Mental Welfare Commission for Scotland

Report on announced visit to: Kingsway Care Centre, Dundee DD2 3BT

Date of visit: 28 September 2016

Where we visited

The Kingsway Care Centre is an old age psychiatry facility in Dundee, with 55 beds in total. There are four wards in the care centre: Ward 1 has 15 beds and is an admission/assessment ward for female patients with dementia; Ward 2 has 12 beds and is a male dementia assessment ward; Ward 3 has 14 beds and is a transitional care ward for male and female patients with dementia; Ward 4 has 14 beds and is an admission/assessment ward for male and female patients with a functional illness.

We last visited this service on 19 August 2014 and made recommendations about recording details about any legal proxy, about medication and about some refurbishment work in the wards.

On the day of this visit we wanted to look generally at how care and treatment was being provided because it had been over two years since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of 13 patients, and we also met four relatives on the visit.

We spoke with the service manager, charge nurse and members of the nursing teams in the four wards, and with one of the activity workers working in the service.

Commission visitors

Ian Cairns, Social Work Officer

Douglas Seath, Nursing Officer

Margaret Christie, Social Work Officer.

What people told us and what we found

Care, treatment, support and participation

Views of patients and relatives

Where we were able to have meaningful conversations with patients, they were positive about care and treatment provided in the wards. The four relatives we spoke to were also positive about the care and treatment provided by nurses and medical staff. They felt communication with the ward teams were good, that they always felt welcome in the wards, and their observations were that staff were helpful, supportive and very understanding in interactions with patients. One relative also told us that they felt their parent had ‘come on leaps and bounds’ during the period they have been in hospital.

Life histories and care plans

Care plans were detailed and personalised, identifying the nature of individual patients needs and in files the effectiveness of interventions was being regularly reviewed and evaluated. We were also pleased to see good individual care plans relating to management of stressed and distressed behaviour.

Life history information was recorded in the files we reviewed, with ‘Getting to know me’ booklets in the files.

Multi-disciplinary input

Some files reviewed had a sheet with details of all the multi-disciplinary assessments completed. This was helpful and could be completed as appropriate for all files. The ward has good multi-disciplinary input from clinical psychology, pharmacy and from speech and language therapy, dietetics, physiotherapy and occupational therapy. Files reviewed contained copies of psychology assessments and providing guidance to staff in managing stressed/distressed behaviour. There was also evidence of good physical health monitoring in the wards, provided by doctors in training posts, supported where appropriate by medicine for the elderly medical staff.

Use of mental health and incapacity legislation

Where individuals were assessed as lacking capacity to consent to their treatment, and were being treated under Part 5 of the Adults with Incapacity Act (AWI), s47 certificates authorising treatment were on file, with appropriate treatment plans.

Where individuals were subject to the Mental Health Act (MHA) paperwork was well maintained. Consent to treatment certificate (T2) or certificate authorising treatment (T3) forms were in place to authorise treatment. One patient, who is now an informal patient but was very recently detained under the MHA, was still prescribed intramuscular medication for agitation.

They had not received any IM medication since their detention was revoked and it was agreed on the day that this prescription would be discontinued.

We saw do not attempt cardiopulmonary resuscitation (DNACPR) forms in files with evidence of the involvement of guardians or attorneys in any advance decision not to give CPR.

We had previously recommended that the hospital should ask any attorney or guardian for a copy of orders granted and were pleased to see that copies of relevant powers of attorney or guardianship orders were on file.

Rights and restrictions

The doors to the wards were locked on the day of our visit. Locked door policies are in place and are reviewed regularly and information about this is contained within information given to relatives and patients on admission. Information about the locked door policy though, is not displayed at the doors of the wards.

Recommendation 1:

Managers should ensure that information about the locked door policy is available and clearly displayed at the ward doors.

Activity and occupation

We noted patients engaged in a range of activities in all the wards during our visit. There are activity workers in each ward and we spoke to the worker in Ward 3, who described a range of the activities she organised and talked about the ideas she brings into her activity planning. The activities provided show that activity workers are bringing a great deal of enthusiasm and creativity to their work, with activities designed to meet the interests and abilities of patients. We saw several good examples of activities which were specifically arranged to build on the interests of individual patients and some of the skills they had retained from things they liked doing in the past. We also saw very good examples of individual patients who now have difficulty participating in group activities being encouraged to participate in one to one activities, again designed around interests identified from the person's life history. Nursing staff in the wards clearly valued activities being arranged, and several relatives commented that they were very pleased to see the imaginative approach being taken in the wards encouraging people to do things.

The physical environment

NHS Tayside is leasing this building, which was designed and built as a care home and not as a hospital. All patients in the centre have single en-suite rooms and there is easy access from the wards to outside spaces.

A number of alternations have already been made to the building both before patients transferred to the Kingsway Care Centre and following a recommendation the Commission made about the physical environment at our last visit.

There are still some issues with the physical environment and in particular nursing staff still find it difficult to observe patients when they are in their rooms. This can mean that nursing staff have to enter rooms during the night when undertaking observations.

Recommendation 2:
Managers should ensure that an environment assessment is undertaken and any necessary refurbishment work is completed as soon as practical.

Summary of recommendations

1. Managers should ensure that information about the locked door policy is available and clearly displayed at the ward doors.
2. Managers should ensure that an environment assessment is undertaken and any necessary refurbishment work is completed as soon as practical.

Good practice

As mentioned above, the provision of activities in the wards in Kingsway Care Centre is very good. The activity workers clearly feel enabled and encouraged to be creative and innovative in planning activities, including those which are delivered on a one to one basis.

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.

Kate Fearnley
Executive Director (Engagement & 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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