

Mental Welfare Commission for Scotland

Report on announced visit to: IPCU, University Hospital
Wishaw, 50 Netherton Street, Wishaw, ML2 0DP

Date of visit: 6 November 2018

Where we visited

The intensive psychiatric care unit (IPCU) in Wishaw General Hospital is a six-bed purpose-built unit. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

The ward takes both men and women, and provides a separate sitting room for women. Each bedroom has its own en-suite wetroom. The multidisciplinary input to the unit is from nursing, medical, and occupational therapy staff. All other allied health professional input can be accessed via referral.

We last visited the unit on 11 January 2018. At that time we made recommendations around psychology and pharmacy input to the unit, and catering. At the time of our visit there were five male patients in 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 all five patients. We had hoped to meet with relatives, however they did not attend the unit to meet with us. Patients were highly complementary of the care and support they receive within the unit. One patient said "In here, the nurses take the burden off of you". All of the patients we met with were aware of their care plan, and felt included in discussions about their care and treatment. They were aware of their key nurse and comfortable in approaching staff.

We spoke with the nurse in charge and other staff nurses.

Commission visitors

Margo Fyfe, Nursing Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

As at the time of our previous visit we found care plans to be person centred and recovery focused. The care plans were easy to navigate and interventions were clearly stated. We noted that reviews happened regularly, however there was inconsistency in the detail provided and, as a result, it was not always easy to follow the patient's progress towards the care plan goal. We would recommend that an audit of care plan reviews is carried out to ensure consistent, meaningful entries are made when they

have taken place. On speaking with individuals, it was clear they were aware of their care plans and felt included in discussions around their care and treatment.

We also found nurses' continuation notes clearly documented individuals' mental state presentation during each shift and a note of how the person had spent their day. In particular we found one-to-one sessions detailed the person's wellbeing, their understanding of their illness, and stage of recovery. It was clear from the notes and discussion with patients that this individual time is valued by the patients. It remains clear from the notes that families and carers are communicated with regularly and given the opportunity to input to their relative's care.

Multidisciplinary team (MDT) meeting notes were informative and included patients' and carers' attendance where this was wanted by the individual. It was good to note the forward plans on each MDT meeting minute. Where appropriate, there were clear transfer plans in these notes. We saw that the MDT notes are not recorded in the MDT field on the electronic record system but are within the continuation notes. We would recommend that this is changed to use the correct field for ease of reference of all care staff.

Although records are held on the electronic record system, MIDIS, there is a separate paper file for all legal documentation and a back-up paperlite file for use when the electronic system is not available.

Recommendation 1:

Managers should audit care plan reviews to ensure review entries are consistent and meaningful.

Recommendation 2:

Managers should ensure staff are aware of how to record MDT notes to the correct field on the electronic record system and that this is consistently used.

Use of mental health and incapacity legislation

We found legal documentation for each individual held in a paper file within the duty room. This can be easily accessed by all staff. Consent to treatment forms were in these folders. Copies of these forms were also with the appropriate medicine prescription sheet.

Rights and restrictions

This unit is a locked environment. There is a policy in place on the use of locked doors, and all individuals and their families have this explained to them at the time of admission. Individuals are also given an informative in-patient pack that nurses will go over with them when appropriate.

There is also a policy in place detailing the restrictions on mobile telephones within the unit. We suggested that it may be helpful for patients to have a copy of this once they have settled in the unit. This would ensure clarity for all patients around this particular restriction.

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

During the visit we saw staff interacting with patients on an individual basis, and were aware of a lunch group being run by the occupational therapist taking place. We heard from staff and patients that activities are mainly provided on a one-to-one basis due to the acuteness of illness individuals are experiencing when in the unit. Nursing and occupational therapy staff provide activities that range from helping patients understand their illness and how to cope better with their symptoms, to recreational activity such as arts and crafts, and exercising. As patients progress, staff focus on getting them out of the unit for short periods each day in preparation for returning to open wards.

We heard that religious needs are met via the hospital chaplain as requested.

The physical environment

The unit is situated on the basement level of a busy district general hospital. As well as the individual en-suite bedrooms the unit has a communal sitting room, a women-only sitting room, a dining room, and an activity/relaxation room. There is access to an enclosed garden space. There is also a family room situated outside the ward entrance.

There were no outstanding repairs in evidence and the unit was clean and bright.

Any other comments

Previous recommendations progress

At the time of our previous visit we had discussed the input of psychology and pharmacy to the unit. We were pleased to hear that dedicated psychology input has been agreed and look forward to seeing how this progresses at future visits.

Unfortunately there has been no change to the pharmacy input to date. We understand that pharmacy staff are responsive to requests for assistance, however they do not attend the unit regularly or carry out medication audits on a regular basis. We are aware this has changed for the open wards on site and would hope to see the IPCU included in that change on future visits.

Summary of recommendations

1. Managers should audit care plan reviews to ensure review entries are consistent and meaningful.
2. Managers should ensure staff are aware of how to record MDT notes to the correct field on the electronic record system and that this is consistently used.

Good practice

We were pleased to see the attention given to including patients and their relatives in care decisions at the most acute time in the patients' illness. All of the staff are happy to meet with relatives and provide support and information where relevant, with the patients' consent. Information about the unit is provided in written format as well as verbally and is repeated as necessary during the patients' recovery.

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.

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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