Mental Welfare Commission for Scotland

Report on unannounced visit to: Midpark Hospital, Glencairn Ward, Bankhead Road, Dumfries, DG1 4TN.

Date of visit: 29 September 2016.

Where we visited

Glencairn ward was previously an acute functional admission unit for older adults. There have been several service developments within Midpark hospital during 2016 resulting in admissions of older adults with functional illness now being provided within Nithsdale ward.

Glencairn ward re-opened in April as an intermediate care ward for adults with cognitive impairment, learning disabilities and those needing support to address stressed and distressed behaviours. The ward has 14 en-suite single rooms and provides care to address the individual's needs and support their discharge, whether to their own home or a care setting. Whilst the majority of patients will be over 65, the ward does provide care for younger adults when their needs can be appropriately met in this setting. This is a new development within Midpark Hospital.

On the day of this visit the ward had seven patients, five of whom were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). The age range of the patients varied from mid 30s to late 80s.

We visited to find out about this service development and the care being provided.

Who we met with

We met with and/or reviewed the care and treatment of four patients and met one carer.

We spoke with the senior charge nurse and charge nurse.

Commission visitors

Mary Hattie, Nursing Officer, visit co-ordinator

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

All the files we looked at had detailed nursing assessments which included information on the patient's abilities and preference, as well as their needs. Care plans were extremely person-centred and detailed and were reviewed regularly. Care plans for managing stress and distress were based on the Newcastle model. Stress and distress care plans were reviewed and evaluated on a weekly basis; the evaluations were very detailed and thoughtful. Staff were extremely motivated to ensure that the care provided meets the individual's needs, maximises their quality of life and promotes recovery.

Life story work is being developed; we found family trees in two files which provided very helpful information. We found comprehensively completed 'This is me' forms in all files we looked at.

Multidisciplinary Team (MDT) Input

As part of the setup of the service, staff had access to the NHS Education for Scotland (NES) excellence in practice training. Staff have all been trained in the use of the Newcastle model for managing stress and distress and in recognising and managing delirium. Individual staff had been trained in, and act as specialist lead in: falls prevention, palliative care, continence and tissue viability.

The ward nursing team contains both mental health and learning disability nursing staff. The learning disability staff also provide outreach to other wards if required. The ward has input from three consultant psychiatrists and has dedicated psychology input. Whilst not providing dedicated sessions, speech and language therapy, occupational therapy and physiotherapy are available via referral. There are plans to provide dedicated pharmacy sessions in the future.

Currently, pharmacy can be accessed for advice on an individual case basis. The ward team are also able to access input from advance nurse practitioners where this is required.

When planning discharges, the ward team are able to work flexibly to ensure a seamless supported discharge plan as part of patient centred care within individual care planning. They are also able to secure input from the Ideas team, which can provide further support and advice to care staff where this is needed.

Communication and visiting

The ward has open visiting. We were advised that protected mealtimes are enforced with professionals only; carers and relatives are welcome to provide support to their friends and relatives at meal times. Visitors can use the individual interview and visiting rooms or visit in the garden, tearoom, or main body of the ward.

The ward also provides supported visiting, where a member of staff will accompany a patient to visit in their own home or enjoy a meal or outing with their family in the community.

We found evidence of good communication with families, including involvement in care planning and decision making, and the provision of information and support to carers on an individual basis.

Use of mental health and incapacity legislation

All of the individuals whose care we looked at had been assessed as lacking capacity to consent to their treatment and were being treated under part 5 of the Adults with Incapacity (Scotland) Act 2000 (AWI), s 47 certificates in place.

Where the individual was receiving covert medication, our covert medication pathway was completed, and this identified the individual medications which could be given covertly.

Where individuals were subject to detention under the Mental Health Act, copies of detention paperwork were held within their file. Certificates authorising treatment (T3 form) were in place.

Rights and restrictions

One individual whose care we looked at had been made a specified person in relation to telephone use. Res 1 and Res 3 forms, the appropriate documentation, had been completed and there was evidence within the notes that this was being reviewed regularly.

The ward has a large, pleasantly designed, enclosed dementia friendly garden area which can be accessed from the dayroom and the corridor. The doors were unlocked throughout our visit and patients were using the garden. There is also access to a second enclosed courtyard garden, which can be used where individuals would benefit from a less stimulating environment, or visitors wish more privacy than the main garden provides.

Activity and occupation

The ward does not have a set ward activity programme. All activity is based on individual need and planned on an individual basis.

Activity provision is recorded including information on the level of engagement, enjoyment and outcome.

There is a focus on supporting people to access the community. This includes supported visits with family, recreational and social outings and accessing community resources such as local art classes, parks etc.

The well-equipped arts and crafts room is open throughout the day and was being used during our visit. Other activities which are used include activities such as Karaoke sessions, gardening, cooking, therapet, pool and music sessions. Staff use playlists for life, doll therapy, and 'twiddle muffs (textured comforter)' with individual patients.

There is a ward laundry and kitchen and there is also access to an occupational therapy kitchen. Patients are encouraged to do their own laundry and make snacks and drinks for themselves to maintain their skills and independence wherever possible.

The physical environment

The ward is bright, clean, spacious and welcoming. All bedrooms are ensuite. There are memory boxes outside bedrooms which contain pictures and items which are of significance to the individual.

Bedrooms are personalised with pictures and other personal effects. There are a variety of furniture styles in bedrooms with some being doorless for ease of access and others being lockable. There is a large sitting dining area with direct access to the garden and a second smaller sitting area. The ward also benefits from a large laundry area and ward kitchen, both of which are used by patients with support from staff as needed. There is also a shared occupational therapy kitchen and a shared courtyard garden adjacent to the ward.

The decoration and design is very pleasant and welcoming with dementia friendly signage and design throughout, including a number of pieces of textured artwork.

Any other comments

We were told that, having now been open for six months, the ward team are keen to continue to develop and improve the service. As part of this they are completing the Scottish Government Dementia Strategy commitment 11 self-assessment tool and developing an action plan from this.

Good practice

We were struck by the high level of motivation, flexibility and enthusiasm shown by the staff team and their commitment to ensuring patient contact with the local community is maintained and promoted. This is an innovative service to a varied patient group with complex needs providing a high standard of person-centred care.

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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