Mental Welfare Commission for Scotland

Report on announced visit to: Wards 4 and 5, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR

Date of visit: 29 November 2018

Where we visited

Wards 4 and 5 within Forth Valley Royal Hospital are both 20-bed mixed-sex old-age psychiatric admission and assessment wards. Ward 4 provides care and treatment for individuals who have a diagnosis of dementia. Ward 5 offers care and treatment for patients with a functional illness, and earlier stages of dementia.

We last visited this service on 5 December 2017 and made recommendations about care planning, recording of multidisciplinary team (MDT) meetings, meaningful activity within the wards, the development of the garden area, and the involvement of patients and carers in improving the ward environment.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

We met with and/or reviewed the care and treatment of 10 patients, and met with two relatives.

We spoke with the clinical nurse manager, the senior charge nurse, the allied health practitioner (AHP) co-ordinator for the mental health unit, and the interim lead nurse for acute inpatients.

Commission visitors

Yvonne Bennett, Social Work Officer

Margo Fyfe, Nursing Officer

Mike Diamond, Executive Director (Social Work)

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Last year we made a recommendation about the need to develop more person-centred care plans which reflected the needs, treatment, and support provided to individual patients, particularly around supporting patients who were displaying stress and distressed behaviours. On this visit, there was evidence of progress in this area, with some care plans providing detailed descriptions about patients' presentation and interventions required. There was still action required to ensure that the quality of care plans was consistent throughout both wards.

The improved care plans were further informed by completed biographical information recorded on a "getting to know me" document. This highlighted individual likes and preferences, what was important to the individual, and significant people in the

person's life to provide a frame of reference for staff providing care on a day-to-day basis.

We heard on our last visit that there are four consultant psychiatrist posts which provide cover for these ward, and that for some time this cover had been provided in part on a locum basis. This had led to some variation in patient care. There continues to be a vacancy, but there has been a reconfiguration of areas covered by the three substantive posts until a permanent appointment can be secured. The objective of this temporary arrangement is to promote more consistency in patient care. This has been further assisted by the addition of the MDT meeting record to the Care Partner electronic record, which offers more clarity about plans for patient care and treatment.

We saw regular reviews of care plans which reflected progress during the patient's stay in hospital, and took account of complex physical care required.

We saw evidence of involvement of family and carers in the care and treatment of patients, with plans for staff to arrange to meet with family as soon as possible following admission. There was also the opportunity for family and carers to attend the MDT meetings, where appropriate, to contribute to decisions about the patient's care. We heard how this process could be complicated by the involvement of a number of family members or carers, and how staff were keen to promote the nomination of one specific family member to act as conduit for sharing information to extended family in these instances.

Use of mental health and incapacity legislation

During the visit we reviewed records, and found all paperwork required to authorise patients' care and treatment in order. Where there was a power of attorney in place, there was a copy of the order on record, and evidence of appropriate consultation with proxy decision makers in relation to care and treatment.

Consent to treatment certificates (T2s) and certificates authorising treatment (T3s) were in place. Where patients were unable to consent to treatment for physical care, s47 certificates and associated treatment plans were detailed within the patient records.

Rights and restrictions

Ward 4 is a locked environment, which is appropriate to ensure the safety of patients within this setting. During the visit we saw appropriate legal authority for this restriction within patient records.

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/rights-in-mind/

Activity and occupation

On our last visit, we made a recommendation that managers should review activity levels across both wards to ensure that meaningful activity is available to all patients. We were pleased to hear that, since our last visit, three activity co-ordinators have been recruited. There was evidence that patients now have more opportunity to engage in a range of activities, including walking groups, quizzes, board games, Therapet visits, and food tasting sessions.

In addition, we heard that occupational therapy and physiotherapy input to the wards have increased. We saw evidence of the use of Otago exercises, a set of leg-muscle-strengthening and balance-retraining exercises designed specifically to prevent falls.

Patients we spoke to reported that they had a range of activities which they could become involved in, and that these were enjoyable, helped to pass time, and, in some instances, improved their mobility for discharge.

The physical environment

On our last visit, we recommended that managers should prioritise progressing the development of the garden area to offer safe outside space, especially for patients who were experiencing stress and distress. We were pleased to hear that plans had been approved for redesigning the outside space, with work due to commence in January 2019. The redesign has consulted with patients and families, and should offer patients opportunities to leave the ward and enjoy fresh air in a safe and calming environment.

We also heard that there is ongoing work with a leading design company to consider how the clinical environment might be transformed into a more therapeutic and reminiscent space, to improve the quality of life for people living with dementia. We look forward to seeing how this develops.

Within the bathroom areas, we noted that shower facilities were controlled by touch sensors. For patients with a dementia diagnosis this is a difficult concept to understand and operate, and can result in increased dependency. It would be helpful if this could be factored into current ward improvements.

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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