Mental Welfare Commission for Scotland

Report on announced visit to: Rowantree Care Home**,** 10 Rodger Drive**,** Rutherglen**.** G73 3QZ

Date of visit: 1 and 8 July 2016

Where we visited

Rowantree Care Home is located in the Rutherglen area of Glasgow. The provider of the service is BUPA Care Homes. The care home has accommodation for 225 older people. We visited Stonelaw which has beds that are block funded by the NHS for continuing care. Stonelaw is a 28 bedded unit providing care for people with dementia who have continuing behaviour management needs. We also visited Woodburn which is a 10 bedded unit and provides care for older people with enduring mental health issues. We last visited this service on 11th November 2011. We made recommendations regarding care plans, ward activities and issues relating to the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.

Who we met with

We met with and reviewed the care and treatment of 10 residents and met with four carers.

We spoke with the service manager, local manager, unit manager and members of the nursing staff.

Commission visitors

Mary Leroy, Nursing Officer

Moira Healy, Social Work Officer (Stonelaw only)

What people told us and what we found

Care, treatment, support and participation

We found improvements in documentation relating to life histories and in care planning. The life history document 'My day, life, my history' was available in all the files of residents whose care we looked at. Those files also contain care plans and risk assessments. Care plans were person-centred and included information on the individual's abilities and preferences as well as their needs. They are being reviewed on a regular basis. However, the summative evaluation indicating the effectiveness of the intervention being carried out or any changes that were required were not then incorporated into the care plan.

We were pleased to hear that the service is developing the Newcastle model of care; this is an enhanced model of support for people with dementia who experience stress and distress. We were told that the first cohort of training had been delivered to senior members of staff and the plan is that the senior members of staff will cascade the training to the remaining staff group. This model should be effective in the care and treatment of this patient group.

Communication

Carers we met with in Stonelaw told us they were always made to feel welcome whenever they visited. They felt listened to and involved in decisions regarding their relatives. The carers spoke positively about the staff and the care provided. Staff we came in contact with were friendly and welcoming and we observed warm and respectful interactions between patients and staff throughout our visit.

Multidisciplinary team (MDT) input

The MDT in each of the wards consists of a consultant psychiatrist and a GP who visit daily from Monday to Friday. Input from Allied Health Professionals is available on a referral basis. The information from the MDT meeting is well documented.

Use of mental health and incapacity legislation

Adults with Incapacity (Scotland) Act 2000

Our previous recommendation on the use of the guardianship checklist has been introduced but it is being used inconsistently. Managers should use the guardianship checklist within the Commission publication - Working with the Adults with Incapacity (Scotland) Act - Information and guidance for people working in adult care settings for patients file.

Where patients who were assessed as lacking capacity to consent to their treatment were being treated under Part 5 of the Adults with Incapacity Act, s47 certificates and associated treatment plans authorising treatment were on file for all the patients whose care we looked at.

The section in the individuals notes ‘choices and decisions over care’ refers to English mental health and incapacity legislation. This is not relevant for people in Scotland.

Recommendation 1

Managers should ensure documentation, policies and procedures reflect Scottish mental health and incapacity legislation.

Rights and restrictions

The units have two enclosed gardens which have paving decking and seating areas. However the garden area in Stonelaw was not entirely suitable for this group of residents. The ward manager informed us that there were seeking funding and help to improve this area.

The garden area in Woodburn is also enclosed with table and seating areas. The garden looked well-tended to. The gardening group were working in the garden on

the day of our visit. The residents told us that they enjoyed the group, particularly growing plants and vegetables.

Activity and occupation

The service employs activity coordinators to deliver a programme of activities. Stonelaw activity coordinator had recently left employment. We were informed that they have now recruited a new coordinator. Both units have 20 hours a week input from the activity coordinator. In Stonewall, most of the activities were on a one to one basis. In Woodburn, activities were both through group work and one-to-one interaction. The interaction and activity log that we reviewed detailed information of a one-to-one session, but did not specify what activity had occurred. The activity coordinator had given details of the one-to-one session in some of the files. It is important that all the files are fully completed following activity sessions. The development of, and improvements to, the life story documentation is enabling improvements to patient-centred activity planning. There is a minibus and patients enjoy day trips out.

Recommendation 2

Managers should ensure that the interaction and activity log information is completed fully and consistently by all staff.

The physical environment

In Stonelaw, the individual bedrooms and corridor areas were pleasant, well decorated, spacious and personalised. There were also signs and pictures to assist with orientation to the environment. There were memory boxes at each of the bedroom doors, although unfortunately some were not being utilised.

Within Stonelaw, there was an open plan space that consisted of a lounge and dining area. The two areas were poorly defined. Some of the soft furnishing, specifically the chairs, were ripped. The carpet, curtains and blinds were also in a poor state of repair. There was a lack of tables and chairs in the dining room.

In Woodburn, individual bedroom and corridor areas were well decorated, spacious and personalised. The dining and seating areas were also well appointed.

Recommendation 3

Managers should carry out an environmental audit and develop an action plan to address the environmental shortcomings in the lounge and dining areas in Stonelaw.

Summary of recommendations

1. Managers should use documentation, policies and procedures, to ensure they reflect Scottish mental health and incapacity legislation

2. Managers should ensure that the interaction and activity log information is completed fully and consistently by all staff.
3. Managers should carry out an environmental audit and develop an action plan to address the environmental shortcomings in the lounge and dining areas in Stonelaw.

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 The Care Inspectorate

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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