

## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Gigha Forensic Rehabilitation and Iona Low Secure Wards, Beckford Lodge, Caird Street, Hamilton ML3 0AL

**Date of visit:** 1 October 2019

## **Where we visited**

Gigha Ward is a 12-bedded mixed-sex rehabilitation unit in the purpose built Beckford Lodge site. The ward is a forensic rehabilitation ward. This allows a step down from the low secure forensic wards. All bedrooms are single en-suite. Patients are encouraged to personalise their rooms. The unit has four lounge areas, activity space, assessment kitchens, and laundry facilities for patient use. On the day of our visit there were 12 patients.

Iona Ward is a purpose-built, low secure forensic mental health ward providing care and treatment for male forensic patients across NHS Lanarkshire. The ward has 15 en-suite bedrooms, which patients are encouraged to personalise. The ward has activity space, three lounge areas, and a gym for patient use. There is enclosed outside space which patients can access directly from the ward. On the day of our visit there were 14 patients.

Patients from both wards can access Caird House within the Beckford Lodge grounds where they have the use of a large kitchen for group work, a large outdoor garden area with access to gardening activities, outdoor seating, and access to a bicycle maintenance shed.

The wards have a multidisciplinary team (MDT) of consultant psychiatrists, junior doctors, nurses, psychology, and occupational therapy. Pharmacy are available for telephone advice. Other disciplines are accessed via referral. All patients have mental health officers who, along with community staff when appropriate, attend MDT meetings along with patients and carers where the patient wants them to attend.

We last visited this service on 8 August 2018 and made recommendations regarding consent to treatment documentation. 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 12 patients and met with two relatives.

We spoke with service manager, the senior charge nurse, charge nurses and other nursing staff on duty.

## **Commission visitors**

Margo Fyfe, Nursing Officer

Yvonne Bennett, Social Work Officer

Kathleen Taylor, Engagement & Participation Officer

Anne Buchanan, Nursing Officer

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

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

We met with and/or reviewed the care and treatment of six patients from each ward. All patients we met with were complimentary of staff support and availability. They were aware of their care plans and had activity planners that they participated in compiling. They told us that they felt listened to and part of their care process. The patients were aware of their rights and had access to advocacy services as regularly as they wished.

Where patients had discharge plans in place they were aware of these. We were informed of the new build that North Lanarkshire Council have commissioned that will offer a core and cluster type of support to patients discharged there. Staff from the Beckford Lodge wards will remain engaged with patients on discharge for a period to support new care staff and the patients in building their care relationship.

All staff spoken with on the day were knowledgeable of their patient group. In Iona Ward we heard about staff training in trauma and saw that the thinking from this had come through in the way progress notes were written.

We found progress notes and one-to-one notes in Iona Ward to be clear, person-centred and informative incorporating trauma informed thinking. However, in Gigha Ward we found that these notes were written inconsistently. Having discussed this with charge nurses we are satisfied that further training will assist staff in ensuring higher standards of note writing are achieved and look forward to seeing this on future service visits.

### **Care Plans**

In Iona Ward we found care plans to be clear, patient-centred, holistic, and recovery focussed. The staff have been working on a new care plan model that fully engages the patients in compiling the plan. It contains the individual patient's views and wishes in regard to their mental health journey, status, and goals. The staff contributed to the recent care plan guidance developed by the Commission and their care plan model forms part of the appendices of the guidance document.

In Gigha Ward we found the initial care plans to be informative, patient centred and noted patient involvement in compiling these. However, although reviews were happening, the information was poor and lacked detail. As both wards are using the same care plan model we recommend an audit is carried out to ensure equal standards are met across the service for care planning and review writing.

The Commission person centred care plan guidance can be found at [Person-Centred Care Plan Good Practice Guide](#)

### **Recommendation 1:**

Managers should carry out an audit to ensure equal standards are met across the service for care planning and review writing.

## **Multidisciplinary Input to the wards**

We heard that the staff changes that were happening at the time of our last visit had taken place with good effect. The planned induction of the new staff had ensured as little disruption to the ward as possible and the induction process will be utilised for all new staff to the wards. We heard that the new consultant psychiatrists have helped progress the models of care in both wards. We are pleased to see that each ward has dedicated psychology input and occupational therapy input.

We were told that the pharmacy input to the wards has improved with regular advice on hand. We are aware that a pharmacy review is due to finalise in November and look forward to seeing how this will benefit the service.

Patients' records were up-to-date and easy to follow. The electronic record system, MIDIS, is used in Gigha Ward. It remains slow and staff often get frustrated by this and the frequency of the system going down which creates more written work for staff. We understand the system is due to be changed and we look forward to hearing more about this at future visits. All paper files were up to date and clearly labelled.

MDT meeting notes are clear and relevant. These were easy to locate in paper files in Iona Ward with a detailed meeting note held on a separate drive on the computer system. However, in Gigha Ward they are using MIDIS the electronic computer system to store patient records. The detailed MDT meeting notes are partially held on MIDIS and the detailed record is held on a separate drive in the computer system separate from MIDIS. This is not referenced in either the electronic record or paperlite file. As this is part of the patient record we recommend that either the full MIDIS electronic record is used or a copy of the current MDT meeting record is kept in the paperlite file for ease of reference.

### **Recommendation 2**

Managers should ensure that MDT meeting notes are either held on the full MIDIS electronic record or a copy of the current MDT meeting record is kept in the paperlite file to ensure all patient records are kept together.

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

As at the time of our last visit we found all legal documentation to be in order and easy to access in paper files. The information sheet at the front of files that indicates review/expiry dates is helpful. We also saw named person paperwork in place where appropriate as well as specified person forms and reasons where applicable.

When we last visited we had made a recommendation regarding the use of certificate of incapacity (s47) forms under the Adults with Incapacity (Scotland) Act 2000. We were pleased to see that where these were required they are now in place. We found all consent to treatment forms in place as required under the Mental Health (Care & Treatment) (Scotland) Act 2003.

## **Rights and restrictions**

As at previous visits to Gigha Ward, the door is open and patients can come and go freely. In Iona low secure ward the door is locked. There is information on the wall at the entrance of the ward that describes why the door is locked and how to exit.

We found there to be good information available to patients and carers about the ethos of both wards and support available from staff, advocacy, and carers' services. Patients met with were fully aware of the advocacy services available to the ward and how to contact advocacy if they wished to do so.

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-mind/>

## **Activity and occupation**

On the day of our visit many of the patients were participating in their activity programmes in the community. We heard about the variety of activities in place and the efforts made to ensure good contact with community resources that are of benefit to the patients.

During our last visit we spoke with the occupational therapist about their input to the wards and were informed of plans for more group activity in both wards, some of which were to be joint groups for patients from both wards to participate in. It was good to see this has progressed, and that there are several groups in place that are educational, social and therapeutic and benefit patients from both wards.

## **The physical environment**

The wards are purpose built and have adequate space for patient use. All rooms are single and en-suite which is appreciated by patients. The wards had been recently decorated and were in good order.

There is garden space available to both wards. We saw patients using these spaces during the visit. There is a wider garden space in the grounds that the patients have been helping care for. We heard that vegetables and fruit grown in the garden which is used by patients in their menu planning and cooking. We were told that a partnership is in place with Scotrail where menus and seeds from the patient garden will periodically be given to rail passengers.

## **Any other comments**

Both relatives spoken with during the visit were very positive about the care, treatment and support of their relative. They agree they felt included in care discussions and forward planning.

## **Summary of recommendations**

1. Managers should carry out an audit to ensure equal standards are met across the service for care planning and review writing.
2. Managers should ensure that MDT meeting notes are either held on the full MIDIS electronic record or a copy of the current MDT meeting record is kept in the paperlite file to ensure all patient records are kept together.

## **Good practice**

We were pleased to see that patients in Iona ward in conjunction with the collective advocacy service have developed a patient's guide to the ward that talks about rights alongside orientation to the ward. We commend this piece of work and hope it can be extended to Gigha Ward.

## **Service response to recommendations**

The Commission requires a response to these recommendations 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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