

Mental Welfare Commission for Scotland

Report on an announced visit to: Henderson Ward,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow
G12 0XH

Date of visit: 5 July 2018

Where we visited

Henderson ward is a 20-bedded adult acute mental health mixed-sex ward. The ward is based in Gartnavel Royal Hospital. We last visited this service in August 2017 and made recommendations regarding mental health legislation and the lack of weekend and evening activities.

On the day of this visit we wanted to follow up on the previous recommendations and also look at physical healthcare provision and patients' participation in their care.

The above areas were identified in our adult acute themed visit report as areas that services across Scotland should improve.

Who we met with

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

We spoke with the senior charge nurse (SCN) and other members of the nursing team.

Commission visitors

Mary Leroy, Nursing Officer (visit coordinator)

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. Patients we met with spoke positively about their care and treatment in the ward. They said they felt treated with respect and that staff were approachable if they needed to talk.

We heard that 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 reviewed documentation in a number of care files. The detail completed at the point of admission was thorough and contained all the relevant information. Care plans were person-centred and detailed in terms of physical and mental 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 SCN informed us of the daily safety brief which enables the three acute wards on the site to prepare for the day. During the 15-minute brief they allocate resources and ensure that all relevant information is shared across teams.

The ward has five consultants and there is a daily multidisciplinary team (MDT) meeting with input from medical and nursing staff, the occupation therapist, the pharmacy and other relevant allied health professionals. The consultants have regular contact with the ward staff and patients.

There is good evidence of patient and carer involvement in the MDT meeting. This is ensured through a recent development in the pre-meeting process where the patient meets with the nursing staff prior to the meeting to ensure their views, questions, and thoughts are discussed and documented prior to the meeting. This encourages patients to participate in decisions about their care and treatment. The clinical discussions that occur within the meeting are well documented and generate a clear action plan with treatment goals.

The relative we spoke to was very positive about the care and treatment provided by the nursing staff. We saw on the patient's files that there was regular contact with carers and families—through telephone conversations and also discussions when the relative/carer visited the ward.

Use of mental health and incapacity legislation

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

We noted that copies of certificates authorising detention under the MHA (2003) were in patients' notes. The Greater Glasgow and Clyde care plans documentation sheet for information on legislation was accurate and reflected the patients' current legal status.

Rights and restriction

Where there was a need for enhanced levels 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 the discussions 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

Each patient had an individual programme of activities and patients we spoke to described a range of different activities on offer on the ward.

The ward has a patient activity coordinator (PAC). There were a range of activities on offer available within the ward and activities were delivered in one-to-one sessions or group work.

On admission, all patients are referred to the PAC for assessment. There is a small activity room on the ward with facilities for art and games.

The occupational therapist (OT) on the ward provides a range of services including functional assessments, individual sessions, plus preparation for discharge. Within the patients files there were comprehensive OT assessments with detailed outcomes and these were recovery focussed.

The physical environment

The ward was clean, bright and maintained to a high standard. All small sitting areas were comfortable and well-furnished. The ward also has a small sitting room for female patients only. The garden area is pleasant and well maintained and easily accessible for all.

Any other comments

We were told about the Royal College of Psychiatrists (RCP) accreditation programme for inpatient mental health services. This is at an early stage of development whereby the ward team self-review their local procedures and practice against RCP standards. We look forward to hearing more about this development on our next visit to the service.

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

Service response to recommendations

The Commission has not made any recommendations in relation to this visit, therefore no response is required.

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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