mental welfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Morar Ward, New Craigs Hospital, Leachkin Road, Inverness, IV3 8NP

Date of visit: 6 November 2018

Where we visited

Morar is a 24-bedded acute adult mental health admission ward covering Skye and Lochalsh, Lochaber, Ross-shire, Caithness, and Sutherland. Maree Ward is also an adult acute admission ward with 24 beds and covers the other areas in NHS Highland. This also includes four beds dedicated to drug and alcohol dependency.

We last visited the service on 4 October 2017 and made recommendations in relation to mental health and incapacity legislation. On the day of this visit we wanted to follow up on the previous recommendations.

Prior to this visit we also met with representatives from Advocacy Highland and Highland User Group, and we wanted to look further at some of the issues they raised.

On this visit we intended to visit both Maree and Morar Wards. Given the level of clinical activity on Maree Ward at the time of our visit we spent only a limited time in the ward, though met with one patient who had requested to meet with us. We will make arrangements to visit Maree Ward in early 2019 to carry out a full visit.

The content of this report therefore relates only to Morar Ward.

Who we met with

We met with and/or reviewed the care and treatment of seven patients, and met with one carer.

We spoke with the clinical area manager for Morar Ward and other nursing and medical staff.

Commission visitors

Alison Thomson, Executive Director

Claire Lamza, Nursing Officer

Ian Cairns, Social Work Officer

Graham Morgan, Engagement and Participation Officer

What people told us and what we found

Care, treatment, support and participation

Patients we met with in Morar Ward gave positive feedback about their relationships with staff in the ward. Patients commented that staff were professional in their approach, and easy to approach for support.

Although the ward was very busy at the time of our visit, staff ensured that the environment was as calm as possible.

We found the quality of the care plans to generally be good and person centred.

At the time of our visit there were two young people (under the age of 18) admitted to the ward. We spoke to one of them, who was positive about their experience of care and treatment in the ward, and reviewed their notes. It appeared that all steps had been taken to ensure that the young people felt safe in the ward and had access to age-appropriate care and treatment.

Multidisciplinary team (MDT) reviews were held regularly and recorded. We noted that there were up to eight MDT meetings a week. Given the high number of consultant psychiatrists who input to the ward, we think this should be reviewed.

We came across a potential difficulty with the prescription of medication when patients were being transferred into hospital, resulting in separate drug prescription sheets for individual patients. We understand that this is being reviewed with a view to stopping this practice.

Use of mental health and incapacity legislation

At our last visit we recommended that managers introduce an audit tool to ensure that mental health and incapacity documentation was on file, up to date, and authorised all care and treatment.

The majority of documentation was in place as required. However several T3 certificates, that require a designated medical practitioner to authorise treatment for patients detained under the Mental Health (Care & Treatment) (Scotland) Act 2003, were not in place as required or were not fully completed in relation to the prescribed medication.

Recommendation 1:

Managers should ensure that T3 certificates are completed as required.

Rights and restrictions

Some patients commented that the hospital felt more restrictive than it had been previously. An example given of this was that all windows in the ward had recently been adapted so that they could not be opened to allow fresh air to enter. This work was carried out to address any potential ligature points within the ward, but patients commented it had had a detrimental effect on the quality of the physical environment.

We are aware that many hospitals are introducing risk management practices that can inadvertently have a negative effect on patient privacy, dignity, and comfort. We are arranging to meet with key agencies including the Health and Safety Executive to determine the measures we would expect hospitals to take in relation to the management of potential ligature points.

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/

Activity and occupation

The main comment we received from patients was about a lack of therapeutic and recreational activities that they could access. The social centre on the hospital site has limited opening hours, and patients and staff all commented on the negative effect this was having.

Recommendation 2:

Managers should ensure that patients have access to a range of social and therapeutic activities.

Any other comments

The ward has recently introduced feedback cards for patients to complete on discharge, asking questions about what could have been better during these admissions, and we were told some of the positive outcomes that staff had since acted on.

Summary of recommendations

1. Managers should ensure that T3 certificates are completed as required.

2. Managers should ensure that patients have access to a range of social and therapeutic activities.

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.

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