Mental Welfare Commission for Scotland

Report on announced visit to: New Craigs Hospital, Affric Ward (IPCU), Inverness IV3 8NP

Date of visit: 24 November 2016

Where we visited

Affric Ward intensive psychiatric care unit (IPCU) is situated within the grounds of New Craigs Hospital. The IPCU is low secure and contains 10 beds. We last visited the service on themed visits on 11 June and 6 August 2015. Some areas for improvement were noted around access to psychology services, consistency in relation to the quality of care plans and a limited number of care plans for some individuals.

On the day of the visit we wanted to follow up on these areas for improvement.

Who we met with

We met with two relatives of patients and met or reviewed the care and treatment of six patients.

We spoke with the acting service manager, the nurse in charge of the ward on the day and other clinical staff including medical staff who were visiting the ward.

Commission visitor

Margaret Christie, Social Work Officer (sessional)

What people told us and what we found

Care, treatment, support and participation

On the day of the visit, patients seemed comfortable in the company of the staff on duty and there was good rapport between patients and staff. Staff were positive in their engagement with patients. Interactions that we saw appeared friendly and supportive and we saw staff spending time with people on a one to one basis. Staff had good knowledge about the patients when we discussed their care and it was apparent that the team work hard to provide person centred care.

We were pleased that all the individual patients we spoke to, and the relatives we spoke to, talked very positively about the staff within the ward. We heard that staff are thoughtful and supportive and spend time with people individually, when this is helpful to them. The two relatives were very complimentary about the individualised care that their respective family members receive.

Care plans for all patients were person centred and contained information about individual need. However, in some cases, review dates were not set and where they were detailed they were not always adhered to. Some of the assessment paperwork was not accurately dated.

We were pleased to see that there is good occupational therapy (OT) input to the ward and patients confirmed that they receive a range of services through the OT and the OT assistant.

Psychology input remains limited. NHS Highland had recently completed a mental health needs assessment. One aspect of this had been a plan to improve access to psychological services, which included a training plan for staff in cognitive behavioural and other therapies, to ensure people received psychological input at a level appropriate to their need.

Multi-disciplinary team meetings were documented detailing patient progress and actions required. Those in attendance were also listed. We met with relatives of two patients during the visit who made very positive comments about the medical and nursing staff, describing them as being supportive and having good relationships with them.

Recommendation 1

Senior managers should work with the ward manager to agree how care plans will be audited to ensure consistency is achieved re quality of information documented and timescales for review.

Use of mental health and incapacity legislation

All patients were detained under the Criminal Procedures Act or the Mental Health Act. Mental Health Act and Adults with Incapacity Act documentation was available. This included detention papers, specified persons forms, consent to treatment and welfare guardianship paperwork.

Rights and restrictions

Due to the needs of the patient group, the doors of the ward are locked. Patients who are able to leave can ask staff to do so. The ward has a safe, enclosed garden which can be accessed from the sitting/dining area.

Activity and occupation

Individuals we met with told us that they can and do participate in activities, including group activities on the ward and in the social centre within the main hospital building. Some of the patients participate in activities organised by the occupational therapy department. These are provided both within and outwith the hospital. There is also a gym onsite and support is available to assist people to use this. However, we did not always find it easy to identify from records when individuals were participating in activities and there was no record to indicate if an activity had been offered but declined.

Recommendation 2

A record should be available which clearly shows when individuals have been engaged in activities and also when the offer has been made but declined.

The physical environment

The ward can provide care, treatment and support for up to 10 patients. On the day of the visit there were nine patients. The environment was reasonably bright and the furnishings in good order. There was also a quiet sitting area available to patients who may wish to have some time out without using their bedroom space. There is a small kitchen area which is used for some OT activity, and access to the garden.

Any other comments

There are currently two patients on the ward being supported on a one-to-one observation level. This is due to their vulnerability, both in terms of their physical health and their mental state. The needs of these individuals fluctuate greatly and at times the mix of patients on the ward can increase the risk not only to them, but to other patients. It was clear on the day that staff are trying to provide the best care and support they can for all patients.

Staff on the ward commented that the IPCU is not the best environment to provide for patients who require specialist rehabilitation/nursing care. This was raised on the day with both the ward staff and mental health senior management. We were told that efforts are being made to facilitate a move for one patient to a specialist brain injury unit. The coordinator for Highland at the Commission is following up in both these cases.

Summary of recommendations

1. Senior managers should work with the ward manager to agree how care plans will be audited, to ensure consistency is achieved re quality of information documented and timescales for review.

2. A record should be available which clearly shows when individuals have been engaged in activities and also when the offer has been made but declined.

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.

Margaret Christie

Social Work Officer

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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