**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:** Midlothian Community Hospital, Rossbank Ward, 70 Eskbank Road, Bonnyrigg, Midlothian, EH22 3ND

**Date of visit:** 26 May 2016

## Where we visited

Rossbank is a 24-bedded mixed gender admission ward for individuals aged over 65 who are experiencing difficulties with their mental health. There is a mixture of people with a functional illness and people who have a diagnosis of a dementia. The ward takes patients from both East Lothian and Midlothian, which are two separate health and social care partnerships. The ward is based on the ground floor of Midlothian Community Hospital. We last visited the ward on 2 December 2014 as part of our national themed visit programme to NHS functional acute admission units for older people.

On the day of this visit we wanted to ensure that care and treatment were provided under the appropriate legislation, and we wished to follow up on recommendations we made in 2014 which indicated the need to improve consistency and care planning.

## Who we met with

We met with nine patients and a close friend and main carer of one of the patients.

We spoke with the charge nurse, a staff nurse, two health care assistants, an occupational therapist (OT) and an OT assistant.

## Commission visitors

Moira Healy, social work officer and visit coordinator

Margo Fyfe, nursing officer

David Barclay, nursing officer (secondment)

## What people told us and what we found

### Care, treatment, support and participation

The atmosphere on the ward was busy but calm. On the day of the visit there were 22 patients.

There are four consultant psychiatrists attached to the ward - two for East Lothian, two for Midlothian - and two doctors of a more junior grade caring for patients on the ward.

Staff at all levels were knowledgeable about patients, and we were able to observe warm and supportive interactions between staff and patients throughout the day.

There are 3 OTs working in the ward. This equates to a full time OT for East Lothian patients, a full time OT for Midlothian and a part-time OT assistant for both East and Midlothian patients. A physiotherapist is able to attend the ward most days and see patients from both Mid and East Lothian. Speech and language therapy and

dietetics are also clearly involved in patient care where necessary and this is evidenced throughout the notes. The pharmacy input to Midlothian patients is on a weekly basis and the same pharmacist attends ward reviews every fortnight. Pharmacy input for East Lothian patients is on a referral only basis. There is input from a psychologist for two hours per week on a referral basis.

In addition to this professional input we were told the ward also benefits from volunteers who come in to offer a variety of activities such as pampering sessions and a volunteer who brings her dog onto the ward as a Therapet. The Cyrenians, a national charitable organisation who have constructed and maintain an extensive garden in the grounds of Midlothian Community Hospital, are hoping to become more directly involved with patients in Rossbank. The aim is to get patients involved in developing the enclosed garden which is directly accessible from the ward.

**Care plans**

On this visit we found some care plans in relation to mental health and dementia were lacking in detail. As patients are admitted to this ward to have their mental health assessed, we expected that everyone would have care plans relating to their mental health. We did not find this to be the case. These plans should be individualised, containing detailed and specific information relating to interventions that had been recommended for the individual. We would have expected evaluations and reviews to be similarly detailed. Most care plan reviews we looked at lacked this individualised, detailed information.

We were pleased to see a multidisciplinary (MDT) note held within all care files and a ward round template which had been completed each week. This was clear, goal focused and had an action plan for the following week. This template has no attendance list and some were not dated.

All patients we spoke to who were able express an opinion about their care on the ward gave very positive feedback about nursing input. All spoke of having a good understanding of why they were on the ward, what medication they were on and why and where relevant they were fully aware of the discharge plans.

**Recommendation 1**

Charge nurse and manager should review care plans to ensure they are individualised and specific goal orientated. Evaluation should be detailed and inform changes to the care plan.

**Recommendation 2**

Managers should ensure that MDT paperwork includes an attendance list and all be dated.

## Use of mental health and incapacity legislation

At the time of our visit a number of people were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. Legal documentation in relation to detention and consent to treatment was stored electronically but sometimes there was a copy in the paper files and in the medication charts. All consent to treatment certificates (T2s and T3s) were up to date for detained patients however, not all medication charts held a copy next to the patient medication sheets. As this is the legal authorisation for medical treatment, we consider it to be good practice that these T2s and T3s should be copied and placed in the drug prescription sheets charts.

A checklist on the front of the file made it clear if the individual was informal or had been detained. If they were detained, the dates for renewal, T2 and T3 dates were also recorded.

Each person's status, and whether or not a consent to treatment certificate (s47) under the Adults with Incapacity (Scotland) Act 2000 (the Adults with Incapacity Act) was required and was in place, was recorded on the checklist. We found this informative and straightforward checklist to be very helpful.

### Adults with incapacity

We were told that on the day of the visit no one on the ward was subject to welfare guardianship. Looking through one file it was recorded that a family member had a power of attorney in place however documentation in relation to this was not present in the file. Our advice is that the staff should not assume a person has powers in relation to Part 2 of the Adults with Incapacity Act (Powers of Attorney) or Part 6 (Welfare and Financial Guardianship) unless the person appointed can provide documentary evidence. Staff may need further training in this area to ensure they understand the difference between power of attorney and welfare guardianship. This will assist them to understand the importance of asking for relevant paperwork, and the need to record the discussion with a power of attorney or welfare guardian regarding delegation of specific powers. It might also assist patients and relatives who are seeking advice in relation to applying for either a power of attorney or a welfare guardianship. This is also important in relation to do not attempt cardio pulmonary resuscitation (DNACPR) certificates, which when held in patient files, were fully completed.

A number of patients we met and whose files we examined lacked capacity to understand the medical treatment they were being given for physical healthcare. In these situations a s47 certificate and an accompanying treatment plan were in place.

## Activity and occupation

We were pleased to see a varied range of activities available to patients both on and off the ward. The OT's, OT technician and one healthcare assistant we spoke to (who was involved in arts and crafts on the ward) offered a range of activities. The emphasis seems to be to get patients off the ward and when possible involved in activities outside the hospital grounds. This involved walking activities, visits to a local swimming pool, the supermarket and attendance at local community groups. In addition, the Cyrenians garden, which is within the grounds of the hospital, was also seen as a positive place to take patients who did not want to go further afield during their stay. However a number of patients we met told us that there were not enough ward based activities. We suggest that this issue is given further consideration particularly to ensure activities are appropriate and meaningful for all the patients on the ward.

### Recommendation 3

The charge nurse and manager should ensure that individualised person centred activities as well as group activities, are available both on and off the ward for all patients.

## The physical environment

Rossbank Ward has direct access to a safe, spacious and well laid out garden. We were told the Cyrenians were to become involved in a gardening project which, with the involvement of patients, will add colour and sensory experience for the patients within the garden area.

Rossbank Ward has a large lounge/dining area. This open area can be noisy and looks clinical. There was no room divider and patients using the lounge part of this area spent the day sat around the rectangular space looking onto a television screen (which was on throughout our visit). We highlighted that the seating arrangements and the noise from the television promoted an institutional feel to the ward.

### Recommendation 4

The manager and charge nurse should give consideration to reconfiguring the lounge/dining space.

Rearranging the layout of the furniture, providing room dividers and noise absorbing canvases to minimise the noise, would make the space more user friendly.

### Bedrooms

Most patients had single, spacious en-suite bedroom accommodation. However eight patients had to share two x 4-bedded dormitories. These dorms had access to a spacious toilet with a wash hand basin but there were no shower facilities. We were told that there were no communal shower facilities within the ward and patients

either had to have a bath or use a shower in another patient's bedroom. We were also told that one of the bathrooms was never used at all and it could not be used by patients who were independent because the bath required specialist equipment to get in and out.

**Recommendation 5**

Managers should consider looking at reconfiguring the available space to allow patients in dormitories to have improved access to shower facilities.

### Any other comments

It was brought to our attention by some patients, and by some staff, that the patient mix is challenging. Two patients told us that being cared for in a ward with patients with a dementia, who required a higher degree of physical care, and who needed immediate attention, meant that staff often struggled to ensure that their needs were always being met. This echoed the comments made to us in December 2014 by patients with a functional illness who had told us that they felt there were not receiving an adequate level of nursing care due to the needs of other patients.

**Recommendation 6**

Managers should review the patient mix on the ward to ensure nursing care and treatment can be delivered at optimum benefit to the patient group, taking into account the concerns raised by patients.

## Summary of recommendations

1. Charge nurse and manager should review care plans and ensure they are individualised and specific goal orientated. Evaluation should be detailed and inform changes to the care plan.
2. MDT paperwork should include an attendance list and all should be dated.
3. The charge nurse and manager should ensure that individualised person centred activities, as well as group activities are available on and off the ward for all patients.
4. The manager and charge nurse should give consideration to reconfiguring the lounge/dining space. Rearranging the layout of the furniture, providing room dividers and noise absorbing canvases to minimise the noise, would give the space a more homely and domestic feel.
5. Managers should consider looking at reconfiguring the available space to allow patients in dormitories to have improved access to shower facilities.
6. Managers should review the patient mix on the ward to ensure nursing care and treatment can be delivered at optimum benefit to the patient group taking into account the concerns raised by patients

We would like to thank all the staff who gave their time to talk to us and assist us on this unannounced visit.

## 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.

Mike Diamond

Executive Director (social work)

## 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.

**Contact details:**

**The Mental Welfare Commission for Scotland**
**Thistle House**
**91 Haymarket Terrace**
**Edinburgh**
**EH12 5HE**

**telephone: 0131 313 8777**
**e-mail: enquiries@mwcscot.org.uk**
**website: www.mwcscot.org.uk**