



Mental Welfare Commission for Scotland

Report on announced visit to: Glencairn Rehabilitation Unit,
Coathill Hospital, Hospital Street, Coatbridge ML5 4DN

Date of visit: 17 September 2019

Where we visited

Glencairn Rehabilitation Unit is a purpose-built unit of 12 beds for the rehabilitation and recovery of male and female patients with severe and enduring mental illness. The Unit provides ongoing care and treatment whilst working towards a gradual return to the community. The Unit opened in 2010 and has a multidisciplinary team (MDT) input to care and treatment. The Unit provides a service across NHS Lanarkshire. At the time of the Commission visit the Unit was fully occupied.

We last visited this service on 8 August 2017 and made recommendations around care plan reviews.

On the day of this visit we wanted to follow up on the previous recommendations and take the opportunity to hear from patients what they think of the service and support they were receiving.

Who we met with

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

We spoke with the senior charge nurse and the charge nurse.

Commission visitors

Margo Fyfe, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

As at the time of our last visit we found the electronic record system, Midis, slow. We heard from staff that this system is cumbersome as it often goes down and takes a long time to log on to. This often leads to notes having to be handwritten and held in a paper file. Nurses said they continue to be frustrated at the time spent trying to update care files rather than on patient care needs. We are aware that the system is to be changed and look forward to seeing a more efficient system on future visits.

Care plans and care notes

We were pleased to see that the care plans are consistently person-centred, focussing on care needs relevant to the individual. The care plans remain recovery-focussed with interventions clearly stated. At the time of our last visit we raised concern that care plan reviews lacked detail. We felt that the reviews should be more descriptive in order to follow the individual's progress throughout their stay in the Unit. We pleased to see that this had greatly improved overall. There was a little inconsistency which we discussed with the senior charge nurse who assured us this will be rectified via care plan audits. We look forward to seeing further progress in this area on future visits. Patients met with were aware of their care plans and reported participating in their care planning. We discussed the Commission guidance around care planning. This can be found at [Person-Centred Care Plan Good Practice Guide](#)

We found daily progress notes to be informative and person-centred, giving a good description of the individual's day. One-to-one interventions were clearly documented.

Multidisciplinary meeting record keeping

As at the time of our last visit we found MDT review notes to be informative and involve patients, and where patients want their families are also involved. Although we had discussed the use of the electronic record system Midis for all disciplines during our last visit, we still found that some of the medical staff were continuing to handwrite the meeting notes. It is important to ensure continuity and avoid any notes being missed that everyone should write their notes on the electronic system on the specific pages provided for this. We are aware that there are now new psychiatrists attached to the Unit and would see this as an opportunity for everyone to use the electronic record system more fully.

Recommendation 1:

Managers should ensure that all staff disciplines use the appropriate pages of the electronic record system to record notes from meetings regarding patient care and treatment.

Use of mental health and incapacity legislation

All Mental Health (Care & Treatment) (Scotland) Act 2003 ('the Mental Health Act') paperwork was filed in separate files for each patient. The files are easy to negotiate and it is clear from the front page of the file what part of the legislation is in use and when renewals are required.

We found consent to treatment documentation was up to date for both the Mental Health Act and the Adults with Incapacity (Scotland) Act 2000 in most cases. One of the consultant psychiatrists had already alerted us to two cases where second opinions needed to be sought

to review changes of medication. This had been arranged and the individuals involved had had the issue brought to their attention appropriately. Patients spoken with were aware of their medication.

Rights and restrictions

The Unit is open. Doors are locked in the evening for general safety and staff are available to ensure patients can enter and leave the building when they wish.

As at the time of our last visit we found that patients are encouraged to attend review meetings and to access advocacy as they wish. Patients spoken with were aware of their rights if detained under the Mental Health Act.

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

The ward has three dedicated occupational therapy staff. However, there is only one available to the ward at present. In conjunction with nursing staff they have continued to ensure patients have a variety of activities available to them that meet their needs during their rehabilitation. Activities take place within the ward and the wider community. It was good to hear about the emphasis of patients engaging in community groups and activities that they are able to continue with following discharge. Activities continue to be planned on a weekly basis with individuals input to the process. Patients informed us they keep a copy of their activity planner for their own reference.

We were pleased to see the continued development of the garden area via the garden groups on a Tuesday and Thursday which patients are encouraged to participate in. It was good to note that vegetables grown in the garden are used in meal preparation within the Unit. The garden provides activity and a calm outside space for individual patients to use on a daily basis.

We note that patients used to clean their own rooms but this is now carried out by domestic staff. It was good to note that patients are encouraged to shop and cook for themselves but that this is done at their pace. The hospital continues to provide meals for those not yet participating in their own cooking. All patients do their own laundry.

The physical environment

We found the Unit to be bright, clean and well-maintained. It is appropriately furnished. We saw the kitchens had been refurbished and heard that patients enjoyed using the space. We were pleased to hear that inpatients continue to be encouraged to personalise their bedrooms and to maintain a standard of cleanliness and tidiness in all areas of the Unit. Patients are encouraged to do domestic tasks as much as they are able.

Any other comments

All patients spoken with during the visit were complimentary about the care and support provided by nursing staff.

We were told about staff changes both medical and nursing and of the plans in place to change the way staff support patients to ensure that staff have a broader knowledge of each patient going forward. We look forward to seeing how changes have progressed at future visits.

Summary of recommendations

1. Managers should ensure that all staff disciplines use the appropriate pages of the electronic record system to record notes from meetings regarding patient care and treatment.

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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