

Mental Welfare Commission for Scotland

Report on announced visit to:

Ettrick & Nithsdale wards, Midpark Hospital, Bankhead Road,
Dumfries, DG1 4TN

Date of visit: 19 October 2017

Where we visited

Ettrick Ward comprises 19 ensuite bedrooms and is designated as an adult acute admission ward for both male and female patients. The ward takes admissions from all sectors of NHS Dumfries & Galloway, with care primarily managed by two consultant psychiatrists. On the day of our visit there were 14 patients on the ward.

Nithsdale ward comprises 15 en-suite bedrooms and is designated as an older adults acute admission ward. However the ward also accepts patients with age related needs and day patients for electroconvulsive therapy (ECT) treatment. This ward also takes admission from across NHS Dumfries & Galloway, with care currently primarily managed by two consultant psychiatrists. At the time of our visit the ward had six patients, all of whom were over 65 years old.

We were pleased to see that the wards have good access to wider multidisciplinary input to care and treatment. As well as nursing and psychiatry there is dedicated time from psychology and occupational therapy. In Nithsdale physiotherapy and dietetics input can be accessed readily as required. We heard that all other allied health professional input is easily accessed via referral. We also heard that there is good access to physical health care as required via the general hospital.

We last visited this service on 10 June 2015. There were no recommendations made.

On the day of this visit we chose to look at nursing care plans, care records, activities and information provided to patients on admission, along with inclusion of relatives/carers.

Who we met with

We met with and/or reviewed the care and treatment of 12 patients, five from Nithsdale Ward and seven from Ettrick Ward and spoke with five carers/relatives/friends.

We spoke with the senior charge nurse of Nithsdale Ward and the charge nurse from Ettrick ward, and one of the clinical psychologists.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Paul Noyes, Social Work Officer

Yvonne Bennett, Social Work Officer

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

Nursing Care Plans

We found the nursing care plans viewed to be person centred and regularly reviewed. There were clear links to the multidisciplinary team meetings (MDT) that are held weekly. It was good to see that individuals and carers are asked their views and that these are reflected in the MDT forms. We found inconsistency on the MDT forms as there was not a regular note of attendees at these meetings.

Records

Both wards have moved to using an electronic record system where all daily notes are recorded. Any letters and legal documentation are scanned into the records. They also continue to have a paper folder in use but there do not appear to be any issues in having both systems working together. The nursing notes are laid out in the format suggested by the Situation Background Assessment Recommendation (SBAR) model from the Scottish Patient Safety Programme. We found notes to be clear and informative.

Unfortunately we had difficulty finding an advance statement that the electronic system flagged up as existing. Where there is an advance statement in place then this should be easily accessible to all staff.

Risk

It was good to see that risk assessments were completed and regularly reviewed. The records viewed appropriately identified risk for the individual, and the management plan of any identified risk was clear.

Recommendations:

1. Managers should ensure that staff detail on multidisciplinary review forms a clear note of attendees.
2. Managers should ensure that advance statements are identified and easily located in the electronic record system for use of all staff.

Use of mental health and incapacity legislation

Where an individual was detained, legal documentation was held in the paper care file as well as being scanned onto the electronic record. Where consent to treatment documentation was required this was also held in the paper file.

Rights and restrictions

The wards had card entry but could be directly exited by all patients and staff. There were male and female corridors in the wards and there were female only sitting rooms.

We saw information around regarding rights, and patients were asked to read and sign a form telling them of their rights. This form is then held in the paper care file. It was good to see the information booklets given to patients and their carers on admission. These were informative, giving detail of how admissions should progress.

We were particularly pleased to hear that patients are given an estimated date of discharge within 72 hours of admission. This assists in care planning and goal setting with individuals and their families. We were advised that the length of patient stay had reduced by approximately 40%.

Activity and occupation

Activities are available to patients seven days per week. Nursing staff encourage patients to decide what activities they want throughout the coming week. Activities on the whole are person-centred and tend to be more on a one to one basis due to the stage of illness patients are in. Occupational therapists and physiotherapists also provide activity where appropriate.

We were told about the psychology input to the ward to provide therapeutic activity for patients and to support nursing staff in delivering therapeutic input to care. It was particularly interesting to hear that psychology input can be flexible and allow ongoing work from an inpatient stay to continue in the community. We heard that this, where possible, will happen without a change of psychologist.

The physical environment

The wards sit within a purpose built hospital environment. The wards are bright and welcoming with homely touches in interview and communal areas. Patients are encouraged to personalise their rooms. The wards are quiet and conducive to their recovery focus.

It was good to see laundry rooms for patient use. It was pointed out that in the laundry room on Ettrick Ward there is no window, which meant that the door opened into the corridor without people being aware if there was anyone standing near the door. We suggest that consideration be given to putting a window in the door for safety of all patients and staff.

There is good access from both wards to garden space.

Patients who met with told us they appreciated having a pantry area where they could access warm drinks when they wished.

The only issue we came across in relation to the environment was the mess left in the garden by smokers in Etrick Ward. This seems unacceptable for the rest of the patient group in the ward. We recommend that managers address the cleaning of this area and encourage patients not to litter in the area.

Recommendation:

3. Managers should address the mess left by smokers in the garden of Etrick Ward to ensure this is cleaned and that patients are encouraged not to litter the area.

Any other comments

In general, patients and carers we met with were complimentary about staff care and support. Carers told us they felt involved in care and were able to ensure staff were aware of their views.

All medication prescribing and dispensing is done via the electronic medication system. We note the general view from charge nurses that this helps mitigate medication errors. It is good to note that pharmacy are regularly in the wards and monitor the use of the system.

We were pleased to see the ward continuing work on patient rights that was started when they were a test site for the Commission's Rights in Mind work.

Summary of recommendations

1. Managers should ensure that staff detail on multidisciplinary review forms a clear note of attendees.
2. Managers should ensure that advance statements are identified and easily located in the electronic record system for use of all staff.
3. Managers should address the mess left by smokers in the garden of Etrick Ward to ensure this is cleaned and that patients are encouraged not to litter the area.

Good practice

We heard that Nithsdale Ward use the triangle of care model of working which ensures carer participation. They also endeavour to link carers to specific supports for themselves.

It was good to note flexibility around visiting for carers, as many have to travel considerable distances to visit patients on the wards.

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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