Mental Welfare Commission for Scotland

Report on announced visit to: Ruthven, Morar and Maree wards, New Craigs Hospital, Leachkin Road, Inverness, IV3 8NP

Date of visit: 4 October 2017

Where we visited

We visited Morar, Maree and Ruthven wards which, in the main, are all adult acute wards. One section of Morar Ward is currently devoted to older adult assessment. We last visited this service on 4 February 2016 and made the following recommendation; managers should ensure improved patient engagement in decision making and planning of care.

On the day of this visit we wanted to follow up on the previous visit recommendation as above.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients. No carers/relatives/friends were available to meet with us on the day.

We spoke with the nurse in charge and other nursing staff on each ward.

Commission visitors

Dougie Seath, Nursing Officer

Ian Cairns, Social Work Officer

Margaret Christie, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were generally satisfied with the care and treatment provided in the wards and told us they were treated with respect, and that referral to independent mental health advocacy was offered.

Care plans were individualised and one to one time with named nurses recorded in notes. Access to occupational therapy, psychological therapies and physiotherapy were available and provided where required.

There was evidence of good risk assessments and management plans. Personal recovery care plans were detailed, individually tailored, updated and reviewed with evidence of patient participation.

Multidisciplinary Team review meetings were well documented with attendance recorded. The review minutes make reference to patients' treatment plans and maintain a record of any actions needing to be carried out. Patients were able to attend reviews and invite advocacy to accompany them. If patients chose not to attend reviews staff interviewed them beforehand to obtain their views, and provided feedback afterwards about decisions made at the meeting.

Use of mental health and incapacity legislation

Mental Health Act paperwork was generally evident on file and in good order. However, one patient who was detained on the day before our visit had no short term detention form on file and staff did not appear to be aware that he was detained. This was discussed with the nurse in charge on the day of the visit and she advised she would locate the necessary paperwork immediately, in order to ensure that the patient had been legally detained.

One patient had been in the ward for two years awaiting a 24 hour care placement in an island setting. Staff reported that this was due to the difficulty in finding an appropriate placement. We will continue to follow this matter up. The patient was subject to welfare guardianship but there was no copy of the welfare guardianship interlocutor in her file. Therefore the staff were unaware of the powers which had been delegated by the local authority guardian to them. The Commission will continue to follow up on this individual case.

One voluntary patient was prescribed intramuscular (IM) prn ('as required') medication – we brought this to the attention of staff on the day. This type of medication would normally only be given to patients who have been detained under the Mental Health Act. One other patient stated they were due to receive a depot injection at the end of the week. However, on inspection of records this was not authorised and had been prescribed as an 'as required' medication when it should have been as a single or regular dose.

Recommendation 1:

Managers should introduce an audit tool to ensure that Mental Health Act and Adults with Incapacity Act documentation is available on file and up to date so that care and treatment is legally authorised.

Rights and restrictions

One patient had been made a specified person for telephones and for correspondence (with reasons given) for a minimal period, but there was no specified person RES 1 form with reasoned opinion as required by law. We also saw that details on how specific restrictions were being implemented were recorded in the multidisciplinary ward reviews. The specific information though did not seem to be transferred onto care plans. Care plans will provide direction for the individualised care of the person, and the Commission feels that it would be good practice for information about how specific restrictions are being applied to be detailed in a care plan.

There were no issues raised by patients that they lacked information about Mental Health Act matters, patients' rights or making a complaint. Patients we spoke to were aware of their right to have access to independent advocacy services and to be able to access this support if they wished.

Recommendation 2:

Where patients have been made a specified person under the Mental Health Act, managers should ensure that a reasoned opinion by the responsible medical officer (RMO) is on file and that any restrictions to be implemented are documented in care plans.

Activity and occupation

Activities were available with a good choice of options at the social centre. We heard a number of positive comments from individual people about activities they participated in. There was evidence of frequent take up of these and attendance was recorded in patient files.

The physical environment

There had been significant improvement to the safe garden in Ruthven Ward in anticipation of it becoming an older peoples' assessment ward in the near future. This will also entail changes to the function of Morar ward removing the older adult function from one part of the ward so that it becomes all adult acute assessment.

Summary of recommendations

1. Managers should introduce an audit tool to ensure that Mental Health Act and Adults with Incapacity Act documentation is available on file, and up to date, so that care and treatment is legally authorised.

2. Where patients have been made a specified person under the Mental Health Act, managers should ensure that a reasoned opinion by the responsible medical officer (RMO) is on file and that any restrictions to be implemented are documented in care plans.

Good practice

We heard that there is a new designated autistic spectrum disorder care manager appointed and she is able to carry out needs assessment, amongst other duties. This post was reported as helpful to the individuals in terms of assisting with moving to new accommodation or receiving support at home.

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

Alison Thomson
Executive Director (nursing)

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


npm
national
preventive
mechanism