



Mental Welfare Commission for Scotland

Report on announced visit to: Glencairn Rehabilitation Unit,
Coathill Hospital, Hospital Street, Coatbridge ML5 4DN

Date of visit: 8 August 2017

Where we visited

Glencairn Rehabilitation Unit is a purpose-built unit of 12 beds for the rehabilitation and recovery of male and female patients with severe and enduring mental illness. The unit provides ongoing care and treatment whilst working towards a gradual return to the community. The unit opened in 2010 and has a multidisciplinary team input to care and treatment. The unit now provides a service across NHS Lanarkshire. At the time of the Commission visit the unit was fully occupied.

We last visited this service on 21 March 2016 and made recommendations around care plans, medicine prescription sheets and partnership working with the local authority.

On the day of this visit we wanted to follow up on the previous recommendations and take the opportunity to hear from patients what they think of the service and support they were receiving.

Who we met with

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

We spoke with the service manager, the senior charge nurse, two charge nurses and the psychologist who works into the ward.

Commission visitors

Margo Fyfe, Nursing Officer and visit co-ordinator

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Electronic Record System

The service uses the NHS Lanarkshire-wide e-record system MIDAS. We heard from staff that this system is cumbersome as it often goes down and takes a long time to log on to. Nurses are frustrated at the time spent trying to update care files rather than on patient care needs. We have heard this information from other services within NHS Lanarkshire on several visits. We would like to be updated by managers on any plans to address the concerns of staff in relation to the electronic record system.

Care plans and care notes

We were pleased to see that the care plans were person-centred, focussing on care needs relevant to the individual. The care plans remain recovery-focussed and

interventions were clearly stated. We understand the constraints of the electronic recording system, but are of the view that care plan reviews should be more descriptive in order to follow the individual's progress throughout their stay in the unit.

At the time of our last visit we found multidisciplinary (MDT) review notes to be informative and involve patients. We pointed out that where an electronic record system is in use then all disciplines should write their notes on that system on the specific pages provided for this. However, we found that MDT notes and medical notes are still being written in the paperlite files. We would urge the service manager to bring this issue to the attention of the medical staff and clinical director to ensure notes are recorded consistently on one system.

Recommendation 1:

Managers should ensure that all staff are aware of how to fully review care plans and that staff record reviews appropriately.

Use of mental health and incapacity legislation

Consent to treatment documentation

All consent to treatment documentation was up to date for both the Mental Health (Care & Treatment) (Scotland) Act and the Adults with Incapacity (Scotland) Act. Patients spoken with were aware of their medication.

Medicine prescription sheets

During our last visit we raised concerns about the medicine prescription sheets, as we found that as required medication was mixed in with regular prescription sheets. We were pleased to see on this occasion that prescription sheets had been reviewed and re-written to avoid confusion. We were also informed that there is currently a full review of the style of medicine prescription sheets in use with a view to improving these again.

Rights and restrictions

We noted that patients are encouraged to attend review meetings and to access advocacy as they wish. Patients spoken with were aware of their rights if detained under the Mental Health Act.

Activity and occupation

The ward has two dedicated occupational therapy staff. In conjunction with nursing staff they ensure individuals have a variety of activities available to them that meet their needs during their rehabilitation. Activities take place within the ward and the wider community. It was good to hear that activities continue to be planned on a weekly

basis with individuals inputting to the process. Individuals informed us they keep a copy of their activity planner for their own reference.

We were pleased to see the further development of the garden area. We heard that patients and staff maintain the garden and continue to grow vegetables which are used in meal preparation within the unit. The garden provides activity and a calm outside space for individual patients to use on a daily basis.

The physical environment

As seen on our last visit the unit remains bright and clean. It is appropriately furnished. We were pleased to hear that individuals are encouraged to personalise their bedrooms and to maintain a standard of cleanliness and tidiness in all areas of the unit. Individuals are encouraged to do domestic tasks as much as they are able.

Any other comments

All individuals spoken with during the visit were complimentary about the care and support provided by nursing staff.

Where there is family involvement and the individual wishes it the family are encouraged to attend the unit and assist in providing support.

Summary of recommendations

1. Managers should ensure all staff are aware of how to fully review care plans and that staff record reviews appropriately.

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

