Mental Welfare Commission for Scotland

Report on announced visit to: Knapdale Ward, Mid Argyll Community Hospital, Blarbuie Road, Lochgilphead, PA31 8JZ

Date of visit: 28 May 2019

Where we visited

Knapdale Ward is a 12-bedded ward for people with dementia in Mid Argyll Hospital, which takes both male and female patients. The ward has been closed to new admissions for a period of time over the past year, due to recruitment issues for nursing staff. On the day of this visit there were six patients in the ward.

We last visited this service on 28 February 2018, and made recommendations about prescribing medication, obtaining copies of guardianship orders or powers of attorney, and about involving guardians or attorneys in treatment decisions. We received an appropriate response to the issues raised.

On this visit we wanted to meet with patients and look generally at how care and treatment was being provided in Knapdale Ward because it had been over a year since our previous local visit.

Who we met with

On the day of this visit we reviewed the case notes for all six patients in the ward. While we were able to have brief conversations when we met several patients it was not possible to have meaningful discussions or to talk about their views about their care and treatment, because of the advanced stage of their dementia. On the visit patients seemed comfortable in the environment, the atmosphere in the ward was calm and therapeutic, and we observed positive interactions between staff and patients during our visit.

We spoke with the senior charge nurse, with other members of the nursing team, with the service manager, and with the psychiatrist who covers this ward.

Commission visitors

Ian Cairns, Social Work Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On our previous visit we saw that care planning documentation was well maintained, and that care plans in files were detailed and person-centred.

On this visit we reviewed the care planning documentation for all patients, and we saw that care plans continue to be completed to a good standard. Care plans are detailed and person centred, and seemed to cover all identified needs, including the provision of personal care, and how staff engage with patients displaying stressed and distressed behaviours. We also noted that appropriate risk assessments and risk management plans were in place in files.

At the time of our previous visit new care planning documentation had been introduced. We felt that this documentation clearly recorded how relatives and carers were participating in discussions and decisions about care and treatment. The new documentation also clearly recorded key changes in the patients' needs, with care plans being amended appropriately in response to changes in needs. In files reviews on this visit we saw that records of discussions with families were easily identifiable within files. We also saw that care is being well reviewed in multidisciplinary team (MDT) meetings, and that these MDT meetings are well recorded. It was clear from files reviews therefore that care and treatment being provided in the ward is well evaluated and reviewed, with clear care goals identified.

We saw copies of Getting to Know Me forms in files, recording information about the individual patient, about their background, needs, and preferences. Collecting such information is important, helping staff understand more about the person, and about how person-centred care can best be provided. We also saw in files that good attention is paid to meeting physical healthcare needs, with good multidisciplinary input from a range of health professionals, and in file reviews we clearly saw information recorded describing the input from various health professionals.

One patient in the ward was due to be discharged very shortly after our visit, and we saw the process for discharge planning in place. We heard how a member of staff from the ward will accompany a patient being discharged, to ensure that planned care and support is in place if they are being discharged home, or that a patient settles if they move to an environment which is completely new for them, such as in a care home setting. We felt that this arrangement was positive and would help contribute to a smooth transition from hospital for patients.

Use of mental health and incapacity legislation

On the day of this visit three patients on the ward were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Certificates authorising treatment under the Mental Health Act (T2 and T3 forms) were in files where required. We did see in one case that medication was prescribed which was not authorised on a T3 form, and this was discussed during the visit, with one medication which was prescribed but was not being administered being removed from the prescription.

Recommendation 1:

Managers should ensure that there are audits of consent to treatment forms, so that medication prescribed is legally authorised.

A number of patients in the ward had a welfare proxy appointed, either an attorney or a guardian, and we saw copies of orders in files where this was appropriate. We also saw that do not attempt cardiopulmonary resuscitation (DNACPR) forms recorded that guardians or welfare attorneys had participated in any advance decision to give or not to give CPR.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) Act 2000 must be completed by a doctor. We saw s47 certificates in place in files on this visit. We did not always see treatment plans covering all the relevant medical treatment the individual was receiving and these should be completed if the patient has multiple and complex care needs.

Rights and restrictions

From the file reviews completed, the Commission visitors felt that compulsory measures under the Mental Health Act were being used when appropriate. We feel that this is important, because there are specific safeguards in place when a person is subject to compulsory measures, and this also indicates that careful consideration is being given as to whether an individual patient is de facto detained in a hospital. We did see that some medication was being administered covertly, and we recommend that specific procedures are followed when consideration is being given to covert medication. It was clear in files that there is a pathway in place with a protocol for taking decisions about covert medication.

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

The occupational therapy (OT) service provides input into the ward, and in file reviews we saw OT care plans relating to meaningful activities. There is a board in the ward which has information about activities delivered nurses, and we saw that ward staff organise specific structured activities both during the week and at weekends.

The physical environment

The ward was clean and bright, and has good natural light, and a garden space which provides a safe and easily accessible area for patients and visitors.

Summary of recommendations

1. Managers should ensure that there are audits of consent to treatment forms, so that medication prescribed is legally authorised.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

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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