

Mental Welfare Commission for Scotland

Report on an announced visit to: Nairn Ward, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UW

Date of visit: 13 September 2018

Where we visited

Nairn Ward is a 20-bedded mixed-sex adult acute mental health ward in Stobhill Hospital. In March of this year Ward 1, formerly located in Parkhead Hospital, moved into this refurbished ward.

We last visited this service on the 24 May 2017 and made recommendations about care planning, mental health documentation, the lack of evening and weekend activities, access to psychology, and the physical environment.

On the day of this visit we wanted to follow up on the previous recommendations and also look at patient and carer involvement.

Who we met with

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

We spoke with the charge nurse (CN), therapeutic activity nurse (TAN), and other members of the clinical team.

Commission visitors

Mary Leroy, Nursing Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit we were able to meet with six patients. They told us that staff were approachable, supportive, and that they felt safe on the ward. We heard that the staff provide a supportive atmosphere within the ward. Individual one-to-one time with nurses was recorded. Staff were knowledgeable about the patients when we discussed their care.

We discussed with the CN recent changes regarding psychology input into the ward. Within the patients notes we examined we found evidence of comprehensive psychology assessments. The CN also told us of the psychology training sessions offering a range of psychological approaches to care. These sessions are delivered throughout the year.

We were pleased to see improvements in care plan documentation. The CN informed us that the team had been working closely with the practice development nurse for the service.

Care plans were person centred and detailed in terms of mental and physical health. Patients' strengths and abilities were reflected within the care plan, and these were regularly evaluated and reviewed.

Risk assessments and risk management plans were in place in all the files we reviewed.

The ward has five consultants, and the medical staff have regular contact with ward staff and patients. The multidisciplinary team (MDT) meetings are attended by medical and nursing staff, occupational therapy, social work, and other relevant allied health professionals. When required the crisis team also attend. In the files we reviewed we saw evidence of patient involvement in the MDT meetings and in the compilation of care planning.

There was evidence of carer involvement in the MDT meeting. We saw on patient files that there was regular contact with carers and families, through contact when the relative/carer visits the ward and through telephone discussions.

Use of mental health and incapacity legislation

On the day of our visit 11 of the patients were subject to the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). The remaining patients were informal.

We noted that copies of certificates authorising detention under the Mental Health Act were in patients' notes. The Greater Glasgow and Clyde care plan documentation sheet for information on legislation was accurate and reflected the current legal status.

We examined drug prescription and treatment certificates (T2/T3), which were in place for all patients who required them. Mental Health Act paperwork and copies of all relevant documentation were within the patients' files as appropriate.

Rights and restrictions

Patients we spoke to were aware of their right to advocacy. There was information available on the ward with contact details of the advocacy services. On the day of our visit one patient was on an enhanced level of observation. We found clearly defined levels of observation on file. Changes to the patients' observation status were documented as part of the weekly review along with discussion held with the patient.

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

The patients we spoke to told us there were a range of activities available. Patients we met with were engaged in group activities on the ward. The recovery model is used to underpin activities in the ward.

The TAN nurse who met with us described recent service developments and the employment of therapeutic nurses and health care assistants. This development is to support the provision of activities in the evening and the weekend for patients. The senior managers plan to review across the range of activities available to ensure that a cohesive programme of activity is delivered to all. We look forward to hear how this is being developed on our next visit to the service.

The occupational therapist also provides a range of other services including functional assessments, recovery-focussed group work, and one-to-one sessions.

The physical environment

We were pleased to see an improvement with the refurbished ward. We were told by both patients and staff that the quiet areas garden space were pleasant areas to spend time in and that the general ambiance of the ward has had a positive effect.

Some of the patients commented positively on the improved ward environment describing it as “clean and bright, with easy access to the garden”.

There were still some developments and snagging problems to be addressed that staff had brought to the attention of the estates department.

We observed on the day of our visit that, within one of the meeting rooms, there were exposed water/heating pipes that could be a ligature risk. We raised this with the CN and were told that they had escalated this to senior management. We were subsequently advised that this room is a locked space within the ward environment, accessed by staff only. The exposed water/heating pipes were subject to a programme of works which has been undertaken and the pipework is now fully boxed in.

Any other comments

The CN advised of the development of “the patient conversation”. This process gathers information from the patients regarding their experience of the service. This information helps the service to consider and evaluate care and treatment from the service user’s perspective and allows the service to improve plans and deliver services. We look forward to seeing the results of this on our next visit.

Service response to recommendations

The Commission made no recommendations on this visit.

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.

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