

Mental Welfare Commission for Scotland

Report on announced visit to: Willow and Oak Wards,
Orchard View, Inverclyde Royal Hospital, Larkfield Road,
Greenock, PA16 OPG

Date of visit: 27 September 2018

Where we visited

Orchard View is a new unit on the Inverclyde Royal Hospital site. The unit is comprised of two wards: Oak, which provides care for 12 adults with complex care needs (including two respite beds), and Willow, which is a 30-bedded unit providing care for older adults with complex care needs. Both wards were bright and spacious, with several sitting rooms and access to pleasant enclosed gardens. This was the Commission's first visit to this unit since it opened in August 2017.

Who we met with

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

We spoke with the service manager, the senior charge nurses and charge nurse, occupational therapist, and physiotherapist.

Commission visitors

Mary Hattie, Nursing Officer

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

Both wards have two consultant psychiatrists who attend weekly review meetings, twice weekly GP visits, and access to medical cover from the hospital duty doctor rota. There was good input from allied health professionals, with dedicated input from physiotherapy and occupational therapy, and other services such as speech and language therapy being readily available on a referral basis. Willow Ward also had regular input from psychology.

Within Willow Ward life history information was collated in customised books which included photographs. These were available within the patients' rooms. Care plans in both wards were person centred and reviewed regularly. Plans for the management of stress and distress used the Newcastle model, and contained detailed information about triggers and individual distraction. Risk assessments were in place and regularly reviewed.

Multidisciplinary team reviews were regular and decisions were clearly recorded. We found evidence of relatives/carers being consulted and informed regarding care decisions.

Use of mental health and incapacity legislation

Where individuals were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003, the current detention paperwork was present in the files. However in Oak Ward the order in which paperwork was filed was not always consistent. The senior charge nurse advised us that he was addressing this issue.

In all but one of the files we looked at within Willow Ward, where patients had a proxy decision maker appointed under the Adults with Incapacity (Scotland) Act 2000 (AWI Act), a copy of the powers was on file. Within Oak Ward where there was a proxy decision maker it was not always clear whether this was a power of attorney or a guardian. Copies of the powers were being sought to address this issue and these would be retained in the file.

Where individuals lacked capacity to make decisions about their health care, Section 47 certificates, which authorise treatment under the AWI Act, were in place.

Rights and restrictions

Both wards had key fob entry systems. Staff let patients and visitors enter and exit the ward as required. The wards had access to pleasant, secure gardens which patients could access freely throughout the day. Patients had access to advocacy services.

The 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

Orchard View benefited from having two whole-time equivalents of occupational therapy provision who undertake assessments and provide a range of individual and group activities. These included social breakfasts, sensory therapies including hand massage, walking and gardening groups, music, and reminiscence groups. A number of patients benefited from playlists for life or doll therapy. There were themed reminiscence boxes around the ward, and packs with old pictures and postcards and reminiscence cards to help stimulate conversation in every sitting room.

The unit benefited from input from Over the Rainbow, a group who provided fortnightly music and movement sessions within Willow Ward, pet therapy, and the Clydeside singers.

Until recently the unit had a minibus which was used for outings. However this had become uneconomic to repair, so this facility was no longer available. Other options for providing transport for outings are currently being explored. We look forward to hearing how this has progressed at our next visit.

The physical environment

Both wards were bright, clean, spacious, and benefited from access to enclosed courtyard gardens and a larger garden space which surrounds much of the unit. All bedrooms were single room en suite. There were a number of small sitting rooms in both wards, enabling patients to have a choice with regard to how they spend their time.

There was a multipurpose activity/crafts room which was utilised by both wards. Orchard view also benefited from having a café within the main foyer of the building. This was used by patients, staff, and visitors, all of whom commented positively about the benefits of this facility.

Oak Ward had a large kitchen where patients could make meals or snacks, either individually or as a group activity.

Within Willow Ward the signage was dementia-friendly and colour was used in the corridors to aid orientation. Orientation was also supported by the memory boxes which were built into the wall outside each bedroom. There was a TV in each of the smaller sitting areas but not the main day/dining area, which was used as a communal activity space.

The nurses' station in Willow Ward was an open-plan area off the ward foyer, which staff advised us created difficulties when having confidential discussions or making telephone calls. This area also did not have visual access or direct access to the patient areas. We were advised that the possibility of relocating the duty room was being investigated and we look forward to hearing the outcome of this on our next visit.

A copy of this report will be sent for information 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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