

Mental Welfare Commission for Scotland

Report on announced visit to: Queen Margaret Hospital,
Ward 2, Whitefield Road, Dunfermline, KY12 0SU

Date of visit: 25 May 2016

Where we visited

Ward 2 at Queen Margaret Hospital is an acute 30-bedded psychiatric unit for patients aged under 65 years. We last visited this service on 10 November 2013 and made recommendations about the provision of activities and completion of care plans.

On the day of this visit we wanted to follow up on the previous recommendations and also look at other aspects of care and treatment.

Who we met with

We met with or reviewed the care and treatment of six patients and also met with one relative.

We spoke with the service manager, the charge nurse and several members of nursing staff.

Commission visitors

Dr Steven Morgan, medical officer (visit co-ordinator)

Ms Kate Fearnley, executive director (engagement and participation)

What people told us and what we found

Care, treatment, support and participation

We heard many complimentary comments from patients about the nursing staff on the ward. However, one patient mentioned that she had experienced difficulties with one particular member of the nursing staff. When we enquired further about this with the service manager we heard that this matter had been addressed appropriately.

The care plans that we looked at were detailed and personalised to individual patients. Care plans were reviewed regularly and the reviews could be easily identified within the case notes.

Use of mental health and incapacity legislation

When patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 we were able to find within the case notes copies of the papers authorising detention on the ward. We also checked that, where required, a 'consent to treatment certificate' (T2) or 'certificate authorising treatment' (T3) was held with the medication kardex for patients. While we found these certificates to be in place, we noted that it was difficult to identify from the medication kardex whether the patient was detained. On visits to other wards we have seen systems in place to make the legal status of patients much clearer on kardexes, such as the use of pre-printed stickers to flag up the need for a T2 or T3 certificate.

Recommendation 1

Managers should introduce a system to ensure that medication kardexes for detained patients can be easily identified.

Rights and restrictions

We did not find any patients who we thought were subject to unlawful deprivation of liberty. The ward door was unlocked on the day of our visit. We saw a copy of the locked door policy displayed beside the front door of the ward, which gave information about situations when the door might be locked. We also noted the use of a locked door reporting form and review sheet.

Activity and occupation

We saw evidence that several different activities were taking place on the ward. We heard comments from patients that the activities were appreciated and enjoyed. Attempts had been made to tailor activities to the skills and interests of patients. We also noted that the provision of activities was audited, and the results of the audit were displayed on the ward notice board. The organisation and delivery of activities appeared to be running successfully.

The physical environment

We noted some attempts to improve the physical environment of the ward since our last visit, in particular the new artwork on display on the walls of the ward. However, there were still some issues with the physical environment. When we looked at the servery of the ward we saw tiles coming away from the wall, drawers falling apart and a sink out of order. We think that the estates department should restore the servery to fully useable condition as soon as possible. The ward has access to a courtyard which would benefit from some upgrading. The bays of the ward look very dated in comparison to the accommodation available on newer acute psychiatry wards.

Recommendation 2

The estates department should restore the ward servery to a fully useable condition as soon as possible.

Summary of recommendations

1. Managers should introduce a system to ensure that medication kardexes for detained patients can be easily identified.
2. The estates department should restore the ward server to a fully useable condition as soon as possible.

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.

Kate Fearnley

Executive Director (engagement and participation)

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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