Mental Welfare Commission for Scotland

Report on unannounced visit to: Redwoods Care Home

Old Walled Garden,

Teaninich Estate

Alness

IV17 0XB

Date of visit: 24th August 2016

Where we visited

Redwoods Care Home is a 42 bedroom facility near Alness, 20 miles north of Inverness. We visited the home after discussion with the Care Inspectorate.

There are three distinct units:

- A residential care facility for older adults
- A care facility with full nursing care for older adults, and
- A dementia care unit

We visited the 14 bed dementia care unit, known as Teaninich.

We had not previously visited this service.

Who we met with

We met with and or reviewed the care and treatment of 7 residents. No carers, relatives or friends were available to be seen on the day of this unannounced visit.

We spoke with the manager and nursing and care staff on the unit.

Commission visitors

Kate Fearnley, Executive Director, Engagement and Participation

Tony Jevon, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We found some care plans were well written and evaluated, but others we saw were quite general and lacked personalisation or regular review. For instance, one care plan identified agitation and the need to find what would help the service user keep calm; but after a year, there was no update. Another identified anxiety and the action was to give the service user as required medication. We did not find that as required medication was being over-prescribed, but would want to see evidence that care plans identify alternatives to medication in these circumstances.

One resident's notes recorded her as having 'undiagnosed dementia'. People have a right to a diagnosis, and it is important to ensure that where there are concerns about a person's health these are properly investigated. We raised this with the manager on the day.

The care plans were on a computerised system that was not easily accessible to staff in the unit.

Recommendation 1:

The care home manager should ensure care plans are person centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and care goals. They should include evaluations that clearly indicate the effectiveness of the interventions being carried out and, following regular reviews, any required changes to meet continuing care goals.

Recommendation 2:

The care home manager should ensure that the computerised recording system is easily accessible to staff on the unit.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms

Most records we looked at had an appropriate DNACPR in place. However, we found one DNACPR that had not been signed by a guardian, and another noting no guardian, where we were told there was one. In a third case, there was no DNACPR in the file, but a note in the anticipatory care plan saying there was one.

The Scottish Government produced a revised policy on DNACPR in 2016 (http://www.gov.scot/Resource/0050/00504976.pdf). This makes it clear that where an adult cannot consent and has a guardian or welfare attorney with the relevant powers, the guardian or attorney must participate in any advance decision to give or to not give CPR. Where there is no guardian or attorney for a person who cannot consent to a decision about CPR, it is a requirement to consult with the close family, as well as taking what steps are possible to establish the wishes of the patient. In all cases, this involvement or consultation should be recorded.

Recommendation 3:

The care home manager should audit all DNACPR forms to ensure that, where relevant, all welfare guardians and powers of attorney in particular have been consulted and their opinion recorded.

Use of incapacity legislation

Although the relevant paperwork identifying if a welfare/financial guardian or power of attorney had been granted was available in the care home in many cases, in some notes this was missing or incomplete. We discussed with the manager of the care home that:

- The manager should ensure, when a resident is subject to the Adults with Incapacity Act (AWI), that the legal proxy is asked for a copy of the guardianship order or power of attorney and that this is kept in the resident's personal file.

- A front sheet should be kept in the resident's file clearly identifying welfare and financial proxies and contact details, and where a proxy decision-maker is in place making it clear whether this is a Power of Attorney or Guardian.

- Evidence of discussion with the proxy about how any powers are delegated to staff should be clearly recorded.

- Where a proxy has powers to consent to medical treatment this person must be consulted and their consent sought; the manager must ensure that this process and outcome is clearly recorded.

We suggested customising and using the Commission's checklist for ease of ensuring guardianship details are contained in individual files. The checklist can be found on our website:
http://www.mwcscot.org.uk/media/51918/Working%20with%20the%20Adults%20with%20Incapacity%20Act.pdf

Recommendation 4:

The care home manager should complete a file audit to ensure that, where relevant, copies of welfare guardianship powers and/or powers of attorney certificates are held within all the residents' care files.

Treatment for people who are unable to give or refuse consent

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under Section 47 (S47) of the Adults with Incapacity (Scotland) Act 2000 (the Act) must be completed by a doctor.

Section 47 of the Act authorises medical treatment for people who are unable to give or refuse consent. Under S47 a doctor or other authorised healthcare professional examines the person and issues a certificate of incapacity. The certificate is required by law and provides evidence that treatment complies with the principles of the Act.

We found good evidence that doctors had completed S47 treatment certificates in the care home but could not always find the required treatment plans to accompany these.

Recommendation 5:

The care home manager should ensure:

- Where an individual lacks capacity in relation to decisions about medical treatment S47 certificates *and* treatment plans are completed in accordance with the AWI Code of Practice (3rd ed.), and cover all relevant medical treatment the individual is receiving.

- S47 certificates/treatment plans are filed in a consistent place, with a means to ensure that staff are aware of their existence.

- Treatment plans associated with S47 certificates are held with the medication prescription sheet to ensure that treatment is legally authorised.

Activity and occupation

We found there was a good initiative underway to promote personalisation of activity plans, carried out by the two part-time activities coordinators. They were updating care plans for all residents. However, at the time of our visit the TV in the lounge was on all day even though no-one appeared to be watching it, and much of the interaction between staff and residents was care focussed, with little evidence of time spent in other more therapeutic activities.

Although there is no transport available there was some evidence in individual case notes of imaginative use of funds for outings.

Recommendation 6:

The care home manager should ensure activity care plans are person centred reflecting the individual's preferences alongside activities specific to their care needs.

The physical environment

On the day of our unannounced visit there was a calm, friendly atmosphere. The care home was clean, bright and well maintained. There was good dementia-friendly signage.

There is a very pleasant garden space, which we were told is used. However, it is a wasted opportunity. There is a two-stage security system to open the door, and the staff member then has to ensure that a window placed at head height is closed before it is possible to walk down the ramp safely. The garden area is shared with the whole home and is not enclosed, so residents on the dementia wing have to be accompanied. Staff told us they do take people out in nice weather. There is an opportunity if the funds were available to create an enclosed dementia-friendly garden with a circular walking route and we referred the manager to the Dementia Services Development Centre in Stirling (website http://dementia.stir.ac.uk/) for guidance.

Summary of recommendations

Recommendation 1:

The care home manager should ensure care plans are person centred, containing individualised information, reflecting the care needs of each person and identifying clear interventions and care goals. They should include evaluations that clearly indicate the effectiveness of the interventions being carried out and, following regular reviews, any required changes to meet continuing care goals.

Recommendation 2:

The care home manager should ensure that the computerised recording system is easily accessible to staff on the unit.

Recommendation 3:

The care home manager should audit all DNACPR forms to ensure that, where relevant, all welfare guardians and powers of attorney in particular have been consulted and their opinion recorded.

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Recommendation 6:

The care home manager should ensure activity care plans are person centred reflecting the individual's preferences alongside activities specific to their care needs.

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.

Kate Fearnley
Executive Officer (Engagement and 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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