

Mental Welfare Commission for Scotland

Report on announced visit to: Amulree and Rannoch Wards,
Murray Royal Hospital, Muirhall Road, Perth PH2 7BH

Date of visit: 25 January 2017

Where we visited

Amulree and Rannoch wards are general adult psychiatry rehabilitation wards at Murray Royal Hospital. Amulree ward offers a Tayside-wide service in rehabilitation for men and currently has sixteen inpatients, although it is a twenty-six bed unit. Rannoch ward is the Tayside ward providing rehabilitation for women. It is an eight bed unit, which currently has seven inpatients.

We last visited this service on 22 October 2015. That visit was to all the three general adult psychiatric wards, which included Moredun Ward - the adult acute admission ward. Two of the recommendations related specifically to Moredun Ward. The other recommendations were about the electronic record system and specified persons' restrictions.

Our reason for visiting on this occasion was because it had been fifteen months since the wards had been visited as part of our local visit programme. In that period, work has been ongoing to redesign the rehabilitation service, with a number of patients having moved from hospital into the community.

On the day of the visit we wanted to look generally at how care and treatment was being provided within the rehabilitation inpatient service.

Who we met with

We met with eleven patients on the day and reviewed their files. In addition we spoke with three relatives, one whom we met in the ward and two whom we spoke to on the telephone.

We spoke with the head of service, the two consultant psychiatrists for the service, the senior charge nurses, other members of the nursing teams and a clinical psychologist.

Commission visitors

Ian Cairns, Social Work Officer and visit co-ordinator

Tony Jevon, Social Work Officer

Dr Unoma Okudo, Attached Registrar

What people told us and what we found

Care, treatment, support and participation

Support from staff

Feedback from patients about support they received from staff was positive and complementary. In Rannoch ward, we heard from patients who had been in several

hospitals that the support they were getting was the best support in all the different hospitals they had been in. Patients in both wards spoke about staff being attentive, how staff were available to talk to, and how they felt listened to by staff.

Care planning

Information was well documented in files and care plans reviewed were personalised and well maintained. In Rannoch Ward, care planning information was in paper format, making care plans easy to locate and navigate through and to see evidence of reviews and of any changes made to care plans, reflecting changing care needs and goals. In Amulree ward, MIDIS - the electronic records system used in NHS Tayside - is used to document all care planning information. Care planning information is there in files but it more difficult to find in the electronic record system, as information can be spread across several different folders in the electronic file, in a holistic care plan, in a recovery care plan and in risk management plans. The Commission is aware that NHS Tayside is in the process of introducing a new electronic records system, and we would expect this new system to have a clearer structure within which staff can record care planning information to ensure that there is consistency in recording and reviewing plans.

Use of mental health and incapacity legislation

T2 and T3 forms, authorising medication for patients subject to compulsory measures, were examined during the visit and all medication was authorised appropriately. We did note that some T3 forms had been completed almost three years ago and the Commission recommends that it is good practice to review T3 forms every three years even if medication prescribed has not changed. This was mentioned at the end of visit discussion with the consultant psychiatrists and senior nurses.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate under Section 47 of the Adults with Incapacity Act must be completed by a doctor. Section 47 certificates did appear to be in place where appropriate. We also noted that a welfare proxy, either a guardian or a welfare attorney, was in place for several patients. Information was recorded in files but we saw that the information on the board in the nursing office in Amulree ward did not always accurately record when a welfare proxy was in place. Again, this was mentioned at the meeting at the end of the visit.

Rights and restrictions

Sections 281-286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Several patients were specified persons and in one file reviewed we could not find the relevant form which the psychiatrist must complete. Nursing staff were able to locate this form but we would expect this paperwork to be easily available in files.

Activity and occupation

In both wards we saw evidence of a good level of activity provision and good allied health professional input in relation to activities. Patients spoke positively about things they were doing, including the music therapy and the therapist input, and we saw that a lot of patients were participating in various activities outwith the wards.

The engagement of individual patients in activities is recorded and we saw this in daily continuation notes in files. What we could not easily see was how information about participation in activities was collated and how involvement in activities is contributing to rehabilitation goals and outcomes for individual patients. We discussed this with staff and were advised that the occupational therapist completes reports about activity engagement which are discussed at multidisciplinary meetings, but that this report is not with the MDT review records in the electronic file, so the reports are not easy to locate within the electronic records system. We think it would be helpful if this report is easily identifiable within each patient's electronic record.

The physical environment

The two wards are in a new building, which has good access to outside spaces, with well-kept and pleasant gardens which are readily available for people to use. All rooms in the two wards are en-suite. The environment in Rannoch Ward has been decorated so that it is not overly clinical. The environment in Amulree Ward is more sparse and clinical, although there are plans to create artwork to decorate the ward.

One room in Amulree has a low stimulus environment which can be used if it is felt that this would benefit an individual patient if their behaviour is more stressed or distressed. Staff are very clear that this room is not used to nurse an individual patient in seclusion but there is no protocol in place for the use of this room.

Recommendation 1:

Managers should ensure that a protocol is in place for the use of the low stimulus bedroom.

Any other comments

A smoking cessation pilot is currently underway in Amulree Ward prior to the hospital becoming a completely smoke-free environment. Considerable supports are being provided to help patients stop smoking and we were pleased to see that a lot of detailed information is being collected as part of this pilot.

Delayed discharges

Work has been going on to redesign the rehabilitation inpatient service in NHS Tayside and a significant number of patients have moved on from hospital to accommodation in the community in the past year. However, there are still eight

people in the two wards who are formally recorded as delayed discharge patients. Several patients spoke to us on the visit about feelings of frustration at not being able to move on from hospital. We also heard that this issue frustrates staff, who are aware of the risks that people can become unwell again because of a lack of progress in discharge planning. This issue was discussed with the consultant psychiatrists and senior nursing staff at the end of the visit and we advised that if a psychiatrist is writing to the relevant health and social care partnership about an individual patient asking for update information about discharge planning arrangements, they should copy the Commission into any correspondence about an individual patient.

Recommendation 2:

Managers should ensure that the relevant health and social care partnership provides update information about discharge plans for each person who is identified as a delayed discharge patient.

Summary of recommendations

1. Managers should ensure that a protocol is in place, for the use of the low stimulus bedroom.
2. Managers should ensure that the relevant health and social care partnership provides update information about discharge plans for each person who is identified as a delayed discharge 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.

Kate Fearnley
Executive Director (engagement and participation)

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

