Mental Welfare Commission for Scotland

Report on announced visit to: Wards 1, 3 & 4, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU

Date of visit: 27 January 2016

Where we visited

Wards 1, 3 & 4 at Queen Margaret Hospital are psychiatric wards for patients aged 65 and over. Ward 1 is a 24 bedded acute assessment ward. Wards 3 and 4 have recently been amalgamated to form a 24 bedded continuing assessment and enduring mental illness ward, situated on ward 4. Henceforth, this report will use the term “ward 4” to refer to the amalgamated ward. We last visited this service on 7 May 2014 and made recommendations about occupational therapy, drug kardexes, certificates of incapacity under S47 of the Adults with Incapacity Act, covert medication and the physical environment on ward 1.

On the day of this visit we wanted to follow up on the previous recommendations and also look for any new issues arising.

Who we met with

We met with 10 patients and 4 relatives.

We spoke with the clinical services manager, senior nurses from the wards and occupational therapy staff.

Commission visitors

Dr Steven Morgan, Medical Officer (visit co-ordinator)

Douglas Seath, Nursing Officer

Ian Cairns, Social Work Officer

Graham Morgan, Engagement and Participation Officer (Lived Experience)

What people told us and what we found

Care, treatment, support and participation

We found that the care plans on these wards were detailed and personalised. The care plans were regularly reviewed. In a few examples it could be difficult to identify the write-up of the review, as the locations within the case notes varied. An individualised approach to the care of patients was evident.

We heard positive comments about staff on these wards from patients and relatives. Patients said that the nurses were kind and attentive to their needs. Relatives were positive about the attitudes of staff on the wards. They felt welcome when they visited and were involved in discussions about treatment.

We found examples of well completed life histories for patients. We think that these documents can provide valuable information, helping staff to deliver appropriate care.

We saw good attention to physical healthcare needs on these wards. There was appropriate input from dietitians and speech and language therapists. We were told that new physical healthcare documentation is being introduced to the wards.

Use of mental health and incapacity legislation

Where patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, copies of the relevant orders could be found in the case notes. We recommend that, where relevant, a copy of the consent to treatment certificate (T2) and/or certificate authorising treatment (T3) is held with the drug kardex. This was the case on ward 4. However, on ward 1 some certificates were either missing or not up to date.

Recommendation 1:

Service managers should ensure that current patients on ward 1 who require a T2 or T3 certificate have one in place, and should arrange for a copy to be held with the drug kardex.

Recommendation 2:

Service managers should put in place a robust system to identify when a T2 or T3 certificate is required to authorise the treatment of a patient.

Where patients were subject to welfare guardianship, we found copies of the guardianship powers granted. We also found examples of completed "Working with the Adults with Incapacity Act" checklists, indicating a good awareness of this legislation.

We found certificates of incapacity under section 47 of the Adults with Incapacity (Scotland) Act 2000 in place on ward 4. On ward 1 we could only find one certificate of this type in place, despite it being apparent that this certification was required for several patients.

Recommendation 3:

Service managers should rectify the situation where some patients on ward 1 who require a section 47 certificate have not had one completed.

Recommendation 4:

Service managers should put in place a robust system to ensure that a section 47 certificate is completed for patients when required.

We found some examples of covert medication being prescribed and were pleased to see the use of the Mental Welfare Commission's covert medication pathway.

Rights and restrictions

The doors to the wards were locked on the day of our visit. Information about the locked door policy was displayed at the doors, explaining the rights of patients and offering further advice to relatives and patients.

We did not find any examples of patients who we felt were subject to unauthorised restrictions.

Activity and occupation

We noted patients engaged in various activities during our visit. Activities had been designed to meet the interests and aptitudes of patients. We witnessed appropriate efforts by those providing activities to encourage patients to participate. We felt that more effort could go into publicising planned activities. This could be done by using a board to display the planned activities for the week ahead.

We saw evidence of input from occupational therapy to patients on the wards. We were also presented with a helpful document outlining the occupational therapy service provided to these wards.

The physical environment

We noted the provision of garden space for these wards by creative development of one of the courtyards opposite ward 1. This was an attractive space for use by patients.

We had concerns about the physical environment on both wards. We felt that ward 1 requires a significant refurbishment to bring the environment up to the standard of other wards. We noted that the courtyard with direct access from ward 1 can still not be used safely by unescorted patients. Another concern on ward 1 was that the main corridor lighting cannot be switched off at night. We heard from staff that the resulting lack of darkness in the dormitories interfered with some patients' sleep.

We thought that ward 4 would benefit from some re-decoration. We heard from staff on this ward that some of the ward beds were nearing the end of their usable life.

Recommendation 5:

Service managers should consider full refurbishment of ward 1 to bring it up to the standard of other wards.

Recommendation 6:

Service managers should request that the hospital estates department urgently rectifies the issue of the lack of control of the corridor lights on ward 1, as this is having a significant impact on some patients.

Summary of recommendations

Recommendation 1:

Service managers should ensure that current patients on ward 1 who require a T2 or T3 certificate have one in place, and should arrange for a copy to be held with the drug kardex.

Recommendation 2:

Service managers should put in place a robust system to identify when a T2 or T3 certificate is required to authorise the treatment of a patient.

Recommendation 3:

Service managers should rectify the situation where some patients on ward 1 who require a S47 certificate have not had one completed.

Recommendation 4:

Service managers should put in place a robust system to ensure that a S47 certificate is completed for patients when required.

Recommendation 5:

Service managers should consider full refurbishment of ward 1 to bring it up to the standard of other wards.

Recommendation 6:

Service managers should request that the hospital estates department urgently rectifies the issue of the lack of control of the corridor lights on ward 1, as this is having a significant impact on some patients.

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 & 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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