



Mental Welfare Commission for Scotland

Report on announced visit to:

Mother and Baby Unit, St John's Hospital, Livingston EH54 6PP

Date of visit: 30 April 2018

Where we visited

The regional mental health Mother and Baby Unit (MBU) at St John's Hospital, Livingston, is a six-bedded service. It provides specialist care for mothers and their babies; the majority of the admissions are post-natal mothers with babies who are up to one year old. For this group of women, who are experiencing mental ill health, this service allows them to bond with their babies while they undergo in-patient treatment. The MBU is a joint initiative between five health boards and admissions come from NHS Lothian, Tayside, Borders, Fife and Highland. NHS Forth Valley and Grampian have a 'buy in' agreement regarding access to beds.

We last visited in September 2015, when the Mental Welfare Commission carried out a themed visit into perinatal mental health care in Scotland. The focus was mainly on the care of women with severe postnatal mental illness who required admission to hospital.

Who we met with

This was an announced visit to unit and on the day, we reviewed six care plans and met with two patients. There were no carers to speak with and none had requested to talk to us.

We also spent time with the two deputy charge nurses and the consultant psychiatrist.

Commission visitors

Claire Lamza, Nursing Officer

Dr Juliet Brock, Medical Officer

What people told us and what we found

Care, treatment, support and participation

We were told by patients that staff were caring, supportive and approachable. We observed staff working jointly with mothers and their babies in numerous ways. Some interactions were around supporting the mother with attending to the baby's needs, others were more focused on meeting the needs of the mother. Nursery nurses help with a baby's routine, and when the mother requires some rest and sleep, the staff attend to the baby's needs.

We were informed of the unit's traffic light system that can be used for mothers who find it difficult to approach staff directly. The mum would post a sticker on her door; red to indicate distress, green when feeling okay. We saw this being used in practice on the day of our visit.

While there were no carers or family members available to meet with us at the time of the visit, we found evidence in the care plans of regular contact and support offered to

partners and family members. In the care plans there was a Parent Concerns Questionnaire, devised by Plymouth University, which gave details about all aspects that a mother might be worried about – family, children, relationships with partner, home environment, social, discrimination, abuse and various other aspects.

Care plans

The unit uses an integrated care pathway for all admissions which includes a patient profile, admission risk assessment, legal status on admission, assessment with presenting complaint, perinatal history, patient history, mental state and senior medical review. We found these to be comprehensively completed with up to date information.

We were pleased to see evidence of contact with other interested and involved care providers of the mother, notifying them of admission and inviting them to be involved, either in meetings or through contact with the ward.

The MBU care goals identified needs, short term aims, planned nursing intervention, individual's view of strengths and date discontinued. Reviews were dated, but we found no detail about the evaluation. Some of the care goals were generic and not patient specific, such as the immediate care plan on admission. Others were very person centred e.g. the mother's physical and mental health needs.

The daily progress notes identified the multi-professional input provided by the team, which includes nursing, medical, psychology, social work and occupational therapy. We saw comprehensive reviews, which gave us a clear understanding of the planned care and interventions of the different disciplines.

We found detailed multi-disciplinary team (MDT) reviews on current mental state, an update from the previous week's actions and any potential areas of concerns from the FACE risk profile. We were pleased to see the active participation of patients and their carers in the reviews; there were sections on the form for the woman's assessment of her progress, the woman's goals for the coming week as well as the relative's assessment of progress. Other useful information included medication, contact with other professionals and the discharge planning process. There were also opportunities to note if potential referrals were being planned, and whether the mother and baby were being considered for a case reflection session.

A document is completed after the MDT review, which noted if there was to be an update in the risk profile. We saw the MDT feedback form for the key worker to discuss with the patient, which indicated that a copy had been given to the patient and countersigned by the member of staff and the mother. We suggest that a section be included for any comments made by mother at the feedback.

The care plans included a section for third party information, and we found evidence of good engagement with partners/family members to support mothers during their stay.

The final section focused on the discharge planning process. We found paperwork which had a checklist of who had been contacted, a copy of the email invitation for external clinical staff/interested parties to be involved in the mother's discharge plan.

There was also detailed pass documentation, including the purpose of the pass, the relevant local health care professionals that had been informed, a failure to return plan and a crisis resource. There was also a relapse signature document and the perinatal risk profile relating to the pass.

Use of mental health and incapacity legislation

At the time of our visit, there were no patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. There is a useful document that notes legal status on admission, if there are any changes, and the mental health officer that was involved. There is a section that notes if confidentiality, and its limits, have been explained, in writing or verbally, and if the patient has given consent. There is also a section about advance statements.

Rights and restrictions

On the day that we visited, all women were on a general level of observations.

At the entrance to the ward there is a camera entry security system. We were advised that this is helpful for managing visitors where there may be concerns for the mother's safety.

The service uses a specifically designed risk profile for perinatal which is completed on admission, updated at the weekly MDT review document and includes risk factors and warning signs of deterioration.

The physical environment

The MBU is on the first floor at St John's Hospital. While the ward has its own door and there is clear signage, the ward itself joins with the adult acute mental health assessment, Ward 17.

The unit is well maintained. The colours are neutral and the whole area is bright and well lit, with some homely furnishings that create a pleasant ambience. Staff are immediately visible as the nursing station is at the centre of the ward, with two en-suite rooms behind, where mums who require a high level of input and supervision are cared for. On the day of our visit, there was good visibility of staff in the main day areas, and at the main nursing station in the ward.

There is one main day area that functions as a dining area, a main TV lounge, a sectioned off area for the babies and a kitchen-style area with a unit for laying out/serving meals.

There is a further meeting room, which doubles as a group room and currently a smaller interview type room that the staff are about to develop as a second, quieter area with a TV.

There is a nursery that has cots for five babies, and other units where any physical healthcare or treatment can be provided. There is a bathroom, which has baby baths, as well as an alternative area to examine the babies, should the nursery be busy.

All bedrooms have en-suite facilities, with the exception of one, which has a bathroom immediately next door. The bedrooms are spacious as they have to accommodate beds and storage for both mother and baby, and the rooms are easily accessible at any time.

There is access to a dedicated garden area, although this is on the ground floor and requires the mothers to leave the unit if they wish to access this. We asked if this caused any difficulties, but were advised that mums either visit as part of their time off ward, or with staff escorting them. We were made aware that there are current plans in place to upgrade the garden area to provide a range of different experiences where mothers, their babies and their families can interact with the garden.

Activity and occupation

The main day area is used for the activities and therapeutic interventions that are organised by staff. There is a large white board on the main wall that offers clear information about planned events for the day and the week.

Activities that routinely run in the unit are baby massage, messy play and nursery nurse sessions. There are psychoeducation groups on becoming a mum and health promotion, with plans to develop these further to include low intensity groups for anxiety management. When possible, there are informal recreational groups such as baking, walking and arts and crafts. We found evidence in care plans of mothers and their babies being offered and participating in the unit's activities.

When we spoke to the mothers, we were advised that activities that are planned do not always take place. The staff confirmed this and explained that to maintain a focus on day and evening activities, clinical need can mean that planned events have to be cancelled at short notice. Those that we spoke to felt that it would be helpful to address this.

There has also been a peer support network of mums who have been cared for in the MBU and have now established a Facebook/meeting up service. Staff make patients aware of this if they feel that the support would be appropriate and helpful.

Recommendation 1:

Managers should ensure that scheduled activities take place as planned.

Any other comments

Due to the regional set up of the MBU, on the day of our visit, one of the points raised was that, at times, there can be challenges in terms of pressure on beds from referring services. There can also be difficulties with accessing information relating to patients in a timely way and with the discharge planning process when the mother is from an area that is distant from the MBU.

These issues are currently being addressed by the managers of the service.

Summary of recommendations

1. Managers should ensure that scheduled activities take place as planned.

Service response to recommendations

The Commission requires a response to the recommendation 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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