mentalwelfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Brandon and Clyde Wards, Udston Hospital, Farm Road, Burnbank, Hamilton ML3 9LA

Date of visit: 26 July 2018

Where we visited

Clyde Ward is a 23-bedded, mixed-sex admission and assessment ward for patients over the age of 65 with mental illness. Brandon Ward is a 20-bedded, mixed-sex admission and assessment unit for patients over 65 with dementia. At the time of our visit there were 14 patients in Brandon Ward, all of whom were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA). There were 15 patients in Clyde Ward, three of whom were detained under the MHA.

The wards have on-site access to occupational therapy, psychiatrists, and nursing staff, with sessional input from psychology. They have access via referral to dietetics, speech and language therapy, and physiotherapy, as well as advocacy services. There is some pharmacy input on request. There is also a full-time activity coordinator in each ward. Out-of-hours cover is provided by NHS 24 and Hospital at Home for physical health care alongside on-call psychiatrists. We heard that there was good partnership working with the local authority.

We last visited this service on 18 July 2017 and made recommendations around care plan review documentation.

On the day of this visit we wanted to follow up on the previous recommendations and also to look at food on offer to patients, as this had been brought to our attention as being an issue prior to the visit.

Who we met with

We met with and/or reviewed the care and treatment of 14 patients across the wards and two relatives. Patients who were able to speak with us praised staff support.

We spoke with the service manager, the senior charge nurses, psychologists, occupational therapists, and nursing staff. In addition we met with a small group of nursing students.

Commission visitors

Margo Fyfe, Nursing Officer & visit coordinator

Yvonne Bennett, Social Work Officer

Mary Hattie, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Electronic record system

Patient documentation is held on the electronic system MIDIS, with legal documentation held in a paper file. As at the time of our last visit we heard that the

electronic system remains slow and often goes down. This leaves staff frustrated, and has a knock-on effect on direct patient contact time, as this is shortened due to the amount of time spent waiting on the system to load to allow for daily entries to be made. This is an issue often brought to our attention when visiting areas that use this electronic recording system. We are aware the system is being reviewed and remain interested to hear how this is progressed at future visits.

We were able to see good evidence of engagement with families and patients in the daily notes. One-to-one sessions were well written and informative.

Care Plans

We found care plans to be person-centred though we did not see enough information consistently recorded in review entries. To properly see the patient's progress the review entries should describe what has happened since the last review, and whether any change has to be made to the care plan as a result.

Multidisciplinary team input

We were pleased to hear that the new psychology staff have settled into the multidisciplinary team and are working with patients and are supporting staff by providing training and supervision. It was good to hear that psychology and psychiatry meet with families regularly to ensure their input to patient care wherever possible. We also heard about how the occupational therapists and nurses work around fall risks and look forward to hearing how this has progressed at future visits.

It was good to hear that there are no issues in accessing wider professional staff as required.

The safety briefings that take place each morning provide staff with information about all patients on the wards and help in staff deployment where need requires this.

We heard that staff regularly attend the NHS Lanarkshire Care Quality Group and that the senior charge nurses in both wards promote team-working and inclusion across the wards. We are of the view that the leadership in both wards is of a high standard and supportive of junior members of staff.

Recommendation 1:

Managers should introduce care plan review audits to ensure consistency of written information and that patient progress and changes in presentation are documented.

Use of mental health and incapacity legislation

We found one consent to treatment certificate (T2) that needed updated. We discussed this with the senior charge nurse in Brandon Ward who followed this up with the consultant psychiatrist on the day of the visit.

We found all other relevant legal documentation in place in paper files. We are of the view that it is beneficial for consideration to be given to discussing with patients, where appropriate, the issue of welfare proxy decision-makers when capacity is being assessed. We would suggest that this is discussed further at multidisciplinary meetings to ensure patients and families are made aware of the options available to them at an early stage in admission.

Rights and restrictions

The main entry doors to both wards are locked and can be accessed by a card-swipe system. There is signage detailing this is the case and ward information booklets explain the reasons for the locked doors and how entry/egress can be 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/rights-in-mind/

Activity and occupation

We were pleased to see that the full-time activity coordinator for each ward has been maintained. There are a variety of activities on offer both in group format and on an individual basis and activities can be changed to suit the needs of the patients as required. We noted that participation is recorded in a separate activity file for each patient and that group activities on offer each day are noted on a board in the corridor of the wards. We witnessed various small group activities happening in both wards throughout the visit involving patients and nursing staff along with the activities coordinator. We heard that the wards have the use of a minibus for outings and that this has been regularly used during the recent good weather.

Brandon Ward has a sensory room where individual time for relaxation can be facilitated in a calm environment away from the busy communal areas of the ward. We saw the interactive table that the ward is piloting for Stirling University. This table offers patients the ability to interact with projected pictures which react to their touch. It was good to see patients interested in this equipment. Staff are keen for this to become a permanent part of the sensory room.

The physical environment

We were pleased to see that dementia-friendly signage is in place. The space in both wards has been used creatively to ensure patients have areas to sit and engage with each other and their visitors as required.

We were pleased to see that work was beginning on installing more showers in the wards for patient use.

There is a dementia-friendly enclosed garden that the wards share. This is accessed from both wards via doors in the small lounge areas. On the day of our visit the garden had patients using it throughout the day, some accompanied by relatives and some participating in group discussions.

Any other comments

Food

Prior to our visit we had been contacted to raise concerns about the quality of food being offered to patients on the wards. We discussed this with the service manager who will raise this with the catering manager.

Patient clothing

In discussion with relatives we heard that they were generally happy with the care and support offered to their loved ones. However, there has been an issue of clothing going missing and this can be distressing for families.

Recommendation 2:

Managers should look at the replacement of missing clothing and identify how to prevent similar occurrences.

Summary of recommendations

1. Managers should introduce care plan review audits to ensure consistency of written information and that patient progress and changes in presentation are documented.
2. Managers should look at the replacement of missing clothing and identify how to prevent similar occurrences.

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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