

Mental Welfare Commission for Scotland

Report on unannounced visit to: Ward 7C, Woodland View,
Kilwinning Road, Irvine KA12 8RR

Date of visit: 13 March 2018

Where we visited

On 13 March 2018, the Mental Welfare Commission visited Ward 7C at Woodland View on an unannounced local visit. This ward had moved from Elgin Ward on the Ailsa Hospital site in 2016.

Ward 7C is a rehabilitation ward with 10 beds, caring for men and women from the age of 18 to 65. The ward has single room, en-suite accommodation facilities. It cares for patients who have been diagnosed with psychiatric illness and may have a history of criminal behaviour linked to their illness. Ward 7C provides full multidisciplinary assessment and treatment for individuals on their journey towards discharge into the community.

We have not previously visited this service and on the day of the visit we wanted to look at compliance with the Mental Health (Care and Treatment) (Scotland) Act 2003, care planning and activity provision. There were five patients on the ward on the day of this visit and one person was out on pass. We wanted to take the opportunity to speak to patients and hear what they had to say about the service and support they were receiving.

Who we met with

We met with five patients and reviewed the care and treatment of six patients.

We spoke with the senior charge nurse, the deputy charge nurse and other nurses and healthcare assistants on the day.

Commission visitors

Moira Healy, Social Work Officer and visit coordinator

Dr Ritchie Scott, Medical Officer

What people told us and what we found

Care, treatment, support and participation

Care plans and notes

The care plans were recovery focussed and the interventions to achieve those goals were stated. They were person centred, focussing on the care needs relevant to each individual. The electronic recording system (Care Partner) was easy to navigate and we were able to follow up an individual's progress throughout their stay on the ward. Multidisciplinary team reviews were well attended by all involved in that person's care including from the community team. There was a contemporaneous record of this meeting within the electronic system, and we found this helpful as goals and aims set at that that meeting were easy to find and follow through. Patients and supportive

family members were invited to these meeting but did not always choose to attend. However, they often favoured attending their Care Programme Approach meetings.

Most patients expressed the view that they were appreciative of the care and the support they were experiencing on the ward. Patients we spoke to felt involved and informed regarding every aspect of their journey whilst on the ward.

The ward was calm on the day of the visit and warm interaction was noted between staff and patients. It was evident that the staff group knew their patients very well and were involved in many aspects of their care, treatment and assessment process.

Use of mental health and incapacity legislation

Consent to treatment documentation

On the day of the visit, staff were not able to locate legal paperwork in relation to consent to treatment for two patients who were detained. Specified persons paperwork for another person was hard to locate. The paperwork was located eventually but there appeared to be a lack of clarity regarding storage of this information which can be held between two record systems, both electronically and in paper files.

Recommendation 1:

Managers should ensure that all legal paperwork in relation to Mental Health (Care and Treatment) (Scotland) Act 2003 is easily accessible to staff.

Rights and restrictions

We noted that patients were encouraged to attend review meetings and were able to access advocacy which was readily available to all patients

Activity and occupation

The ward has 31 hours dedicated occupational therapy time, split between two posts. In addition, patients are also able to access support from community based occupational therapists and physiotherapists, which continues to be available post discharge.

Patients on Ward 7C are expected to be self-catering after a settling in period, therefore budgeting, menu planning, shopping, and cooking play a significant part in their weekly timetable. A wide range of physical activities are arranged, for example a walking group, cycling and boxercise were all available within the activity programme in the hospital. Patients are encouraged to lead a healthy and active lifestyle whilst on the ward, which included activity within the community setting where they would reside. Most patients were also engaged in either education or volunteering activities. Working at a maritime museum, at a food bank, a motorbike repair shop, a library, green keeping and helping out a local café were all volunteering activities that people became involved in.

The role of the health and wellbeing advisor, who is full time and shared between three rehab wards on the Woodland View site, has been influential in raising other issues such as healthy eating, sexual health matters, alcohol-related matters, motivational interviewing and lifestyle changes.

The physical environment

The unit is purpose built and is bright and clean. It is appropriately furnished with great attention to detail, making sure that it provides as homely an environment as possible. The kitchen/dining area is spacious and clean, and as patients are expected to self-cater on this ward, there was great deal of space for storage.

The ward is purpose built, the bedrooms were spacious and had plenty of natural light. The meeting rooms were at the entrance to the corridor shared between the three wards. The garden is shared between two other rehab wards, and was pleasant and spacious.

There is a large garden area outside the ward which is shared with two other wards. The garden provides activity and a calm outside space for individuals whom, we were told, use it on a regular basis. Smoking is not allowed in the garden area.

Summary of recommendations

1. Managers should ensure that all legal paperwork in relation to Mental Health (Care and Treatment) (Scotland) Act 2003 is easily accessible to staff.

Good practice

As detailed above, there is a wide variety of activities available to patients during rehabilitation that meet their needs and are tailor-made to their individual interests. Everybody has their own weekly timetable which is devised with their named nurse. Use of resources within the wider local community that that person was returning to was closely detailed. We were also advised that from admission to the ward until discharge, a member of the relevant community psychiatric team would be involved so that all professionals were aware of and included in the person's plans for discharge. As a patient moves nearer to discharge, the agency which offers them support will be integrated into the support being provided whilst the person is on the ward, making the transition as seamless as possible

Service response to recommendations

The Commission requires a response to this recommendation 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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

