



Mental Welfare Commission for Scotland

Report on announced visit to: Rossbank Ward, Midlothian Community Hospital, 70 Eskbank Road, Bonnyrigg, Midlothian EH22 3ND

Date of visit: 2 May 2017

Where we visited

Rosbank Ward was last visited on 26 May 2016. Recommendations were made in relation to the need for more person-centred care plans, multi-disciplinary team paperwork, improvement in activities, the environment (in particular the lounge/dining area and access to showers for people who were in the dormitories) and the patient mix.

Rosbank is a twenty-four bedded mixed sex ward providing assessment and treatment for people over the age of sixty-five with a diagnosis of a functional illness and a dementia. It takes patients from East Lothian and Midlothian. There were twenty-one patients on the day of the visit. It is based in the Midlothian Community Hospital site.

On the day of the visit we wished to follow up on the previous recommendations.

Who we met with

On the day of the visit we met with the senior charge nurse, nursing staff, the activities co-ordinator, one relative and eight patients.

Commission visitors

Moira Healy, Social Work Officer and Visit Co-ordinator

David Barclay, Nursing Officer secondee.

What people told us and what we found

Care, treatment, support and participation

Multi-Disciplinary Team (MDT) input: there was evidence of close involvement from all allied healthcare professionals throughout the notes, within the MDT records and within the continuous care notes which were of a high standard generally. There were five in-patient consultant psychiatrists working within Rosbank and one out-patient consultant who refers patients onto the ward. We were told that this can be time consuming for nursing staff but the system generally works well. There are two occupational therapists (one full-time and one part-time) and one OT assistant. Physiotherapy, speech and language therapy, dietetics and psychology are all on a referral only basis. There is pharmacy input to the ward from both East Lothian and Midlothian pharmacists.

Care plans

The standard of care plans had improved considerably since our visit last year. There was evidence of a person-centred, individualised approach to care plans in relation to mental health. They were reviewed regularly and meaningfully on a weekly basis. They were also rewritten and updated when necessary. A further improvement could be made to these, would be that one to one time which is recommended as part of the care plan, should be highlighted within the notes as having happened. This interaction would then be easy to identify and evaluate when the care plan was reviewed. In addition to this, referring to 'distraction techniques' for an individual who may be experiencing distress is not helpful unless it is supported by specific interventions that might be helpful for that individual. In this way their effectiveness can be reviewed.

Use of mental health legislation

On the day of the visits six of the patients on the ward were subject to the Mental Health (Care & Treatment) (Scotland) Act 2003. All patients who were detained were receiving treatment in accordance with the Act. Consent to treatment certificates (T2) and certificates authorising treatments (T3) were present in the medical files where relevant.

Use of incapacity legislation

Section 47 certificates and treatment plans were in place and were individualised. One patient had a power of attorney and all legal paperwork was in place in relation to this.

Activities

We were pleased to see and hear of a wide variety of activities happening within Rossbank. The appointment of a dedicated whole time equivalent activities co-ordinator has made a significant difference and a very important contribution to the experience of patients whilst on the ward.

The physical environment

The ward was clean, spacious and maintained to a high standard. During the last visit we recommended that the manager and charge nurse should consider reconfiguring the lounge and day space. This has been done, creating a much more homely environment. The use of pictures and soft furnishings add to the domestic feel of the environment. A new shower has also been installed since the last visit to allow patients within the dorms to have improved access to shower facilities. This has made a significant difference to their dignity, and they no longer have to use the showers of those patients who have en-suite facilities in their rooms.

Unfortunately one patient commented on the noise from the ward next door. The adjoining doors seem to be causing a particular problem and we would like to see this being addressed.

There is direct access to a garden that is pleasant and well laid out. The view was being enjoyed from the inside looking out by several patients on the day.

Any other comments

The mix of patients with both a functional illness and a diagnosis of a dementia remains. The managers are aware of this and try to do their best to provide appropriate activities for individual patients. The introduction of a full time activity co-ordinator has helped with this.

Staff were helpful on the day on this very busy ward which has a mix of patients. Most patients appeared at some point in the day to be engaged in meaningful activities. There was a calm atmosphere and patients looked well cared for and content.

We were pleased to see an improvement in the introduction of a designated activity co-ordinator role. Patients who are here in this mixed environment are given a wide range of activities in accordance with their needs and interests

Summary of recommendations

There are no recommendations following this visit.

A copy of this report will be sent for information to 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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