

Agenda Item 6

Mental Welfare Commission Visits



Title/Subject: Mental Welfare Commission Visits
Meeting: Falkirk IJB Clinical and Care Governance Committee
Date: 20 February 2020
Submitted By: Kathy O'Neill General Manager
Action: For Noting

1. INTRODUCTION

The purpose of this paper is to report on the recent Mental Welfare Commissions (MWC) visits to Forth Valley Mental Health Facilities. There were two visits covered within this report.

Announced visit to Wards 2 and 3, Forth Valley Royal Hospital (FVRH) which took place on the 22nd October 2019.

Unannounced visit to Ward 1(IPCU) FVRH which took place on 21st November 2019.

2. RECOMMENDATION

The Clinical & Care Governance Committee is asked to note the report.

3. BACKGROUND

The MWC undertakes routine visits to all Mental Health in patient services. These can be planned (i.e. announced) or unplanned (i.e. unannounced). The purpose of the visits is to follow up on progress from previous visits

4. MAIN BODY OF THE REPORT

Announced visit to Wards 2 & 3 FVRH. (Appendix 1)

Ward 2 in Forth Valley Royal Hospital comprises 18 beds, and is designated as an adult acute admissions ward for both male and female patients. The ward admits patients generally from the Stirling and Clackmannanshire areas, with care managed by three consultant psychiatrists.

Ward 3 comprises of 24 bedrooms, and is designated as an acute adult admissions ward for both male and female patients. The ward takes admissions from the Falkirk area generally, with care managed by four consultant psychiatrists.



The commission saw improvements in care plan and multidisciplinary team meetings but continued to highlight variation in quality and detail. Easy detection of legal paperwork and adherence to legal processes regarding treatment was evident.

Patients generally felt care was good and staff supportive and approachable.

They were pleased to hear about the structural changes planned to the entrance area of the wards and the bright spacious environment with activities on offer via Occupational therapy and Activity Coordinators.

There were 5 recommendations which will be addressed by the service.

1. Managers should ensure that nursing documentation complies with the Nursing and Midwifery Council Code, professional standards of practice and behaviour for nurses, midwives and nursing associates.

There were random entries within the documentation found on the visit which was felt to be judgemental and not patient centred. Senior Charge Nurses will review this and educate staff appropriately through feedback and supervision.

2. Managers should review their audit processes to improve the quality of care plans and ensure that evaluations of care plans clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

Effective care planning is an area of improvement which continues to be focussed on across all areas in Mental Health (MH) making sure that they are patient centred. The newly produced guidance document on care planning by the MWC has been utilised within MH areas to improve our standard. This work is on-going and being used as one of the measures in Excellence in Care.

3. Managers should ensure that patients and their visitors are aware of the options available to them in relation to visiting arrangements.

Visiting takes place generally in the various visiting areas in the unit and not in the actual main area of ward. Visitors can be accommodated in this area where appropriate but the MWC felt that this option was not publicised to relatives as an option, alongside the other visiting areas.

4 Managers should ensure that activities provided are age appropriate and that participation is recorded, evaluated and linked to the patient care plan.

An activity programme runs across the unit based on patients needs. We frequently have 16-18 year olds in hospital and do try to meet their needs too if they are happy to engage. One the occasion referred to the 18year old was reluctant to engage but this was not as obvious in the care plan.

5.Managers should ensure that there are adequate numbers of suitably qualified staff available to allow patients flexible access to the gym.

There is a small gym in the MHU which allows some exercise but requires staff supervision and staff competency. We will review this to ensure this is more frequently available.

Unannounced visit to Ward 1 FVRH. (Appendix 2)

Ward 1 at Forth Valley Royal Hospital is a 12-bedded, mixed-sex intensive psychiatric care unit (IPCU).

The commission noted that the risk assessments were thorough and detailed and an ongoing improvement on care planning but needed to cover holistic needs of patients

Evidence of a range of activities for patients was highlighted and benefits of patient activity coordinators. Staff were approachable and supportive with frequent patient contact.

There were 3 recommendations which will be taken forward by the service-

1. Managers should ensure nursing care plans are person-centred, containing individualised information, reflecting the holistic care needs of each person and identifying clear interventions and care goals.

Effective care planning is an area of improvement which continues to be focussed on across all areas in Mental Health (MH) making sure that they are patient centred. The newly produced guidance document on care planning by the MWC has been utilised within MH areas to improve our standard. This work is on-going and being used as one of the measures in Excellence in Care.

2. Managers should review the provision of OT to the ward to ensure it is adequate to meet the needs of patients.

Short term absence has affected the Occupational Therapy input to Ward 1 but has since been addressed.

3. Managers should ensure specified persons procedures are implemented for patients where this is required and that the relevant paperwork is completed and reviewed.

Specified persons procedures are used more commonly in ward 1 and adherence to the correct paperwork is essential.

4. CONCLUSIONS

Resource Implications

There is no resource implications linked to this report.

Impact on IJB Outcomes and Priorities

The MWC has a key role to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions. Feedback from MWC visits provides assurance to NHS Forth Valley that care is safe and consistent with national best practice.

Legal & Risk Implications

No legal or risk implications.

Consultation

No further consultation is necessary.

Equalities Assessment

The IJB will be a public body, for the purposes of the Equality Act 2010. Officers must ensure that equalities implications have been considered and that an equalities impact assessment is completed, where appropriate. A combined NHS/Council tool is being developed for this purpose.

Submitted by: Kathy O'Neil General Manager

Author – Anne Cook Interim Service Manager 20/2/2020

List of Background Papers:

Appendix 1: MWC Report Announced visit to Wards 2 & 3 FVRH.

Appendix 2: MWC Report Unannounced visit to Ward 1 FVRH.



Mental Welfare Commission for Scotland

Report on announced visit to: Wards 2 and 3, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR

Date of visit: 22 October 2019

Where we visited

Ward 2 in Forth Valley Royal Hospital comprises 18 bedrooms, nine of which are en suite, and is designated as an adult acute admissions ward for both male and female patients. The ward admits patients from the Stirling and Clackmannanshire areas, with care managed by three consultant psychiatrists. The ward also admits adults for planned detoxification from alcohol and people who need help with an eating disorder. On the day of our visit there were 18 patients on the ward.

Ward 3 comprises of 24 bedrooms, nine of which have en-suite facilities, and is designated as an acute adult admissions ward for both male and female patients. The ward takes admissions from the Falkirk area, with care managed by four consultant psychiatrists. The ward also admits women for assessment in the perinatal period. On the day of our visit there were 24 patients on the ward.

We last visited this service on 11 October 2018 and made recommendations in relation to the need for more person-centred care plans, named nurse process, mental health act forms, and how access is managed to and from the ward for patients.

On this visit we wanted to meet with patients and follow up on the previous recommendations.

Who we met with

We met with and reviewed the care and treatment of 13 patients. We met with three relatives/carers on the day.

We spoke with the clinical nurse manager and the senior charges nurses for both wards.

Commission visitors

Tracey Ferguson, Social Work Officer

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

Philip Grieve, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Some patients we spoke to during the visit advised that they were receiving good care and treatment within the ward and that staff were approachable, supportive and caring; for some patients, their experience was not so positive.

Some patients and relatives reported that they had built better rapport with the non-nursing staff as nursing staff were not as visible in the ward.

Following the recommendation in relation to care planning from last year's visit, we wanted to review care plans to see if actions taken had led to improvements in the quality of these plans.

The senior charge nurses told us that a weekly audit programme is in place. We were told that guidance on improving the quality of care plans is currently being rolled out across the units by the mental health lead nurse, based on the care planning guidance produced by the Commission.

We are keen to hear more about the outcome of the audits and will write directly to the service manager about this.

Within patient records we saw evidence of improvement, although there was still work to be done to address the quality of electronic care plans.

We saw some care plans that were detailed, person centred and addressed a wide range of needs arising from complex diagnosis, along with evidence of patient participation however the standard was variable.

In some files care planning was minimal, lacking detail pertinent to the individual and with little evidence of patient/carer involvement in these processes. In addition we saw language within patient files which was pejorative, and we reported this on the day to senior nursing staff.

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

We saw evidence of detailed initial assessments on admission along with risk assessments and risk management plans that were reviewed regularly. We heard that multidisciplinary team (MDT) meetings are convened weekly for all patients. We saw detailed recordings and outcomes of MDT meetings. Whilst we saw evidence of patient and carer/relative participation at these meetings it was not clear from all the records that we reviewed who attended these meetings.

On our previous visit we were told by the senior charge nurses that Ward 3 were piloting Improvement in Observation Practice (IOP), ensuring observations were interactive. The role of the floor nurse has now been rolled out to other parts of the service as part of the IOP and we were able to see this on our visit to both wards. We were told that this has had a positive

impact in each ward as the floor nurse is dedicated to be on the floor for the full shift, continually interacting with patients, carrying out hourly patient interaction checks, and identifying early deterioration. In relation to allocation of named nurses, we were told that this continues to be an area of improvement due to inconsistency of staffing.

We were told there are a number of vacant posts and that ten newly qualified staff have been recruited across the two wards who will take up post over the coming months. The newly qualified staff members will each be allocated a mentor and that this will bring a consistent staff team that will provide stability across the service.

Recommendation 1:

Managers should ensure that nursing documentation complies with the Nursing and Midwifery Council Code, professional standards of practice and behaviour for nurses, midwives and nursing associates.

Recommendation 2:

Managers should review their audit processes to improve the quality of care plans and ensure that evaluations of care plans clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

Use of mental health and incapacity legislation

Following the recommendation in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') documentation at last year's visit, we wanted to review patient files to see what improvements had been made.

We were told by the senior charge nurses that the wards are continuing to work towards implementing a full electronic patient records. Each ward has a contingency folder in place for each patient and the legal documentation continues to be stored in the paper file.

Of the 32 patients on the day of our visit, 15 patients were subject to detention under the Mental Health Act.

We reviewed records for five of those patients and the documentation to support the authorisation of their detention was easily located in the file.

Certificates authorising treatment (T3 and T2) under the Mental Health Act were present and in patient files where required.

Section 281 to 286 of the Mental Health Act provides a framework within which restrictions can be placed on people who are detained in hospital. Where a person has been made a specific person in relation to these sections of the Mental Health Act, and where the restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and that the need for specific persons is regularly reviewed.

We found that restrictions has been placed on one patient and there was documentation in the patients file to authorise this.

Rights and restrictions

Following on from the recommendation made at our last visit we wanted to see if any changes or improvements has been made to support patient confidentiality, legal status and safety when leaving and entering the wards.

Both wards operated a locked door policy, and patients access to and from the ward continues to be monitored by a staff member seated at the door noting who was coming and going from the ward, their expected time of return, and what they were wearing at the time of exiting the ward. We understand that this practice is part of the way that the service maintains safe practice. However, this practice had been the subject of concern from patients and visitors who had contacted the Commission.

We were told that agreement has now been reached to move forward in designing an alternative reception area. Architect drawings have been completed and building controls works are starting in January. We were pleased to hear that this has progressed and look forward seeing this new development on our next visit.

During our visit patients and carers told us that they are encouraged to use the small interview rooms or dining room in the ward corridors as opposed to the ward itself

We discussed this with managers on the day of our visit and were told there is no ward policy in place to prevent carers/relatives from visiting patients on the ward and that visitors do visit patients on the ward. We were pleased to hear that there are options in place depending on individual circumstances however patients did not seem to be aware of this.

The Commission has developed [Rights in Mind](https://www.mwcscot.org.uk/law-and-rights/rights-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>

Recommendation 3:

Managers should ensure that patients and their visitors are aware of the options available to them in relation to visiting arrangements.

Activity and occupation

Activities are provided by the three activity co-ordinators who provide input across the service. There is a structured activity programme for each ward and the timetable is displayed on the board in the lounge area for patients to view. Activities are currently provided Monday to Friday by the activity co-ordinators. We saw records of patient engagement in planned activities and where there was no engagement we saw reasons for this and evidence of continued attempts to encourage engagement.

Occupational therapy (OT) continue to provide dedicated input to the wards. This activity is assessment focussed and we saw evidence of this within patient files.

Patients that we spoke with in the day told us how they enjoyed the activities provided and how they benefitted from these sessions, however we found that there was no link to the care plans re- activities

Some patients that we spoke with felt that the activities on offer were not activities appropriate for their age and they were a bit bored as did not have much to do. Some patients told us that they wanted to use the gym facilities more often than they were able to. This was due to staff members not being trained in use of the gym equipment. We were disappointed to hear this given of the benefits of exercise in regards to improving mental health.

Recommendation 4:

Managers should ensure that activities provided are age appropriate and that participation is recorded, evaluated and linked to the patient care plan.

Recommendation 5:

Managers should ensure that there are adequate numbers of suitably qualified staff available to allow patients flexible access to the gym.

The physical environment

Each ward was bright and spacious and had a lounge with a television and comfortable seating area, with bright decor on the walls. Access to the enclosed garden space was available from the ward. There was also a quiet lounge should patients require this. There is ample space/rooms for activities to take place in the corridor between the wards or rooms that allowed for patients to meet with their family/friends. There is a large seated dining area that both wards use at scheduled times.

On the day we visited we were told that the washing machine was broken in Ward 2 and had been broken for a few weeks. Although we were told that patients were able to use the washing machine in Ward 3, patients told us that it was often difficult to access. We were informed that the matter has been reported to estates.

The wards have no kitchen facilities for patient to use. We were told that patients have access to the OT kitchen; however this was only available when they receive OT support. One patient reported that they would have found it beneficial to have facilities on the ward to make a hot drink. We were told that patients also have access to the facilities within the main hospital.

Any Other Comments

We were told on the day of our visit that there was a significant pressure on beds. This has led to some patients being boarded out to other wards within the Forth Valley Hospital and Bellsdyke area.

We also heard a number of discharges have been delayed across Forth Valley.

The clinical nurse manager and senior charge nurses told us that all efforts were being made by the MDT to move forward with discharge and we will follow this up further with managers, and on future visits within the Forth Valley area.

Summary of recommendations

1. Managers should ensure that nursing documentation complies with the Nursing and Midwifery Council Code, professional standards of practice and behaviour for nurses, midwives and nursing associates.
2. Managers should review their audit processes to improve the quality of care plans and ensure that evaluations of care plans clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
3. Managers should ensure that patients and their visitors are aware of the options available to them in relation to visiting arrangements.
4. Managers should ensure that activities provided are age appropriate and that participation is recorded, evaluated and linked to the patient care plan.
5. Managers should ensure that there are adequate numbers of suitably qualified staff available to allow patients flexible access to the gym.

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@mwscot.org.uk

website: www.mwscot.org.uk



Appendix 2



Mental Welfare Commission for Scotland

Report on unannounced visit to: IPCU (Ward 1), Forth Valley
Royal Hospital, Stirling Road, Larbert, FK5 4WR

Date of visit: 21 November 2019

Where we visited

Ward 1 at Forth Valley Royal Hospital is a 12-bedded, mixed-sex intensive psychiatric care unit (IPCU). On the day of our visit there were seven patients on the ward, all of whom were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedure (Scotland) Act 1995 ('The CPA').

An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

We last visited this service on 8 November 2018 and made no recommendations.

Who we met with

Our visit on this occasion was unannounced, so patients, relatives, and staff had no prior notification of our arrival, and so did not have the opportunity to plan for contact with, or arrange appointments with us. We met with and/or reviewed the care and treatment of seven patients. We spoke with the senior charge nurse (SCN), nursing staff and other ward staff.

Commission visitors

Tracey Ferguson, Social Work Officer

Margo Fyfe, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

All the patients we spoke to during the visit told us that they were receiving good care and treatment within the ward. They described the staff as approachable and supportive. Patients told us that they meet regularly with staff to discuss their care needs and feel that staff listen to them.

Staff were knowledgeable about patients when we discussed their care. Risk assessments were thorough, detailed and regularly reviewed. We saw care plans which were detailed and had been reviewed regularly with some evidence of patient involvement. The care plans were primarily based on risk and did not always include holistic needs of individuals. We discussed this with the SCN and acting clinical nurse manager and recommended that a review of the care plans was carried out to ensure the plans are person-centred and cover all of the individual patient's needs.

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 here:

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

We saw evidence of physical care needs being addressed and involvement and links with other specialist practitioners where the patient required this.

We heard that the multidisciplinary team meetings (MDT) were held twice weekly, and we saw detailed recording of these meetings with clear outcomes and goals. It was difficult to see who always attended these meetings as this was not always recorded. We discussed this with the senior charge nurse on the day.

Anyone who receives treatment under the Mental Health Act can choose someone to help protect their interests and that person is called a named person. Some patients had nominated a named person and a copy of this was found in their electronic file.

An advance statement is written by someone who has been mentally unwell. It sets out the care and treatment they would like, or would not like, if they become ill again in future. Where a patient had made an advance statement we found a copy of this in their electronic record.

Following our previous visit to the ward, we had been informed by managers that the provision of psychology services was being extended to allow greater access across the mental health units. We were told that this did happen however following appointment the individual withdrew and unfortunately this has led to further delay in the recruitment process. We were told that the post has now been filled.

We were told that occupational therapy (OT) provision to the ward is limited, due to staffing issues. This was a concern as there were patients on the ward we were told would benefit from OT input.

Recommendation 1:

Managers should ensure nursing care plans are person-centred, containing individualised information, reflecting the holistic care needs of each person and identifying clear interventions and care goals.

Recommendation 2:

Managers should review the provision of OT to the ward to ensure it is adequate to meet the needs of patients.

Use of mental health and incapacity legislation

On the day of this visit, all seven patients were either subject to the Mental Health Act or the CPA.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Patients' electronic records contained the appropriate legal paperwork. The authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were all in order as appropriate.

Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

On our visit there were two patients who were made a specified person. From reviewing the file we found the relevant paperwork was not in place and no evidence of reviews and we discussed this with the senior charge nurse on the day. Where a person has been made a specified person they are given clear information about this and made fully aware of their right to ask for review of this status.

Our specified persons good practice guidance is available on our website at:

http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Recommendation 3:

Managers should ensure specified persons procedures are implemented for patients where this is required and that the relevant paperwork is completed and reviewed.

Rights and restrictions

The ward is an IPCU and operates a locked door policy. Patients have access to an enclosed garden space. There is a no smoking policy across the site, and patients are offered nicotine replacement options as an alternative.

Where a patient has a history of alcohol and substance misuse, staff will carry out random urine sampling with the patients consent. It came to our notice that patients did not fully understand their rights in relation to this. We discussed the importance of ensuring patients understand their rights and where a patients lacks capacity to consent to testing then specified person status should be used.

We were told that the ward has good links with the advocacy service and patients told us that their advocate supports them in meetings and meets with them regularly.

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

We were told that there are two activity co-ordinators that provide morning and afternoon activities to the IPCU and we saw a timetable of activities displayed in the ward.

Ward staff also support patients with time off the ward and we saw this on the day of our visit. Patients told us that they enjoyed time off the ward and we were able to see this was reviewed regularly and progressed where appropriate.

Patients told us that they enjoyed the activities and we saw nursing staff engaging in a range of activity with patients on an individual basis. Pet therapy visits the ward every Monday and patients have access to a pool table, console games and table tennis table. Physiotherapy can support the patient to access the small gym that is a shared facility across the mental health wards.

Organised activities are currently not carried out in the evenings or at weekends and the SCN and acting clinical nurse manager are looking at how to expand the activity provision throughout the week. We look forward to hearing how this has progressed when we next visit.

The physical environment

The ward comprises 12 single bedrooms, and six bedrooms are en suite. There is a communal living and dining area as well as an activity room and small meeting rooms. Soft furnishings have been purchased within the communal areas which reduces the clinical appearance and provides a more homely environment for patients. There is an enclosed garden that the patients can have access to from the ward.

Any other comments

We were told that bank nursing staff are currently being used, although there is a regular group of bank staff who cover the ward.

We were told on the day of our visit that some patients are spending a longer period in the IPCU than necessary. On the day we visited, four of the patients had been identified as no longer requiring to be in an IPCU ward but wards they were due to be transferred to were at full capacity.

The Commission is aware there are a number of discharges that have been delayed across the service which is impacting on discharge and transfer to another wards. We are keen to hear further from managers about how this situation is being managed and will write to them to seek an update on this matter.

Summary of recommendations

1. Managers should ensure nursing care plans are person-centred, containing individualised information, reflecting the holistic care needs of each person and identifying clear interventions and care goals.
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3. Managers should ensure specified persons procedures are implemented for patients where this is required and that the relevant paperwork is completed and reviewed.

Service response to recommendations

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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.

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