Mental Welfare Commission for Scotland

Report on announced visit to: IPCU, Wishaw General Hospital, Wishaw ML2 0DP

Date of visit: 11 January 2018

Where we visited

The intensive psychiatric care unit (IPCU) in Wishaw General Hospital is a six bed purpose built unit. The ward takes both male and female patients and provides a separate sitting room for females. Each bedroom has its own en-suite wet-room. The multidisciplinary input to the unit is from nursing, medical and occupational therapy staff. All other allied health professional input can be accessed via referral.

We last visited the unit on 4 May 2016. At that time we made recommendations around psychology and pharmacy input to the unit. On this occasion we were keen to follow-up on these recommendations.

At the time of our visit there were six patients in the ward.

Who we met with

We met with and/or reviewed the care and treatment of all six patients and spoke with one relative.

We spoke with the acting senior charge nurse and the consultant psychiatrist as well as nursing staff.

Commission visitors

Margo Fyfe, Nursing Officer & Visit Co-ordinator

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Care Plans

We were pleased to see that care plans are person-centred and recovery-focused. The care plans were easy to navigate and interventions were clearly stated. We noted that reviews happened regularly and had good links between each review. This allowed the reader to follow the individual's progress towards the goal of the care plan. Individuals met with were aware of their care plans and felt included in discussions around their care and treatment.

It was good to see that the ward use the situation, background, action and review (SBAR) model and that this is reviewed regularly. We also found nurses' continuation notes clearly document individuals' mental state presentation during each shift and a note of how the person had spent their day. It was clear from the notes that families/carers are regularly communicated with and given the opportunity to input to their relative's care.

Multidisciplinary meeting notes were informative and included patients' and carers' attendance where this was wanted by the individual. We also noted where appropriate there were clear transfer plans in these notes.

Although records are held on the electronic record system, MIDIS, there is a separate paper file for all legal documentation and a back-up paperlite file for use when the electronic system is not available. MIDIS remains slow and can take up staff time but we are aware that the system is currently being reviewed and look forward to hearing how this will have progressed at future visits to sites across NHS Lanarkshire.

Psychology and pharmacy Input

When we last visited the unit we discussed with the unit consultant psychiatrist and nursing staff the lack of specific psychology and pharmacy input. We made recommendations for managers to review this situation and were informed that psychology posts were being advertised for the in-patient service and that a business case had been put forward for pharmacy input to the unit. We were disappointed to find that there had been no changes to either discipline's input to the unit.

We are aware that a referral can be made to psychology but we feel that having dedicated psychology time in the unit would both enhance the care and treatment of individuals, as well as provide support to staff. We would like managers to review this situation again to ensure individuals within this intensive care service have appropriate access to psychology assessments that could benefit them at this stage in their illness and recovery journey.

Although we were informed that pharmacy will give advice by telephone we are concerned that there is no regular pharmacy input to an area where individuals are regularly prescribed high dose medication and can often be receiving 'as required' medications. We would expect to see regular audit of medication use in this area.

Recommendation 1:

Managers should prioritise a review of psychology and pharmacy input to the unit to ensure individuals benefit from access to these disciplines. We will write to managers separately about this issue.

Use of mental health and incapacity legislation

All legal documentation for each individual is held in a paper file within the duty room and can be easily accessed by all staff. Consent to treatment forms were in these folders. Copies of these forms were also with the appropriate medicine prescription sheet.

Rights and restrictions

This unit is a locked environment. There is a policy on the use of locked doors in place and all individuals and their families have this explained to them at the time of

admission. Individuals are also given an informative in-patient pack that nurses will go over with them when appropriate.

Activity and occupation

We heard from staff and patients that activities are mainly provided on a one-to-one basis due to the acuteness of illness individuals are experiencing when in the unit. Nursing and occupational therapy staff provide activities that range from helping patients understand their illness and how to cope better with their symptom, to recreational activity such as arts and crafts and exercising. We heard that the staff are currently exploring the introduction of pet therapy and daily news groups for those that can participate. We also heard that there is a new chaplain available to the service.

The physical environment

The unit is situated within a general hospital site and as such has restrictions on what can be done to soften the clinical appearance. We were pleased to see that pictures purchased at the time of our previous visit had been hung on the walls.

As well as the individual en-suite bedrooms, the unit has a communal sitting room and a female only sitting room, a dining room and an activity/relaxation room. There is access to an enclosed garden space. There is also a family room situated outside the ward entrance.

Any other comments

Patients and the relatives met with all highly praised the medical and nursing staff. Individuals felt included in their care and treatment and relatives were given the opportunity to provide information and participate in meetings as the individual wishes. We heard that the family room is valued as this has allowed patients to continue to have meaningful family visits out with the unit environment.

We heard from staff and patients that the food was repetitive and often not varied enough. We urge managers to discuss this further with catering managers to find out how this can be improved.

Recommendation 2:

Managers should discuss the meals available to the unit.

Summary of recommendations

1. Managers should prioritise a review of psychology and pharmacy input to the unit to ensure individuals benefit from access to these disciplines. We will write to managers separately about this issue.

2. Managers should discuss the meals available to the unit.

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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