Mental Welfare Commission for Scotland

Report on announced visit to:
South Ward, Dykebar Hospital, Grahamston Road, Paisley, Renfrewshire, PA2 7DE

Date of visit: 15 July 2025

Our local visits detail our findings from the day we visited; they are not inspections. Although there are specific things we ask about and look for when we visit, our main source of information on the day of a visit is from the people who use the service, their families/carers, the staff team, our review of the care records and our impressions about the physical environment. We measure this against what we would expect to see and hear based on the expectations of the law, professional practice and known good practice e.g. the Commission's good practice guides.

Where we visited

South Ward is a 15-bedded unit that provides mental health care and treatment for adults between 18 and 65 years of age. The service covers the geographical area of Paisley and Renfrewshire.

On the day of our visit, there were 15 people on the ward, and no vacant beds. We were advised that two individuals from South Ward were admitted to rehabilitation and recovery services due to bed capacity issues across NHS Greater Glasgow and Clyde.

We last visited this service in December 2023 on an unannounced visit and made recommendations regarding person centred care planning, administration of medication, provision of a reasoned opinion when someone is a specified person and privacy concerns relating to the use of magnetic ensuite bathroom doors. The response we received from the service was that auditing and staff supervision was being carried out to improve person centred care plans, authorisation of medication and use of specified person. We were also informed that the service has carried out health and safety assessments with the decision taken to continue use of magnetic doors and that significant work is being planned to improve the safety of the environment for individuals.

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

Who we met with

We met with and reviewed the care of six people and reviewed the care notes of one further person. We also met with two relatives and spoke with one relative over the telephone.

We spoke with the senior charge nurse (SCN), occupational therapist (OT), service manager (SM) and operational nurse manager.

Commission visitors

Gemma Maguire, social work officer

Mary Hattie, nursing officer

Kirsty McLeod, engagement and participation officer (unpaid carers)

What people told us and what we found

Individuals we met with told us that staff are 'really good' and 'listen to me'. We heard how staff 'take time to listen' and understand the views of individuals which has helped some people to feel 'safe' on South Ward. We also heard from some individuals that feeling 'listened to' can vary depending on the staff member supporting them that day.

During our visit to South Ward, we found many individuals were experiencing significant mental health difficulties and we observed staff responding to individuals in a warm and kind manner throughout our visit.

Some individuals and relatives we met with on the day of our visit told us that staff involve them in planning around individual care and treatment. Others told us that the information provided to them by staff was inconsistent. We heard that some people felt they had been given different explanations for delays in medication being sent by the hospital pharmacy. We also heard that some individuals and/or their relatives were unaware of the named nurse role or that individuals had written care plans.

Other individuals and/or their relatives told us they understood and valued the named nurse role and had viewed copies of individual care plans. Some relatives we met with told us that having more information, such as what to expect when someone is detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) and/or in relation to Adults with Incapacity (Scotland) Act, 2000 (the AWI Act), would have been helpful and could have reduced their feelings of anxiety.

On the day of our visit, we provided advice to individuals and/or relatives in relation to advocacy services, carers information and supports as well as complaint processes. We also discussed the issues raised by individuals and/or their relatives with the SM and SCN on the day of the visit. We advised managers that individuals and their relatives should be provided with admission information verbally and in writing about South Ward, including information about their rights, their involvement in person-centred care plans and about the role of a named nurse.

We further advised that staff should ensure they record when information has been provided in the individuals care records. We were advised by the SM that updated guidance and policy in relation to families and/or unpaid carers has previously been emailed to staff and would be followed up by SM and SCN. We were also informed that written information will soon be available for families and/or unpaid carers upon admission, in line with local policy. We look forward to seeing progress in communication with individuals and/or relatives on our next visit to South Ward.

When reviewing daily care notes we found some inconsistencies in the quality of recording, which suggested different approaches were being taken by staff. We found some staff were providing detailed and individualised daily notes, while others were recording short and basic information such as 'concordant with medication' which did not include the person's views. We discussed these issues with the SCN and SM on the day of our visit who welcomed feedback and advised us that auditing of care records has been undertaken, which has identified differences in staff approaches; this is being addressed via training and staff supervision.

We were advised that South Ward currently has no staff vacancies and plans are being agreed for recruitment of newly qualified nursing staff to join the staff team later in the year. We were also advised that plans are underway to ensure all staff who work in South Ward receive trauma informed training on an ongoing basis. We look forward to seeing progress in these areas of practice development on our next visit to the ward.

Most people we met with on the day of our visit had been admitted to hospital for less than six months. Two individuals had been in hospital for over one year and were in process of discharge with involvement from OT, social work and care providers to support and progress discharge plans. For one individual the contact and follow up from social work had reduced in recent months and the reasons for this were unclear. We discussed this with SCN on the day of our visit and will continue to follow up on this individual.

Care, treatment, support, and participation

Care records

All care records, including care plans, multidisciplinary team (MDT) records and risk assessments were accessible on the electronic recording system, EMIS.

Each care record we reviewed had person-centred care plans which included the views of individuals and their families. Reviews of care plans were being carried out with detailed information about the individuals progress since their admission to South Ward. Each person had their care plans and reviews recorded on a word document with the review information located below the care plans. We found this to be confusing given the information in the care plans was out of date when compared with the information recorded in the reviews. We discussed this with the SCN and SM on the day of our visit and advised that any changes and/or updates recorded in the review of care plans, should also be reflected in the individual care plans.

Recommendation 1:

Managers responsible for South Ward should carry out an audit of person-centred care plan reviews to ensure updates are appropriately reflected in the individual care plans.

One person we met with reported that they have diabetes but have been unable to monitor their blood sugar levels since being on South Ward. We were advised that the equipment the individual uses to monitor blood sugar is classed as a restricted item on South Ward and therefore requires staff to provide access. The individual informed that despite asking staff for the equipment, they were told that staff were 'too busy' to give them access. When reviewing the care records for the individual, there was no evidence that blood monitoring was being offered or carried out, despite reference to diabetes management in previous care plans. We discussed this with the SCN on the day of our visit who took prompt action to ensure blood monitoring was included in the individual's current care plans. We were also advised that auditing will be undertaken to ensure staff record when the person's blood monitoring is offered and/or caried out in their daily notes.

Recommendation 2:
Managers responsible for South Ward should carry out an audit of person-centred care plans to ensure they cover all physical health needs for each person, and that daily notes evidence these plans are being carried out.

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.

We found individuals had risk assessment documents in place which were being updated and reviewed. We were disappointed to find that the information we reviewed in these documents lacked details on how staff can support individuals to manage risk to themselves and/or others. For example, we reviewed a risk assessment document for one individual which stated that staff should manage risk by 'monitoring' the persons mood with no information on how staff should do this. We did find the person had a 'staying well' plan which provided details on how the person experiences low mood and/or distress, as well as what others can do to support the person however this was not mentioned in the risk assessment document. We fed these issues back to the SCN and SM on the day of our visit and provided advice on auditing of risk assessment documents.

Recommendation 3:
Managers responsible for South Ward should audit risk assessment documentation to ensure they provide information on how each risk should be managed, including details of how the individual should be supported.

Multidisciplinary team (MDT)
South Ward MDT consists of nursing staff, consultant psychiatrists (CP), junior doctors, pharmacy, OT and psychology. We are pleased to report that during this visit

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

MDT meetings continued to happen weekly with detailed notes of who attended meetings and clear action points relating to person-centred care plans.

We also found that individuals and/or their family were invited to attend meetings with their views recorded.

Use of mental health and incapacity legislation

On the day of the visit, 11 people in South Ward were detained under the Mental Health Act. All individuals detained under the Mental Health Act were aware of their rights. 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. We found one person did not have prescribed medication on a consent to treatment certificate (T2) under the Mental Health Act. We also noted that another person did not have prescribed medication on a certificate authorising their treatment (T3) under the Mental Health Act. We fed these concerns back to the SCN who escalated to the CP for action on the day of our visit.

Recommendation 4:
Nursing and medical staff on South Ward should ensure that all prescribed medication is appropriately authorised under the Mental Health Act.

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 documentation to be accessible and the named person to be appropriately consulted.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act 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.

No one we met with and/or reviewed the care notes for were subject to the AWI Act on the day of our visit. We met with one individual and reviewed the care records for another individual where concerns were noted about their capacity to make welfare and/or financial decisions. For one of these individuals, the CP was undertaking an assessment of their capacity. In relation to the other individual, we were advised by the SCN on the day of our visit that they had recently been admitted to South Ward and assessment would be progressed by the CP.

Rights and restrictions

Sections 281 to 286 of the Mental Health Act provides 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, two people in South Ward were specified under the Mental Health Act.

We reviewed the care records for both these individuals and found that a reasoned opinion was recorded in relation to the restrictions imposed. We found that one individual had been notified in writing about the restrictions that were in place, the review of timescales and their rights, however the other individual had not received this information in writing. We fed this information back to SCN and SM on the day of our visit for action.

Recommendation 5:
When someone is made a specified person, medical staff responsible for South Ward should provide Individuals with written information regarding restrictions in place, timescales for review and information about their rights.

Managers should consider MDT training in the application and use of specified persons. The Commission has produced good practice guidance on specified persons[2].

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. Where individuals had an advance statement in place, the electronic system provided an alert to ensure staff reviewing the persons record were aware.

We found some evidence that advance statements were being discussed in the MDT meetings, but this was not consistent. In discussion with the SCN, we were advised that nursing staff and advocacy services support individuals to complete an advance statement whenever appropriate to do so.

The Commission has developed *Rights in Mind.*[3] 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.

[2] *Specified persons good practice guide*: https://www.mwcscot.org.uk/node/512
[3] *Rights in Mind*: https://www.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

We met with the OT and heard about the varied activities individuals can participate in while in South Ward, including art and relaxation groups, as well as accessing local community-based groups.

When reviewing individual care records, we found detailed evaluations recorded by OTs setting out when people engaged with group and/or one to one activities, including the person's views and any benefits the activity provided.

We also found that individuals had good access to functional assessments which could help prepare them when moving onto a rehabilitation and recovery service, or discharge from hospital. We were pleased to see various rights-based and community information for individuals on display in the OT area of the building, which is located outside South Ward. We provided advice to the SCN on the day of our visit that displaying similar information in South Ward would be helpful for individuals and/or their relatives.

The physical environment

South ward is a spacious and bright environment with ensuite bedrooms and access to garden facilities. We were pleased to see that individuals were encouraged to use 'what matters to me' boards in their bedrooms, which can display important information, such as details of their pets and/or family members.

We viewed some bedrooms during the visit and observed a curtain to be soiled which appeared to have been there for some time. We reported this issue to the SCN and SM on the day of our visit, who agreed to ensure this was cleaned and/or replaced urgently. We were also advised that South Ward has undergone extensive health and safety assessments, with significant work planned for 2026, to improve the safety of the environment, as well as overall appearance.

Recommendation 6:
Managers responsible for South Ward should undertake environmental audits to ensure furnishings are clean and in line with local infection control policies.

Summary of recommendations

Recommendation 1:
Managers responsible for South Ward should carry out an audit of person-centred care plan reviews to ensure updates are appropriately reflected in the individual care plans.

Recommendation 2:
Managers responsible for South Ward should carry out an audit of person-centred care plans to ensure they cover all physical health needs for individuals, and that daily notes evidence these plans are being carried out.

Recommendation 3:
Managers responsible for South Ward should audit risk assessment documentation to ensure they provide information on how each risk should be managed, including details of how the individual should be supported.

Recommendation 4:
Managers and medical staff on South Ward should ensure that all prescribed medication is appropriately authorised under the Mental Health Act.

Recommendation 5:
When someone is made a specified person, medical staff responsible for South Ward should provide Individuals with written information regarding restrictions in place, timescales for review and information about their rights.

Recommendation 6:
Managers responsible for South Ward should undertake environmental audits to ensure furnishings are clean and in line with local infection control policies.

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.

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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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