Mental Welfare Commission for Scotland

Report on unannounced visit to: Leven, Garry, and Tummel Wards, Murray Royal Hospital, Muirhall Road, Perth, PH2 7BH

Date of visit: 5 September 2018

Where we visited

The Mental Welfare Commission visited Leven, Garry, and Tummel Wards, the old age psychiatry wards in Murray Royal Hospital. Garry, and Tummel Wards are 12-bedded dementia admission units, and are mixed-sex wards. Leven Ward is a 14-bedded functional admissions unit, and is also a mixed-sex ward. All three wards are part of a new-build hospital facility at Murray Royal Hospital.

We last visited this service on 7 June 2017 and made recommendations about care planning and multidisciplinary team (MDT) reviews, about activity provision, and about the replacement of some furnishings. We received a response which indicated that appropriate actions had been or were being taken to address these recommendations.

On the day of this visit we wanted to look generally at the provision of care and treatment in the three wards, because it had been over a year since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients, and also spoke with five relatives.

We spoke with charge nurses and members of the nursing team in the wards during the visit, and also met the consultant psychiatrist, service managers, and charge nurses from the three wards at the end of the visit.

Commission visitors

Ian Cairns, Social Work Officer

Douglas Seath, Nursing Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

While it was difficult to have detailed conversations with many of the patients in Garry and Tummel Wards, because of the progression of their dementia, we spoke to patients in all three wards, and heard positive comments about the care and support provided in the wards. We also met relatives in two wards, and they were complementary about the care and treatment being provided, with several relatives telling us specifically that they felt medical and nursing staff made sure that they were very involved in decisions about care and treatment. During the time we spent in the wards we also observed warm and caring interactions between staff and patients.

Care planning

The care plans we reviewed were variable. They were generally person centred, and some of the care plans were very detailed, with good information about specific interventions to meet needs. Other care plans were more generic, and we did see in Tummel Ward that a few individual files did not have care planning information.

The MDT meetings were well documented. We saw examples of nursing reports being completed before MDT reviews, to assist discussion at the reviews, and we felt that this was a useful way to focus discussions at reviews. We also saw that there is pharmacy input to reviews, which again we feel will be very useful. We also saw input from other professionals in the care planning process. We saw individual files where the psychologist is participating in formulation discussions, which involve using a structured framework for describing an individual patient's needs, any precipitating factors contributing to needs, and interventions to meet needs. We also heard how nursing staff in the wards value these formulation discussions.

Recommendation 1:

Mangers should ensure that there are regular audits of care plans in individual patient files.

Treatment support and participation

We saw Getting to Know Me forms in files, and some of these forms were well completed, with rich and detailed information to help staff understand more about that individual patient. These documents, which record a patient's likes, dislikes, and preferences, and information about their background, help ward staff provide more person-centred care during the hospital admission. We did see some forms had not been completed, or had very limited information, but we are aware that staff are depending on family members providing this information, and we heard that staff do encourage relatives to complete the forms.

We saw that very good attention was paid to physical healthcare needs across all three wards. We heard about the good links with general medical services based at Perth Royal Infirmary (PRI), and about the regular visits a general medical consultant from PRI was now making to the old-age psychiatry wards, where they will review individual patients as necessary. This seems to the Commission to be very positive, and comments from nursing staff indicated that they found this input invaluable.

Use of mental health and incapacity legislation

Paperwork in relation to patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 continued to be up to date and easy to locate within files in the wards. The majority of forms to authorise treatment where a patient is

detained under the Mental Health Act were in place, although we found that in two cases a visit by a designated medical practitioner (DMP) should have been requested earlier from the Commission. The DMP will make decisions about prescribed medication for mental health conditions that patients who are detained take for more than two months, when they do not agree to have this treatment, or are not able to consent. These cases were discussed with the psychiatrist during the visit.

Where a patient lacks capacity in relation to decisions about other medical treatments a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 legislation must be completed by a doctor. We saw section 47 certificates in place where these seemed to be appropriate. S47 certificates are expected to have treatment plans accompanying them, covering all the relevant medical treatment the individual patient is receiving. Some of the s47 certificates we saw had detailed treatment plans, but some did not have information about the specific conditions for which treatment was being provided.

Recommendation 2:

Managers should ensure that doctors completing section 47 certificates also record information about conditions for which treatment is being prescribed.

A number of patients in the wards had a welfare proxy in place, either because they had granted powers of attorney in the past or because a guardianship order had been granted. We saw copies of orders in files, and it was clear that staff are asking relatives to provide copies of orders when they were attorneys or guardians.

Rights and restrictions

Patients in the wards seemed to have good access to independent advocacy services. The three wards were spacious, with patients having free access to outside areas, with good well-kept garden spaces.

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

There was some external activity input into the wards from the voluntary sector, with visits from Therapet and from Elderflowers, a singing group. There is no dedicated activity co-ordinator post within the service, and we heard that there had been an

occupational therapy support worker attached to the service previously, who had responsibility for organising activities, but that this post had now gone.

There were ward activity schedules, but activities have to be organised by nurses in the wards. We heard that it would often be difficult for nurses to set time aside to engage patients in activities. This was because meeting clinical care needs in the wards had to be the priority, and many patients in the three wards have complex physical and mental health care needs. Patients may also have to be taken to the local general hospital for investigations or treatment, when they will have to be escorted by nurses, which again may mean that planned activities would not happen.

While a number of patients in the three wards did not feel able to engage in activities the Commission feels that the provision of meaningful activities is an important part of the care and treatment within old-age psychiatry wards. We also heard that staff would want to be able to provide more meaningful activities.

Recommendation 3:

Managers should audit the provision of activities in the three wards and look at options for enhancing activity provision.

The physical environment

All three wards were bright, spacious and clean, with lots of natural light and good access to an outside space and fresh air. On previous visits we had been told about the work being done to produce artwork to be displayed in the wards, and we saw completed artwork, including stencils and murals, which make areas in the wards less clinical feeling.

We felt that dementia-friendly signage could be improved, as the signage which had been put up was limited.

Recommendation 4:

Managers should complete environmental assessments in the wards, looking specifically at signage and how this can be improved.

Summary of recommendations

1. Mangers should ensure that there are regular audits of care plans in individual patient files.

2. Managers should ensure that doctors completing section 47 certificates also record information about conditions for which treatment is being prescribed.

3. Managers should audit the provision of activities in the three wards and look at options for enhancing activity provision.

4. Managers should complete environmental assessments in the wards, looking specifically at signage and how this can be improved.

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 Healthcare Improvement Scotland.

Alison Thomson, Executive Director (Nursing)

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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