



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Maree Ward, New Craigs Hospital,  
Leachkin Road, Inverness IV3 8NP

**Date of visit:** 4 June 2019

## **Where we visited**

Maree Ward is a mixed-sex, adult acute mental health admission ward within New Craigs Hospital. There were 24 beds on the ward and all rooms were single and en suite. The ward covered a wide geographical area, offering a service to adults between the ages of 18 to 65. There were two vacant beds on the day of the visit due to discharges the day before. Five of the 24 beds were allocated for alcohol detoxification only, and those patients were not seen as part of this visit. The ward had direct access to a landscaped enclosed garden.

The multidisciplinary team (MDT) input to the wards included medical, nursing and full-time occupational therapist (OT), social work, physiotherapy, and speech and language therapy (SALT) by referral only. We were told that psychology could be accessed if required. We last visited this service on 6 November 2018 but, due to clinical activity on the ward that day, we left before completing a full visit and no recommendations were made. During an earlier visit on 4 October 2017, recommendations were made in relation to recording of specified person's information, that an audit tool should be used to ensure that mental health documentation was available on file, and that treatment was legally authorised.

## **Who we met with**

We met with and/or reviewed the care of nine patients. We were not able to meet with any relatives on the day. We spoke with the clinical area manager, nursing staff and the occupational therapist (OT) and the service manager.

## **Commission visitors**

Moira Healy, Social Work Officer

Mary Hattie, Nursing Officer

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

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

#### **Care plans and continuation notes**

Care plans were person-centred, recovery-focussed and collaborative. There was evidence of patient and carer involvement where appropriate. Care plans goals were identified and reviewed with the patients on a regular basis.

A number of patients had complex physical health issues and follow-up in the general hospitals was facilitated by ward staff where appropriate.

In the daily notes we found evidence of one-to-one time with nursing staff every day unless this was not possible and reasons were given for this. Entries in the daily notes were meaningful and not simply a description of what had happened that day.

MDT meetings took place on a weekly basis. MDT records contained information from nursing, OT and other allied health professionals where relevant. It included patients' views and the views of relatives or carers. It also included a review of actions that had been set in earlier MDTs and an action plan for the week ahead. For most patients this was recorded on a separate piece of coloured paper and this made identifying progress in the notes easy to follow.

We were pleased to see the impact the new appointment of a full-time OT to the ward had made to the patients, not only in offering and promoting exercise as a useful tool in promoting recovery, but also assisting, supporting and assessing where appropriate for discharge home. This input was highly valued by staff and patients.

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

On checking documentation under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') we found one person whose specified person's paperwork had expired but the restrictions remained in place, and this was rectified immediately. Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied.

The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

We were unable to find paperwork in relation to another patient, and this was followed up and located within the hour.

Where a welfare guardianship order was in place under the Adults with Incapacity (Scotland) Act 2000, or where application for welfare guardianship was under consideration, there were clear indications as to the reason for this and the paperwork was in the file.

## **Rights and restrictions**

On entering the ward, the door was locked. We were told the reasons for this and that there was a locked door policy in place. We were reassured that patients who were able to leave the ward had been told they could ask to do this at any time, and a member of staff would let them out. We followed up in relation to one particular patient whose time off the ward was restricted without legal authority.

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.mwscot.org.uk/law-and-rights/rights-mind>

## **Activity and occupation**

There was an activity programme in place. There were a range of therapeutic and recreational groups and individual activities taking place throughout the week, including weekends. We found activity plans in the files of some patients, which included therapeutic interventions in addition to traditional occupational therapy. We were pleased to see that recommendations in relation to activities in our previous report had been acted on, and significant changes and improvements had been made on the ward.

## **The physical environment**

On entering the ward we smelt cigarette smoke due to some patients smoking in the courtyard with the door to the ward open. One patient complained that the smell of smoke was coming through to his bedroom. We were advised that New Craigs plans to be smoke free and that a smoking cessation nurse has been employed but has yet to start in relation to this. In the meantime, the location of where smoking is allowed needs to be reviewed.

## **Any other comments**

On the day of the visit there were five patients whose discharge was delayed. Some had been waiting significant lengths of time for suitable placement. We were advised that there was a newly appointed social worker who would be looking at delayed discharge so this situation will hopefully be addressed for all those people involved. We discussed this with the managers on the day and we look forward to hearing how this has progressed.

A copy of this report will be sent for information to Healthcare 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)**

