Mental Welfare Commission for Scotland

Report on announced visit to:
Armadale and Broadford Ward, Stobhill Hospital, 133 Balornock Road, Glasgow, G21 3UZ

Date of visit: 6 November 2024

Where we visited

Armadale and Broadford Wards are 20-bedded, mixed sex, adult acute mental health admission wards that are based in McKinnon House, on the Stobhill Hospital campus. In Armadale Ward, 16 of the beds were for adult acute admissions and four beds were reserved for the inpatient eating disorder (ED) service.

On the day of our visit, there were 20 people in each ward, with no vacant beds.

We last visited this service in October 2023 on an announced visit and made recommendations in relation to person centred-care plan reviews, recording of multidisciplinary team meetings (MDT), consent to medical treatment documentation, use of section 47 treatment plans and staff training regarding Adults with Incapacity (Scotland) Act, 2000 (the AWI Act).

The response we received from the service was that improvements had been made to templates used to record care plan reviews and MDT meetings. We were informed that auditing of care records was routinely carried out, including consent to medical treatment documentation. We are pleased to find that the service has delivered AWI Act training sessions to staff, with individual folders created to store AWI Act documentation.

On the day of this visit, we wanted to follow up on the previous recommendations and look at any other issues impacting care and treatment.

Who we met with

We met with, and reviewed the care of 15 people and we reviewed the care notes of a further two people. We did not meet with any relatives during this visit.

We spoke with the nursing operational manager (OM), the clinical director (CD), senior charge nurses (SCN), occupational therapy (OT) team and nursing staff

Commission visitors

Gemma Maguire, social work officer

Mary Hattie, nursing officer

Justin McNichol, social work

Mary Leroy, nursing officer

What people told us and what we found

We heard from those individuals that we met with that staff were “excellent” and “go above and beyond” for those they care for. Some people we met with told us they value the support given to practice their spiritual beliefs. Others we met with told us how a reassuring and warm approach from staff lessened their anxiety when first admitted to hospital.

We were impressed by the choice of activity for individuals, which was supported by therapeutic activity nurses (TAN) and OTs. We found OT functional assessments were being carried out, with clear links to community services, including social work, in preparation for discharges from the ward.

We were advised by the CD and SCN that several people were boarding out in other wards due to lack of bed capacity across inpatient mental health services. We were advised that managers continue to have daily bed management meetings to discuss risk and prioritise resources. The Commission will continue to follow up on these issues.

At the time of our last visit to the service we heard from managers and staff working in Armadale Ward about various challenges in providing an eating disorder (ED) service that is co-located in an acute adult mental health ward. On this visit we heard from the SCN and CD that managing varying and often complex needs continues to be difficult. We were informed that discussions are taking place with senior managers regarding solutions. Despite these issues we were advised that the ED service in Armadale Ward has developed good links with community services, providing specialist ED training to staff and have excellent access to psychology.

During this visit we observed that access to the garden in Armadale Ward was only available every 30 minutes and monitored by staff. We discussed this with SCN, CD and OM on the day of our visit and were advised this is part of health and safety policy. The SCN informed the garden has limited visibility compared with other services; in order to adhere to the local policy this makes observing people more difficult. We were advised that Armadale Ward will be temporarily decanted next year to allow necessary health and safety work to be carried out, which includes the garden area. The Commission will continue to follow up on these issues.

Whilst we noted information about advocacy services was displayed in both wards, some individuals who were admitted on an informal basis told us that they were unaware of what advocacy offered and were happy to receive information. We discussed with SCNs on the day of our visit and were advised advocacy information is provided in admission packs are given to all individuals when first admitted to the ward. We were also informed that staff routinely provide information, as well as

make referrals to advocacy and several individuals we met with were already accessing this service.

Care, treatment, support, and participation

Care records

All care records, including care plans, MDT records and risk assessments, were accessible on the electronic recording system, EMIS. We found care records to be person centred with up-to-date care plan reviews providing clear information on individual progress towards agreed goals, including discharge planning.

Since our last visit, the service has introduced a new document for recording care plans. Staff we met with told us the new document lacked 'flow', with an individual's care plans and reviews being recorded in the same document. In order access information the document must be 'scrolled' through which is time consuming.

We heard that staff were required to upload a new document each time a care plan was updated and/or reviewed and the document often 'locks' when in use. We were disappointed to hear that the new document has not supported the service in the recording of person-centred care plans. We discussed these issues with SCNs and OM on the day of our visit and were advised that managers are consulting with staff on the implementation of the new document and these issues have been escalated to senior managers.

Recommendation 1:
Senior managers should ensure recording systems for person-centred care plans and reviews fully support practice.

The Commission has published a good practice guide on care plans[1]. 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.

Multidisciplinary team (MDT)

The MDT on both wards consists of psychiatrists, nursing staff and the TAN, psychology, OT, pharmacy, dietician and social workers.

MDT meetings were recorded weekly, with the person's view evident in the record of the meeting. We are pleased to see that the service has introduced a template for recording MDT meetings since our last visit. Whilst we found some exemplary MDT records in both wards, we also noted that some records in Broadford Ward had no clear action points which related to individualised goals. The Commission are of the view that MDT meetings should be clearly and consistently recorded to capture discussions and agreed actions as part of person-centred care planning.

[1] *Person-centred care plans good practice guide*: https://www.mwcscot.org.uk/node/1203

Recommendation 2:
Managers in Broadford Ward should audit MDT records to ensure discussions and agreed actions which relate to individualised goals are consistently recorded.

Use of mental health and incapacity legislation

On the day of the visit, 11 people in Armadale Ward and 14 people in Broadford Ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). All individuals detained under the Mental Health Act were aware of their rights. All documentation relating to the Mental Health Act was clear and accessible.

Several individuals had nominated a named person, were receiving legal advice and accessing advocacy services.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required and corresponded to the medication being prescribed.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found this was clearly documented in records, with the named person appropriately consulted and views recorded.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate is required under section 47 of the AWI Act and must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. For the individuals we reviewed who were subject to a section 47 certificate, we found these to be in place.

Rights and restrictions

Several people we met with on Armadale Ward were admitted on an informal basis, and could leave the ward, and hospital grounds, if they chose to do so. Some individuals who were admitted informally had ‘pass plans’ in place which is an agreed plan between the MDT and the individual regarding time out the ward and/or hospital. The Commission accept that for some individuals, such plans can form part of recommended treatment and may be appropriate as long the individual understands their rights and are able to fully consent. However, the views expressed by some that we spoke with suggested this has not been understood. While the individuals we met with were agreeing to admission, and wanted to remain in

hospital, some believed they 'were not allowed to leave the ward' without staff permission.

The care records we reviewed did have information about 'pass plans', but we did not see the detailed discussions and/or recorded consent from individuals that we would have expected. We discussed with SCNs, the OM and the CD on the day of our visit and were advised that individualised 'pass plans' are agreed verbally with individuals. We advised the service that information should be provided to individuals verbally, and in writing, to ensure their rights are clearly understood.

Recommendation 3:
Managers should ensure individuals who are admitted informally to Armadale Ward are fully advised of their rights, verbally and in writing. They should check individuals understand their rights when being asked to consent to recommended treatment, including being advised not to leave the ward/hospital.

During our visit to Armadale Ward, we observed notices on the shared dormitory rooms that doors would be locked for two hours before lunch, and again in the afternoon from Monday to Friday. The information explained this was to encourage individuals to engage in therapeutic activity and occupation. Some individuals we met with told us that they were not 'allowed' to access dormitory rooms during this time despite engaging in activity. We discussed with SCN on day of our visit and were advised access to individual space in shared dormitories is given to anyone who requires this. We were also informed that the locking of dormitory doors was part of ward policy to encourage engagement in activity as well as in relation to risk assessment. The Commission are of the view that restricting access to bedrooms should be based on individual risk and not applied in a blanket approach to everyone, regardless of their needs.

Recommendation 4:
Managers for Armadale Ward should ensure that a person's access to their bedroom, including shared dormitories, is not restricted unless legally authorised and based on individual risk assessment.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. On the day of our visit one individual in Armadale Ward, and one individual in Broadford Ward, were specified under the Mental Health Act. Upon review of the information there was no reasoned opinion for the decision to restrict mobile phone access for the individual on Broadford Ward. We discussed this with the SCN on the day who agreed to notify the psychiatrist for follow up.

Recommendation 5:
Medical staff responsible for Broadford Ward should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

When we are reviewing individuals' files, we look for copies of advance statements. The term 'advance statement' refers to written statements made under sections 275 and 276 of the Mental Health Act and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. We found three copies in files and are pleased to report that all advance statements are reviewed in MDT meetings.

The Commission has developed *Rights in Mind.*[2] This pathway is designed to help staff in mental health services ensure that people have their human rights respected at key points in their treatment.

Activity and occupation

We were pleased to find that the wide range of choice and availability of activity and OT that we found on our last visit has continued, with the TAN and OT services, along with support from nursing staff, providing a range of meaningful group-based, and one to one, activities.

Activities included relaxation, art, games and walking groups.

The physical environment

The layout of each ward consists of single ensuite rooms and shared dormitories. The environment was well maintained, spacious and bright, with direct access to separate garden areas.

On the day of our visit, we observed individuals smoking cigarettes in both garden areas. The Commission are aware that the law has changed and it is not lawful for anyone to smoke in hospital grounds in Scotland; we discussed this issue with OM, CD and SCNs on the day of our visit. We were informed that individuals are advised not to smoke on hospital grounds and despite nicotine replacement therapy (NRT) being available, some individuals continue to smoke in the garden areas.

SCNs confirmed the service do have policies in relation to hospital buildings being smoke-free but do not feel it is the responsibility of ward staff to enforce such policies. They also expressed concern that enforcing policies on individuals who experience acute symptoms of mental disorder and have a nicotine addiction could cause distress.

[2] *Rights in Mind*: https://www.mwcscot.org.uk/law-and-rights/rights-mind

The Commission are clear that smoking on hospital grounds is an offence, with individuals being at risk of penalty notices and fines. Whilst the Commission understand that individuals may experience difficulties in relation to nicotine withdrawal, we are aware that other inpatient services are enforcing smoking bans and using NRT. We advised SCN and OM to consult with other services who are adhering to policies for further advice and learning.

Recommendation 6:
Managers for Armadale and Broadford Wards should ensure that legislation and local procedures are adhered to in relation hospitals buildings being smoke-free.

Summary of recommendations

Recommendation 1:
Senior managers should ensure recording systems for person-centred care plans and reviews fully support practice.

Recommendation 2:
Managers in Broadford Ward should audit MDT records to ensure discussions and agreed actions which relate to individualised goals are consistently recorded.

Recommendation 3:
Managers should ensure individuals who are admitted informally to Armadale Ward are fully advised of their rights, verbally and in writing. They should check individuals understand their rights when being asked to consent to recommended treatment, including being advised not to leave the ward/hospital.

Recommendation 4:
Managers for Armadale Ward should ensure that a person's access to their bedroom, including shared dormitories, is not restricted unless legally authorised and based on individual risk assessment.

Recommendation 5:
Medical staff responsible for Broadford Ward should ensure a reasoned opinion is provided for all restrictions applied to individuals specified under the Mental Health Act.

Recommendation 6:
Managers for Armadale and Broadford Wards should ensure that legislation and local procedures are adhered to in relation hospitals buildings being smoke-free.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza
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 Commission 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 an individual's care, treatment, and support are 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

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk