Mental Welfare Commission for Scotland

Report on announced visit to: Dumbarton Joint Hospital, Glenarn Ward, Cardross Road, Dumbarton, G82 5JA

Date of visit: 29 March 2016

Where we visited

Glenarn ward is a 12 bedded ward providing care for people with dementia who have continuing behaviour management needs. Admissions are usually from the assessment ward in Vale of Leven Hospital. However, where an individual is known to the service, admission will be accepted directly from nursing homes. There is currently a waiting list of several months for admission. Length of stay in the ward can vary from a few months to in excess of 10 years. We last visited this service on 5 August 2013 and made recommendations that the contact details of proxy decision makers are recorded, and that patient participation in activities be consistently recorded.

On the day of this visit, we wanted to follow up on previous recommendations and look at care planning and use of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Who we met with

We met with eight patients and one guardian.

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

Commission visitors

Mary Hattie, Nursing Officer – visit co-ordinator

Alison Goodwin, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We found comprehensive life histories in all but one of the files of the patients whose care we looked at. This patient had been admitted recently. All the files we looked at had risk assessments and nursing assessments which included information on the patient's abilities and preference, as well as their needs. Care plans were person centred and reviewed regularly.

Suitability for NHS continuing care is reviewed every three months and there is an annual full multidisciplinary review for each patient with good detailed reports prepared by nursing staff.

Physical health care is reviewed regularly.

Where patients were receiving as required medication, details of the reasons for this and the effectiveness of the medication was recorded on an exceptions sheet kept with the Medication Administration Recording Sheet.

Communication

The ward has an information leaflet for relatives and we found evidence in the notes that staff spent time orientating relatives and patients to the ward on admission, providing information about visiting and mealtimes etc. Communication with relatives is clearly recorded in a separate section within the patients file.

We met with one carer who told us they were always made to feel welcome on the ward whenever they visited. They told us that they felt listened to and involved in all decisions and spoke positively about the staff and the care provided.

All the staff we came into contact with were friendly and welcoming and we observed warm and respectful interaction with patients throughout our visit.

Multidisciplinary team (MDT) input

The ward is served by one consultant and a GP visits Monday to Friday. Out with core hours, medical support is provided from the local general hospital. Input from psychology and allied health professionals are available on referral. However there is no dedicated pharmacy input to reviews.

Recommendation 1

Service management should ensure that there is pharmacy input to MDT and medication reviews.

Use of mental health and incapacity legislation

Adults with Incapacity (Scotland) Act 2000

Where patients who were assessed as lacking capacity to consent to their treatment were being treated under part 5 of the Adults with Incapacity (Scotland) Act 2000, s47 certificates and associated treatment plans authorising treatment were on file for all the patients whose care we looked at. The admission sheet, which is where key contact information is recorded, has space for recording next of kin but makes no provision for recording whether there is a Guardian or Power of Attorney, or their contact details. However, in all the files we looked at where there was a proxy decision maker, this was indicated along with their contact details.

Mental Health (Care and Treatment) (Scotland) Act 2003

Two patients were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. Copies of detention paperwork were held within their file. Certificates authorising treatment (T3's) were in place.

Rights and restrictions

The ward has a pleasant and secure garden which can be accessed from the sitting room. Whilst this was not being used at the time of the visit due to the weather conditions, we were told it is used regularly when the weather allows.

There is plenty of seating around the garden and a summer house which is used by some patients throughout the year.

The ward has access to the local advocacy service on a referral basis.

Activity and occupation

The ward has a part time activity co-ordinator who provides three hours of activities, five days a week. All health care assistants have had training in activity provision from the community occupational therapist and provide activity on a one to one or small group basis. The ward benefits from visits by Therapet, and the services of a regular chaplain. There are regular visits from a hairdresser. There are good links with local schools, who visit to assist with the garden and to provide concerts at Christmas. Activities are mainly on a one to one basis and include hand massage, pampering, music, reading, simply chatting, and going for walks in the local area. During our visit, one patient was taken out for a run in the car as they were constantly walking and becoming mildly agitated.

Birthdays and special occasions are celebrated with ward parties.

Doll therapy is used on occasion.

We found participation in activities recorded in the file maintained by the activity co-ordinator and in patient daily notes.

The physical environment

The ward has two en-suite single rooms, one double room and two four-bed dormitory areas. There are separate dining and sitting rooms and a second quiet sitting room. The ward also benefits from having a sensory room, with a range of sensory equipment. Toilets and signage are dementia friendly. The decor is bright and clean, however personalisation of bedrooms and bed areas is limited due to the requirement to adhere to strict hospital acquired infection (HAI) guidance.

There are facilities to allow relatives to stay over when patients are thought to be near to end of life.

Recommendation 2

Managers should review how the HAI guidelines are being implemented within Glenarn, to ensure that this is proportionate and takes account of the need for

stimulation and the comfort of the patients, many of whom remain in the ward for long periods.

Any other comments

Training

Staff within the ward have undergone training in the management of stress and distress, with trained staff participating in the NHS Education Scotland Excellence in Practice module and health care assistants receiving bite size training. All staff have completed the three dementia modules available on learn pro, and some health care assistants have undertaken additional excellence in practice modules. The senior charge nurse has undertaken regular training in palliative care and completed the specialist palliative care in dementia module.

Food

Meals are delivered frozen and prepared in the regeneration kitchen on site. We were told that, for patients who need a textured diet, the choices are limited and meals can be repetitive. Additional snacks, such as sandwiches, cereal and yogurt, are always available within the ward.

Recommendation 3

Managers should review the current catering arrangements and menu choices to ensure that all patients have a varied diet with choices available

Summary of recommendations

1. Service management should ensure that there is pharmacy input to multidisciplinary team and medication reviews

2. Managers should review how the HAI guidelines are being implemented within Glenarn to ensure that this is proportionate. Taking account of the need for stimulation and the comfort of the patients, many of whom remain in the ward for long periods

3. Service management should review current catering arrangements and menus

Good practice

Where patients are receiving as required medication for agitation or distress the care plan states that other non-pharmalogical interventions must be implemented first. The reasons for using medication are recorded on an exception sheet, along with the effectiveness of the medication.

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.

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 patient 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 patient 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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