mentalwelfare
commission for scotland

Mental Welfare Commission for Scotland

Report on an announced visit to: Struan Ward, MacKinnon House, Stobhill Hospital, 133 Balornock Road, Glasgow G21 3UZ

Date of visit: 15 May 2018

Where we visited

Struan Ward is a 20-bedded adult acute mixed-sex ward. The ward is based in MacKinnon House at Stobhill Hospital. We last visited this service in July 2017 and made recommendations regarding nursing care plans, mental health legislation and incapacity legislation, and the lack of weekend and evening activities.

On the day of this visit, we wanted to follow up on the previous recommendations and also look at physical healthcare provision, activities and patients' participation in their care. We focussed on these as they were identified in our adult acute themed visit report as areas that services need to improve.

Who we met with

We met with and/or reviewed the care and treatment of six patients. We were unable to meet with any carers or family members.

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

Commission visitors

Mary Leroy, Nursing Officer and visit coordinator

Margo Fyfe, Nursing 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 six patients. The people we met with said that they felt supported by the staff team and felt 'safe' on the ward.

When we last visited, we found care plans were inconsistent and did not clearly show the patient's progress during their stay. We highlighted this as an area requiring attention. Unfortunately, we did not find a great deal of improvement in the care plan documentation at this visit. As there are quite a few new nurses on the ward, we suggested that some training in how to complete nursing care plans may be beneficial.

Recommendation 1:

Managers should ensure a review of care plans to ensure consistency that care plans are person-centred and interventions clearly stated, along with the patient's progress.

Risk management plans were detailed and personalised with information on the interventions required. Risk assessments and supporting care plans were reviewed on a regular basis. This occurred through the weekly multidisciplinary team (MDT) meetings, or daily if required. The SCN informed us of the daily safety brief, which enables the three wards within MacKinnon House to prepare for the day. During the

15-minute brief, they allocate resources and ensure that all relevant information is shared across teams.

We saw good attention to physical healthcare needs; a full medical assessment on admission to the ward; with routine physical health monitoring, and referral to specialist services if required.

We found evidence of patient participation, with patients attending their weekly MDT, and documented evidence of the patient's views regarding their care and treatment. The SCN advised us of the recent development within the service, 'the patient conversation'. This process gathers information from the patients regarding their experience of the service. The information helps in considering and evaluating care and treatment from the service user's perspective, and allows the service to improve, plan and deliver services. We look forward to seeing the results of this development on our next visit.

There is a daily MDT meeting. As the ward has five consultants, there is an MDT meeting held each day. The consultants have frequent contact with the ward and patients. The SCN raised with us that, at times, the high numbers of consultants can impact on continuity of care and it is challenging for the nursing staff to manage and support the visiting medical staff. We were informed that this issue has been raised and is being reviewed by the senior management team.

We observed good records of MDT meetings with a note of those in attendance. Within the MDT meeting there is evidence of input from specialist services, occupational therapy, physiotherapy, dietetics, psychology and pharmacy. We were advised that pharmacy input is also available, and the pharmacist reviews the patients' prescription sheets on a regular basis.

We discussed the recent employment of a psychologist to support the clinical team. We were informed that the psychologist has just completed a scoping exercise on staff training needs in relation to psychological therapies. They intends to use this information to plan training for the staff team.

We heard examples of staff being creative and flexible in supporting patients to maintain routines and also links with the community. We discussed the "Restart Programme". This project focusses on, and offers recovery based support for people living with severe and enduring mental health conditions. The service offers a variety of community based activities ranging from health and wellbeing, horticulture, computing short courses, art and peer support.

Use of mental health and incapacity legislation

From our previous visit and recommendations, we were pleased to now see copies of certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 in patients' notes. The Greater Glasgow and Clyde care plan

documentation sheet for information on legislation was accurate and reflected the patients' current legal status.

We examined drug prescription sheets and treatment certificates (T2/3), which were in place for all the patients who required them. Mental Health Act paperwork and copies of all relevant documentation were within the patient file as appropriate

Rights and restriction

Patients we spoke to were aware of their rights to advocacy. There was information available on the wards with contact details of the advocacy services. On the day of our visit, one patient was on an enhanced level of observation. Staff followed current national guidelines on the use of observations. Within the file we saw evidence of regular reviews and updated risk assessments, ensuring that patient received care in the least restrictive way possible.

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/media/367147/rights_in_mind.pdf.

Activity and occupation

Most of the patients we spoke to told us there was a range of different activities on offer. The recovery model is used to underpin activities in the ward, and we note that patients have access to breakfast, snack, lunch groups, relaxation, art and crafts, quizzes and discussion groups. The occupational therapist based in the ward also provides a range of other services, including functional assessments, recovery-focussed group work and one-to-one sessions.

The service has recently employed three therapeutic activity nurses and three healthcare assistants. This development is to support the provision of activities in the evening and at weekend for patients. We look forward to hearing how this is being developed on our next visit to the service.

The physical environment

The ward appeared clean, however the paintwork was tired and in need of repainting. The SCN described the system in place for ward maintenance as being slow, leading to delays with repairs being carried out. They have raised this issue with senior managers.

Staff said that the garden space offered little privacy for patients due to the area being open and close to the road. For reasons of safety, it is difficult to leave the ward door open for patients to freely access the garden area. It is important that the garden space is accessible to all, whilst ensuring safety.

Recommendation 2:

Managers should ensure that the garden area provides a safe, pleasant and easily accessible area for all patients and visitors.

Summary of recommendations

1. Managers should ensure a review of care plans to ensure consistency, that care plans are person centred, and interventions clearly stated along with the patient's progress.

2. Managers should ensure that the garden area provides a safe, pleasant and easily accessible area for all patients and visitors.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk