Mental Welfare Commission for Scotland

Report on unannounced visit to: Ward 3B, Leverndale Hospital, 510 Crookston Road, Glasgow, G53 7TU

Date of visit: 22 November 2018

Where we visited

Ward 3B at Leverndale Hospital is a 24-bedded ward which, along with South Ward at Dykebar Hospital, makes up the Renfrewshire adult acute inpatient service for patients aged 18 to 65 years. Ward 3B provides the care for patients mainly from the Paisley area of Renfrewshire. Located in the grounds of Leverndale Hospital, this is an older-style ward, providing mixed-sex accommodation in a mix of shared dormitory type areas and single rooms.

On the day of our visit the ward was full, but with only 23 patients as one room was out of commission. We heard that the ward is routinely full and there is considerable pressure on beds. There were also four patients on an enhanced level of observation, which was reported to be a fairly usual situation for this ward.

We last visited this service on 3 September 2017 and made recommendations relating to the need for more personalised care planning, and the need for environmental improvements and repairs.

Our visit was, on this occasion, unannounced, so patients, relatives, and staff had no prior warning or notification of our arrival. Patients and relatives did not have the opportunity to plan for contact with the Commission or arrange appointments with us.

This was one of our regular visits to adult acute wards. We wanted to follow up on our previous recommendations, and to look at general issues that were important for patient care.

Who we met with

We met with and/or reviewed the care and treatment of seven patients during our visit. There were no relatives, carers, or friends available to speak with.

We spoke with the senior charge nurse (SCN), several of the nurses on duty, and an occupational therapist who was with a group of patients during an art activity.

Commission visitors

Paul Noyes, Social Work Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were very positive about their care, and generally seemed accepting of the environment and the shared accommodation areas. Patients also reported that staff on the ward were friendly and respectful.

Patients said they felt staff were readily available for them to talk to, that they had a good level of contact with their doctors, and felt involved in their care. They also said that they were able to discuss their treatment with staff, and generally seemed clear about their future plans.

There have been some recent changes regarding medical staffing to the ward, and there are now three consultant psychiatrists who cover the various catchment areas. An additional consultant involved in the early intervention for psychosis service (ESTEEM) also has individuals admitted to the ward when required.

We found evidence of regular multidisciplinary team (MDT) meetings to discuss patient progress in all the patient notes we reviewed. These notes were clear, and included evidence of patient involvement and decisions made. The daily notes were also clear, with documented evidence of regular one-to-one contact with patients.

We found care to be person centred, but this is not supported by the patient care plans. Care plans contained no personalisation, and were generic and pre-printed.

Recommendation 1:

Managers should ensure that care plans address the specific needs of individual patients, and are reviewed to reflect any changes in care needs.

Patients appeared to have good input from occupational therapy (OT), pharmacy, and access to other services such as speech and language therapy and physiotherapy as required. We heard that there have been improvements in patients being able to access psychology, and there is also now a hearing voices group on the ward. Access to physical health care was reported to be good by patients.

There was also evidence of good links with the local advocacy project You First, though no one from advocacy was present on the ward during our visit.

Ward 3B is part of the Renfrewshire acute adult mental health service. Generally patients are assessed at Dykebar, then transferred to Leverndale depending on their area of residence. The current two-site acute inpatient service continues to be a far from ideal situation for patients, and we would ask managers to keep these difficulties under review.

Use of mental health and incapacity legislation

On the day of our visit, 10 patients were detained under the Mental Health (Care and treatment) (Scotland) Act 2003 (Mental Health Act). The remaining 13 patients were there on an informal basis. The appropriate legal paperwork was in order and accessible within inpatient care files.

We noted that detained patients had the 'consent to treatment' (T2) forms and 'certificate authorising treatment' (T3) forms required to comply with medical treatment requirements of the Mental Health Act. We alerted the SCN to some minor issues that required attention.

One patient we reviewed was subject to specified person restrictions, relating to the use of telephones. Documentation relating to this was not readily available in this patient's notes, though we were later able to confirm this had been completed. Documentation relating to specified person restrictions should be readily accessible in patient records.

Our specified persons good practice guidance is available on our website.
http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Recommendation 2:

Managers should ensure documentation relating to specified person restrictions is readily accessible in patient records.

Rights and restrictions

Ward 3B has a mix of informal and detained patients. The detained patients we interviewed were generally clear about their rights, and had access to advocacy and legal representation.

We found that some patients admitted to the ward on an informal basis were less clear about whether they could leave the ward or not. Some also thought if they left the ward they would be discharged.

This confusion was compounded by entries in patient notes, and the ward patient information board stating '"no time out"' for patients who were informal. Such recording could imply de facto detention. It was evident, however that, for many patients, the situation was by agreement and for their welfare. We highlighted the need to clearly record consent to any restrictions on informal patients.

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 3:

Managers need to ensure consent to any restrictions on informal patients is clearly recorded.

Activity and occupation

There was a good programme of activities, clearly displayed on a weekly activity programme board in the ward. These organised activity groups mainly take place between 9am and 5pm on weekdays, and are OT led. Activities included art, walking and relaxation groups, cooking and social group activities, and a hearing voices group. Nursing staff add to these scheduled activities outside of these times on a more ad hoc basis.

The planned activity for the morning of our visit was an art group, and we spoke to the small group of patients (about six) taking part.

Many patients also make use of the recreational therapy facility on the Leverndale site, which provides additional activity for patients able to leave the ward.

The physical environment

The dormitory bed areas have one shared toilet and shower, and there continue to be issues regarding these toilets becoming blocked regularly. We heard that these problems are generally responded to very quickly, but the plumbing does not seem able to cope with the demands of the wards.

We heard that laundry facilities have now improved with the purchase of a new washing machine and tumble dryer, and that the therapeutic kitchen facility is now operational.

In terms of replacement for this ward, we heard that there are ongoing discussions but no definite plans as yet. One possibility is a return to the Dykebar site.

Any other comments

In our discussion with the SCN we were informed of two recent developments:

Peer support worker

The ward now has a peer support OT worker (a worker with lived experience of mental illness), and this has proved a very helpful addition to the support provided on the ward.

Carers support

We were informed that the ward is in the final stages of developing an information resource for carers, with additional support for carers being provided by the health care support workers.

Summary of recommendations

1. Managers should ensure that care plans address the specific needs of individual patients, and are reviewed to reflect any changes in care needs.

2. Managers should ensure documentation relating to specified person restrictions is readily accessible in patient records.

3. Managers need to ensure consent to any restrictions on informal patients is clearly recorded.

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