Mental Welfare Commission for Scotland

Report on announced visit to: East Brig, Tweed Road, Galashiels TD1 3EB

Date of visit: 21 February 2017

Where we visited

East Brig is a 12-bedded mixed gender, mental health rehabilitation ward for people under the age of sixty-five. There were eight patients on the day of the visit. Most of the individuals who are admitted to East Brig are known to the community rehabilitation team, which is located in an adjacent building on the same site. We last visited this service on 3 March 2015 and recommend the service review the provision of activities on the ward as a number of patients on that day complained of being bored. In particular we commented on the need to recruit to a vacant occupational therapist (OT) post. We also asked to be updated about future plans to move East Brig to another site, we now understand this move is no longer taking place.

Who we met with

We met with and/or reviewed the care and treatment of all eight patients on the ward that day, and met with two sets of relatives.

We spoke with the senior charge nurse, other nursing staff on the ward and the OT assistant.

Commission visitors

Moira Healy, Social Work Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The atmosphere on the ward on the day of the visit was calm and relaxed. Patients we spoke to spoke highly of the care and support they receive, and one person commented positively on the day of the daily named nurse system which had recently been introduced.

The senior charge nurse advised that the nursing team, which had experienced challenges in relation to long-term sick leave and vacant posts in the last six months, is now almost up to full complement. We were told that an occupational therapist who had been recruited since the last visit, had just left her post and there was therefore a gap in OT provision at the time of the visit. The OT technician advised that she was liaising closely with the two OTs in the rehabilitation team and an OT in the community day resource centre in order to fill the gap left by the vacated post until a new OT was recruited. We were impressed with her energy and commitment to this group of patients and saw the inclusion of OTs from the community in the

provision of occupation for patients who will return directly to the community as a positive step.

Psychological services

We were pleased to hear that clinical psychology input for five sessions a week was still available. This is shared with the community rehabilitation team. A number of patients who we met with, or whose file we reviewed, were receiving psychological support. Reports and assessments written by the psychologist were easy to identify in the notes and gave a clear summary of recommendation of interventions to members of the nursing team.

Multidisciplinary team (MDT) notes were easy to navigate and gave a clear and detailed account of care and treatment provided.

Nursing care plans

Nursing care plans for mental health needs were inconsistent and were often not individualised or as detailed as we would expect to find in a rehabilitation ward. There was very little clear evidence of patient involvement, which was disappointing. Reviews and evaluations were also not of the standard we would expect for this group of patients and were often not meaningfully evaluated.

Some of the care plans covered a number of areas which we thought could be broken down into a number of smaller and more focussed care plans.

Recommendation 1:

Nurse management and senior charge nurse should develop nursing care plans which include more individualised interventions and an evaluation of each intervention when the care plan is reviewed. These should include evidence of the patients' own views of their care goals and aspirations for their care and treatment and rehabilitation.

Use of mental health legislation

In all cases where prescribed medication should be in place for detained patients, this was covered by a consent to treatment certificate (T2) or certificate authorising treatment (T3).

Activity and occupation

Nursing staff, OT (when in post) and the OT assistant provide social and therapeutic activities, and support people on an individualised basis whilst on the ward. Unfortunately, we did not see a separate activity care plan to support this vital part of the patients' rehabilitation.

This is a self-catering ward where patients are given a budget for weekly shopping and the emphasis on budgeting and self-sufficiency was evident on the day and throughout patients' notes.

We appreciate that some patients may be reluctant to become engaged in activities but we consider that an activities care plan evaluating this and maximising patients' engagement in activities needs to be improved. We saw evidence of good liaison with both sets of agencies who facilitate discharge planning while somebody is already on the ward.

Recommendation 2:

The charge nurse, nursing staff and OT staff should prepare a separate activities care plan for patients which should be regularly reviewed and evaluated with the patient.

The physical environment

The ward was in clean decorative order. All bedrooms are single and en-suite. There are two bedrooms downstairs and the remainder are on the first floor. There are two kitchens on the ground floor to facilitate self-catering. All essentials (tea, coffee, bread, milk etc.) are provided by the ward. We clarified on the day that East Brig will not be moving and were advised that a small budget has been set aside to improve some aspects of this ageing building, for example, possibly extending the kitchen space and improving the security windows on bedroom doors.

There are two sitting areas and one recreation room which has a pool table. We were told this room is used regularly by patients and is a source of much enjoyment for many people and visiting professionals who can participate in a game of pool with their clients. Patients have access to their own bedrooms throughout the day.

Ward remit

We were informed that the ward usually only has referrals from the community rehabilitation team and that occasionally a patient may be boarded from Huntlyburn, adult acute admission ward when they are full. However, patients from Huntlyburn would not be referred to the ward unless first taken on by the community rehabilitation team. We discussed with the charge nurse our concerns regarding the remit of this ward which seems to stand alone in the adult psychiatric provision in the Scottish Borders. We were not always clear regarding the admission criteria and the reason for longer admission for some individuals. It would be helpful to have a fuller discussion with managers on the specific remit and referral criteria of the ward. To this end we will arrange this directly with the service managers.

Summary of recommendations

1. Nurse management and senior charge nurse should develop nursing care plans and include more individualised interventions and an evaluation of each intervention when the care plan is reviewed. These should include evidence of the patients' own views of their own goals and aspirations for their care and treatment and rehabilitation.

2. The charge nurse, nursing staff and OT staff should prepare a separate activities care plan for patients which should be regularly reviewed and evaluated with the patient.

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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