Mental Welfare Commission for Scotland

Report on announced visit to: Wards 19 and 20**,** University Hospital Hairmyres**,** Eaglesham Road, Glasgow G75 8RG

Date of visit: 19 July 2018

Where we visited

Wards 19 and 20 are adult acute psychiatric admission units based in the grounds of Hairmyres District General Hospital. Both wards have similar clinical ward layouts with 25 beds in each. The wards receive patients from across NHS Lanarkshire.

The wards have multidisciplinary teams consisting of psychiatry, psychology, nurses, occupational therapy and a peer support worker. There is regular access to pharmacy, dietetics and wider professions on referral. Social work are accessible as are advocacy services.

We last visited this service on 19 August 2016 as part of our national themed visit to adult inpatient wards. At the time we commented on areas we thought would benefit from improvement relating to activities, staffing, consultant psychiatry input to the wards, use of space for visiting, and consent to treatment documentation.

On the day of this visit we wanted to follow up on the previous concerns and also look at case records. This is because we are aware that although there is an electronic records system in place, MIDIS, there are some difficulties experienced by staff in using the system. We have highlighted this issue in the past and wanted to note any improvements.

Who we met with

We met with and/or reviewed the care and treatment of nine patients and two relatives. Patients met with were positive about nursing support and felt included in their care planning.

We spoke with the service manager and the charge nurses. In addition we briefly met with the peer support worker who attends both wards to provide support to patients.

Commission visitors

Margo Fyfe, Nursing Officer and visit coordinator

Mike Diamond, Executive Director (Social Work)

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Electronic records

We found all staff were familiar with the electronic record system, MIDIS. All disciplines are required to write notes on this system and we found that all were doing so appropriately. We were shown the new multidisciplinary notes pages and found these to be helpful and clearly written.

However, as on previous visits, staff informed us of the slowness of the system and the effect this then has of reducing their time available for direct patient care. We are aware there is currently consideration being given to improving or changing the system. We are keen to hear how this work progresses.

In looking through case files we found risk assessments to be regularly reviewed and one-to-one patient interactions to be well recorded.

We were pleased to see that care plans are person centred and in general are reviewed regularly. This had been highlighted in previous visits and we were pleased to see some improvement. However, in Ward 19 we found an inconsistency in how the reviews are recorded with a lack of detail in some cases. We recommend an audit of care plan review to ensure consistency and clarity around content, actions, and progress.

Recommendation 1:

Managers should carry out an audit of care plans to ensure reviews are consistent and that there is clarity around content, actions and patient progress.

Multidisciplinary care

At the time of our last visit we were informed of plans to have psychology input to the wards. It was good to hear that this has now happened and that there are psychology sessions in each ward. During these sessions we heard that psychologists see patients as well as offer support to nursing staff in direct patient interventions. Unfortunately we were informed that often work started on the ward by the psychologists is then put on hold as the patient moves back to the community. This is disruptive for the patient and can affect their engagement and recovery. We will write separately to the lead psychologist for further information on this situation.

We were pleased to see that there is once again a peer support worker available to the patients in both wards. We were informed that she provides support on a one-to-one and group basis as required.

There is occupational therapy available in both wards, we heard that they offer one-to-one assessments and some group sessions as well as home assessments pre-discharge. We saw relevant notes to evidence this in patient files.

On previous visits we had highlighted the issue of many consultant psychiatrists attached to each ward. This can be problematic for nurses to manage on busy wards. We also heard about the quality improvement group who are looking at restructuring the admission process. With this being a continuing issue we once again urge managers to discuss consultant psychiatry input to the wards further with the clinical director. We would like to be kept informed of progress on this matter.

Use of mental health and incapacity legislation

There were 15 patients subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 between the two wards on the day of the visit. We took the opportunity to look at legal documentation for these patients and found them to be up to date. We also found consent to treatment documentation to be up to date and appropriate.

Rights and restrictions

We found reviews for any patients on an enhanced level of observation to be up to date along with relevant risk assessments. Patients said they felt involved in their care decisions and planning.

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

During the last visit to the wards we were informed that the peer worker who had input to both wards had left and not been replaced. This had left a gap in service for patients. We were pleased to hear that there is now a new peer support worker in place who splits her time between both wards offering both one-to-one and group support.

There is no activity programme on the wards at present although the occupational therapy staff do offer some group activity such us cooking groups. We were very pleased to hear that funding had been confirmed for the employment of two activity coordinators and that these posts will be advertised soon. We look forward to seeing how these posts progress on future visits.

The physical environment

The wards are set out like the other general health wards in the hospital. There is a clinical feel to the wards with little in the way of home comforts.

On previous visits patients had highlighted the lack of space for family visits as visitors are expected to remain in the communal dining/lounge area for visits. We were pleased to see that a room near the entrance to the ward, the Sanctuary, has been developed to provide a peaceful space off the ward for patient and relative use. We also heard that the family room on the same floor is being refurbished for patient and relative use. We look forward to hearing how these spaces have improved family visits in future.

Any other comments

Staffing

We are aware that there have been some difficulties in recruiting staff to the wards but were pleased to hear that several vacancies are currently being filled. Although there continues to be some difficulties in regard to sickness/absence we hope that the new staff will help alleviate pressure. We encourage managers to continue exploring ways to recruit to this service.

Observation Policy Review

We heard that staff are concerned about the review of the national observation policy that has been progressing and the impact this will have on the wards. NHS Lanarkshire are holding meetings with staff to discuss this further and look at implementation across the service. We are pleased that staff who will work with the policy at ward level are participating in discussions and encourage managers to take any concerns on board moving forward.

Under 18 years old admissions

The charge nurses took the opportunity to speak about the management of young people under 18 years old who are admitted to the ward. They discussed the issue of when child and adolescent mental health service will remain involved in care management and when this is the responsibility of adult psychiatry. We assured staff that no matter who has clinical responsibility of a young person on the wards that their care and support should be managed in the same way according to their age. We directed them to our guidance which can be found on our website here:

https://www.mwcscot.org.uk/media/126377/mental_welfare_commission_guidance_on_the_admission_of_young_people_to_adult_mental_health_wards__review2_.pdf

Summary of recommendations

1. Managers should carry out an audit of care plans to ensure reviews are consistent and that there is clarity around content, actions and patient progress.

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.

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