Mental Welfare Commission for Scotland

Report on unannounced visit to: Banff Ward, Leverndale Hospital, Crookston Road, Glasgow G53 7TU

Date of visit: 2 December 2015

Date sent to service: 18 January 2016

Where we visited

Banff ward is a 20-bedded mixed sex assessment ward for older people with a functional mental illness. When we visited, the ward was running with 21 beds; we were advised that the ward had been running with two additional beds for some weeks, but that plans were in place to return to 20 beds as soon as clinical demand allowed.

There were five patients identified as delayed discharges and the ward had five individuals on the waiting list for admission. The senior charge nurse advised us that there were plans in place to discharge five people and she anticipated that everyone on the waiting list would be admitted within a week.

We last visited this service on 29 January 2015 as part of our themed visit to older people's services and made the following observations:

- Care plans were basic and not person centred
- There was a lack of structured activity within the ward
- The team should reflect on access and welcome for visitors.

On the day of this visit we wanted to follow up on the previous recommendations and also look at:

- How physical healthcare needs are monitored and met
- Visiting arrangements
- Dietary needs and mealtime experience

This is because we had been copied into complaints correspondence that made reference to these issues and we were aware that management had undertaken a review of care as a result of this.

Who we met with

We met with six patients.

We spoke with the senior charge nurse and charge nurse.

Commission visitors

Mary Hattie, Nursing Officer, visit co-ordinator

Dr. Juliet Brock, Medical Officer

What people told us and what we found

Care, treatment, support and participation

Risk assessments are carried out on admission and reviewed weekly thereafter or more frequently where this is required. Whilst care plans are completed and reviewed through the chronological notes, there is still very little personalisation of the care plans. The daily notes and records of multidisciplinary reviews are detailed and contain a great deal of useful information about changes in presentation and treatment. However, this information is not used to update the care plans.

Of the six patients whose care we looked at, only one had a completed 'Getting to know me' form on file.

There is evidence of monitoring of physical health care; observations are recorded at least weekly and where appropriate patients are referred for further investigation.

Malnutrition Universal Screening Tool (MUST) assessments were completed for all patients and weights checked weekly; where appropriate patients are referred to the dietician.

The ward multidisciplinary team has regular input from occupational therapy, physiotherapy and pharmacy, as well as nursing and medical staff. Pharmacy are actively involved, providing advice around medication reviews.

Other disciplines such as dietetics, speech and language therapy and psychology are all available on a referral basis, with speech and language therapy and dietetics responding to referrals within a day or two. We were advised that three patients currently have input from psychology, and there is no difficulty in accessing this service for patients who require it.

Relatives and carers are invited to case reviews and have the opportunity to meet with nursing and medical staff to discuss any concerns out with these meetings.

Recommendation 1

Care plans should be updated regularly and should incorporate new information as it becomes available, reflecting changes in the needs of the patient to ensure the provision of person centred care.

We have made a similar recommendation on previous visits and ask that this is addressed as a matter of urgency.

Use of mental health and incapacity legislation

At the time of our visit there were seven patients subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003.(Mental Health Act) We found that there were forms authorising treatment for the patients we reviewed who required this. Where an individual we reviewed lacked capacity, certificates of incapacity under the Adults with Incapacity (Scotland) Act2000. (S47 certificate)had been completed to authorise treatment.

We found Mental Health Act summary sheets in files. These contained information on the dates when detentions commenced and were due for review and when forms authorising treatment were required and completed.

Where patients were subject to detention, there was a leave planner in their file recording all suspension of detention authorised.

Rights and restrictions

The main ward door is locked; entry and exit is controlled by nursing staff. There is free access to the ward garden from the sitting room area. Patients we spoke with told us they were able to leave the ward by asking staff to open the door.

The ward has recently implemented open visiting from 10.00am until 8.00pm.; visitors are able to use the conservatory, or to take patients out to the hospital cafe if they wish. We were told that this development has been welcomed by visitors and is not creating any difficulties in the ward.

Activity and occupation

The ward has a varied activity programme with input from recreational therapy, occupational therapy, nursing staff, and physiotherapy. Occupational therapy provides group activities twice a week, and undertakes individual assessments and activities outwith this. The recreational therapist provides activities on the ward one afternoon per week. Patients also access the recreational therapy department to participate in activities such as carpet bowls, pool etc., throughout the week. Physiotherapy provides exercise sessions. Nursing staff organise a range of activities, including daily relaxation sessions, quizzes, craft sessions, baking groups etc. There is a record of participation in activities within each patients file and all of the patients we spoke to told us about the activities available.

The physical environment

The ward is bright and clean, with dementia-friendly signage on toilet doors. We heard of plans to introduce individual boards in each bed area which will have

pictures of the patient's named nurse alongside other relevant information. There will be space on this for patients to record information which is important to them.

During our visit we were aware that there was considerable pressure on the available office and interview space for medical staff and visiting professionals due to the demands of a busy admission ward. The ward atmosphere was calm and relaxed. Whilst the main dayroom was quite busy, patients also have access to a large conservatory and the activity room.

There are six single rooms and a number of dormitories. We were told that dormitories normally have four beds and this enables the creation of a small quiet sitting area in each dormitory. However, due to pressure on beds the ward has been running with an additional two beds, which has impacted on the ability to provide this facility.

Despite the poor weather the garden was being used. We were told that whilst smoking cessation advice and support is provided, some patients choose to continue to smoke and do so in the garden. We were also advised that the ward had secured funding to improve the garden area, and that work on this will commence in the spring.

Any other comments

Delayed discharges

We were advised that delayed discharges were an ongoing issue. Difficulties in finding suitable placements to meet the individuals level of needs, funding issues and awaiting guardianship applications were the main causes of delay. Social work are proactively involved in discharge planning.

Boarding out

Half of the patients whose care we looked at had initially been 'boarded out' to other hospitals due to lack of available beds within Banff ward. Two patients commented that this created inconvenience for their families when visiting and they did not like having to move to a new ward with a new care team during their inpatient stay. We are concerned at what appears to be significant pressure on beds which may be impacting negatively on patients' experience of care.

Recommendation 2

Management should report to the Commission on the extent of boarding out within older adult services, and what actions are being taken to reduce the need for this practice.

Food

Several of the patients we spoke with complained about the quality of the food provided, stating it was unappetising. We were told by the senior charge nurse that the menu is on a four-weekly cycle and there were options of sandwiches or light bites such as omelettes as well as the main menu, and that a significant proportion of patients did choose soup and sandwich options instead of the main meal.

Recommendation 3

Management should undertake a review of the meal provision, involving patients in the process, to ensure that the quality and choice offered provides a nutritious and enjoyable experience for patients.

Summary of recommendations

1. Care plans should be updated regularly and should incorporate new information as it becomes available, reflecting changes in the needs of the patient to ensure the provision of person centred care.
2. Management should report to the commission on the extent of boarding out within older adult services, and what actions are being taken to reduce the need for this practice.
3. Management should undertake a review of the meal provision, involving patients in the process, to ensure that the quality and choice offered provides a nutritious and enjoyable experience for patients.

Good practice

Service user involvement

All the patients we spoke to were very positive about the care they received and several told us that nursing staff, although busy, always made time to speak to them.

The senior charge nurse has recently introduced patient involvement meetings. We were shown some of the changes which had been implemented as a result of suggestions made by patients at the first meeting. We were told that, where the suggestions could not be implemented in full, the reasons for this and what action was being taken would be discussed at the next meeting.

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)

11 January 2016

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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