Mental Welfare Commission for Scotland

Report on announced visit to: Glenarn Ward, Dumbarton Joint Hospital, Cardross Road, Dumbarton G82 5JA

Date of visit: 17 April 2018

Where we visited

Glenarn is a 12-bedded ward providing care for people with dementia who have continuing behaviour management needs. Admissions are usually from the assessment ward in Vale of Leven Hospital. However, admissions can also be accepted directly from care homes when the patient is known to the service. We last visited this service on 29 March 2016 and made recommendations about pharmacy input, catering and the implementation of infection control guidance.

On the day of the visit, we wanted to follow up on the previous recommendations and also look at care planning, activity provision and use of Mental Health and Adults with Incapacity legislation.

Who we met with

We met with and/or reviewed the care and treatment of eight patients and six carers/relatives/friends.

We spoke with the senior charge nurse.

Commission visitors

Mary Hattie, Nursing Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The consultant psychiatrist attends the multidisciplinary team (MDT) meeting fortnightly, the general practitioner (GP) visits the ward Monday to Friday and attends all MDT meetings. GP services are available outwith regular visits via the on-call service. The ward now has input from a pharmacist on a regular basis. Occupational therapy, physiotherapy, psychology, dietetics and speech and language therapy are available on a referral basis.

Case reviews are held on a six-monthly basis and carers are invited to participate in these. We found detailed nursing assessments prepared in preparation for reviews. However, we were unable to find a record of who attended or of decisions made. We were advised that this information should be collated and attached to the nursing assessment, but due to changes in the ward admin service this has not been happening.

Consideration is given on a three-monthly basis as to whether patients still meet the criteria for NHS complex care.

Care plans are person-centred, incorporating life history information, and are reviewed regularly. There are care plans for management of stress and distress, incorporating information on triggers and management strategies. The senior charge nurse spoke in detail about the work undertaken to develop individual behavioural strategies and reduce the need to use 'as required' medication. Chronological notes were detailed and it was clear that staff knew their patients and their families very well and were providing truly person-centred care.

Where we found do not attempt cardio-pulmonary resuscitation forms, these had been completed following consultation with carers or proxy decision makers.

All the carers we spoke to were very positive about the ward team, the quality of care provided and the level of communication from staff.

Recommendation 1:

Managers should ensure that a note of the most recent review is held in the care file.

Use of mental health and incapacity legislation

At the time of our visit, three patients were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003. Certificates authorising treatment (T2 and T3) were in place where required.

We found evidence of capacity assessments on file. Every patient had an s47 certificate and treatment plan in place, authorising their treatment. s47 of the Act authorises medical treatment for people who are unable to give or refuse consent. Under s47, a doctor or other authorised healthcare professional examines the person and issues a certificate of incapacity.

Where patients are subject to welfare guardianship, or have a welfare power of attorney (POA), we would expect to find this information recorded in the contacts on the admission sheet and a copy of the powers on file.

The admission sheet had a section for recording the next of kin and named person, but not for guardian or POA. However staff do record this. Within the files we looked at, where individuals had a guardian or POA we were not always able to find a copy of the powers on file. The senior charge nurse advised us that she was currently working with the ward clerk to ensure documents were filed in the appropriate section.

Recommendation 2:

Managers should ensure that, where a patient has a proxy decision maker, this is clearly identified and a copy of the powers is held in the care file.

Rights and restrictions

The ward door is locked and entry is via a buzzer or keypad system. There is a locked door policy and information on this is available. The door from the sitting room into the secure garden is unlocked when the weather allows, so patients can choose to use the garden when they wish.

Activity and occupation

The ward has a part-time activity co-ordinator who provides activities five days a week. All health care assistants have had training in activity provision from the community occupational therapist and provide activity on a one-to-one or small group basis. Due to the nature of patients' needs most activities are on a one-to-one basis and include hand massage, reminiscence, doll therapy, reading, going for a walk in the garden or to local shops, or simply having a chat. We were told that the regular group singalongs and music sessions prove very popular. Unfortunately the ward has lost its regular therapet service, but a number of visitors bring dogs into the ward. There are good links with the local schools and community.

Activities are recorded in the daily notes and in the activity file maintained by the activity co-ordinator.

The physical environment

The ward has two en-suite single rooms, one double room and two four-bedded dormitory areas. There are separate dining and sitting rooms, a second quiet sitting room and a sensory room with a range of sensory equipment. Toilets and signage were dementia-friendly. There were memory boxes beside each bed containing pictures and items of significance to the individual. The décor was bright and clean and the ward had a warm and friendly atmosphere.

We were very pleased to see that the ward had a dementia-friendly secure garden area and was making good use of this space, with a summer house and brightly painted garden furniture. The garden was well tended as the ward benefits from input from 'Work Connect' volunteer gardeners. We were also advised that the fence will soon be painted in rainbow colours by the Royal Bank of Scotland staff volunteer scheme.

Summary of recommendations

1. Managers should ensure that a note of the most recent review is held in the care file.

2. Managers should ensure that, where a patient has a proxy decision-maker, this is clearly identified and a copy of the powers is held in the care file.

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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