Mental Welfare Commission for Scotland

Report on unannounced visit to: Monroe House Hospital, 119 Americanmuir Road, Dundee, DD3 9AG

Date of visit: 10 August 2016

Where we visited

Monroe House is an independent hospital providing assessment and treatment for adults who have a learning disability and complex needs. Monroe House is currently registered for 14 adults and has two units**:** Etive provides intensive support through admission and treatment and Anoach provides support for patients working towards supported living.

The building is on two floors and plans are currently underway to reconfigure the building into two distinct services. The top floor will be registered as an independent hospital which will accommodate 10 patients in seven bedrooms with en-suite provision and three self-contained flats for patients requiring enhanced support and observation. On the ground floor there will be a care home for adults with a learning disability and registered with the Care Inspectorate. The hospital also has an adjacent day facility, Corbett House, which is for people who are in-patients in Monroe House.

The Commission visited Monroe House on 20 August 2015 as part of the national themed visit to patients in hospital learning disability units in Scotland. We found a number of areas of good practice on this visit but said that Monroe House could look at some improvements in relation to care plan documentation and refurbishing the outside garden space. On our last local visit in 2014, we made two recommendations about activity provision and care planning documentation. On the day of this visit we wanted to look generally at how care and treatment was being provided, because it had been two years since our last local visit.

Who we met with

We met with six patients and reviewed their files and also reviewed the files of four other patients who we were not able to talk with.

We spoke with the service manager, with staff nurses and with the speech and language therapist.

Commission visitors

Ian Cairns, Social Work Officer

Douglas Seath, Nursing Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

This was an unannounced visit, which happened to be on a day when a number of meetings were planned, including multidisciplinary team (MDT) reviews and meetings about the plans to re-register part of Monroe House as a care home. Although the unit was very busy we were able to speak to six patients and to observe staff interaction with patients as they provided care and support during the day.

Individual patients we met were positive about the care and support being provided by staff in Monroe House. Several people also said that they were pleased with the refurbishment work which had been completed in the downstairs unit, with new kitchen, lounge and relaxation areas. We also saw staff working in a calm and supportive way with patients throughout the day.

Care planning

Care plans which were reviewed were person centred and comprehensive and we saw clear evidence that the care plans are being reviewed regularly at the MDT meetings. These meetings were well recorded, with clear information about who attended and about specific decisions taken and actions agreed at the meetings. Care and support is also reviewed on a six monthly basis at care programme approach (CPA) meetings and information about these meetings was also well recorded. Detailed reports from members of the MDT involved with an individual patient were prepared for CPA meetings and again tasks and actions agreed at these meetings were clearly documented.

While care plans were detailed and were clearly being reviewed, we did find some issues with the care planning documentation. There was a great deal of information in a number of different files for each patient and this is difficult to follow. Some staff also commented that they felt the documentation was overly complex and time consuming to complete. We also found it was difficult to track the progress individual patients were making and we felt it would be helpful if review meetings, particularly CPA meetings, had summative evaluations of progress, of the effectiveness of interventions, and clearer care and treatment goals. As mentioned above, tasks and agreed actions were being well recorded but we would want to see more information about how these are or will be contributing to towards agreed care goals.

Recommendation 1:

Managers should ensure that the records of review meetings document clearly the progress being made to meet care goals.

Access to specialist services

Patients in Monroe House have access to support from nursing and medical staff within the unit, with GP input commissioned by the provider. There also seems to be very good access to other health professionals who are employed to work within the unit. This includes input from clinical psychology, speech and language therapy, physiotherapy and dietetics, and as mentioned above detailed reports are being prepared for CPA review meetings by all the relevant health professionals working with an individual patient.

Participation

As well as seeing detailed care plans we also saw that detailed communication passports were prepared for individual patients and these were easily accessed. We felt that a considerable effort was being made by staff and particularly by the speech and language therapist, to enhance communication between staff and patients and to enhance participation of patients in decisions about their care and treatment.

The unit has sheets in an easy read format, to be filled in by patients before MDT reviews and before CPA meetings and patients seem to be encouraged and supported to complete these 'My MDT' and 'My CPA' sheets. Unfortunately, the sheets were not always attached to the notes of review meetings in the files, to show how much participation there had been by patients in raising issues to talk about in review meetings.

Recommendation 2:

Managers should ensure that when patients have been supported to complete the 'My MDT' and 'My CPA' sheets, these sheets are filed with the rest of the documentation from review meetings.

Use of mental health & incapacity legislation

The Mental Health Act paperwork was well maintained in individual files. We reviewed a number of medication prescriptions, which all complied with consent to treatment requirements under the Mental Health Act.

Certificates should be completed under s47 of the Adults with Incapacity Act(AWI) where an individual lacks capacity in relation to decisions about medical treatment. S47 certificates were in place when it seemed to be appropriate. A number of patients in Monroe House are subject to Guardianship Orders under AWI and we did see the records indicated that doctors completing s47 certificates had discussed this with the hospital manager, rather than the nominated guardian. In most cases a guardian will have the specific power to consent to medical treatment and guardians should be involved in discussions about the medical treatment a doctor is prescribing.

Recommendation 3:

Managers should ensure that when s47 certificates are being completed, guardians are involved in the process of discussing and giving consent to the proposed treatment.

Rights and restrictions

Patients in Monroe House have good access to independent advocacy services and advocates are supporting patients to complete sheets to help them engage and participate in review meetings.

Activity and occupation

We saw several good examples of individualised activity timetables and of individual patients being supported and encouraged to put information in their own activity timetables. Many activities are taking place on site, in the day activity building which is part of the facility. We saw evidence of people accessing community resources and on the day of our visit a number of patients were going out to do things in the community. We also saw evidence that the activity coordinator is building on the range of activities which people will participate in outwith the unit. We heard for example, about a furniture restoration project in Fife which several patients are going to and one patient was very positive and told us how much they enjoyed this project.

The physical environment

A major programme of refurbishment is currently taking place in Monroe House, due to be completed in September. This is part of the process of reconfiguring the building into two distinct services, creating an independent hospital and a care home.

Almost all the work has been completed downstairs, in the part of the unit which it is proposed will be the care home. Work is still going on in the top floor and currently only three patients are living within this part of the building, with the rest of the floor secured to allow building work to take place safely.

We saw all the facilities in the downstairs unit, with individual bedrooms with en-suite facilities all being completed. Patients in these rooms were involved in choosing their own colour schemes and soft furnishings. Space is also available in the downstairs unit for rehabilitation work, with a kitchen residents will use, comfortable lounges and a relaxation room with multi-sensory equipment. A good garden area is also available from the building and on the day we heard about plans to use this space, putting in raised beds which will allow people to participate in gardening activities.

Summary of recommendations

1. Managers should ensure that the records of review meetings document clearly progress being made to meet care goals.

2. Managers should ensure that when patients have been supported to complete the ‘My MDT’ and ‘My CPA’ sheets, these sheets are filed with the rest of the documentation from review meetings.

3. Managers should ensure that when s47 certificates are being completed, guardians are involved in the process of discussing and giving consent to the proposed treatment.

Good practice

There is a very strong emphasis within Monroe House on developing communication between patients and staff, using talking mats, social stories, various sheets in an easy read format, and comprehensive communication passports. There is significant speech and language therapy input, which is clearly helping to maintain a strong focus on communication and on enabling patients to participate in decisions about their care and treatment.

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 to Healthcare Improvement Scotland.

Kate Fearnley (Executive Director, Engagement & Participation)

6 September 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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