



Mental Welfare Commission for Scotland

Report on unannounced visit to: Moredun Ward, Murray
Royal Hospital, Muirhall Road, Perth, PH2 7BH

Date of visit: 13 February 2019

Where we visited

Moredun Ward is a 24-bedded, mixed-sex acute admission ward. We last visited this service on 28 February 2018 and made recommendations in relation to care plans, observation levels, and staffing numbers.

All rooms on the ward are single and en suite, with male and female patients sited on different sides of the wards. There are three enclosed gardens, two of which were in use on the day of the visit.

When we visited there were 23 patients on the wards. On the day of this visit we wanted to follow up on previous recommendations, and hear about plans for the move to the Carseview Centre.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients. As this was an unannounced visit, relatives had not been informed, and there was no-one available on the day of the visit who wished to meet with us.

We spoke with the nurse manager, the acting charge nurse, and several staff nurses on the day of the visit, all of whom were very helpful.

Moredun Ward was extremely busy on the day of the visit, but all patients we spoke to were complimentary about the staff and the care that they were receiving.

Commission visitors

Moira Healy, Social Work Officer

Ian Cairns, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

We were pleased to see that multi-disciplinary team (MDT) review notes were clear, that plans from the last meeting were brought forward to the next meeting, and that those plans were scrutinised fully in order to show progress towards discharge where appropriate. Input from occupational therapy (OT) and psychology was clearly written up, and both professions had detailed input to the MDTs.

Daily entries in nursing notes were perfunctory at times, giving very little detail of the patient's day or presentation. One-to-one nursing time recorded was clearly identifiable, however there was inconsistency in the level of detail.

While there has been an improvement in the way care plans are written, we found that they were also inconsistent in quality. Consideration should be given to breaking up the mental health care plans into smaller components, and for them to be specific in relation to the interventions that are recommended. These could then be referred to in the chronological notes, and would make reviews and updates, where necessary, more meaningful. One patient had no care plans, despite being an inpatient in the ward for six weeks. This was raised as requiring immediate attention on the day.

Recommendation 1:

Managers should ensure that all care plans refer to the individual needs of patients with clear goals and outcomes, and are audited regularly to ensure consistency. As this is the same recommendation from the last visit, we would expect this to be actioned as soon as possible.

Use of mental health and incapacity legislation

We found all consent to treatment (T2) documentation to be in place, where required, for patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. However, T2s and certificates authorising treatment (T3) were sometimes located in medication charts, and sometimes in the patient's paper files. We advised that these should always be easy to find, and recommended they are located within the medication charts.

Rights and restrictions

We heard about the work, which was ongoing in NHS Tayside, focused on developing a least restrictive practice approach to observation in line with the new guidance published in January 2019 by Healthcare Improvement Scotland, "From observation to intervention". This was piloted in the ICU, but the approach is being rolled out across all the adult admission wards.

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

A number of patients told us that there was not enough to do on the ward. On the day of the visit we saw staff spending time with individual patients, and patients who were engaged in meaningful activities. We were told that there is a range of activities on offer including pottery, arts and crafts, cooking and baking, and a walking group with the physiotherapist. There is currently an OT involved in the ward activity programme, but there is a vacancy for another OT post.

The activities over the weekends are nurse led. The ward has a rehabilitation kitchen, so if patients are risk assessed as being safe to engage in kitchen activities these will take place.

The physical environment

Patients could access two gardens on the day of the visit. We saw that these were being used, and they were safe and enclosed.

The design and the layout of the ward has been referred to in the previous report, and the difficulties of staff to maintain observation, given the distance of some bedrooms from the main hub of the ward to the bedroom areas, was noted. We were informed that staffing levels have been increased to allow for one nurse per shift to go round checking on individual patient needs and wellbeing, and this ensures all patients are checked every 30 minutes. The plans are to move this ward to Carseview Centre in Dundee in the future, and we will be updated on this development within the next two months.

We discussed specific technical issues in relation to the taking of urine samples for specified persons with the resident medical officer, and will follow up on this in due course.

Summary of recommendations

Recommendation 1:

Managers should ensure that all care plans refer to the individual needs of patients, with clear goals and outcomes, and are audited regularly to ensure consistency. As this is the same recommendation from the last visit, we would expect this to be actioned as soon as possible.

Good practice

During the visit patients were positive about the input from nursing staff, and clearly felt they were encouraged to participate in their care and treatment. One patient commented that, if distressed, staff were always available to talk to her and gave her time, rather than offering 'as required' medication, which she really appreciated. All patients said that they could speak to a member of staff at any time.

The valuable input from the psychologist who was on the ward for three sessions per week was noted by both staff and nursing staff.

Service response to recommendations

The Commission requires a response to its recommendations within three months of the date of this report. As we have repeated a recommendation in our previous report, a copy of this report will be sent to senior managers.

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