Mental Welfare Commission for Scotland

Report on announced visit to: Balcary Ward (IPCU), Midpark Hospital, Bankhead Road, Dumfries DG1 4TN

Date of visit: 5 March 2018

Where we visited

Balcary ward is a six bedded intensive care unit (IPCU) within Midpark Psychiatric Hospital in Dumfries for both men and women. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCU's generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCU's, have particular skills and experience in caring for acutely ill and often distressed patients.

The unit is part of the purpose built psychiatric hospital. The unit serves all of the Dumfries and Galloway catchment area.

The multidisciplinary staff comprise of psychiatrists and nurses with input on referral from psychology, occupational therapy, dietetics and other disciplines as required. Pharmacy also attend the unit on Monday mornings to attend the weekend handover meeting as well as multidisciplinary meetings.

At the time of our visit there were five patients in the unit. All patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act).

During our last visit to the unit we highlighted that improvements could be made regarding the input of psychology and occupational therapy to the unit as well as streamlining the patient record information.

Who we met with

We met with the service manager, senior nurse, nursing staff and two of the consultant psychiatrists who have input to the unit. None of the patients were well enough to have discussions with us but some did acknowledge us. We took the opportunity to examine records for all patients.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Multidisciplinary input

One of the areas of concern raised at the last visit to the unit was the lack of input from psychology and occupational therapy. We heard that there is now a clinical psychologist working across the inpatient facility along with input from the forensic psychologist when required. The psychologist accepts referrals and will provide direct input to the patients as well as support nursing staff in their engagement with the

patients. We also heard that occupational therapy staff will engage in assessments on referral but do not have dedicated time in the unit. We were assured that both disciplines are responsive to patient needs.

We heard that pharmacy have regular input to the unit attending Monday morning handover meetings and all multidisciplinary meetings. We were told they are vigilant in monitoring of medication prescribing and offer advice at the meetings but we could not find a record of the input from pharmacy. On looking at patient records we noted the regular use of as required medication for some patients. We did not see any note from pharmacy regarding this or recommendations for alternative prescribing such as regular medication rather than as required.

Recommendation 1:

Managers should ensure that pharmacy advice is recorded in unit meeting notes and individual patient records.

Patient Records

At the time of our previous visit, we found that patient records were confusing and between paper files and several electronic systems. We were concerned this may lead to the loss of information and difficulty for staff in locating current information.

On this occasion we found that the records are now between paper files and one electronic system, Clinical Portal. The paper files contain the nursing care plans and physical health check results. The electronic system contains the daily communication notes, legal paperwork and notes from doctors' contacts with the patients as well as any letters regarding the patients. We found the records difficult to navigate and staff struggled to find information we were looking for. We are of the view that staff need to be able to locate information promptly and that legal documentation should be easily accessible to those caring for the patients. We discussed this concern with managers and suggested that there would be benefit in refreshing staff training on the electronic record system and having some instruction on how to navigate the system easily available for everyone using the system.

We also discussed with managers the need to ensure that daily nursing notes are fully documenting the patients' presentation as well as how they spend their day and interact with others. We were pleased to see that the notes are laid out on the Situation Background Assessment and Review (SBAR) format but we thought that this could be expanded to more fully record patient information. Managers agreed that this would be beneficial and will address this with nursing staff. We look forward to seeing changes during future visits.

Recommendation 2:

Managers should ensure all staff are able to navigate the electronic record system easily and that information on how to navigate the system is easily available.

Care Plans

On our last visit we found care plans to be person centred containing good information about individual needs and regularly reviewed. On this occasion we found the majority of care plans had good detail around interventions and evidence of changes to care plans as patients progressed. However, we did find some inconsistency and discussed this with managers. We suggested an audit of the care plans to ensure consistency would be beneficial and ensure patient needs were appropriately addressed throughout the unit.

Recommendation 3:

Managers should carry out an audit of care plans to ensure consistency and that care plans fully meet the patients' needs.

Use of mental health and incapacity legislation

With the assistance of staff we were able to locate detention paperwork for patients in the electronic system. These were up to date.

Consent to treatment forms under the 2003 Act were in place for all patients except one that was due to be put in place. This was brought to the attention of the staff who will alert the consultant psychiatrist that this is now required. We found treatment certificates under the Adults with Incapacity Scotland Act 2000 (the 2000 Act) to be in place as appropriate. Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under Section 47 of the Adults with Incapacity (Scotland) 2000 legislation must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act.

We suggested that all consent to treatment forms be kept in a folder in the treatment room for ease of access by all staff dispensing medication.

We discussed the use of the 2000 Act and the need for staff to have a clear understanding of it. We think that staff would benefit from refresher training on this subject.

Recommendation 4:

Managers should arrange refresher training for staff on the use of and implications of the Adults with Incapacity (Scotland) Act 2000.

Rights and restrictions

As an intensive treatment area the expectation is that the main doors are locked for patient safety. There is a swipe card system in place or staff.

Activity and occupation

Patients are often unable to participate in group activity given their clinical condition and the focus of any activity is on an individual basis and at a pace that the individual patient can manage. There are games, jigsaws, crafting equipment and writing equipment available for patient use. We were told that nurses spend time individually with patients and will participate in activities as patients are able to do so although we did not see any written evidence of activity participation. We discussed the importance of activity in the patients' recovery and the need to record this.

The physical environment

The unit is purpose built with one corridor for bedrooms, a large sitting/dining area and a corridor with rooms for interview, activity and meeting space. Each bedroom has en-suite wet rooms. One bedroom has been adapted to provide a sitting area for a patient who has complex needs and is unable to be with other patients at present.

There is an enclosed garden space but there are large mounds of grass at one end of the grassed area. We are aware one patient had fallen in this area and discussed the need to change the landscaping of the garden for patient safety.

Recommendation 5:

Managers should review the layout of the garden area and ensure work is carried out as indicated.

Any other comments

We discussed the care and treatment of an individual patient and saw how the unit had been adapted to meet the needs of this person and we will write separately to the consultant psychiatrist for further information.

Summary of recommendations

1. Managers should ensure that pharmacy advice is recorded in unit meeting notes and individual patient records.

2. Managers should ensure all staff are able to navigate the electronic record system easily and that information on how to navigate the system is easily available.

3. Managers should carry out an audit of care plans to ensure consistency and that care plans fully meet the patients' needs.

4. Managers should arrange refresher training for staff on the use of and implications of the Adults with Incapacity (Scotland) Act 2000.

5. Managers should review the layout of the garden area and ensure work is carried out as indicated.

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.

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