Mental Welfare Commission for Scotland

Report on announced visit to: Renfrewshire adult acute inpatient wards. This service is split between 2 sites:

South Ward, Dykebar Hospital, Grahamston Road, Paisley Renfrewshire PA2 7DE

Ward 3B, Leverndale Hospital, 510 Crookston Road, Glasgow G53 7TU

Date of visits: 14 October (South Ward) and 15 October (Ward 3B) 2019

Where we visited

South Ward at Dykebar Hospital and Ward 3B at Leverndale Hospital make up the Renfrewshire adult acute inpatient service for patients (aged 18-65 years) from the Renfrewshire / Paisley area. We visited over two days; South Ward on the first day, and Ward 3B on the second day.

South Ward generally provides the admission facility for the adult acute service and accommodates patients from Renfrewshire; Ward 3B mainly accommodates patients from the Paisley area.

Both wards are generally extremely busy and patients are sometimes moved between wards, depending on bed availability.

As the wards are part of the same service and patients are assessed at Dykebar Hospital, on this occasion we chose to visit both wards over two days as part of the same visit.

We last visited South Ward on 9 August 2018 and Ward 3B on 22 Nov 2018. Recommendations to the service related to a need to improve care planning and documentation, and we also highlighted the need to improve information for informal patients.

Our main reason for visiting on this occasion was as part of our regular visits to adult acute wards and to follow up on our previous recommendations.

Who we met with

We met with and/or reviewed the care and treatment of 14 patients across the two wards we visited; six patients on South Ward and eight on Ward 3B. No relatives asked to speak with us during this visit.

In addition we spoke with the senior nurses in charge on each ward, several members of nursing staff, and also had discussions with medical staff.

Commission visitors

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

Lesley Paterson, Nursing Officer

Margo Fyfe, Nursing Officer

Philip Grieve, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

We spoke with patients on both of the wards, and most were very positive about the care they were receiving and said that staff were respectful. On both wards, staff we spoke to were knowledgeable about the patients they were caring for and were familiar with their individual situations and care needs. Patients spoke favourably about staff generally being available to talk to and that they had a good level of contact with their doctors and felt involved in their care. They were, however, very aware of how busy staff are and that sometimes they cannot respond as quickly as they would like to.

A significant issue for both wards was the fact that that the wards are continually at capacity with patients who are generally very unwell. There are also high levels of patients requiring enhanced levels of observation. These factors combine to place considerable pressures on staffing and the ability of staff to spend individual time with patients.

We found that more than half of the patients on both wards were detained patients and also that both wards regularly had between two and four patients on enhanced levels of observation.

South Ward is a mixed-sex ward with a capacity for accommodating 15 patients. Patients have individual bedrooms, and these rooms are spacious and relatively modern pleasant with en-suite facilities. The ward has a good mix of quiet sitting rooms and small communal areas. There is also easy access to an enclosed garden area which is well used by patients. The ward had a full complement of 15 patients at the time of our visit and it was reported that the ward is always full.

Though obviously very busy, the ward was calm and we observed good interaction between staff and patients. We heard that the ward is currently working through the Royal College of Psychiatrists AIMS (Accreditation for Inpatient Mental Health Services) standards to improve practice and development of the ward and service.

Ward 3B is also a mixed-sex ward, but this ward is a mixture of dormitory and single room accommodation. When we visited there were two male six-bedded dormitories (this configuration can change given patient mix) and one female dormitory. There are also six single rooms which can accommodate either sex. The designated capacity of this ward is 24 patients but on the day of our visit it was accommodating 25 patients. We heard that the ward is busy all of the time with a considerable pressure on bed availability. Despite these pressures this ward was also calm when we visited with a variety of patient activities taking place. Ward 3B is also planning to undertake work on the AIMS standards but this work has not yet started.

Ward 3B was opened in Leverndale Hospital in April 2015, having previously been located at Dykebar Hospital (East Ward) due to a reconfiguration of services. This older style ward has been described by staff as being difficult to manage as it is does not easily allow for observation between the different patient areas. There is a patient garden area but it is not enclosed; there is also a lack private space for patients and space for group or individual meetings. It would seem that there are no immediate plans for alternatives to this situation.

In terms of patient care we saw evidence of weekly multidisciplinary team (MDT) meetings to discuss patient progress on both wards. Patients on both wards reported being involved in their care and generally appeared clear about their medication and future plans. The average length of patient stay is generally about four-to-six weeks, but several patients have been on the ward for considerably longer, mainly due to requiring more intensive rehabilitation services. There were plans in place for patients ready to move on and good links with social work were reported. We also noted situations where links were being maintained with community support staff which was very beneficial in relation to returning to the community.

It was evident from talking with patients and staff that the service is working closely with many patient families, although this was not always well evidenced in patient notes. We would encourage more active support being given to carers as promoted in the AIMS standards and 'Triangle of Care', particularly on Ward 3B.

We found patient care plans to be somewhat mixed with some good examples of care plans being person-centred and focussing on the specific needs of individual patients and others less so. The reviewing of care plans was also inconsistent. Generally these care plans were more detailed on South Ward but this may reflect the lower patient numbers on this ward.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:
Managers should ensure that care plans address the specific needs of individual patients and are reviewed to reflect any changes in care needs.

Patient records for both wards have recently gone on to the EMIS electronic records system and we found that records were still in a state of change between EMIS and the paper records system. Staff were still very much in the process of gaining familiarity with the new system and new ways of recording but we found recording on the new system to be inferior to previous paper records with notes lacking detail. This was particularly evident in the case of MDT records where it was difficult to ascertain the details of patient progress and plans.

We also noted in several cases particularly on Ward 3B that one-to-one contacts with patients were not well documented and it was unclear as to what nursing interventions were actually taking place. There were also difficulties in finding patient risk assessments on EMIS.

Recommendation 2:
Managers to address improvements required to EMIS recording.

Use of mental health and incapacity legislation

At the time of our visit, eight patients on South Ward and 16 patients on Ward 3B were detained under the Mental Health (Care and treatment) (Scotland) Act 2003 ('the Mental Health Act')

The appropriate legal paperwork was in order and accessible with in patient care files. Detained patients had the T2 forms and T3 forms required to comply with medical treatment requirements of the Mental Health Act.

Where patients were subject to specified person restrictions, we found the appropriate documentation (this was a recommendation from the last visit).

Rights and restrictions

Both wards had a mix of informal and detained patients; at the time of our visits more than half of patients on these wards were in fact detained.

The ward doors operate on a keypad system with the number clearly visible to patients; patients who were not detained were able to come and go freely from the ward.

Patients interviewed were generally clear about their rights and there was evidence that patients had access to advocacy.

Both wards also have information booklets for patients on admission regarding their stay on the ward.

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/law-and-rights/rights-mind

Activity and occupation

Both wards had a clearly displayed weekly activity programme board in the ward. These organised activity groups are mainly 9-5 weekdays and occupational therapist (OT) led. Activities included art, walking and relaxation groups, cooking and social group activities. Nursing staff add to these scheduled activities outside of these times on a more ad hoc basis.

Patients on Ward 3B are also able to access the recreational therapy facility on the Leverndale site. This provides additional activity for patients able to leave the ward.

There was evidence of a high level of patient participation in the various activities and this was documented in patients' chronological notes.

The physical environment

Though part of the same service the physical environment of these wards is very different and largely unchanged since our previous visits.

South Ward on the Dykebar Hospital site has individual en suite bedrooms. These rooms are pleasant, large bright rooms but quite clinical in appearance. The ward also has a good mix of quiet sitting rooms and small communal areas. There is also easy access to an enclosed garden area which is well used by patients.

On Ward 3B (Levendale site) patients are mainly in dormitory bed areas, each has one shared toilet/shower. We heard that there continue to be issues regarding these toilets becoming blocked, but that these problems are generally responded to very quickly.

Any other comments

Ward 3B has a peer support worker and this has previously been reported as a very helpful addition to the support provided on the ward. We heard this worker is currently off on leave so this support is currently unavailable.

Summary of recommendations

1. Managers should ensure that care plans address the specific needs of individual patients and are reviewed to reflect any changes in care needs.
2. Managers to address improvements required to EMIS recording.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk