

Mental Welfare Commission for Scotland

Report on announced visit to:

Gigha Forensic Rehabilitation and Iona Low Secure wards,
Beckford Lodge, Caird Street, Hamilton ML3 0AL

Date of visit: 10 November 2017

Where we visited

Gigha Ward is a 12-bedded mixed sex rehabilitation unit in the purpose built Beckford Lodge site. The ward is currently transitioning to become a forensic rehabilitation ward to allow a step down from the low secure forensic ward Iona. All bedrooms are single en suite. Patients are encouraged to personalise their rooms. The unit has lounge areas, activity space, assessment kitchens and laundry facilities for patient use.

Iona Ward is a purpose built, low secure forensic mental health ward providing care and treatment for male forensic patients across NHS Lanarkshire. The ward has 15 en suite bedrooms, which patients are encouraged to personalise. The ward has activity space, lounge areas and a gym for patient use. There is enclosed outside space which patients can access directly from the ward.

We last visited this service on 24 November 2015 and made recommendations in regard to care plans and 'specified persons'. On the day of this visit we wanted to follow up on the previous recommendations, and also to find out what was happening to patients in Gigha Ward who do not meet the criteria for the ward under the new ward designation.

Who we met with

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

We spoke with the service manager, the charge nurse from each ward, staff nurses and student nurses, as well as the consultant psychiatrist and trainee doctor from the unit.

Commission visitors

Margo Fyfe, Nursing Officer & visit coordinator

Yvonne Bennett, Social Work Officer

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

In both wards we found patients to be positive about their care and treatment, and appreciative of the focus on moving forward and recovery. On the day of our visit there were 14 patients on the ward with an expected admission. We found that staff knew the patients well and the patients we met with were complimentary of staff support. On the day of our visit the ward was full, although most patients were out participating in

their rehabilitation plans in the local community. The patients we spoke with were complimentary of staff support and fully aware of their activity programmes and care plans.

Multidisciplinary Team

The wards have input from psychology and occupational therapy both in group work and on an individual basis. We were told that in the development of Gigha there will be additional psychology input. We look forward to hearing on future visits how this has progressed.

When looking at multidisciplinary team minutes we were pleased to see the detail contained in the preparation notes for these meetings. However, it is disappointing that this cannot be migrated into the electronic record system MIDIS. We noted that there is no note, in one place, regarding where all relevant records for a person are located. We advised that, as all information kept forms part of the medical record, there should be clear reference either on MIDIS, or in the paperlite files of where all information can be located.

Recommendation 1:

Ward manager and charge nurses should ensure that there is clear reference either on MIDIS, or in the paperlite files of where all information about the individual patient can be located.

Pharmacy

On past visits we heard that there was difficulty securing pharmacy input to the unit. At the time we were informed pharmacy were reviewing the situation and attempting to provide a more regular service. On this occasion we heard that there is still little pharmacy input to the unit. Although pharmacy can be telephoned for specific advice/consultation, there is still no regular input for audit or to attend individual reviews. 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.

Recommendation 2:

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

Care Plans

We were pleased to hear about and see the work that has been done to improve the care plans in both wards. The care plans we reviewed clearly demonstrated patient involvement, were recovery focussed and had clear attainable goals. Patients spoken with knew about their care plans and had participated in their development. We were told about the ongoing work to improve the plans further, and of discussions with

international colleagues about sharing the care plan template for use in their country. We look forward to hearing how this progresses at future visits.

We noted that some staff record their daily notes on the Situation Background Assessment Review (SBAR) format and were informed that all staff will do this in the coming months as it is viewed as informative, and involves the patient in reflecting on their day.

Use of mental health and incapacity legislation

We found all mental health documentation in paperlite files where appropriate. Consent to treatment documentation was in place and appropriate.

Rights and restrictions

Where 'specified person' documentation should have been in place it was and there was clear reasoned opinions alongside the 'specified person' forms.

In Gigha Ward the door is open and patients can come and go freely. In Iona low secure ward the door is locked. There is information on the wall at the entrance of the ward that describes the ethos of the ward and that the door is locked.

We found there to be good information available to patients and carers about the ethos of both wards and support available from staff, advocacy and carers' services.

Activity and occupation

As on previous visits we found that there is a wide variety of activities on offer to the patients in both wards. The activities are a mix of social activity and person-centred activity focussed on the rehabilitation process. Patients spoken with were aware of their activities for the week and told us they participated in compiling these. It was good to see that the activities often involved going into the local community to carry these out, and where a patient is getting ready for discharge often focus on their home environment.

The physical environment

When we last visited, we commented that Iona Ward was somewhat clinical and asked if this could be reviewed for the patients' benefit. We were pleased to see that softer furnishings and pictures had been introduced. We found this to be appreciated by the patients.

Iona has access to an enclosed garden space for all patients to access and we saw patients using the space during the visit. Patients in Gigha can access the wider grounds outside the unit when they wish, and have access to the local community as appropriate.

Any other comments

Overall we had good feedback from patients regarding their care and treatment in both wards. We heard that of the patients in Gigha who no longer fit the criteria for the ward, new placements have been identified for them and discharges are in process with clear patient involvement.

We heard that patients from Gihga Ward that no longer meet the criteria for the ward under the new designation of forensic rehabilitation are in the process of moving on to more appropriate placements. At the time of the visit, three patients were in this situation and placements had been identified for them.

Summary of recommendations

1. Ward manager and charge nurses should ensure that there is clear reference, either on MIDIS or in the paperlite files, of where all information about the individual patient can be located.
2. Managers should review pharmacy input to the service and consider the benefit of increasing this discipline's input.

Good practice

We are particularly impressed by the work around care plan development and commend the charge nurse in Iona and the unit manager for their ongoing work and focus on this area. We think the model is transferrable to other mental health areas within NHS Lanarkshire and should be considered by senior managers for this purpose.

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.

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

