Mental Welfare Commission for Scotland

Report on unannounced visit to: Wards 1 and 2, Wishaw General Hospital, 50 Netherton Street, Wishaw ML2 0DP

Date of visit: 16 November 2017

Where we visited

We visited wards 1 and 2, both mixed sex adult acute mental health admission wards within Wishaw General Hospital. The wards are situated in the lower ground floor and have access to enclosed garden areas. Both wards have 23 beds and are a mix of four-bedded dormitories and single en suite rooms. The wards cover all of North Lanarkshire offering a service to adults between 18 and 65 years old. They also accept young people under the age of 18 where necessary. Ward 2 moved to the Wishaw General Hospital site from Monklands Hospital on 31 July 2017. Both wards were full on the day of our visit.

The multidisciplinary input to the wards consists of medical staff, nurses, psychologists, occupational therapists and peer support workers. Social work attend ward meetings as required and advocacy services attend on referral.

We last visited these wards as part of our themed visit to adult acute admission wards on 13 July and 27 July 2017. We made recommendations regarding care plans, multidisciplinary meeting notes and completion of admission records.

On the day of this visit we wanted to follow up on the previous recommendations and to look at how Ward 2 is settling into the new environment. We also chose to look at the environment, as the wards sit within a district general hospital and there had been issues in the past around attempts to make the environment less clinical.

We heard that when Ward 2 moved site, many of the nursing staff chose to remain on the Monklands site. This has meant a large change of nursing staff, many of whom are new to the adult acute area of work. The charge nurse and service manager said that staff are undergoing training and building on their skills to best meet the needs of the patient group.

Who we met with

We met with and or reviewed the care and treatment of 11 patients.

We spoke with the service manager, the charge nurses, clinical psychologist and an activity clinical support worker.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Care Plans

In Ward 1, we found care plans to be person centred and recovery focussed. There was clear evidence of outcomes and goals, and regular reviews following changes in patient presentation. However, physical health care was also included in the same care plan. We suggest that this should be a separate care plan. In Ward 2, we thought that there needed to be more work on ensuring care plans were person centred with more detail about the patients, and that reviews should be carried out more timeously.

We were told about work that is underway within both wards using My WRAP (Wellness, Recovery Action Plan) and My Care Plan, which has proved popular with patients. We look forward to hearing how this has progressed at future visits.

Recommendation 1:

Managers should undertake a review of care plans in Ward 2 to ensure they meet the same standard as those in Ward 1 to provide equity across the patient group in both wards.

Multidisciplinary Team (MDT)

We heard that in Ward 1 family/carer attendance at review meetings is supported by offering appointments rather than coming along and sitting until they can be seen. We see this as good practice and may be a practice that can be transferred to other areas of the service. In both wards patient attendance is dependent on the needs of the individual, but we saw evidence of patients being well supported to attend and participate in the discussions e.g. help for patients to write down what they want to say in advance of MDT, and nursing staff spending time with patients going over discussions following the meetings.

We were pleased to hear that psychology are continuing input to both wards and that this covers staff support and training as well as direct patient work. We had the opportunity to speak with one of the psychology staff and to hear about the work they are developing in both wards. We were also pleased to hear that referrals to wider allied health professional staff are responded to promptly. However, we were disappointed to hear that pharmacy do not attend review meetings or monitor high dose medications, although they are available by telephone for consultation. As this is an area where patients can often be on high dose medication, we are of the view that a regular pharmacy input would be beneficial to patients and staff.

Staff were knowledgeable about the patients, and patient feedback was very positive e.g. “staff are easy to approach and always have time for me”, “named nurse catches up with me on every shift”.

Recommendation 2:

Managers should review pharmacy input to the service and consider the benefit of increasing this discipline's input.

Electronic Record System, (MIDIS)

We were told that a MIDIS quality group has been established and as part of this activity the group is reviewing the MDT template to ensure it is holistic and standard across the mental health wards. They are also including physical health in more depth and adding an action plan derived from discussion within the MDT. We also heard that an audit form has been added to MIDIS which prompts staff to check legal status is current and accurate when a patient is admitted to the wards. We look forward to seeing the renewed format on future visits.

Use of mental health and incapacity legislation

We found legal documentation easy to locate in paperlite files and all consent to treatment documentation was current and in place as required in Ward 2. There was one issue we picked up regarding 'as required medication' for one patient in Ward 1 and this was dealt with by the senior charge nurse and medical staff during the visit.

Advance Statements & Patient's Rights Pathway

Ward 1 are early adopters of the Patients' Rights Pathway and as part of this run a weekly group for patients to begin to think about advance statements. The ward then links with the community teams to follow this up with the patient once they are discharged and able to consider what they want to record. It was good to hear this is being evaluated and we would encourage the approach both in Ward 2 and the wider service. We look forward to seeing how this develops when we visit in the future.

Patients' Rights Pathway work is now being rolled out to Ward 19 Hairmyres. Ward 1 staff have participated in presentations and there is a forthcoming event where Ward 1 will have a stand promoting the Pathway. We are keen to hear more about this work on future visits.

Rights and restrictions

Patients were observed coming and going freely in both wards dependent on assessment of risk. We saw evidence of an excellent up to date white board in each duty room with details of any restrictions or particular risk issues. These boards were able to be closed over to maintain patient privacy.

Visitors are encouraged to meet with patients in the visiting rooms within the ward or within the general hospital dependent on stage of recovery. This policy does have a degree of flexibility dependent on patient needs, although visitors are not permitted within the dorm style part of the ward to protect privacy and dignity.

Activity and occupation

We found activities to be very different in each ward.

In Ward 1 activity provision was a particular strength. The ward has two dedicated activity staff, both clinical support workers. We met with one who was enthusiastic and active in promoting a wide range of activities both within and outwith the ward. We were also particularly impressed with the high level of community involvement within the ward. Scottish Association for Mental Health (SAMH) were in on the day talking to patients about what supports they can offer in the community; Lanarkshire Links, Lets Connect, advocacy, Fool About - a comedy group run by a previous patient and Pet Therapy provided by a previous patient. The activity nurses do budgeting classes, go shopping, and can link into the use of local gyms for free using the Passport to Leisure scheme run by the local council. Arts and crafts are popular and the ward is taking a stall at the local Christmas fayre. The community involvement is seen as a positive benefit on a patient's journey both out of hospital and on admission.

There is also a community group for patients every Monday to discuss issues they wish to raise and provide inputs e.g. new activities.

In Ward 2, we heard that due to the staff changes when the ward moved to Wishaw General Hospital, many of the activities that staff used to provide e.g. Indian head massage, and acupuncture, are no longer available to the patients. Some of the patients we met with said that they got bored on the ward as there is not much to do. We heard that some nursing and clinical assistant staff are developing new skills around activities to use these on the ward. One clinical assistant has a keen interest in crafting and is planning to do crafting groups with patients on the lead up to Christmas.

We were pleased to hear that a strength in both wards is the involvement of the peer support workers, who are working on recovery work with patients and taking mindfulness sessions, as well as taking patients out for local walking groups.

We would suggest that the charge nurses from both wards share information regarding activities and community input to the wards. We look forward to seeing the activity programme in Ward 2 increase as the ward settles into the new environment.

The physical environment

The wards are of standard design in a district general hospital. Ward 1 have now added art work to the walls, which was chosen by the patients to help make the environment less clinical. Ward 2 are in the process of doing the same. We are aware that discussions are ongoing with infection control managers in the hospital to ensure that the mental health wards can be presented in a less clinical way than the medical and surgical wards in the hospital. We look forward to hearing how these discussions progress.

Both wards have access to enclosed garden areas for patient use. Unfortunately access to these gardens is through a small meeting room. When the meeting rooms are in use, the gardens cannot be accessed. We suggested that, where possible, staff try to use other rooms for long meetings so that garden access is not restricted.

Any Other Comments

We are aware that Ward 2 are a pilot site for the national review of observation practice within mental health in-patient settings. We heard that one of the charge nurses is the lead on this work and will continue to report on this directly to Healthcare Improvement Scotland as the work progresses. We look forward to hearing how this progresses at future visits.

Summary of recommendations

1. Managers should undertake a review of care plans in Ward 2 to ensure they meet the same standard as those in Ward 1 to provide equity across the patient group in both wards.

2. Managers should review pharmacy input to the service and consider the benefit of increasing this discipline's input.

We found a good standard of care both for mental health and physical health. In Ward 1 there was an incident of sepsis, which staff recognised timeously and had completed nursing interventions before transfer to medical ward to the individual's benefit.

We think that the community involvement in Ward 1 is a good model for inclusion and support on discharge.

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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