Mental Welfare Commission for Scotland

Report on an unannounced visit to: Lindean Ward, Borders General Hospital, Melrose TD6 9DS

Date of visit: 27 October 2016

Where we visited

Lindean ward is a 6-bedded mixed sex ward providing assessment and treatment for older adults with a functional illness. We last visited this ward on 17 November 2014 on a national themed visit programme to NHS functional acute admission wards for older people. Prior to that we conducted an unannounced visit to Lindean and its sister ward Cauldshiels on 7 May 2014.

On the day of this visit, we wanted to follow up the recommendations made following the unannounced local visit on 7 May 2014 where we found activity care planning needed to be further developed and an improvement on the life histories. There were also improvements to be made to the bath and shower area within Lindean.

The response to this visit was more detailed than the national themed visit.

Who we met with

On the day of the visit we met with nursing staff and reviewed the care and treatment of 5 patients. There was no charge nurse available on the day to discuss the visit.

Commission visitors

Moira Healy, Social Work Officer

Mike Diamond, Executive Director (Social Work)

There were five patients on the ward on the day of the visit. One person had a functional mental health problem, three had a diagnosis of dementia, and one person had a medical problem and had been transferred from the general hospital.

We were told that the relatively high percentage of patients with a diagnosis of dementia (and not a functional mental illness) is not unusual, as Lindean often acts as an 'over-spill' ward for Cauldshiels.

What people told us and what we found

Care, treatment, support and participation

Multidisciplinary input – the ward is serviced by two consultants, and a GP visits the ward every week. There is dedicated physiotherapy and speech and language therapy provision. Occupational therapy and psychology are both on a referral only basis. We found multidisciplinary input was evidenced throughout the notes. Physiotherapy in particular was noted to have high prominence for patients within the ward.

Care plans - personalised information and care planning was evident throughout the continuation notes, which carefully detailed all interactions throughout the day, including one to one. However, this was not reflected within the care plans.

Care plans in relation to mental health were not of a consistent standard. The review of these care plans was also variable.

Recommendation 1:

Managers should audit all care plans to ensure they meet a high standard and that they are individualised, person centred and that they are reviewed and updated on a regular basis.

Physical health

We found close attention to physical health care. Most patients' notes we reviewed had complex physical health problems. They had been appropriately referred for further investigations and were receiving treatment appropriate to their needs.

Use of mental health and incapacity legislation

On the day of the visit, two of the five patients were subject to the Mental Health (Care and Treatment) (Scotland) 2003 Act. For one person, who was receiving treatment under the authorisation of a certificate authorising treatment (T3), the legal documentation was not in the nursing or medication folders. The staff nurse was advised of this and agreed to follow this up.

We noted that some patients who were informal were written up for intramuscular (IM) Haloperidol and IM Lorazepam for agitation within the medication files. The medication had not been administered but the routine prescribing of these medications for informal patients should be reconsidered.

Two of the five people we met were referred to as having a power of attorney (PoA) in place, however only one of these people had a set of papers in their file. For the other person, there was no documentation to support their claim to be a PoA. This individual was referred to as financial PoA in one part of the notes and welfare PoA in another.

Recommendation 2:

Managers should ensure that intramuscular "if required" psychotropic medication is not prescribed for informal patients, other than in exceptional individual circumstances.

Recommendation 3:

Managers should also ensure that all staff are aware of and understand the effects of a PoA being in place. Production of copies of the legal paperwork is essential and should then lead to a discussion with the proxy with regard to delegation of these powers. This discussion should then be recorded within the nursing notes.

Activity and occupation

During the last two visits to Lindean, we commented on the wide range of activities available for people within the ward. Unfortunately, this range of activities no longer seems to be available, and on the day of the visit one activity had to be cancelled due to shortage of staff. We were told this was not unusual and that one to one time off the ward has also had to be curtailed. The social fund that was used for therapeutic activities for patients on the ward has also stopped, so the purchase of a daily newspaper, for example, which stimulated discussion and current affair groups is no longer available. Opportunities to get off the ward and go to the hospital shop or walk in the grounds and involvement in other ward based activities are highly valued by patients. The reduction in activities was very disappointing. It was reported to us that a high number of patients were boarding on a regular basis from Cauldshiels which is a dementia ward, so the activities should include activities suitable to this patient group.

Recommendation 4:

Managers should ensure all patients have access to a range of recreational and therapeutic activities to meet their individual needs.

The physical environment

The ward was bright and clean and each person has their own room with ensuite. The environment is suited to the needs of a group of patients with a functional illness, however, as there are regular numbers of patients there with a diagnosis of dementia we found signage to be poor. Patients own bedrooms were not clearly identifiable and the open kitchen and kettle could be seen as a hazard to people with dementia.

The garden for Lindean is accessed via the lounge on the ward. It is safe and secure. However, another garden (usually used by patients in Cauldshiels), which is also safe and secure, was accessed throughout our visit by one patient from Lindean. To access this garden the patient had to walk through a lounge which is no longer in use. This room had three beds stored in it, a clock that was telling the wrong time and an assortment of tables and chairs.

Recommendations in the last report referred to the difficulties of access to the bath and shower. The drainage issues with the shower have been rectified but the bath remains the same i.e the level of the bath is so high that all residents require the use of an ambulift. For some patients this was thought not to be appropriate.

Recommendation 5:

Managers should review the use of the ward, as we do not think it is currently suited to the needs of people with a diagnosis of dementia.

Staff were very helpful on the day and we observed warm and individualised interaction between staff and patients. The atmosphere on the ward was calm and pleasant. For the patients who were able to converse with us, they spoke of feeling safe and commented on the support they had from the nursing staff who were very responsive to their needs.

Summary of recommendations

1. Managers should audit all care plans to ensure they meet a high standard and that they are individualised, person centred and that they are reviewed and updated on a regular basis.

2. Managers should ensure that intramuscular “if required” psychotropic medication is not prescribed for informal patients, other than in exceptional individual circumstances.

3. Managers should also ensure all staff are aware of and understand the effects of a PoA being in place. Production of copies of the legal paperwork is essential and should then lead to a discussion with the proxy with regard to delegation of these powers. This discussion should then be recorded within the nursing notes.

4. Managers should ensure all patients have access to a range of recreational and therapeutic activities to meet their individual needs.

5. The manager should consider an audit of the environment within the ward, as it may not be suited to the needs of people with a diagnosis of dementia.

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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