

**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:** Gigha Forensic  
Rehabilitation and Iona Low Secure Wards, Beckford Lodge,  
Caird Street, Hamilton ML3 0AL

**Date of visit:** 8 August 2018

## **Where we visited**

Gigha Ward is a 12-bedded mixed sex rehabilitation unit in the purpose built Beckford Lodge site. The ward transitioned to become a forensic rehabilitation ward to allow a step down from the low secure forensic Iona ward at the end of 2017. All bedrooms are single en-suite. Patients are encouraged to personalise their rooms. The unit has lounge areas, activity space, assessment kitchens, and laundry facilities for patient use. On the day of our visit there were 12 patients.

Iona Ward is a purpose-built, low secure forensic mental health ward providing care and treatment for male forensic patients across NHS Lanarkshire. The ward has 15 en-suite bedrooms, which patients are encouraged to personalise. The ward has activity space, lounge areas, and a gym for patient use. There is enclosed outside space which patients can access directly from the ward. On the day of our visit there were 13 patients.

We last visited this service on 10 November 2017 and made recommendations regarding referencing where patient records are located in files and pharmacy input to the wards. 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 nine patients.

We spoke with the service manager, the senior charge nurse, charge nurses, occupational therapists other nursing staff on duty.

In addition we met with the student nurses on duty.

## **Commission visitors**

Margo Fyfe, Nursing Officer & visit co-ordinator

Mary Hattie, Nursing Officer

Yvonne Bennett, Social Work Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

Patients we met with were complimentary of staff support and availability. They were aware of their care plans and had activity planners that they participated in compiling. The patients were aware of their rights and had access to advocacy services as regularly as they wished.

All staff spoken with on the day were knowledgeable of their patient group.

## **Multidisciplinary input**

We heard that there have been staff changes with several new nurses about to start. It was good to hear about the planned induction of the new staff to ensure as little disruption to the ward as possible. We heard that there are new consultant psychiatrists in place which has helped progress the models of care in both wards. We are pleased to see that each ward has dedicated psychology input and occupational therapy input.

Unfortunately there has been no change to the pharmacy input to the wards. We are aware this was discussed by mental health managers and then also raised with North Lanarkshire Health and Social Care Senior Management Core Team. We remain concerned that this issue has not been resolved and urge managers to continue to review the situation to ensure benefit to the patients. We would like to be informed of progress in due course.

Patient's records were up to date and easy to follow. The electronic record system, MIDIS, remains slow and staff often get frustrated by this and the frequency of the system going down which creates more written work for staff. We understand the system is under review and we look forward to hearing more about this at future visits.

Multidisciplinary meeting notes are clear and relevant. We had been informed following the last service visit that the practice of completing the MIDIS screens during the meeting had been adopted to ensure all information is accurately captured. We were also pleased to note that psychology and occupational therapy input to care is also recorded in MIDIS.

## **Care Plans**

We found care plans to be clear, patient centred, holistic, and recovery focussed. The staff have been working on a new care plan model that fully engages the patients in compiling the plan. It contains the individual patient's views and wishes in regard to their mental health journey, status, and goals. We understand that it is hoped to gain approval for wider use of the model when completed across NHS Lanarkshire. We look forward to hearing how this progresses.

It was good to see a clear record of contacts with families and the families are encouraged to participate in care meetings where this is appropriate.

## **Use of mental health and incapacity legislation**

We found all legal documentation to be in order and easy to access in paper files. We were pleased to see the information sheet in place that indicates review/expiry dates. We also saw named person paperwork in place where appropriate.

When reviewing consent to treatment documentation we found all forms in place as required under the Mental Health (Care & Treatment) (Scotland) Act 2003. We thought that one person should have a certificate of incapacity (s47) under the Adults with Incapacity (Scotland) Act 2000 and discussed this with the charge nurse on duty.

**Recommendation 1:**

Medical staff should review patients deemed to lack capacity to consent to treatment to determine if an s47 certificate should also be in place.

**Rights and restrictions**

As at previous visits in Gigha Ward the door is open and patients can come and go freely. In Iona low secure ward the door is locked. There is information on the wall at the entrance of the ward that describes why the door is locked and how to exit.

We found there to be good information available to patients and carers about the ethos of both wards and support available from staff, advocacy, and carers' services.

**Activity and occupation**

On the day of our visit many of the patients were participating in their activity programmes in the community. We heard about the variety of activities in place and the efforts made to ensure good contact with community resources that are of benefit to the patients.

We spoke with the occupational therapist about their input to the wards and were informed of plans for more group activity in both wards, some of which will be joint groups for patients from both wards to participate in.

**The physical environment**

Both wards are purpose built and have plenty of space for patient use. All rooms are single and en-suite which is appreciated by patients.

There is garden space available to both wards. We saw patients using these spaces during the visit. There is a wider garden space in the grounds that the patients have been helping care for. We heard that vegetables and fruit have been grown which the patients have been able to use in their menu planning and cooking.

**Any other comments**

We heard that although there are no patients currently classed as delayed discharge in Iona there is one patient in this position in Gigha ward. We have visited other areas where creative joint commissioning has resulted in the establishment of supported accommodation, with good collaboration between housing services, health, social work, and the third sector. This has offered more choice for adults who require ongoing care and support in the community and managers from all services involved in the

discharge process should consider collaboration across North and South Lanarkshire around community resource for patient discharge.

### **Summary of recommendations**

1. Medical staff should review patients deemed to lack capacity to consent to treatment to determine if a s47 certificate should also be in place.

### **Good practice**

We are happy to see the ongoing work around care plans as we see this as a collaborative approach to care with patients and would suggest this model could be utilised in other areas of the service.

We were also pleased to see the development of a discharge checklist to ensure all issues are addressed for patients as they move towards their discharge from ensuring utilities and benefits are in place to registration with GPs and dentists.

### **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](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

