**Mental Welfare Commission for Scotland**

**Report on announced visit to:** St John's Hospital, Ward 3, Livingston EH54 6PP

**Date of visit:** 10 March 2016

## Where we visited

Ward 3 is a 12-bedded mixed gender admission ward for individuals aged 65 and over suffering from mental illness including dementia. The ward also has an additional bed for Electro Convulsive Therapy for maintenance treatment. The ward is based in the lower ground floor of a district general hospital. We last visited this service on 7 February 2013 and made recommendations in regard to staffing levels, care plans, the provision of an assessment kitchen and access to outside space.

On the day of this visit we wanted to follow up on the previous recommendations and also look at legal documentation. This is because we want to ensure that all care and treatment is being provided under the appropriate legislation and that paperwork relating to this is accessible to all staff providing care and treatment.

## Who we met with

We met with seven patients and one relative.

We spoke with the service manager, the deputy charge nurse and the senior charge nurse from the older people's acute care and treatment team.

## Commission visitors

Margo Fyfe, Nursing Officer and visit co-ordinator

Moira Healy, Social Work Officer

## What people told us and what we found

### Care, treatment, support and participation

#### Staffing

We were pleased to hear that the ward now has a full complement of nursing staff and that there are always two registered nurses on duty during the day along with health care assistants. This ensures that patients always have access to trained nurses. Included in the nursing staff is a part time activities co-ordinator who works alongside the full time occupational therapist for the ward.

Currently there are four consultant psychiatrists, a psychiatric registrar and junior medical staff caring for patients in the ward.

We were also informed that the ward has quick referral access to psychology, speech and language therapy and physiotherapy.

## Care Plans

When we last visited the ward we raised concerns regarding the lack of detail and person-centeredness in the patient care plans. On this visit we again found the care plans to be lacking in detail. As patients are primarily in the ward to have their mental health assessed and treated we expected that care plans would focus on this. However, in some cases we found physical health care plans to be more prominent. Some of the care plans reviewed were person centred. However, they were trying to address too many areas at once with little effect. We noted that several care plans contained terminology such as 'use of distraction techniques' but there was no description of what these might be for the individual patient. When we looked at care plan reviews we were disappointed to find no indication of progress, no overall evaluation and no link to the weekly multidisciplinary review notes.

We were pleased to see a multidisciplinary review sheet in care files which documented the patient's input to their review along with attendees and care and treatment goals until the next review. These are helpful in following patient progress when used consistently. We urged managers and charge nurses to ensure all staff are fully aware of how to complete the forms correctly and that they are used at all multidisciplinary reviews.

We noted that in care and treatment reviews where discharge has been discussed that there is no detail about what legislation may need to be considered to move someone on to alternative accommodation. We highlighted that this information should be included in the review documentation to ensure clarity for all concerned and to ensure the patient's rights are being taken into consideration.

### Recommendation 1:

Charge Nurses and managers should review care plans to ensure they are goal orientated and based on an assessment of individual needs and risks. Evaluations should inform changes to the care plan in line with multidisciplinary reviews.

### Recommendation 2:

Managers and charge nurses should ensure that all staff are fully aware of how to complete the multidisciplinary review forms correctly and that they are used at all multidisciplinary reviews.

### Recommendation 3:

Medical staff should ensure that in reviews where discharge is being discussed reference to what legislation may need to be considered to move someone on to alternative accommodation is clearly indicated in the review documentation.

## Use of mental health and incapacity legislation

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

At the time of our visit only one patient was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. We found all legal documentation in the care file and noted a helpful checklist at the front of the paperwork detailing type of detention, dates for renewal and other relevant information regarding the detention.

### Adults with Incapacity (Scotland) Act 2000

There were no patients on the ward who were on guardianship or had powers of attorney in place under the Adults with Incapacity (Scotland) Act 2000. Staff were aware of the process of guardianship being undertaken for one patient and confirmed social work engagement.

### Consent to treatment documentation

Several patients had capacity to consent to treatment certificates (s47 certificates) in place where they lacked capacity to consent to care and treatment for physical health issues. Unfortunately the forms lacked detail and there were no supporting treatment plans in place. We urge medical staff to address this situation to ensure all certificates adequately cover care and treatment required for each individual.

**Recommendation 4:**

Medical staff should ensure s47 certificates appropriately cover all relevant care and treatment for individuals.

## Activity and occupation

We were pleased to see a varied group programme of activities available to patients and were told these are carried out by the occupational therapist and activity co-ordinator. It was good to see that participation in activities is clearly documented in the care file. It would be helpful to highlight these to ensure they are easily located in the continuation notes.

As this is a mental health ward with a full-time occupational therapist and an activity co-ordinator in place we would have expected to see individual activity care planning in place. We heard from patients that they do not always feel group activity is helpful for them. We suggested that this issue is given further consideration to ensure activities are appropriate and meaningful to individual patients.

**Recommendation 5:**

Charge Nurses and occupational therapy staff should ensure there is access to individual person centred activity as well as group activity available to patients.

## The physical environment

### Outside space

At the time of our previous visit to the ward we had commented on the lack of access to outside space. There is a courtyard that can be seen but not access from the ward and there is patio space that is accessible but not secure or screened off for privacy from the car park. We had been informed that consideration was being given to altering the patio area for safe patient access. Unfortunately there had been no changes to the situation. However, we were informed that there had recently been funding allocated to make improvements and the service manager is looking at accessing further funding in the near future. We look forward to seeing how improvements have progressed at the time of future visits.

### Assessment kitchen

The assessment kitchen we had made a recommendation about during our last visit has been completed and is in regular use. Patients undergo assessments by the occupational therapist in the kitchen as well as the space being used for group activities such as baking and lunch groups.

## Any other comments

The relatives and all patients we met with expressed their appreciation of the care and support of nursing staff. We also witnessed caring and empathetic interactions between staff and patients during our visit.

It was brought to our attention that some patients struggle with the patient mix on the ward. We heard that the two patient groups, functional mental illness and dementia illnesses have differing needs and that at times staff can be stretched trying to ensure all needs are met. We suggested that managers give further consideration to the patient mix to ensure maximum benefit to all patients.

# Summary of recommendations:

1. Charge Nurses and managers should review care plans to ensure they are goal orientated and based on an assessment of individual needs and risks. Evaluations should inform changes to the care plan in line with multidisciplinary reviews.

2. Managers and charge nurses should ensure that all staff are fully aware of how to complete the multidisciplinary review forms correctly and that they are used at all multidisciplinary reviews.

3. Medical staff should ensure that in reviews where discharge is being discussed reference to what legislation may need to be considered to move someone on to alternative accommodation is clearly indicated in the review documentation.

4. Medical staff should ensure s47 certificates appropriately cover all relevant care and treatment for individuals.

5. Charge Nurses and occupational therapy staff should ensure there is access to individual person centred activity as well as group activity available to patients

## Good practice

We heard about the older people's acute care and treatment team (opact) who are based in the ward along with the care home liaison nurse, the hospital liaison nurse and the dementia care at home liaison nurse. We were impressed by the attention to ensuring all of these staff work closely with ward staff to ensure the patients journey from the community to the ward and discharge runs as smoothly as possible. The opact team work to keep people in their own homes as long as possible avoiding admissions unless absolutely necessary and all staff work to ensure admissions are focussed on recovery and timeous discharge. We saw this joint approach as an example of good practice that could be shared in other areas of service delivery.

## 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)
13 April 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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