

Mental Welfare Commission for Scotland

Report on unannounced visit to: Ward 4, Dr Gray's Hospital
Elgin IV30 1SN

Date of visit: 31 October 2017

Where we visited

Ward 4 in Dr Gray's Hospital is a 20-bedded acute psychiatric admission ward for adult and old age psychiatric patients. The ward also occasionally provides care and treatment for young people and individuals with a learning disability. We last visited this service on 3 June 2015 and made the following recommendations; managers should develop an agreed procedure for transfer of patients between facilities ensuring that all documentation accompanies the patient; and managers should also make arrangements for pharmacy advice to be made available to the ward.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

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

We spoke with the charge nurse and any other clinical staff.

Commission visitors

Margaret Christie, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients we met with spoke positively about their care and treatment in the ward. They said they felt treated with respect, and that staff were approachable if they needed to talk. Staff introduced themselves when patients were initially admitted; and we heard that they provide a supportive atmosphere within the ward. Individual one-to-one time with named nurses was recorded, as were occasions when this was offered but declined.

We reviewed documentation in a number of care files. We were pleased to see that the details completed at the point of admission was very thorough and contained all the relevant information. Risk assessment and management plans were in evidence in all files reviewed. Care plans for most patients were also detailed and personalised, and the wellness and recovery plans were witnessed and signed by the individual concerned. If a patient was too unwell at the time of completing the documentation, this was noted and a date set to revisit this with the patient. There was evidence that care plans had been completed in partnership and where individuals were unable or unwilling to sign, this was noted and a review date set.

For some, where appropriate, there were also early warnings crisis plans under development. Multidisciplinary team reviews included details of attendees and were well recorded.

Transport of documentation around transfers between Dr Gray's and Royal Cornhill hospitals had improved, although there were still occasional problems. A new protocol has been put in place since the last local visit.

Use of mental health and incapacity legislation

Mental Health Act documentation was accessible and in order. Copies of detention forms were in files, and T2 and T3 consent to treatment forms were consistent with prescriptions. The appointment of a pharmacist has taken place since our last visit, and this has helped with the latter issue where problems have been picked up during previous visits.

Rights and restrictions

We also heard that patients have readily available access to advocacy services, and many individuals we spoke to had already established contact with a representative from the local service.

One voluntary patient who had been restricted to fixed periods of time to spend off the ward was unsure if he had been detained under the Mental Health Act. He said that he had not received any information to indicate his status. On discussion with staff, we heard that all patients should be given an information pack on admission, and informed of their rights if detained under the Mental Health Act.

We also heard that, in keeping with the Mental Welfare Commission Rights in Mind guidance, there is a working group being set up locally to look at how to respect rights of voluntary patients. We would like to be kept informed of progress with this.

Activity and occupation

There are activities organised by ward staff and some by community groups. We received positive comments about activities, particularly around walking, and arts and crafts opportunities.

The physical environment

The ward was clean and in good decorative order. However, being on an upper floor, there is no garden area, although patients can access the sensory garden in the main hospital. This is not ideal as, when staff support is required, this cannot always be facilitated.

Any other comments

We were told that there is a continuing problem with delayed discharge, and finding appropriate residential services for people locally is now an issue with the closure of a local SAMH facility. We will continue to monitor this issue.

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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