

Mental Welfare Commission for Scotland

Report on announced visit to:

Willows Ward, New Craigs Hospital, Leachkin Road, Inverness
IV3 8NP

Date of visit: 11 October 2017

Where we visited

The Willows Ward is a six bed learning disability assessment and treatment unit. It had five individuals in the unit on the day of our visit; one bed was being kept open for an individual recently discharged from Willows Ward. We last visited this service on 7 December 2016. Following this visit we made recommendations in relation to documentation, care planning, staff training, policies on restrictions, and the ward environment.

We heard from the service manager that they had completed these recommended tasks, although training in specified persons' regulations was still ongoing. On the day of this visit we wanted to follow up on these recommendations.

We also wanted to look at delayed discharge issues from the ward. This is because we knew that a number of patients had still not progressed from the ward, and this is having a significant impact on the learning disability service as a whole.

Who we met with

We met with and/or reviewed the care and treatment of all five patients. No carers, relatives or friends were available to see us on the day of our visit. We met with an advocate who was supporting two of the patients.

We spoke with the hospital manager, consultant psychiatrist and nurses throughout the course of our visit.

Commission visitors

Tony Jevon, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

There was good recording of multi-disciplinary team meetings, and ward rounds, including who attended. All patients had a multi-disciplinary risk management plan.

There continued to be good input for physical health from the GP and guidelines from the Health Equalities Framework specific to learning disability were being implemented.

Patients seen were on the whole very happy with the care and treatment received on Willows Ward and told us they were treated with respect by doctors and nursing staff.

There was good information available in an easy read format for patients to read on admission to the ward.

Patients had a 'My Views and Concerns' form to record this information on their files. Social circumstances reports had been added to the individual files. There was more evidence of engagement with a 'My month' form developed to track changes and record activities for each patient to complete with nursing staff.

There is a patients' forum led by advocacy and we saw good input from advocacy on the day of our visit.

We found evidence of a psychologist being used to complete assessments and provide advice and input into care planning. All of the patients are on the multi-disciplinary care programme approach, and there was evidence of regular care programme approach meetings attended by professionals from a range of disciplines.

Assessment and care plans

There was evidence that care plans were person-centred and thoughtful. We saw evidence that individual needs were being addressed in them. We thought that there should be more emphasis on skills building in the care plans, but overall were pleased with the changes made.

Use of mental health and incapacity legislation

We noted last year that a ward clerk had been given designated hours every week in the ward to help with administration issues. However, we found the files confusing, with paperwork outside of the section designed for it. Some files were over-full which made adding sheets difficult and loose sheets were falling out. This does not make for good handling of patient information and risks losing important documentation.

Recommendation 1:

Managers should ensure that the files are reviewed and patient information stored so that it is easier to access.

Four of the patients are currently detained and we looked at all of the Mental Health Act paperwork. One concern was noted. A patient who had restrictions placed on them was not made a specified person. He had been reviewed by the responsible medical officer (RMO) for use of specified person regulations, but the RMO had decided not to implement them. Before our visit the restrictions had already been lifted, but having considered all the information in the file we feel that the protection of the regulations should have been applied by the RMO and this communicated to the clinical team.

However, in another case, we did see a good example of a specified person care plan where the individual's wishes were incorporated based on the principle of 'least restrictive alternative'.

Adults with Incapacity Act s47 consent to treatment authorisations are routinely completed. The accompanying treatment plans were generic and did not highlight the individual treatment needs of the patients.

Recommendation 2:

We recommend that the s47 treatment plans are reviewed to reflect the treatment needs of each patient.

Rights and restrictions

Locked door policy

There is a locked door policy in place at the front door and it is now, in line with our recommendation last year, in an easy read format for patients.

Seclusion

The hospital management team have completed a 'use of seclusion' policy in line with the Commission's guidelines. There is no specific area where seclusion can be used and there remains a strong ethos not to use seclusion.

Activity and occupation

We noted on our last visit that there was very little formal therapeutic activity taking place and we were told by nursing staff that it would be difficult to plan this in an achievable manner due to the demands on nursing staff time in the unit. We asked the service manager to address this. On this visit we saw evidence of activities taking place and heard that there had been an increase in therapeutic input with occupational therapy (OT) technicians delivering this as part of the learning disability team.

The physical environment

Last year we noted that bedroom windows did not have curtains that patients could use to protect their privacy, and no easy access to drinking water. These issues have been addressed.

Any other comments

Delayed discharge

Four of the patients on the ward have accommodation identified for when they are ready for discharge. Two of these patients were delayed discharge at our last visit and remain on the ward despite being ready for discharge. The reason for this, we were told, was that the commissioned community service provider could not retain trained staff and expected discharge dates had fallen through whilst recruitment took place. Advocacy are supporting these patients and have written to the health and social care

partnership about their situation. We will continue to monitor this situation and discuss it at the annual end of year meeting with senior managers.

One of these patients had been told that they would be given 15 hours support per week in preparation for discharge, but this has not materialised. We discussed this with the complex care manager and she has assured us that this will be resolved.

In line with our recommendation last year the consultant psychiatrist now maintains a record of individuals who are disadvantaged because of the lack of available in-patient beds in Willows Unit.

Summary of recommendations

1. Managers should ensure that the files are reviewed and patient information stored so that it is easier to access.
2. We recommend that the s47 treatment plans are reviewed to reflect the treatment needs of each patient.

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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