Mental Welfare Commission for Scotland

Report on unannounced visit to: Tate Ward, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH

Date of visit: 10 July 2018

Where we visited

Tate Ward is a 20-bedded, mixed-sex adult acute mental health ward in Gartnavel Royal Hospital. In March of this year Broadford Ward, formerly located in Mackinnon House, Stobhill Hospital, moved into this refurbished ward.

We last visited this service on 4 July 2017 and made recommendations about the lack of evening and weekend activities and the physical environment.

On the day of this visit, we wanted to follow up on the previous recommendations and look at care planning and patients' involvement in their care.

Who we met with

We met with and/or reviewed the care and treatment of eight patients. We were unable to meet with family members or carers at this unannounced visit.

We spoke with the senior charge nurse (SCN) and other members of the clinical team.

Commission visitors

Mary Leroy, Nursing Officer and visit coordinator

Mary Hattie, Nursing Officer

Ritchie Scott, Medical Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit we were able to meet with eight patients. They told us that staff were supportive and approachable. One of the patients spoke of the benefits of having access to psychology. We discussed with the SCN recent changes regarding an increase in psychology input to the ward. The psychologist receives referrals through the multidisciplinary team (MDT) meeting. This input will be of benefit to the patients who present with complex care needs.

We found that nursing care plans were inconsistent and did not clearly show the patient's progress during their stay. Some plans identified the nature of the individual's needs and preferences, but in a number of cases plans were generic and static documents with a lack of person-centred information.

Recommendation 1

Managers should ensure nursing care plans are person-centred, contain information reflecting the care needs of the individual patient, and identify clear interventions and care goals.

Risk assessments and supporting care plans were reviewed on a regular basis. There were comprehensive admission assessments carried out by the medical staff which provided a good background history on each patient.

There was evidence of patient involvement in the MDT meetings which happen on a weekly basis. It was also clear that for those patients with family contact relatives' support was promoted and encouraged, and where appropriate relatives were also involved in care and treatment.

We found information regarding the multidisciplinary team meeting that evidenced a MDT approach to care. Entries within the chronological notes were generally to a good standard.

We found good attention to physical healthcare needs.

Use of mental health and incapacity legislation

On the day of our visit, 13 patients were subject to provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). The remaining patients were informal.

We reviewed drug prescription sheet and treatment certificates (T2/3). These were in place for all the patients who required them. MHA (2003) paperwork and copies of all relevant documentation were within the patient files as appropriate.

We noted two T2 certificates where we felt some improvement could be made to ensure patients were given clear information regarding the medications they were prescribed. We will write to their respective Responsible Medical Officers (RMOs) about this.

Rights and restrictions

On the day of our visit, three patients were on an enhanced level of observation.

We found that some patients who were not subject to the MHA (2003) were having time out of the ward restricted with no evidence of any collaborative approach to gain their consent to this restriction. We discussed individual cases with the SCN and asked that one patient's legal status be reviewed.

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/rights-in-mind/

Recommendation 2

Managers should ensure that any restrictions placed on patients leaving the ward are clearly understood by patients and staff, with appropriate legal authority in place where required.

Activity and occupation

When we spoke with the patients and reviewed their notes, there was little evidence of activities on the ward. We were told that the service recorded patient participation in activities in a different document. We discussed the value of this information being easily accessible within the patient's notes.

We discussed the relocation of this ward to Gartnavel Royal Hospital and access to the local activity hub. The hub is a 15-minute walk from the ward and the SCN was concerned that this will result in some patients being less likely to engage in therapeutic and social activities. This matter has been raised by the SCN with senior management and will be kept under review.

The physical environment

We were pleased to see an improvement with the refurbished ward. We were told by both patients and staff that the en-suite bedrooms, quiet areas, garden space, and bathrooms were pleasant areas to spend time in, and that the general ambience of the ward has had a positive effect.

There are still some developments and snagging problems to be addressed that staff have brought to the attention of the estates department.

Summary of recommendations

1) Managers should ensure that nursing care plans are person-centred, contain information reflecting the care needs of the individual patient, and identify clear interventions and care goals.

2) Managers should ensure that any restrictions placed on patients leaving the ward are clearly understood by patients and staff, with appropriate legal authority in place where required.

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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