patients then being moved to Ward 3b at Leverndale Hospital. These patients continue to be managed as part of the Renfrewshire service.

South Ward is a mixed sex ward with a capacity for accommodating 15 patients. The ward was full on the day of our visit with eight of the patients detained under Mental Health Act (Scotland) legislation.

We last visited this ward on 15th August 2016 as part of our national themed visit to acute wards. There were no specific recommendations from this visit but it was noted that the ward seemed to be very busy and we were told of a continual pressure on beds. In addition there were a high number of patients on enhanced observations. This level of occupancy and the requirement for observations made it difficult for both staff and patients on the wards.

Our main reason for visiting on this occasion was as part of our regular visits to intensive psychiatric care units (IPCUs) and acute adult wards. We wanted to follow up on our previous recommendations and to look at general issues important for patient care,

- Care, treatment, support and participation
- Use of mental health and incapacity legislation
- Rights and restrictions
- Activity and occupation
- The physical environment.

Who we met with

We met with and reviewed the care and treatment of six patients

There were no carers/relatives/friends requesting interview during our visit.

We also spoke with the senior charge nurse, several members of nursing and occupational therapist (OT) during the visit.

Commission visitors

Mary Leroy - Nursing Officer

Tony Jevon - Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Generally patients we spoke to were very positive about their care and they said that staff were helpful and approachable. We had comments from patients of being invited into MDT (multidisciplinary team) meetings and feeling involved in their care. We heard of levels of enhanced observation being discussed with patients themselves and comments on enjoying activities, from relaxation to breakfast and lunch groups.

We found care plans to be good; they were person centred, identified strengths and goals and were well evaluated and reviewed. We also saw good evidence of good risk management, risk assessments had a clear history triggers, coping strategies and methods of de-escalation and safety plans that had evidence of review. The ward currently has a liaison nurse linking with the Scottish Patient Safety Programme (SPSP) which is helping improve practice on the ward.

Patient care is managed by two consultant psychiatrists and there are weekly MDT meetings to discuss patient care. The MDT is generally attended by medical and nursing staff with regular attendance from occupational therapy, physiotherapy, pharmacy and psychology; we were also informed most of the patients attend this meeting. MDT notes were well documented generating a clear action plan with treatment goals. We also saw evidence of the recording of who attends the MDT which was a Mental Welfare Commission (MWC) recommendation from a previous visit.

During individual interviews patients appeared to have a clear understanding of where they were on their 'care journey' and their plans for discharge if relevant.

We noted good input from psychology, both clinical psychology and the nurse psychotherapist attend MDT. There was evidence of psychology assessment and interventions in notes. In addition, there is psychology support for staff working with patients with complex support needs and they also offer recovery focussed care for inpatients in the ward.

There is pharmacy input to the ward to regularly review medication prescribing and they also regularly attend the MDT meeting.

Patients' physical healthcare needs appeared to be well met, with regular physical health checks and monitoring and referral to specialist services if required. Each patient is weighed weekly and general observations taken.

The service has introduced the "triangle of care standards" in relation to carer involvement which is good practice and we saw documentation of contact with carers evidenced in care records.

There do seem to be some difficulties in relation to delayed discharges and this is currently affecting the progression of care for four patients. There seem to be varying

issues regarding placements and getting supported care packages in place involving local social work services. The Commission would wish to be kept informed of issues affecting patient care and progression to community settings.

Use of mental health and incapacity legislation

For patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, we found all the legal paperwork to be in order and accessible with in patient care files. The care plan documentation sheet for information on legislation also accurately reflected the patient's current status.

We also established that all the detained patients had T2 forms and T3 forms as required to comply with medical treatment requirements of the Mental Health Act. These forms were filed with the patient medication chart, enabling easy checking and reference to be made.

Patients interviewed were generally clear about their rights and there was evidence that patients had access to advocacy and were aware of their rights. The Commission's Rights Pathway information was on display and readily available.

Rights and restrictions

South Ward has a mix of informal and detained patients. The door operates on a key pad system with the number clearly visible to patients.

During our visit there were six patients subject to enhanced observation; we noted staff adhered to national guidelines in the use of observation. Within the files we saw evidence of regular reviews and updated risk assessments.

We spoke to one patient who had been on long period of enhanced observation. They said their dignity had been respected and that they felt involved in decisions relating to safety and observation levels.

One patient was subject to 'specified person' restrictions; the appropriate paperwork was on file.

Recommendation 1:

Managers need to keep the high enhanced observation levels under review and investigate options to address this.

Activity and occupation

Patients we met with commented on how they participated and enjoyed a variety of activities available on the ward, this was also documented in chronological notes.

We saw an activity planner on the wall with full activity schedule. Activity is mainly OT led and activities included breakfast club, relaxation, gardening, walking and patients accessing the gym.

In addition to the activity programme, the OT is also involved in individual work with patients and provides functional assessments, discharge preparation and recovery focussed interventions.

It was apparent that the demands on nursing staff in relation to enhanced observation was impacting on the time they have available to spend with patients in relation to activities.

We also heard of good community links with patients participating in the Scottish Mental Health Arts Festival. Over the previous few weeks, patients had been knitting animals to leave around children's monuments 'Yarn bombing'.

The physical environment

Patients have individual ensuite bedrooms which are of a good size and have a good standard of decoration. There is also is a good mix of quiet sitting rooms and small communal areas. There is a pleasant enclosed garden area to which patients generally have free access.

We have previously commented on the presence of a 'redundant' central nursing station area in the main body of the ward. We were pleased to see this has now been removed so better use can be made of this area to benefit patients.

Any other comments

The split location of these two acute wards on different hospital sites and the differences in the standard of patient accommodation between the wards seems a far from ideal situation, particularly as patients are frequently moved from one to the other.

Recommendation 2:

Managers to update the Commission on the current plans for the Renfrewshire Acute Adult services.

Summary of recommendations

1. Managers need to keep the high enhanced observation levels under review and investigate options to address this.

2. Managers to update the Commission on the current plans for the Renfrewshire Acute Adult services.

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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