

**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:** Ravenscraig Hospital,  
Dunrod G, Inverkip Road, Greenock PA16 9HA

**Date of visit:** 16 January 2017

## **Where we visited**

Dunrod G is a 12 bedded unit. In addition to two respite beds, it provides longer term care and treatment for 10 adults aged 45 to 72 years who have been unable to cope with either intensive or moderate rehabilitation programmes. The patients have complex mental health difficulties and physical health issues, and residential and nursing homes are unable to support the challenges posed by these. However, patients are assessed regularly with a view to considering other options to hospital care.

The bed numbers have been reduced from 18 to 12 since our last visit in 2015. Dunrod G is one of three mental health wards remaining on the Ravenscraig site. In late summer/early autumn of 2017, it will be relocated to a new 10 bedded unit, which is under construction on the Inverclyde Royal Hospital site. All patients are aware of the move and staff have been working closely with patients and relatives to make the transition as smooth as possible. The current ward has a mixture of single rooms and dormitory accommodation. The ward manager showed us plans for the new unit which will have all single rooms with en-suite facilities, good communal space, an enclosed garden, and a café and occupational therapy (OT) facilities including a therapeutic kitchen off-ward. It will be part of a building for the three wards that are currently at Ravenscraig, so the mental health services will then all be on the one site.

On the day of our visit there were 11 patients on the ward, including one person who was receiving respite care.

We last visited this service in April 2015. At that time we were very positive about the care and treatment people were receiving but made some recommendations on the documentation of care plans.

We visited on this occasion to give patients an opportunity to raise any issues with us, and to ensure the care and treatment and the facilities are meeting patients' needs.

We also looked at:

- Care and treatment and service user participation
- Therapeutic activity
- Use of legislation
- Physical environment

## **Who we met with**

We met with six patients and looked at their records.

We spoke with the ward manager, the occupational therapist (OT) and some of the staff nurses.

## **Commission visitors**

Alison Goodwin, Social Work Officer

Mary Hattie, Nursing Officer

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

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

We met with six patients and reviewed their records. The patients we spoke to were very positive about the care and treatment provided by the nursing staff and the allied health professionals, and had no concerns to raise.

There is a very diverse group of patients in the ward. Many patients have been in hospital for a considerable number of years and the chronic nature of their illness means their motivation to engage and participate in activities of daily living, therapeutic, social and recreational activities can be limited. However, we saw great efforts by OT and nursing staff to encourage involvement in both their treatment and activities.

Many of the patients have physical health issues and mobility problems as well as mental health issues. There are two consultants who cover the ward. One of these posts has been covered by a series of locums, but a permanent consultant is now in the post and this is welcomed by the nursing staff. Both consultants have junior doctors attached to them. There is a GP who attends the ward 2-3 times per week. High dose monitoring was being carried out where required. Covert medication pathways had been completed where appropriate. All patients have at least an annual health check and we saw evidence in the records of good follow up of any physical health issues. The physiotherapist and speech and language therapy posts have been filled recently, and there is now good access to allied health professional support in these areas.

Care plans are person-centred, recovery-focussed and detailed in terms of physical health, mental health and social needs. It was clear that staff knew the patients well, and their care and treatment was appropriate to the patients' current needs. We were able to see regular reviews of care and treatment recorded in both the multidisciplinary team (MDT) paperwork and in the chronological notes. However, the care plans themselves do not indicate that they have been evaluated or reviewed on a regular basis. It is evident that the MDT continue to consider any possible alternative placements, even though patients have been in hospital for long periods of time.

There are good OT assessments and reviews for all the patients and an excellent OT service in terms of staffing, the range of activities on and off the ward, and the efforts to engage patients in these. There is some background information on patients included in the OT assessments, but we felt that it would be useful if there was more detailed personal information or life history information for each individual in their file. We realise that for some patients, particularly those without relatives, this can be difficult to compile.

It was evident from the chronological notes and from talking to nursing and OT staff that they actively promote and support family involvement in the patient's life and, where appropriate, in discussion of the patient's care and treatment.

Overall, we were impressed with the quality of the care and treatment in the unit. We felt, however, that the state of the records (poor files, dividers, multiple sheets in plastic pockets and need to remove some out of date documents) did not reflect the professionalism of the care and treatment we saw being delivered. This would benefit from some attention.

#### **Recommendation 1:**

The ward manager should ensure that care plans are reviewed regularly and that this is recorded.

#### **Recommendation 2:**

The ward manager should ensure care plan files are replaced and the documentation maintained in an orderly manner.

#### **Therapeutic activity**

As mentioned above, there is good input from the OT, OT assistants and nursing staff into the therapeutic, social and recreational activities on the ward. This includes breakfast groups, baking groups, art and craft groups, pet therapy, visiting singers, shopping trips and other outings. The ward has access to transport and uses taxis for those who require wheelchair access. We saw very creative artwork, and a number of the patients have been working with three local artists to produce pictures, photos and soft furnishings for the new building.

An activity plan with the week's events was clearly displayed in the dining area. Activities were recorded in the patient's chronological record and bearing in mind the chronic nature of people's mental health issues, there was good participation in activities.

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

We were pleased to find all consent to treatment forms under the Mental Health Act (MHA) and s47 certificates and treatment plans under the Adults with Incapacity Act (AWI) were in place.

There are good personal spending plans for those patients whose funds are managed under Part 4 of the AWI Act. We saw efforts to encourage spending on appropriate items and think of ways patients could benefit from their money.

### **The physical environment**

We were pleased to see the ward is clean, bright and well maintained, despite the imminent move. The large and small sitting rooms are comfortable and well furnished. There were small groups of chairs to break up the corridor areas. The dining room is shared with the other wards and patients reported that the food was good and much improved from the last time we visited.

Bedrooms, both the single rooms and the dormitories, are personalised with photos and belongings and efforts have been made to make them as homely as possible.

The garden area is enclosed and accessible to patients at all times.

### **Summary of recommendations**

1. The ward manager should ensure that care plans are reviewed regularly and that this is recorded.
2. The ward manager should ensure care plan files are replaced and the documentation maintained in an orderly manner.

### **Service response to recommendations**

The Commission requires an action plan to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Health 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.

**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)

