Mental Welfare Commission for Scotland

Report on announced visit to: Ward 17, St John's Hospital, Livingston, EH54 6PP

Date of visit: 17 December 2018

Where we visited

Ward 17 is the adult acute admission service, covering the West Lothian area for NHS Lothian. The ward is located on the second floor at St John's Hospital, Livingston and has 24 beds, offering mixed-sex accommodation comprising of four dormitories and six single rooms.

We last visited this service on 25 October 2017 and made recommendations on the recording of one-to-one sessions, recording the completion of advances statements in the patient's notes, and reviewing out-of-area admissions.

On the day of this visit we wanted to meet with patients and carers, follow up on the previous recommendations and also look at environmental changes, developments in the multidisciplinary team, and managing bed pressures across NHS Lothian. At our last visit we were told that work to address potential ligature points was due to be carried out which was likely to affect bed availability.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients. There were no relatives or carers that wished to meet with us on the day of the visit.

We spoke with the senior charge nurse (SCN) and one of the ward's newly qualified registered nurses, the clinical nurse manager (CNM), the service manager (SM), the clinical psychologist, the consultant psychiatrist, and the associate medical director for NHS Lothian.

Commission visitors

Paula John, Social Work Officer

Claire Lamza, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Those patients that we spoke with were generally positive and complimentary about the care they received. Patients told us that they were impressed with the ward, that care was excellent, and that the nurses were caring and approachable. We heard that there were plenty of things to do, patients knew who their keyworker was, knew what was in their care plans, and that they felt involved in their care. For patients who had been admitted into the ward rather than going to the Royal Edinburgh Hospital, this could present difficulties with communication and seeing their doctor as often as they would like.

Some patients commented that they preferred the mixed-sex environment rather than a single-sex ward.

We heard that there were some patients who had been admitted to Ward 17, rather than the Older People's Unit (Ward 3) at St John's, due to a lack of bed availability. There were also patients from other parts of the Lothian area, who should have been admitted to the Royal Edinburgh Hospital.

When we met with the service manager and the associate medical director, we were pleased to hear about the developments that had been put in place to ensure that out-of-sector admissions were supported by their own local clinical team, and there is ongoing work to review admissions to Ward 17.

We reviewed the paper-based care plans and found them to be organised and neat, with each section of the files clearly defined and containing up-to-date information. We found the admission checklist document to be a useful form, but unfortunately noted that there had been a lack of progress in relation to our previous recommendation on the completion of the section for advance statements. In the files that we reviewed, we found that most sections which detailed whether a patient had an advance statement, and whether their rights were read and understood, was not completed. Section 276c of the Mental Health (Scotland) Act 2015 states that support for advance statements should be publicised by NHS Boards.

Recommendation 1:

Managers should ensure that staff routinely record information about advance statements as part of the admission process.

The progress notes, the multidisciplinary record where the patient's care was reviewed, and the risk assessment documentation, all had detailed information and gave a comprehensive and personalised account. We also noted that clear recordings of one-to-one sessions had regularly taken place with nursing staff. There was a document titled 'my care plan' that had a section on goals, followed by what the patient could do and what others would do to help achieve the goal. We found that completion of these documents was not of the same standard - there was repetition with the patient's actions and those of others, and a lack of detail.

Recommendation 2:

Managers should ensure that the 'my care plan' documentation is completed appropriately.

Use of mental health and incapacity legislation

On the day of our visit, there were three patients who were being treated under the Mental Health (Care and Treatment) (Scotland) Act 2003. We found all of the relevant paperwork in the files. We also saw that consent to treatment certificates (T2) and certificates authorising treatment (T3) were in place, and that prescribed medication was authorised appropriately. We noted there was good practice in terms of a regular

audit programme that reviews the use of T2 and T3 forms, evaluating medication that was covered and if copies were located in the drug prescription sheet.

There were no patients who were being treated under the Adults with Incapacity (Scotland) Act 2000.

Rights and restrictions

The main entrance to Ward 17 is open. For patients who had time off the ward, this was identified in the care plan. Levels of observation, and changes to the observation status, were documented as part of the weekly review. At the time of our visit there were no patients on an enhanced level of observation, but some patients were on escorted passes from the ward.

We noted that risk assessments were individualised and these were reviewed and updated regularly. There were details about how to access advocacy service and, where relevant, this was recorded in the patient's file, along with any legal representation that they had.

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

In our last visit report, we commented positively about the range of activities that are on offer in Ward 17. We were pleased to see that this has continued, and the service now has input from clinical psychology.

Those that we spoke to on this visit told us that there were plenty of things to do. There are a broad range of activities on offer which include activities that improve physical, psychological, and social wellbeing. There is a notice board displayed in the main patient area which sets out the activities that are on offer for the day, and these are facilitated by trained staff with the relevant skills.

We found evidence of the activities that patients have participated in recorded in the care plan. As well as recording what groups had been offered to the patient, there was a note of attendance and a further description of the patient's engagement, where applicable. In some of the notes that we reviewed, there were also detailed assessments provided by occupational therapy on activity and occupational needs.

The physical environment

The environment is spacious, with rooms that can be used for a variety of purposes. The main day areas and facilities appeared clean and in good repair, although overall the ward environment is dated. Work to address potential ligature points is due to take place over the next few months and, at the same time, some upgrading of the general environment is also planned. We were advised that this will have an impact on the bed capacity, with a loss of up to four beds during this time.

We heard from some patients that while the position of the nursing station is helpful, ensuring that there are always staff who are visible and available, this can prove to be disruptive for patients whose rooms are located nearby. We discussed this issue with the SCN at the time of the visit.

Any other comments

We were advised of ongoing developments across mental health services in the West Lothian sector that are intended to have a positive impact on a patient's journey. There are plans for the ward to go through an accreditation process, and the scheduled redesign of mental health services will offer improved community-based resources.

Summary of recommendations

1. Managers should ensure that staff routinely record information about advance statements as part of the admission process.

2. Managers should ensure that the 'my care plan' documentation is completed appropriately.

Good practice

Our last report highlighted the issue of out-of-area admissions. We noted that while this has been monitored, it remains a challenge to meet the demands of inpatient acute services, both in adult and older adult populations. We were pleased to see that there has been additional, dedicated clinical input for patients who are boarding in Ward 17. This has improved consistency of care and treatment for patients, and has helped with the transition of care, and in the discharge process.

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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