



Mental Welfare Commission for Scotland

Report on announced visit to: Broadford Ward, McKinnon House Stobhill Hospital, 133 Balornock Road, Glasgow G213UW

Date of visit: 4 July 2017

Where we visited

Broadford ward is a 20-bedded acute mixed sex ward. The ward has six single rooms with three bay areas, two female (four beds) and one male (six beds).

We last visited this service in July 2016 as part of the Commission's national themed visit to Acute Adult services in Scotland. The previous visit to this service was in March 2014 as an announced focussed visit. At the time, we made recommendations about mental health legislation paperwork being up to date, methods of recording and storage, and specified person legislation.

On this visit we wanted to follow up on the previous recommendations and look at care planning documentation and practice, to ensure it is recovery focussed, and physical health and activities.

These are themes identified from our Adult Acute themed visit report as areas that services may need to improve.

Who we met with

We met with and/or reviewed the care and treatment of seven patients.

We spoke with the senior charge nurse (SCN) and other nursing staff.

Commission visitors

Mary Leroy, Nursing Officer (visit coordinator)

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

All the interactions towards patients we observed were friendly and supportive. The patients we met with spoke positively about their care and treatment and gave much praise to the multidisciplinary team, describing staff as supportive and helpful. The ward staff were knowledgeable about the patients when we discussed their care.

Care plans were person centred and detailed in terms of physical and mental health. There was also some evidence that the patient's strengths and abilities were reflected within the care plans. The care plans were well evaluated and reviewed; this information was highlighted in the chronological notes.

Risk assessments and supporting care plans were reviewed on a regular basis. This was either on a daily basis if required, on a weekly basis by the key nurse and also through the multidisciplinary team (MDT) meeting.

There are three psychologists employed within inpatient services in the North East sector; the team are also supported by a number of trainee psychologists. The clinical psychologists work into all the adult inpatient wards which includes Broadford Ward. This service is very involved in supporting staff and in the assessment and treatment of patients with complex care needs.

The service is currently delivering MBT training to all inpatient ward staff, with in excess of 60 staff have trained in recent months as well as staff trained last year across all of the adult wards. There has also been a commitment from the psychology service to provide staff supervision for this therapeutic approach.

The ward receive input from pharmacy; the pharmacist attends the ward on a weekly basis to review medical prescribing and when possible will attend the weekly MDT meeting.

There is a MDT meeting once a week. We were informed that most of the patients attended this meeting. The clinical discussions that occurred within the meeting are well documented and generate a clear action plan with treatment goals. Patient involvement in their care is evidenced through participation in the ward review and in the compilation of care plans. During individual interviews patients appeared to have a clear understanding of where they were on their care journey.

The consultants for the service have frequent contact with the ward and patients. As well as the weekly MDT meeting there is also another format of a weekly patient review. This is for any other issues that arise: reviewing time off the ward, or if patients and family want to see the consultant outwith the MDT meeting. We were informed that those reviews often took place prior to and after the weekend.

The service have introduced the triangle of care standards. We saw documentation of contact with carers evidenced through discussions with staff and telephone contact with the ward. This information was clearly documented in the chronological notes.

There was good attention to physical healthcare needs, a full medical assessment on admission with regular physical health checks monitoring, and referral to specialist services if required.

We discussed advocacy and noted that many of the patients had access to advocacy. Advocacy information leaflets were visible on the ward. Patients who were not subject to compulsory treatment were also encouraged to contact advocacy. During interview two of the informal patients we met were aware of their legal status and their rights. We were pleased to see that the conversations regarding the patient's legal status was clearly documented by the medical staff in the patient's notes.

Use of mental health and incapacity legislation

The copies of the certificates authorising detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 were in patients' notes. The Greater Glasgow and Clyde care plan documentation sheet for information on legislation was accurate, reflecting the patient's current legal status.

We examined drug prescription sheet and treatment certificates (T2/3), which were in place for all patients who required them. Consent to treatment certificates were filed with the patient's medication chart, enabling easy checking and reference to be made.

We observed within the files that one patient had their funds managed under Part 4 of the Adults with Incapacity Act.

Rights and restrictions

On the day of our visit one patient was on constant observations and staff adhered to national guidelines in the use of observations. Within the file we saw evidence of regular reviews and updated risk assessments this ensured that patients received care in the least restrictive way possible.

Activity and occupation

We saw evidence in the chronological notes on activities that the patients had participated in. There is an occupational therapy (OT) unit that inputs into the service providing a range of services, including functional assessments, recovery focussed group work and one to one sessions. The OT offer group work to all the wards within McKinnon House breakfast/snack/lunch group, tenpin bowling, relaxation, quiz, art and crafts, baking and newspaper and discussion groups.

We discussed links with the community, including access through socialisation outings and also home assessment in preparation for discharge planning.

The nursing staff within the wards arrange some activities in the evenings and at the weekends. The SCN comments this provision is often impacted on by what is happening on the ward. If the ward is very busy, it is difficult for the nurses to deliver ward activities. The nursing staff state that they are keen to develop and provide more recovery focussed group work for the patient group.

Recommendation 1:

Managers should ensure that there is an adequate provision of activities in the evening and at weekends.

The physical environment

The ward was clean, bright and generally well maintained. There were pictures and artwork on the walls, providing more visual interest in communal areas. The staff team raised that the male shower had been out of use since the beginning of the year. It has been reported and attended to by hospital maintenance but not repaired. The male patients have had to use the female shower on the ward. This is impacting on patients' privacy and dignity.

Recommendation 2:

Hospital managers should ensure that the male shower is repaired.

Any other comments

We were updated on the day of plans for Broadford ward to move temporarily into one of the recently refurbished wards on the Stobhill campus. There is a planned refurbishment of Broadford ward. Once this work has been completed the ward will move back into the newly refurbished accommodation. The provisional date for initial move is September 2017.

The SCN also discussed the challenges relating to staff shortages. The service have eight full time staff vacancies. Senior Managers informed us of the ongoing recruitment programme, in the last six months the service have actively recruited over twenty staff, many of whom are awaiting completion of training in late August and early September.

Summary of recommendations

1. Managers should ensure that there is an adequate provision of activities in the evening and at weekends.
2. Hospital managers should ensure that the male shower is repaired.

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.

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