

**Mental Welfare Commission for Scotland**

**Report on announced visit to:**

Claythorn House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0YN

**Date of visit:** 12 March 2017

## **Where we visited**

Claythorn is a 12-bedded acute assessment and treatment unit for people with learning disabilities in the grounds of Gartnavel Royal Hospital. It was refurbished in 2012 and has 12 single rooms with en-suite facilities and spacious communal space. It provides for people with learning disabilities and additional mental illness and complex behaviour issues who require assessment and treatment or a review of their medication to prevent their community placements breaking down. On occasions the placement has broken down and currently there are two patients in these circumstances who are delayed discharges. There are two people waiting to come into the unit who are being nursed in general adult psychiatric wards and several people in the community waiting for admission to review their medication. The issue of delayed discharge affects the ability of the service to carry out its function as an assessment and treatment unit, linking the beds available for those requiring admission. The Commission will be writing to the senior manager in the Partnership about the issue of delayed discharge across the NHS inpatient facilities

We last visited this service on in August 2015 as part of a national visit to all learning disability hospital services in Scotland (excluding forensic services). At that time we were positive about the care and treatment people were receiving. We made some recommendations on the need for clearer documentation of the each individual's participation in activities and the reasons for any cancellation of activities.

We visited on this occasion to see if there had been improvement in this area. We also wanted to give patients and carers an opportunity to raise any issues with us. We also looked at:

- Care and treatment and service user participation
- Therapeutic activity
- Use of legislation
- Physical environment

## **Who we met with**

We met with four patients and one set of relatives, and looked at the records of six patients. We also met with a group of patients from People First and discussed issues they wanted to bring to our attention from across inpatient services.

We spoke with the two charge nurses and the inpatient services manager, and met at the end of the day meeting with one of the consultant psychiatrists who covers the unit.

## **Commission visitors**

Alison Goodwin, Social Work Officer

Juliet Brock, Medical Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

The relatives and the patients we spoke to were very positive about the care and treatment provided by the nursing staff. We observed supportive and respectful interaction between staff and patients on the day of the visit.

There are very full nursing assessments for each patient, including risk assessment and management plans. Care plans are person-centred and detailed in terms of physical and mental health. It was clear these were evaluated regularly at multidisciplinary team (MDT) meetings. As the plans often remain unchanged, it would be useful to document on the plan when they were last evaluated. There were excellent Positive Behaviour Support Plans in place with regular input from psychology.

We were able to see regular reviews of care and treatment recorded in both the MDT paperwork and in the chronological notes. These contained good summaries of the patient's mental and physical health and wellbeing over the previous week and any decisions and action points. There are functional assessments completed by occupational therapy (OT) and speech and language therapy (SALT) assessments.

There was some out of date paperwork that had been replaced with updated versions but not removed from the patient files and in the medication chart. These need reviewed as this could lead to confusion.

There were learning disability specific health checks carried out by the GP and nursing staff and good follow up of any physical health issues. We were pleased to see the easy read report following the annual check which was sent to each patient.

It was evident from the chronological notes and from talking to nursing staff and relatives that they actively promote and support family involvement in the patient's life and, where appropriate, in discussion of the patient's care and treatment.

It was good to see various means by which the service encourages user input into individual care and treatment plans and general service issues. There are easy read care plans for discussion with the patients. Questionnaires (Your Views and What Matters to You) for getting feedback from patients are completed on a three monthly

basis. These are sent to the psychologist and go to a governance meeting. It was not clear how patients then got feedback on any issues raised and the action taken, and it would be useful to look at how that is done with input from SALT. There is a suggestions box for input from patients, relatives and staff which is looked at in the first instance by the unit manager.

There is a People First group attended by patients from all four inpatient units. Any issues from this group are raised through the manager of Claythorn and either taken up with the relevant unit manager or the inpatient service manager.

The signage in the unit is good. The service with the input of patients, nursing staff and SALT has produced an excellent easy read induction pack and there is a copy of this in each person's bedroom. There is also a carers' pack which is given to the family of every patient on admission.

Advocacy is available and the People First group raised the need to remind patients that this service was available to support people at any meetings about their care and treatment, as well as in relation to compulsory measures under the Mental Health Act (MHA).

#### **Recommendation 1:**

The service should ensure that files are audited and out of date paperwork removed.

#### **Recommendation 2:**

The service should ensure patients are clear as to how they will receive feedback from their input into service issues.

### **Use of mental health and incapacity legislation**

Consent to treatment forms (T2) and forms authoring treatment (T3) under the MHA and s47 certificates and treatment plans authorising physical treatment under the Adults with Incapacity Act (AWI) were all in place.

There are good personal spending plans for those patients whose funds are managed under Part 4 of the AWI Act. We saw efforts to encourage spending on appropriate items and to think of ways patients could benefit from their money.

The documentation related to Specified Person restrictions was in order in the records we examined.

### **Activity and occupation**

The OT and nursing staff are involved in promoting and maintaining activities of daily living (ADL) such as meal planning, shopping, basic cooking and baking, laundry and room tidying. Patients are involved in keeping the daily menu and activity boards.

There is a variety of activities on offer including newspaper groups, walking, cycling and trampolining, as well as art therapy, music therapy and a range of recreational activities on and off the ward. The ward has been allocated an allotment in the grounds and this has been a popular activity in the past along with maintaining the unit's garden.

We saw detailed weekly planners covering ADL, therapeutic, social and recreational activities for a few patients but not consistently in patients' records. It was not easy to see at a glance, the level of participation of each person without a lot of interrogation of the records as these are recorded in the chronological notes, the OT notes and the activity coordinator's notes. This is needed to evidence patient engagement. It would also be useful to record when, and for what reason, activities are cancelled so this can be audited. This issue was raised at our last visit.

### **Recommendation 3:**

The service should ensure there is a weekly programme of activities for each patient, a clear record of participation in those activities and that the reasons for lack of participation or cancellation of activities are audited.

### **The physical environment**

We were pleased to see the ward is clean, bright and generally well maintained. The sitting rooms are comfortable and well furnished. Bedrooms are personalised with photos and belongings, and efforts have been made to make them as homely as possible.

The garden area is pleasant and well maintained. It is a useful facility for patients in the summer, for gardening and leisure.

### **Summary of recommendations**

1. The service should ensure that files are audited and out of date paperwork removed.
2. The service should ensure patients are clear as to how they will receive feedback from their input into service issues.
3. The service should ensure there is a weekly programme of activities for each patient, a clear record of participation in those activities and the reasons for lack of participation or cancellation of activities are audited.

### **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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