

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Ward 8, Woodland View,  
Kilwinning Road, Irvine KA12 8RR

**Date of visit:** 30 January 2018

## **Where we visited**

Ward 8 is an eight-bedded Intensive Psychiatric Care Unit (IPCU) located at Woodland View on the Ayrshire Central Hospital site in Irvine. It serves all of the Ayrshire area. It is a mixed sex ward. On the day of the visit there were six male patients and two vacant beds. All patients have single en-suite rooms.

We last visited this service on 14 February 2017 and made one recommendation in relation to activity provision. We visited this service to give patients an opportunity to raise any issues with us, and to ensure that the care and treatment and facilities are meeting patients' needs. In addition to activity provision, we looked at care planning and compliance with consent to medical treatment requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA).

This was an announced visit.

## **Who we met with**

On the day of this visit we met with four patients, reviewed their notes and reviewed the notes of two other patients. There were no family members or advocates who were able to see us on the day. We spoke with the senior charge nurse on the ward, the clinical nurse manager and general manager. We also spoke with staff nurses and healthcare assistants throughout the day.

## **Commission visitors**

Moira Healy, Social Work Officer

Mary Hattie, Nursing Officer

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

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

#### **Nurse-led model of care**

We were informed by the charge nurse that the move towards a nurse-led model of care within the ward has had a positive impact on the care of patients, particularly in relation to patient participation, multidisciplinary team (MDT) reviews and the reduced number of occasions where restraint is used.

Care plans were easy to navigate, personalised, recovery focussed and related to individualised risk assessments. They were also reviewed as appropriate. MDT notes were clear and included an attendance list. There was also evidence of family contact when available. Pharmacy attended these MDT meetings on a regular basis. Unfortunately, sometimes the designation of the attendees was not recorded, and there was evidence of decisions taken and follow up needed.

The MDT notes are recorded 'live' during the team meeting. Psychiatric input contained within these MDT meetings was kept within the electronic nursing notes, and not held separately in a paper file, which is a custom in other parts of the hospital. This method of recording a psychiatrist's input is highly valued by the staff and makes evaluation and decision making very clear to see. It is the senior charge nurse's view that all visiting psychiatrists should continue to use this method and in our opinion it is an exemplary model of recording decisions being taken and records made.

### **Physical health care**

There was close attention to physical healthcare and follow up where necessary. Most of the patients we met with on the day had complex physical healthcare problems.

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

All patients on the ward at the time of our visit were detained patients and we found MHA paperwork easily in their notes. Patients being detained is consistent with the nature of the IPCU facility.

Patients we interviewed were clear about their status, as were the staff. Patients had access to advocacy and were aware of their rights of appeal.

We reviewed patients' consent to treatment certificates (T2) and certificates authorising treatment (T3) in relation to compliance with medical treatment requirements of the MHA.

### **Rights and restrictions**

We were told that the use of restraint has reduced significantly since the move to the new environment, and that staff continue to focus on reducing the need for restraint through intervening positively and quickly to distract and de-escalate.

### **Activity and occupation**

We were advised that there were no structured therapeutic activities on the ward as the current patient group did not value this type of interaction. We were told that patients were encouraged to take part in a variety of individualised or group activities throughout the day and involvement in supper groups, dominoes, Connect 4, a newspaper group and a smoothie-making group were recorded throughout the notes.

We spoke with patients about activities that were available on the ward and were told that they were offered activities on a daily basis but preferred not to participate in these activities most of the time. Attempts to engage patients in a range of activities was clear and recorded. Refusal of these activities was also recorded. Patients in Ward 8 now have exclusive access to the Beehive, a recreational and therapeutic activity unit within the same corridor of Woodland View, on a Friday afternoon. This is often used

for a cooking group. Some patients also access this unit at other times, with staff escort, to participate in recreational activities such as playing pool.

### **The physical environment**

The physical environment of the ward was of a high standard and is bright, clean and spacious. The large sitting area has access to the ward's own courtyard and garden which was in use throughout the day by several patients.

There is a gym located off the living area which was not used by the patients on the day of our visit.

The living area appeared stark and clinical with no soft furnishings and bare walls. We understand that all furnishings have to meet high safety standards to meet the needs of this patient group.

### **Recommendation 1:**

Managers should review the physical environment and seek suggestions from staff and patients about how this could be improved.

### **Summary of recommendations**

1. Managers should review the physical environment and seek suggestions from staff and patients about how this could be improved.

### **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)

