Mental Welfare Commission for Scotland

Report on unannounced visit to: Cumbrae Lodge Care Home, Jura and Kintyre Units, Castlepark Road, Irvine, KA12 8SZ

Date of visit: 11 September 2018

Where we visited

Cumbrae Lodge Care Home provides nursing home care for 78 older people across six units. Jura and Kintyre Units provide 26 beds contracted by the NHS. We last visited this service on 5 October 2016.

Following this last visit we made recommendations in relation to obtaining legal paperwork in relation to welfare guardianship, power of attorney decision makers, and recording the powers for these proxy decision makers. We also made a recommendation in relation to the necessity to consult a proxy decision maker regarding medical treatment if the proxy had those powers and the need to clearly record those discussions.

On the day of this visit we wanted to follow up on the previous recommendations and also look at care planning and inclusion of meaningful activities.

Who we met with

We met with and/or reviewed the care and treatment of 13 residents. We also met with one relative during our visit.

We spoke with the manager, nurses in charge of each, two activity coordinators, and nursing and support staff.

Commission visitors

Moira Healy, Social Work Officer

Dr Ritchie Scott, Medical Officer

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

When we last visited the care home we found documentation in relation to a person's life history and their personal preferences was well documented in 'my journal' and 'my choices' paperwork held within the care home. We were pleased to see that this documentation remains and is of a high standard. This information was used to inform care planning.

Care plans

Care plans were person centred and involved consultation with relatives where appropriate.

Care plans in relation to triggers and strategies for distressed behaviour were also of a high standard and personalised. These were updated and reviewed on a monthly basis.

Use of mental health and incapacity legislation

During our last visit we made recommendations in relation to the storage of legal documentation and recording the powers proxies had particularly in relation to powers of attorney. Whilst some improvement had been made, it was not consistently recorded in Kintyre Unit.

Recommendation 1:

The managers of Kintyre Unit should carry out an audit of all legal documentation to ensure that the status of the proxy decision maker is clearly highlighted and all legal documentation is contained within the person's file.

When an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults With Incapacity Act (Scotland) 2000 (AWI) must be completed by a doctor. This certificate is required by law and it is evidence that treatment complies with the principles of AWI. We found one certificate which was not completed. We asked the unit manager to address this with the GP straight away. She agreed to do this.

Proxy decision makers did not always appear to have been consulted regarding the powers they held in relation to medical powers on every occasion. Whilst an improvement had been made, this had not been done on a consistent basis and requires attention.

Recommendation 2:

Managers should ensure that, where a proxy has powers in relation to consent to medical treatment, this person must be consulted and the outcome of that discussion clearly recorded.

There were no residents detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 on the day of the visit.

Rights and restrictions

Both units were on a ground floor and had access to their own spacious gardens which we were told was regularly used by residents and staff. The doors for the units used a keypad system for entry and exit. We saw no one attempting to leave the unit, or distressed because they could not open the doors, during the day of the visit.

The Commission has developed “Rights in Mind”. This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at:
https://www.mwcscot.org.uk/media/369925/human_rights_in_mental_health_services.pdf

Activity and occupation

During our visit we spoke with two activity coordinators who spoke of their work within Kintyre and Jura Units. We saw evidence on the day of the visit that some activities within both units were undertaken by healthcare assistants. Activities were well recorded. However, on Kintyre Unit there was a fairly broad view of what an activity was. For example visits from a relative were often recorded as the only activity that person was involved in throughout the week. These activities are not supported by unit staff and closer attention needs to be paid to recording exactly what activities are supported by unit staff.

The physical environment

Jura Unit had a welcoming feel and its bedrooms were homely and personalised. Kintyre Unit cares for men who exhibit more challenging behaviour and was less homely. Creating a homely environment can be challenging in a unit of this nature and steps could be taken to develop a more dementia-friendly environment.

Summary of recommendations

Recommendation 1:

The managers of Kintyre Unit should carry out an audit of all legal documentation to ensure that the status of the proxy decision maker is clearly highlighted and all legal documentation is contained within the person’s file.

Recommendation 2:

Managers should ensure that, where a proxy has powers in relation to consent to medical treatment, this person must be consulted and the outcome of that discussion clearly recorded.

Service response to recommendations

As these recommendations are similar to those following the last visit we would like these to be addressed within one month of receiving this report.

A copy of this report will be sent to the Care Inspectorate.

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.

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