

Mental Welfare Commission for Scotland

Report on announced visit to: Huntlyburn House, Borders
General Hospital, Melrose TD6 9DS

Date of visit: 15 May 2018

Where we visited

Huntlyburn house is a mixed sex adult acute in-patient unit with 19 beds for patients aged 18-69 years with mental ill health. It is based in the grounds of the Borders General Hospital. The ward is staffed by a senior charge nurse, charge nurse, registered nurses and support workers. The four consultant psychiatrists from all areas in the Borders retain responsibility for patients when they are admitted to the ward. There is also significant input from occupational therapy, physiotherapy, clinical aromatherapist peer support worker and junior doctors.

We last visited the ward on 23 March 2015. There were no recommendations from that visit to follow up on, but we wanted to review the care and treatment on this occasion

Who we met with

We met with and/or reviewed the care and treatment of seven patients and met with one relative.

We also met the senior charge nurse and other nursing staff. We had discussions with one of the consultant psychiatrists and the operational manager.

Commission visitors

Susan Tait, Nursing Officer

Graham Morgan, Engagement and Participation Officer

Paula John, Social Work Officer.

What people told us and what we found

Care, treatment, support and participation

The patients we met with expressed a high level of confidence in the care team and in particular, valued the opportunities they have to discuss their care and influence it. They said that they were listened to and changes were made where possible. They were very positive about the therapeutic nature of relationships with staff, and of the range of activities that were available to them.

In the last report it was noted that care plans were person centred, reviewed and updated on a regular basis, and specific interventions identified. The service is in the early stages of the introduction of electronic record keeping (Emis). Staff told us that, at times, it is difficult to identify the correct domain in which to record information. This leads to potential risks of miscommunication. It was also difficult to evidence participation in care, although that was clearly happening. The care plans we reviewed, in general, remain very good. They were person centred, strength and goal based. The reviews were detailed and thorough. There is a strong focus on risk and

safety plans which enabled positive risk taking. The quality of the plans varied a little and some would benefit from more detail of the nursing intervention.

The ward operates a daily safety brief, which identifies any risks and the legal status of each patient. As part of the Scottish Patient Safety Programme (mental health) they are aiming to improve observation practice, identify the deteriorating patient, increase therapeutic activity and involve patients and carers. This work was evident throughout the notes we reviewed and the patients we spoke with.

Use of mental health and incapacity legislation

We reviewed the medication prescribed for all patients detained in the ward under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). Where necessary, medication prescribed was authorised appropriately.

One patient lacked capacity to consent to physical healthcare and, although it was noted in the file that an s47 Adults with Incapacity (Scotland) Act 2000 certificate was in place, there was no copy on the ward. We raised this with staff to address on the day of our visit.

Rights and restrictions

We were pleased to note that the ward had adopted the use of the Mental Welfare Commission's patients' rights pathway and had undertaken some work on the rights of informal patients.

There were five patients detained under the Mental Health Act at the time of the visit.

Activity and occupation

Each day starts with patients meeting to discuss their 'positive steps' and planning for that. The activities are wide and varied, ranging from walking groups, tai-chi, art work, aromatherapy and mindfulness based groups. There is access to bicycles should any one wish.

There is a 'space to grow' garden, which requires quite a bit of work to make it useable. The service has secured a significant amount of money to upgrade this and make it accessible to all. This will be a valuable resource when completed.

Overall activities and the structure of them are immensely important to recovery based care and Huntlyburn house staff deliver this to a high standard, which is reflected in patient's comments.

Physical environment

All of the bedrooms are en-suite, spacious and bright. We were told that patients can bring in items to personalise their rooms during their stay on the ward. Each room had

detailed information about the ward, the staff and who to ask if they were concerned about anything. This information was introduced as a result of patient opinion.

There are several sitting room areas and a visitor's room, which is accessible to all. There are other rooms which can be used for groups, including art work etc. There is also a room used by the aromatherapist, which had previously been a kitchen, but efforts have been made to decorate it using mural stickers. There are extensive grounds around the unit and patients had built a retreat area which is well used. The public areas of the ward would benefit from some art work or mural stickers to make it a little less clinical in appearance.

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

Alison Thomson
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 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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