mentalwelfare
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Mental Welfare Commission for Scotland

Report on unannounced visit to: Balmore and Banff Wards, Leverndale Hospital, 510 Crookston Rd, Glasgow, G53 7TU

Date of visit: 28 August 2018

Where we visited

Banff Ward is a 20-bedded mixed-sex assessment ward for older people with a functional mental illness. Balmore Ward is an 18-bedded ward for older people with organic mental illness.

Since we last visited Balmore Ward has been subdivided to provide two self-contained single-sex units with eight beds for women and 10 beds for men and is now a Scottish Dementia Care Improvement Programme test site. Both wards are comprised of a mixture of small dormitories and single rooms. We last visited this service on 2 December and 12 November 2015 respectively, and made recommendations in Banff Ward in relation to care planning and moving patients to other wards. In Balmore Ward we made recommendations in relation to care planning, the provision of activities, use of medication and the management of stress and distress.

On the day of this visit we wanted to follow up on the previous recommendations and also look at the provision of treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the MHA) and the use of the Adults with Incapacity (Scotland) Act 2000.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients.

We spoke with the senior charge nurses and the service manager.

Commission visitors

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

Yvonne Bennett, Social Work Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Within Banff Ward we found that our previous recommendation in relation to care plans had been acted upon. Care plans were person centred with regular thorough evaluations, and risk assessments were reviewed on a regular basis. We found evidence of the involvement of psychology and the violence-reduction team within the care plans of some individuals with particularly complex needs.

"Getting to know me" documentation was not completed for all patients, however as this ward provides care for patients with functional illness this may not be required in all cases.

Within Balmore Ward we were told that the senior charge nurse and two other members of nursing staff had completed training to allow them to train other staff in the use of the Newcastle model for managing stress and distress. All staff were being trained in its use, and psychology provided supervision for this, but an increased input from them would be beneficial. We were also advised that the ward was working towards introducing a further development of this model, called DECREASE. However we were told that the current care plan format in use did not support the model which staff were using. New paperwork will be developed to support the model.

We were told that all staff were trained to skilled level in the NHS Education Scotland excellence in practice in dementia care programme and that two members of staff were trained in the delivery of palliative care. We also heard that since our last visit staffing levels within the ward had increased.

On reviewing care plans within Balmore Ward we did not find any completed “Getting to know me” documentation in the files we reviewed. Care plans were generic with little personalised information, and were static documents. Where new information had been included in evaluations, the care plan had not been updated to incorporate this.

We reviewed the care plans for several patients who were clearly experiencing stress and distress and were receiving ‘as required’ medication for this. The care plans for managing stress and distress were generic, referring to use of distraction techniques, with no information on individual triggers for distress, how this manifested, and what distraction worked for the individual. We found one file where antecedent behaviour and consequences (ABC) charts had been completed, documenting information around the individual’s distressed behaviours, however none of this was incorporated in the care plan for managing this. There was no evidence of the Newcastle model being used in the plans we reviewed.

The concerns relating to care planning highlighted in our previous report have not been addressed within Balmore Ward. This issue will be escalated to senior managers.

We were advised that boarding out of patients to other wards did still happen on occasions; two patients were boarded out at the time of our visit. However this had reduced considerably due to improvements in discharge planning and the earlier involvement of social work in the process.

Recommendation 1:

Managers should ensure that care plans are person centred, contain background and life history information, identify the individual’s needs and preferences, and include summative evaluations that indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

Recommendation 2:

Managers should ensure that care plans for management of stress and distress are person centred containing details of individual triggers for distress, the nature of the behaviours, and information on the strategies to use to distract the individual and defuse the situation.

Use of mental health and incapacity legislation

Within Banff Ward all paperwork was available and where there were proxy decision makers, copies of the powers were held on file.

Within Balmore Ward several of the files we looked at did not have up-to-date information on the patient's current detention status under the MHA recorded on the MHA form, and copies of the detention paperwork were not held within the paper file, although they were available on the EMIS system. We discussed this with the senior charge nurse who advised that since this information was now provided in electronic form, paper copies were no longer routinely sent to the wards.

On reviewing the files it became apparent that, for two patients, although there was a proxy decision maker with powers to consent to medical treatment, the proxies had not been consulted when section 47 certificates (certificate of incapacity) were completed. In one case there was no evidence that the guardian had been consulted prior to a "do not attempt cardio pulmonary resuscitation" form being completed.

Recommendation 3:

Managers should ensure that copies of current detention paperwork are held within the paper care file as this is the file used on a daily basis by the care team.

Recommendation 4:

Managers should ensure that where there is a proxy decision maker, a note of the powers are held within the care file and the proxy is consulted appropriately.

Rights and restrictions

There is good advocacy involvement, and both wards have open visiting. Visitors are actively encouraged to be involved in their loved one's care. The Mental Health Network are facilitating consultation events within Balmore Ward, such as an upcoming garden party to encourage visitors to give feedback about the service and to help inform future developments. Banff Ward has regular patients meetings, where issues can be raised and suggestions for improvements made.

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/media/369925/human_rights_in_mental_health_services.pdf

Activity and occupation

In our last report we made a recommendation relating to the provision of activity within Balmore Ward. On this visit we saw a variety of activities happening during the day, from ball games to pamper sessions. Balmore Ward is also exploring the possibility of purchasing specialist activity equipment for use with their patient group, which we look forward to seeing on our next visit.

Within Banff Ward there was a varied on ward activity programme and some patients access the recreational therapy department.

Both wards have music in hospitals sessions several times a year and involve patients in gardening groups. There is also occasional use of Therapet sessions. We were advised that the service has funding for an occupational therapy assistant post with a focus on activity provision across the two wards, this post has been advertised previously but has proved difficult to fill. It will be re-advertised soon.

Whilst we could see that both wards were providing a range of activities during our visit, there was little evidence of activity participation within the care files we looked at.

Recommendation 5:

Managers should ensure that activity participation and outcome is recorded within patient files.

The physical environment

Both wards have benefited from considerable investment in the outside space and have pleasant safe gardens which are well used by patients and visitors. However both wards have limited storage space resulting in patient equipment, such as hoists and wheelchairs, being stored within patient care areas.

Balmore Ward has been subdivided to provide two discreet single-sex units, resulting in a quieter environment more suited to the needs of the patient group. The ward benefits from good dementia-friendly signage and seating. However additional environmental improvements, such as the provision of contrasting toilet seats and corridor handrails, would further improve the suitability of the environment for the patient group.

Recommendation 6:

Managers should ensure a dementia-specific environmental audit is undertaken within Balmore Ward and the outcome of this acted upon.

Any other comments

Meal provision was an issue during our previous visit and was raised again during patients meetings following the menu changes in June. It was felt by patients and staff that the menu is not varied enough and choice is very limited.

Staff also report that the choices for patients who require a textured diet are very restricted.

Recommendation 7:

Management should undertake a review of the meal provision, involving patients in the process, to ensure that the quality and choice offered provides a nutritious and enjoyable experience for all patients.

Summary of recommendations

1. Managers should ensure that care plans are person centred, contain background and life history information, identify the individual's needs and preferences, and include summative evaluations that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.

2. Managers should ensure that care plans for management of stress and distress are person-centred containing details of individual triggers for distress, the nature of the behaviours which the individual displays, and information on what strategies to use to distract the individual and defuse the situation.

3. Management should ensure that copies of current detention paperwork are held within the paper care file as this is the file used on a daily basis by the care team.

4. Management should ensure that where there is a proxy decision maker a note of the powers are held within the care file and the proxy is consulted appropriately.

5. Management should ensure that activity participation and outcome is recorded within patient files.

6. A dementia-specific environmental audit should be undertaken within Balmore Ward and the outcome of this acted upon.

7. Management should undertake a review of the meal provision, involving patients in the process, to ensure that the quality and choice offered provides a nutritious and enjoyable experience for all 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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