Mental Welfare Commission for Scotland

Report on announced visit to: Stracathro Hospital, Mulberry Unit Brechin, Angus DD9 7QA

Date of visit: 14 January 2016

Where we visited

The Mulberry Unit is an adult acute admission ward with 25 beds and this is a mixed sex ward. We last visited this service on 16 October 2014 and made recommendations about care planning and about participation in care planning processes.

On the day of this visit we wanted to look at care planning and also to look generally at the care and treatment provided in the ward. This is because it had been 15 months since our previous local visit.

Who we met with

We met with seven patients and three relatives during the visit.

We spoke with the service manager and the senior charge nurse. We also met the peer support worker who is based within the unit and, for a short period of time, joined a baking group, speaking to the occupational therapy (OT) assistant and to the patients who were in this group.

Commission visitors

Ian Cairns, Social Work Officer and Co-ordinator

Tony Jevon, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Generally patients commented positively on the care, treatment and support they were receiving in the ward. One person was unhappy being detained in hospital but did recognise that the reason for this was for their own safety. One relative also said that at times they felt the ward had been noisy. People also made a number of positive comments about how staff were helpful and approachable and the interactions between staff and patients we observed during the visit were constructive and encouraging.

We saw good care plans in the file reviews we undertook on the day. Plans were recovery focussed, identifying hopes and aspirations and agreed needs and actions, and there was evidence of evaluation of care plans. Team reviews which we looked at were well recorded and had good descriptions of progress being made in relation to plans of care. The reviews did not always record who had participated in the meetings, but we did see several detailed descriptions in review records of how individual patients had contributed to discussions in the review.

When we spoke to the peer support worker she told us about her role in the ward and she clearly feels staff are positive about her role and encourage her to engage with patients while they are in the ward. She said a part of her role will be to

introduce herself to everyone who is admitted to the unit and offer support to make sure that each individual will participate in care planning procedures during their stay in the unit. It was clear in the care plans we saw that there is a focus on personal outcomes and goals and aspirations, which would suggest that the peer support worker input in the ward is helping to develop a focus on recovery. The care planning documentation does have a section for recording how patients have been involved in treatment choices but unfortunately we saw little or no information in this section of the documentation, which means that the participation of patients in care planning was often not evidenced in the care file.

Recommendation 1

Managers should ensure that patients' participation in care planning and in making treatment choices is evidenced in the electronic records.

Administration of medication

We heard from the service manager at the start of the visit how the Mulberry Unit is one of only six sites in the UK involved in an improvement project, piloting the use of a new tool to improve medication dispensing. The peer support worker also told us about work she has done to make sure that patients' views about medication dispensing have been heard. Changes have been made to medication dispensing procedures because of the baseline data from the new tool and also taking account of the views of individual patients. The Mental Welfare Commission would be interested to receive update information on this particular improvement project when a report is available.

Medical cover over the Christmas holiday period

Two patients told us that they thought there had been problems with input from doctors over the Christmas holiday period. One person said that they had been admitted to the ward just before Christmas and that they had only agreed to come in to hospital then because they understood that they would be assessed fairly quickly by a psychiatrist. This did not happen and the patient felt that they could have remained at home over the Christmas holiday period instead of staying in hospital.

Both patients were positive about the support they received from nursing staff over the holiday period. This issue was discussed with nursing staff during the visit. While we were reassured that general medical cover had been available over the holiday period we were told that there had been an issue with psychiatric cover.. We were told that nurses had passed their concerns about the availability of psychiatric cover to service managers, and that this had been a temporary issue.

Recommendation 2

Managers should ensure that there is an identified responsible medical officer (RMO) when the in-patient consultant psychiatrist is unavailable. This is a legal requirement under the Act for detained patients.

Use of mental health and incapacity legislation

While the Mental Health (Care & Treatment) (Scotland) Act 2003 paperwork was well maintained in files, we did see in one case that a treatment plan had been changed, with as required medication changed to regular medication. A designated medical practitioner (DMP) visit had been requested and we gave advice following the visit to the consultant psychiatrist about what would have been best practice in this particular situation.

Rights and restrictions

The door was locked on the day of the visit because of one patient's clinical needs. Information was clearly displayed explaining why the door was locked and how patients could leave the ward and during the course of the day we saw patients entering and leaving the ward without any difficulty. We also heard from individual patients that there was good advocacy input on the ward and this was confirmed in file reviews.

Activity and occupation

We saw evidence of good activity provision on the ward, with a strong emphasis on encouraging people to be physically active. There are good gym facilities on site which are well used, there are various other physical activities including walking groups and there is good input from the physiotherapy assistant. A range of other activities are provided by nursing and OT staff and in addition to the peer support worker there are two volunteers who come in to the ward to engage with patients. One patient did say that they slept a lot during the day and would like to see more activities provided in the evenings, but overall the level of activity provision seemed good.

The physical environment

The unit is in a new build facility, with good access to outside spaces, and all bedrooms are single en-suite rooms.

One patient did tell us that they had been advised they could bring in their own television for their room but when they brought the television in they were told it was ward policy not to have individual televisions in rooms. The charge nurse confirmed that this was ward policy and explained that this was to try to encourage people not isolate themselves in their rooms. While we appreciate the intention, the policy should be flexible to meet the needs of individuals, respecting individualised care.

Summary of recommendations

1. Managers should ensure that patients' participation in care planning and meeting treatment choices is evidenced in the electronic records.

2. Managers should ensure that there is an identified responsible medical officer (RMO) when the in-patient consultant psychiatrist is unavailable. This is a legal requirement under the Act for detained patients.

Good practice

There are very few peer support workers employed by NHS boards and working within in-patient units. The establishment of a post in the Mulberry Unit is encouraging. Having spoken to the peer support worker on the day of the visit it was clear that she feels her role is valued by patients in the ward and by staff. We heard about specific examples of how the peer support worker is enabling the views of patients to be recorded and heard within the unit.

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.

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