

Mental Welfare Commission for Scotland

Report on announced visit to: Cumbernauld Care Home,
Abbotsford Road, Cumbernauld G67 4BW

Date of visit: 14 June 2018

Where we visited

Cumbernauld Care Home is a purpose built home owned by the Four Seasons Care Group providing nursing care for older people with a dementia diagnosis and associated distressed behaviours. The home is registered for 52 residents in en-suite accommodation. All of the beds within the home are funded by NHS Lanarkshire.

At the time of our visit there were 15 residents. We heard that managers have been in contact with NHS Lanarkshire regarding the current occupancy levels and that there are plans to increase referrals in the near future.

There are activity co-ordinators on site who provide a variety of activities on a group and one-to-one basis for residents. The home has a mix of mental health and general health trained nurses, along with support staff. They have a key worker system in place to ensure continuity of care for residents and contact with families. An NHS consultant psychiatrist visits the home weekly to review residents' treatment and ongoing care.

We chose to visit on this occasion as all residents have a dementia diagnosis and there are some residents being cared for on guardianship under the Adults with Incapacity (Scotland) Act 2000 (AWI Act). We had not visited the home on a local visit in some time, and we wanted to see if recommendations made on our last visit had been addressed. We last visited this service on 1 July 2015 and made recommendations around filing of legal documentation.

Who we met with

We met with and/or reviewed the care and treatment of seven residents. We also spoke with the assistant service manager, a charge nurse and activity staff.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

When we last visited the care home, we found the documentation in patient files to be of a high standard in general. We were pleased to see that this remains the case. We found clear notes following visits by professional staff which highlighted the regular input from GPs, psychiatry and pharmacy. It was good to see that other disciplines attend on referral.

We saw clear evidence of medication reviews and noted that, where medication changes were indicated, these were appropriately detailed in care plans.

Continuation notes were descriptive of individuals' days and their engagement with staff and others. It was good to see that relatives are informed of care plans and encouraged to contribute where possible.

Care Plans

The care plans examined were of a high standard. They were person centred and reflected the individual's care needs. We found detailed life histories that were reflected in the care plans.

We were particularly pleased to see the detail in the stress and distressed care plans. Although these were regularly reviewed, we found some inconsistency in how interventions were recorded. This was apparent where distraction techniques were being utilised to de-escalate an individual's distress. On discussion with the assistant manager, we recommended an audit of the care plan reviews to ensure all interventions are appropriately described and that the phrase 'use distraction techniques' is not the only detail given to describe an intervention.

Recommendation 1:

Managers should carry out an audit of care plan reviews to ensure consistency of descriptions of interventions.

Use of mental health and incapacity legislation

During our last visit we had made a recommendation around the storing of legal documentation. On this visit, we found all legal documentation around guardianship and powers of attorney were in place, filed in the residents' care folders. We also saw the checklist from the Commission being used to identify what powers are in place.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under s47 of the AWI Act must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the AWI Act. We found certificates and attached treatment plans in place.

No residents were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Rights and restrictions

Where there were assisted technologies or bedrails being used for patient safety there were care plans in place and these are regularly reviewed.

The home is over two floors and the unit doors are keypad entry/exit. This information is given to families when admission is being considered. We saw no-one attempting to leave the unit or distressed that they could not open a door during our visit.

There is garden space that is regularly used by the residents and staff. This can be accessed from the ground floor.

The Commission have 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

During our visit, we saw activity staff engaging with small groups of residents and support staff engaging in one-to-one activity with residents. Some staff had also taken a resident for an outing.

There is a clear note displayed on the bulletin boards of the activities available to residents each day. The activities are varied and occur on a group and one-to-one basis dependant on residents' needs. There are also several community links and organisations that come into the units to provide social evenings and therapeutic interactions.

There is a 'Snoezelan' room that staff regularly use with individuals for relaxation and to de-escalate distress.

We found activities to be well recorded.

The physical environment

The care home is comfortably furnished and homely. Residents' rooms are personalised by family. The dementia signage is clear and corridors have been decorated and named for ease of orientation.

Along the corridor walls there are plenty of tactile objects offering different textures for residents to touch and sounds. We also saw rummage boxes and reminiscence materials in the lounge areas.

As at our last visit, we commend the attention to detail ensuring the environment is dementia friendly. We would encourage other areas to talk to the home managers when considering how to achieve a dementia friendly environment.

Summary of recommendations

1. Managers should carry out an audit of care plan reviews to ensure consistency of descriptions of interventions.

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 The Care Inspectorate.

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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