



## **Mental Welfare Commission for Scotland**

### **Report on announced visit to:**

Wards 4A, 4B & 3A Leverndale Hospital, 510 Crookston Rd,  
Glasgow G53 7TU.

**Date of visit:** 8<sup>th</sup> and 9<sup>th</sup> November 2017

## **Where we visited**

We visited wards 4A, 4B and 3A at Leverndale Hospital over 2 days. These wards are all 24 bed, mixed sex adult acute mental health admission wards, primarily for patients, aged 18-65, from South Glasgow.

Wards 4A and 4B are new purpose built wards, and all patients have single en-suite rooms. Ward 3A is an older style ward, with a mixture of shared dormitories and individual side rooms. Ward 3A has the capacity to increase patient numbers to 26 beds on occasions.

We last visited this service in July 2016 (11<sup>th</sup>, 12<sup>th</sup> &13<sup>th</sup>) these visits were part of our national themed visits to acute wards.

There were no specific recommendations from these visits, but we commented that there was a lack of detailed information in care plans and they lacked personalisation in relation to individual patient need.

Our main reason for visiting on this occasion was as part of our regular visits to acute adult wards. We wanted to follow up on our previous visits, and to look at general issues important for patient care:

- care, treatment, support and participation
- use of mental health and incapacity legislation
- rights and restrictions
- activity and occupation
- the physical environment.

## **Who we met with**

We met with and/or reviewed the care and treatment of 23 patients.

We interviewed the relatives of two patients during our visit.

We also spoke with the senior charge nurses on each ward and several members of nursing staff on the wards.

## **Commission visitors**

Paul Noyes, Social Work Officer and visit co-ordinator

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

Mary Hattie, Nursing Officer

Kathleen Taylor, Engagement & Participation Officer

Dr Peter Rennie, Temporary Medical Officer

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

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

There were differences in patient experience between the three wards, but generally the patients we spoke with said staff were very approachable and helpful. Patients were very positive about their care, but did acknowledge that staff seemed to be very busy.

All three wards had a full complement of patients and the ward managers stated there was always a pressure on beds. We also heard it can be difficult to keep beds available for patients on 'passes' home if they need to return. Wards 4 A & B have a finite limit to their beds given the number of individual rooms, but ward 3A can increase to 26 beds putting particular pressures on this ward.

All the wards reported that they now had full numbers of nursing staff with a number of new staff having been recently appointed. As a consequence, the wards are now using fewer bank staff. We heard consultant vacancies have also been filled.

Ward 3A has recently had a change of senior charge nurse and we were pleased to see a number of modifications on this ward to improve patient care. Wards 4A & B have also just achieved reaccreditation by the Royal Collage of Psychiatrists. Following the visit we were notified that Ward 3A had now also received the same accreditation.

For each ward, patient care is managed by between three and six consultant psychiatrists, each have weekly multidisciplinary meetings (MDTs) to discuss patient progress. The logistics of this can be quite difficult to manage but patients we spoke to said they felt involved in their care, and were generally clear about discussions taking place at the MDT meetings. All patients had specific nurses allocated to their care, and there was good evidence of regular one to one meetings with patients clearly documented in their notes.

We noted MDT meetings were always attended by medical and nursing staff, with regular attendance from occupational therapy, physiotherapy, pharmacy and psychology. MDT notes were well documented in most cases, listing who was present at the meeting.

All three wards had a small number of patients who are clinically ready for discharge, but had spent over three months in hospital (some considerably longer). Many are finding it difficult to move on due to their complex needs. In order to address this situation a new admission pathway has been introduced, detailing expectations from

pre- admission to discharge. There is now a particular emphasis on the reasons for this delay and monthly meetings to discuss these patients. The Commission would wish to be kept informed of issues affecting patient care and progression to community settings.

We noted that patient 'initial care plans' were standardised and showed very little in the way of personalisation. This is a consequence of the documentation which should be reviewed. The care plans in patients' general notes were, however, more personalised and well reviewed. There were also good links to the MDT action plans and one-to-one discussions with the named nurses. We found risk assessments to be comprehensive and regularly reviewed.

### **Recommendation 1:**

Managers should review care plan documentation to ensure that initial care plans address the specific needs of individual patients and are reviewed to reflect any changes in care needs.

We noted that patients' physical healthcare needs appeared to be well met with physical health care plans in place for some patients, and referral to specialist services if required.

We heard that family and carer involvement in patient care is very much encouraged with a focus on 'triangle of care standards' in relation to carer involvement. We saw documentation of contact with carers evidenced in care records. Carers are able to access regular carers groups on all the wards.

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

Around half of the patients on the wards we visited were detained patients. For detained patients we found all the legal paperwork to be in order and accessible within patient care files.

We also established that all the detained patients had consent to treatment certificates (T2), and certificate authorising treatment (T3) forms where required.

On reviewing these forms we noted that, for a small number of patients, there were medications being given but not listed on their T2 forms. This was raised on the day with the ward manager with the expectation this would be addressed.

All of the patients we interviewed were clear about their status as were the staff. The detained patients had access to advocacy and were aware of their rights of appeal. The informal patients we spoke to knew they could leave the ward if they so wished. There was written information available for patients in relation to their rights for both detained and informal patients.

## **Rights and restrictions**

Six patients across the three wards were on enhanced observation at the time of our visits, all were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. We noted that staff were trying to keep this observation as unobtrusive as possible, and to use this time for therapeutic interaction.

Generally patients were observed coming and going freely in the wards, and with open access to the garden areas.

## **Activity and occupation**

The three wards shared two full time patient activity coordinators (PAC nurses). We heard that there has been a recent reduction in this service (there had been a worker for each ward). We noted there was a good range of programmed patient activity, and patients said they appreciated and enjoyed the various activities available to them.

In addition to this activity there are inputs to the wards from outside agencies such as a money matters clinic, and also patient access to the recreational therapy (RT) facility with the hospital grounds.

There is less formal activity available in the evenings and at weekends. At these times nurses take on the main activity coordinating role.

The wards all have dedicated occupational therapist and occupational therapy technicians providing one-to-one interventions and additional group activity.

We were shown recent changes and improvements to the layout of Ward 3A. These have significantly improved space available for patient activity and improved the opportunities for engagement with patients.

## **The physical environment**

Wards 4A & 4B wards are relatively new and all patients have en-suite single rooms. These wards are bright and airy and now have art work. The lack of this had been a criticism in previous reports.

There is a shared dining area / visiting space used by both wards. This means meals have to take place in two separate sittings. This area is also used as a visiting area which is not particularly private, gets busy and results in more restricted visiting times. We heard from patients that staff try to be flexible and some of the smaller rooms on the ward can also be used for visitors.

The situation regarding the use of this shared space has been raised as an issue in previous reports, particularly in relation to providing child friendly visiting. Managers have acknowledged there is a difficulty but try to be as flexible as possible.

Ward 3A is a much older style ward set away from the other two wards. It shares some facilities with an adjoining ward, Ward 3B and has a similar shared dining and visitor space to the other two wards. Ward 3A is a mixture of two male and two female dormitories (four to five patients per dormitory) and six side rooms. Toilet and shower facilities are shared, and due to the number of patients using them regularly, require maintenance and can be out of action. The Commission has on occasions received concerns about these facilities. Managers have always acted on these concerns promptly but this situation is far from ideal. We noted during this visit considerable activity to improve this ward and decoration work and refurbishments in progress. The environment is in need of artwork and furnishings to make it more homely, but we were told this will be part of the changes being made.

All three wards have easy access to garden areas but the fact these gardens are not enclosed does present difficulties in the management of detained patients.

### **Any other comments**

We heard from ward managers of engagement with the Scottish Patient Safety Programme (SPSP) which is helping improve practice on the ward. On ward 4A we heard that some nurses are trainers on the violence and aggression management programme. This is helping to improve the overall management of distressed behaviour on the wards. Use of restraint has reduced considerably, and there is also a greater focus in relation to supporting patients and staff after such occurrences.

A matter was also raised by some patients that there can be issues regarding the availability of a sufficient number of towels on the wards and also portion sizing in relation to meals. We would request managers address any patient concerns relating to these matters in discussion with patients and ward staff.

### **Summary of recommendations**

1. Managers should review care plan documentation to ensure that care plans address the specific needs of individual patients, and are reviewed to reflect any changes in care needs.

### **Service response to recommendations**

The Commission requires a response to this recommendation 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)

