

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Parkside North and Parkside South Wards, Cleland Hospital, Bellside Road, Cleland, North Lanarkshire, ML1 5NR

**Date of visit:** 5 March 2019

## **Where we visited**

Parkside North is a 15-bedded all male ward and Parkside South is a 15-bedded all female ward. The age range of the patient group is from mid-50s to mid-80s. Most of the patients have long standing mental illness. and have spent the majority of their adult life in care settings and have complex care needs. For many, attempts to offer care within the community or residential care homes have been unsuccessful.

The wards offer a recovery focussed, rehabilitation delivery of care model. Each ward now has three beds dedicated to slow stream rehabilitation, with a focus on moving towards community discharge. The units have an assessment kitchen for patient use and to allow occupational therapy assessments to take place on site. All bedrooms are single with en-suite toilet facilities.

The wards are supported by a local GP practice for physical health care and have consultant psychiatry input for mental health care. All other allied health professionals are accessed via referral.

We last visited this service on 13 March 2018 and made recommendations around the recording of care plan interventions.

On the day of this visit, we wanted to meet with patients and follow up on the previous recommendations.

## **Who we met with**

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

We spoke with the service manager, the senior nurse, the senior charge nurse, charge nurse and occupational therapist.

## **Commission visitors**

Margo Fyfe, Nursing Officer & visit co-ordinator

Anne Buchanan, Nursing Officer

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

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

We were pleased to hear that the wards continue to have multidisciplinary teams comprising of medical staff, nursing staff, an occupational therapist and occupational therapy assistant between both wards, an activity coordinator between the wards, and domestic staff. There had been dedicated psychology time - one session per week- however this is currently under review as we heard that the input will change to more senior psychology staff once the review is complete. We look forward to hearing how this has progressed when we next visit.

During our last visit, we heard that pharmacy support and advice can be accessed by telephone when required.

As at the last visit, we heard that the physical health care needs of patients is provided by a local GP service. We heard from some patients that they find discussing concerns with the GPs can be difficult. We encourage senior nurses to explore this concern further with patients, and assist where appropriate, to ensure interactions with the GPs are as satisfactory for the patients as possible.

### **Care plans**

On our previous visit to the wards, we raised concerns that care plan reviews were inconsistent. On this occasion we found the care plans had been redone and are held in the 'paperlite' files as the electronic record system, MIDIS, does not provide enough space to record the detail in the care plans. We were pleased to find that current care plans are person-centred and thoughtful, showing patient involvement in developing the care plans. It was good to see that care plans were being updated in line with multidisciplinary review decisions. We found review to be improved since the last visit but still needing further work to ensure consistency. We heard from the senior nurse and service manager that a working group has been put together from across the mental health service to ensure care plan improvement and consistency. We look forward to seeing how this has impacted on care plans at future visits.

### **Individual nursing notes**

We found individual nursing notes to be reflective of the person's mental state and presentation during each shift, as well as how they passed their day. This allows anyone accessing the records to get an informed picture of the patients' progress. We did not find any detailed information on the person's mental state presentation or progress in the one-to-one intervention notes. These notes tended to concentrate on the short-term goals of the individuals and do not reflect the progress being made towards the person's mental state, or anything in relation to mental health discussion. This is an important area of improvement and we discussed the need for one-to-one discussions to have meaning in relation to mental health.

### **Recommendation 1:**

Managers should audit one-to-one patient records to ensure consistency in approach, and to ensure nurses are discussing mental health with the individual patients on a regular basis.

### **Multidisciplinary notes**

We found notes from multidisciplinary team (MDT) reviews and weekly ward rounds were written in the 'paperlite' files by medical staff rather than on MIDIS, the electronic record system. We understand that the service will be moving to a new electronic record system and would encourage medical staff to use the new system to record

any notes, in order to ensure consistency and ease of access to all records when needed. We were pleased to see evidence of patient and carer involvement in annual MDT reviews, as well as weekly reviews. We noted that occupational therapy notes were detailed and person centred.

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

All legal documentation in regard to both the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000 was easily located in the 'paperlite' files for each patient they were needed for. Paperwork was appropriate and up to date.

### **Rights and restrictions**

The main doors to the units are key card entry. Parkside North main doors are open from 8am to 8pm to allow patients to come and go at their choosing. On day of visit Parkside South main doors were locked due to the specific safety needs of an individual patient within the ward. Staff are available to let patients out and into Parkside South as required.

The Commission has developed [\*Rights in Mind\*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at <https://www.mwcscot.org.uk/rights-in-mind/>

### **Activity and occupation**

It was good to see that there is still an activity coordinator who works Monday to Friday across both wards. Notes of activity participation are held in separate folders in each ward. Activities are varied and can be changed daily to suit the needs of the patients. There is access to a minibus for outings and patients are encouraged to participate in activities. We heard that there is now an occupational therapist and an occupational therapy assistant in place for the wards. We had the opportunity to meet with the occupational therapist who told us about the work she is undertaking to get to know the patients individually to ensure that activities going forward are based on patient need and interests. She told us about a current project where patients are working on producing a recovery tree which will, on completion, be displayed in the foyer of the unit. We heard that two patients are currently transitioning to the community. The occupational therapist has engaged with community colleagues throughout this process to ensure the individuals have appropriate occupational therapy support when they leave the hospital. Nursing staff also provide activities and outings out-with the working hours of the Occupational Therapist and Activity Nurse that allows patient activity seven days a week and in the evenings.

We were pleased to see patients coming and going from the wards throughout our visit. We saw activity boards and evidence of activity participation in patient notes and activity folders.

### **The physical environment**

The wards and recreation space within Cleland Hospital continue to be well maintained and homely. As at the time of the last, visit we praised the efforts of staff in ensuring each patient's bedroom is personalised and comfortable. This is of particular importance as patients are in the wards for lengthy periods and should feel that their bedrooms are personal to them. We understand this has been achieved in conjunction with infection control colleagues.

The male ward still has a smoke room on the ward. However, we heard that the ward is moving to a fully non-smoking area and that some patients are concerned about this. Smoking cessation support is available and staff are keen to help patients through the transition. We look forward to hearing how this has progressed at future visits.

The ward has large gardens that are well maintained, and nice areas to sit in during good weather. We heard about the garden project which is provided by ex-patients and encourages current patients to assist in the gardens. We note that the market garden space produces vegetables that the unit utilised last year. It is good to hear this will be replicated this year.

### **Any other comments**

Throughout our visit we witnessed caring staff interactions. The atmosphere on both units was calm and pleasant.

Individuals we met with were highly complementary of nursing staff, seeing them as approachable and available. One person commented that the unit was "the best ward he had ever been in", adding that "the nurses take a real interest in everyone".

### **Summary of recommendations**

1. Managers should audit one-to-one patient records to ensure consistence in approach and to ensure nurses are discussing mental health with the individual patients on a regular basis.

## **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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