



Mental Welfare Commission for Scotland

Report on unannounced visit to: Birdston South, 100 Birdston Road, Glasgow, G66 8BY

Date of visit: 27 February 2019

Where we visited

Birdston South is a partnership between Pacific Care and NHS Greater Glasgow and Clyde, with facilities being managed and provided by Pacific Care, and nursing and other clinical staff being provided by the NHS. Birdston South provides assessment and care for up to 20 older people with functional mental illness. Currently two patients have a diagnosis of an organic illness and are awaiting a suitable alternative placement. There were 14 patients at the time of our visit, six of whom were under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act).

Accommodation is in en-suite single rooms. There is direct access to gardens, and there are several dining and sitting areas. We heard that the unit, like many areas in the NHS, is struggling to recruit nurses and has five registered nurse vacancies, using the NHS nurse bank to cover shifts.

We last visited this service on 25 June 2015, when there were two units on site with a total of 60 beds. Since this time the North Unit has closed, and the South Unit has reduced its bed complement to 20 beds in preparation for the move to Stobhill Hospital later this year. We made recommendations about the use and understanding of the Adults with Incapacity Act (Scotland) Act 2000 (the AWI Act), the provision of activities, access to GP services, review of need for continuing care, the accuracy of do not attempt cardiopulmonary resuscitation (DNACPR) information, and environmental issues.

On the day of this visit we wanted to meet with patients, follow up on the previous recommendations, and look at the impact of the reduction in bed numbers and the planned relocation of the unit.

Who we met with

We met with and reviewed the care and treatment of nine patients, and spoke to one relative.

We spoke with the senior charge nurse and members of the nursing team.

Commission visitors

Mary Hattie, Nursing Officer

Margo Fyfe, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The unit has input from two consultant psychiatrists and GP cover from a local practice. Whilst patients cannot register with this practice, they do receive full GP services and the previous difficulties in accessing test results and appointments have been addressed through the ward having access to the clinical portal.

Occupational therapy, physiotherapy, speech and language therapy, dietetic and pharmacy services, and social work input are all available on a referral basis and respond promptly. Psychology services do not accept referrals from the unit. We were advised there is no psychology service for older adult inpatients, however one patient is being assessed by psychology following intervention from senior management.

All the care files we reviewed contained good life history information.

We found good care planning for physical health care needs. The care plans we looked at did not contain enough detail about the interventions required to meet the individuals needs and lacked a person-centred focus, in one case not addressing a risk which was evident from the chronological notes. The frequency of documented care plan reviews was inconsistent. Some care plans had regular three-monthly reviews documented whilst in others there was no evidence of review.

Care plans for stress and distress varied greatly. We found one excellent example where the Newcastle model had been used to create a detailed formulation. We also found several care plans which used generic phrases such as “use de-escalation techniques” with no indication of the individual’s triggers, how the distress manifested itself, or what the de-escalation techniques were which worked for the individual.

Recommendation 1:

Managers should ensure that there is equity of access to psychology provision for all patients requiring this, regardless of age.

Recommendation 2:

Managers should ensure nursing care plans are person centred, containing individualised information, reflecting the care needs of each person, identifying clear interventions and care goals, and are reviewed on a regular basis.

Use of mental health and incapacity legislation

Where patients were subject to detention under the Mental Health Act, paperwork was in order. Where it was required, a certificate authorising treatment (T3) was in place and covered all prescribed medication. Two patients whose care we reviewed were on high dose antipsychotic medication, however we only found a completed monitoring form for one patient.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor.

The certificate is required by law and provides evidence that treatment complies with the principles of the AWI Act.

We found s47 certificates within the files of the patients whose care we reviewed and lacked capacity to consent to treatment, however one s47 had expired and was waiting to be renewed. We also found two covert medication pathways which were overdue for review.

Recommendation 3:

Managers should audit care files to ensure that section 47 certificates, high dose monitoring and covert medication pathways are in place as required.

Rights and restrictions

The ward had a locked main door for patient safety, with access by keypad. There was a policy in place, and patients and relatives are aware to ask staff when they wish to leave. Patients were accessing the garden freely during our visit.

The Mental Welfare Commission has developed [*Rights in Mind*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at <https://www.mwcscot.org.uk/rights-in-mind/>

Activity and occupation

We previously made recommendations about the provision of activity and opportunities for patients to get time out of the unit. We were pleased to hear that there is now an occupational therapy technician in the ward five days a week, providing a range of activities including pampering, crafts, relaxation, quizzes, and reminiscence sessions using boxes provided by the local library. There are frequent outings to the theatre, to go shopping, or visit places of interest. The ward also benefits from visits by Music in Hospitals, a hairdresser, Therapet, and weekly music sessions provided by Common Wheel.

Patients, and the carer we met with, spoke very positively about the occupational therapy sessions, especially the outings.

We found evidence within the notes of participation in activity sessions.

The physical environment

The unit is spacious and bright, and has space for patients to sit and to rest in the corridor, as well as several communal rooms. There is an enclosed courtyard garden, and other garden areas, which are accessible from the unit, all of which have been recently refurbished to a high standard.

Any other comments

We were told that staff and relatives are aware that the unit will be relocating to Stobhill Hospital later in the year, and this was confirmed by the one relative we met with. However, there doesn't appear to be any clarity around where on the Stobhill site the unit will be relocating to, and management have not yet confirmed the move formally or met with patients or carers to discuss the implications of the move for them.

Summary of recommendations

1. Managers should ensure that there is equity of access to psychology provision for all patients requiring this, regardless of age.
2. Managers should ensure nursing care plans are person centred, containing individualised information, reflecting the care needs of each person, identifying clear interventions and care goals, and are reviewed on a regular basis.
3. Managers should audit care files to ensure that section 47 certificates, high dose monitoring and covert medication pathways are in place as required.

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

