Mental Welfare Commission for Scotland

Report on announced visit to:

Fruin and Katrine Ward, Vale of Leven Hospital, Main Street

Alexandria, G83 0UA

Date of visit: 10 October 2017

Where we visited

Fruin and Katrine wards are mental health assessment and treatment inpatient facilities in West Dunbartonshire for people over 65 years of age. These wards are located on the third floor of Vale of Leven Hospital. Fruin is a 12-bedded facility for patients with dementia and Katrine a six-bedded unit for patients with functional illness.

We last visited this service on 4 March 2014 and made recommendations in relation to consent to treatment and the physical environment.

On the day of this visit we wanted to follow up on the previous recommendations and also look at care planning and activity provision. This is because of a concern raised by a relative of a patient previously.

Who we met with

We met with and or reviewed the care and treatment of nine patients.

We spoke with the senior charge nurse and other members of the nursing team.

Commission visitors

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care and treatment, support and participation

There were detailed admission assessments and risk assessments in the files that informed the care plans. Multidisciplinary team (MDT) reviews were regular and decisions were clearly recorded. Families were invited to participate in reviews**.** Care plans for stress and distress varied significantly in quality with some being very detailed, including triggers and personalised strategies for distraction and de-escalation. We were advised that there is work ongoing to bring all the care plans up to this standard.

Life histories also varied significantly with some being very detailed, including pictures of significant events in the individual's life, while others were absent or contained only minimal information. This is an area which the ward is considering developing further with their community colleagues.

Use of mental health and incapacity legislation

We found that, where there was either a guardianship or power of attorney in place, this was recorded and a copy of the powers were on file.

We had previously made a recommendation relating to the provision of treatment plans to accompany s47 certificates. On this visit we found that there were s47 certificates and treatment plans in place for those individuals who lacked capacity to consent to their treatment.

We found that the Mental Health (Care & Treatment) (Scotland) Act 2003 was being used appropriately and copies of detention paperwork were on file. Where they were required, consent to treatment (T2) and certificate authorising treatment (T3) forms were in place and covered all relevant treatment.

Rights and restrictions

We found evidence of advocacy involvement in several files.

Whilst the door to the wards use keypad entry and exit, there was a locked door policy. Those individuals who were able to leave the ward safely were able to do so with minimal delay.

Where individuals had expressed reluctance to stay, the need for detention under the Mental Health Act had been carefully considered and documented.

The ward was complying with both the letter and principles of the Mental Health Act.

Due to the ward's location on the third floor of a general hospital, patients who are not able to leave the ward without support, have very limited opportunities to get outside, even for a walk in the grounds. The ward does not have access to a secure outside space. If someone is upset or agitated and would benefit from some time out with the ward, this is often not possible for safety reasons as leaving the ward entails either a journey in the lift or a walk down three flights of stairs. This does, for some individuals, cause frustration and distress and contribute to behavioural difficulties. As some individuals have lengthy stays in the ward (up to a year for some) it is important that this is addressed.

Recommendation 1:

Managers should take action to ensure that patients have easy access to a secure garden space and regular opportunities to spend time outside the ward.

Activity and occupation

The ward has input from an occupational therapist and an occupational therapy technician who attend the ward and provide assessment and activities four days a week. There is not a set activity programme, as the activities provided change depending on the needs of the patient group. We found evidence of provision of a variety of group and individual activities such as quizzes, reminiscence work, exercise groups, music groups and craft groups. Patients were also being supported to remain active in their community where this was appropriate, through attendance at church, tea dances and local walking groups.

The physical environment

We had previously made a recommendation about the need to make the ward less clinical. Since our last visit the ward has benefited from input from a local artist who has undertaken work including several murals of local scenes. There is evidence that thought has been given to dementia-friendly design. Each dormitory has been painted a different colour to aid patient orientation. Handrails and doors are brightly coloured and flooring is neutral and uniform. Signage is dementia-friendly. However, within the toilet and shower areas we noted that most of the toilets have co-ordinating white seats. We would suggest that the provision of contrasting toilet seats would improve the environment for those patients with dementia or poor vision.

Recommendation 2:

Managers should replace white toilet seats with contrasting ones to make the toilets more dementia friendly.

Any other comments

We were pleased to hear that the majority of trained staff have undertaken the NES training on managing stress and distress, and that the local practice development nurses are providing this training to the health care assistants.

We were told by staff that the meal choice at lunchtimes is limited, and that on occasion the hot choice at lunchtime is the same as one of the choices the previous evening. The kitchen will only provide additional snacks for patients who have been identified by the dietician as being at risk of malnourishment. There is no provision of additional snack to provide flexibility to meet the needs of patients who, for whatever reason, are unable to eat at the regular mealtime. Therefore should someone miss a meal due to being asleep, distressed, or unwell, all staff can offer later is toast or a biscuit.

Recommendation 3:

Managers should ensure that provision is in place to provide flexibility to meet the nutritional needs of patients.

Summary of recommendations

1. Managers should take action to ensure that patients have easy access to a secure garden space and regular opportunities to spend time outside the ward.

2. Managers should replace white toilet seats with contrasting ones to make the toilets more dementia friendly.

3. Managers should ensure that provision is in place to provide flexibility to meet the nutritional needs of patients.

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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