

Mental Welfare Commission for Scotland

Report on unannounced visit to: Woodland View, Wards 9, 10
and 11, Kilwinning Road, Irvine KA12 8RR

Date of visit: 22 January 2018

Where we visited

Woodland View wards 9, 10 and 11 are 20-bedded acute admission mental health wards. They are located in the grounds of Ayrshire Central Hospital, Irvine, and serve North, South and East Ayrshire areas respectively. All wards are mixed sex with single rooms for each patient. Consultant psychiatrists who cover each ward work with their patients on an inpatient and outpatient basis for seamless care. They also operate a (buddy) system so that during periods of absence, their designated partner psychiatrist will look after their patients.

This visit was unannounced.

We last visited the ward on 29 August 2016 as part of the themed visit programme to acute adult wards. The report can be read online by following the link below

https://www.mwcscot.org.uk/media/356615/adult_acute_report.pdf

Good practice was identified throughout the three wards, but a number of issues were identified as needing improvement these were:

- Use of agency staff
- Access to psychology
- Access to therapeutic activity on the wards
- Care plans

We visited the wards on this occasion to look at these issues. Also, to give patients the opportunity to discuss any matters relating to their care and to ensure that the care and treatment, and facilities were meeting patient's needs.

Who we met with

We met with 10 patients across the three wards and reviewed the notes of a further two patients. There were no family or carers visiting on the day, at the time of our visit.

We spoke with the nurse in charge of each ward, and other nursing staff and health care assistants who were involved in the individuals we spoke to. We also met with the team lead occupational therapy (OT) for North Ayrshire, who worked in the Beehive hub.

Commission visitors

Moira Healy, Social Work Officer & Visit Coordinator

Mary Leroy, Nursing Officer (Ward 9)

Margo Fyfe, Nursing Officer (Ward 10)

Mary Hattie, Nursing Officer (Ward 11)

Mike Diamond, Executive Director Social Work (am only)

What people told us and what we found

Care, treatment, support and participation

10 of the 11 patients we met with spoke highly of the care and treatment that was provided by nursing staff and by allied health professionals. They spoke of feeling listened to and said that the nursing staff were responsive to their needs. We observed warm and respectful interactions between staff and patients.

The physical environment

The physical environment of each ward was of a high standard. The entrance to each ward provided a warm and welcoming introduction to the ward. Meeting rooms, which were offset from the foyer, meant that visiting professionals and families could meet in these rooms without having to walk through the ward. Visitors can also meet patients in small rooms within the ward itself, or in patients' bedrooms if necessary, but are discouraged from walking through communal areas.

Homely furnishings were evident throughout the wards which were well lit, offering quiet spaces, and a wide variety of places and opportunities to meet with people. Bedrooms were large, en suite and decorated to a high standard.

Overall the ward environment was pleasing, warm and welcoming. However, we were advised that there are often difficulties encountered in getting environmental repairs seen to in a timely manner. For example, we were told about damage to the worktops in the kitchen in ward 10, which is due to the space being too tight for the food trolley to get in without hitting the corner. This appears to be due to discussions which are hard to progress between estates and the main contractor. We would appreciate an update on how these negotiations are progressing.

Each ward is built around a courtyard garden. These were all pleasant and well maintained. The courtyard is easily accessible for all patients and smoking is permitted within this courtyard setting.

Staffing

Since the last visit in August 2016 we were advised that there had been an increase in staffing on the wards, and that contracts for new staff had changed to promote more flexible working patterns which provided enhanced care for the patients. We were told this has made a significant impact on the use of agency staff, which is now almost negligible.

Access to Psychology

We were advised that there are two sessions per week of dedicated psychological input to the acute wards. One session is for medical supervision, or staff, and the other

is for patient time. Direct referrals can be made, but we were told that a psychology assessment often indicates the person to be too unwell for intervention during their inpatient stay, and suggest that a referral should wait until discharge. We had no direct indication from patients that this was an issue for them, however, we are not clear if the current position meets patient needs as we were also told that there is often a waiting list to be seen by a psychologist.

Recommendation 1:

Managers should review the input from psychology to the wards and verify that it is sufficient to meet patient needs.

Access to therapeutic activity on the ward

In addition to observing good practice of therapeutic activity on each of the wards, we visited the Beehive. On the ward we saw patients engaged in mindfulness, colouring in, and jigsaws which was taking place for those patients who might find it too difficult to leave the ward to access the Beehive.

We met with the team lead OT for North Ayrshire who told us, when assessed as being able to manage their service, patients are able to drop in and use the pool table and table tennis facilities. Planned activities such as boxercise, tai chi, circuit training, walking groups, mindfulness, art and self-catering kitchen sessions are available throughout the week. Examples of the art work were displayed in the Beehive and on the main corridor throughout the Woodland View site, and were of a high standard.

Work is being undertaken with Ayrshire College and third sector organisations to discuss how this range of activities could be offered in the community to enable people to continue to develop the interest started once discharged.

The Beehive is shared between all the psychiatric wards on the site, however there are monthly meetings held within the unit to ensure that activity provision on the ward, and off the ward, is meeting patients' needs. There was an information and timetable on a noticeboard within the ward so that patients knew what was happening within the Beehive hub.

Dietetic support was also based within this unit, as was the advanced nurse practitioner group.

Care Plans

Care plans were easy to navigate and person centred. There were clear recovery focussed goals which were related to risk assessments. They were generally well reviewed. There was good links with the Scottish Patient Safety Programme focussing on communication and transition.

Multidisciplinary team notes were clearly recorded and included all in attendance. They were attended by the individual, allied health professionals, and the individual's

family members or supports. A clear record was taken of decisions made and action taken.

Nursing notes were of a high standard and there was evidence of one-to-one sessions and close liaison with families. There was good access to advocacy. Full physical healthcare was taking place on admission, and follow up and frequency of these were evidenced in the notes where necessary.

Use of mental health and incapacity legislation

A patient's legal status and their advanced statement was highlighted on the notes as soon as the patient was identified within the computerised system. All paperwork was in place in relation to those patients who were detained on a legal basis.

Specified person status

We would like to see more detailed recording of a reasoned opinion within the notes.

Any other comments

A patient forum was held every two months by the OT allowing discussion concerning the service and any idea for improvement.

Night time observation was raised by one patient who found the hourly checks throughout the night to be too intrusive. This was discussed with nursing staff and for reasons of patient safety we understand why this has to happen. We would consider it to be good practice for a discussion to take place with every patient regarding the reason for this, and for this to be recorded in their notes.

We would like to thank all staff for their help on the day.

Summary of recommendations

1. Managers should review the input from psychology to the wards and verify that it is sufficient to meet patient 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.

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