



Mental Welfare Commission for Scotland

Report on announced visit to:

Murdostoun Brain Injury Rehabilitation and Neurological Care
Centre, Bonkle, Newmains, Wishaw, ML2 9BY

Date of visit: 18 September 2017

Where we visited

The service comprises two distinct units, located in the grounds of Murdostoun Castle:

The Brain Injury Rehabilitation Unit, which is registered as a hospital, can accommodate 21 patients. This unit provides intense rehabilitation for patients in the post-acute phase following a brain injury. This unit has 20 bedrooms, seven of which are ensuite, and one self-contained flat.

The Neurological Care Centre is a 24 bed nursing home, providing slow stream rehab and continuing care for individuals with a brain injury and complex care needs. There are 21 ensuite bedrooms within the NCC and three single independent living flats.

The service employs a wide range of disciplines including speech and language therapy, occupational therapy, physiotherapy, psychology, psychiatry, consultant in rehabilitation medicine, nursing, and rehabilitation assistants.

On this occasion we visited the Brain Injury Rehabilitation Unit. We last visited this service on 24 July 2014 and made recommendations regarding the storing of documentation in relation to welfare guardianship or welfare powers of attorney as well as recording of decisions in regard to resuscitation.

On the day of this visit we wanted to follow up on the previous recommendations and also look at nursing care plans and activity provision. This is because we wanted to ensure individuals were being supported appropriately in their rehabilitation journey.

Who we met with

We met with and or reviewed the care and treatment of seven patients. Unfortunately no carers/relatives were available to speak with us during the visit.

We also spoke with the service manager and several nursing staff.

Commission visitors

Margo Fyfe, Nursing Officer & visit co-ordinator

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

Care Plans

Since our last visit care plans and daily notes by all disciplines are held on an electronic record system. We were shown how to navigate the system and were able to access notes to look at care plans. We found the care plans to be informative and person centred. They took on board the mental health aspects of individual's care

requirements and highlighted any possible mood issues around medication or therapy changes.

Multidisciplinary input to care

We found good evidence of ongoing multidisciplinary input to care of individuals. The multidisciplinary meetings are well documented with clear forward plans and note of attendees.

Resuscitation Forms (DNACPR)

On the last visit to the service we were concerned that consultation with families/carers and individuals in regard to resuscitation was not clearly indicated on forms. On the files viewed during this visit we did not find this to be an ongoing issue.

Use of mental health and incapacity legislation

Adults with Incapacity documentation

On viewing paper files we were able to see guardianship paperwork where appropriate and information about guardianship applications. We recognised good practice where a Power of Attorney is being considered by an individual and noted the assistance of the speech and language therapist in the process.

Consent to treatment forms (S47) where appropriately in place were located in paper files and in the medicine prescription folders. We found these also to have accompanying treatment plans.

Rights and restrictions

We noted clear risk assessments in place for the use of bedrails and wheelchair lap straps. It was good to see these are regularly reviewed.

It was good to see from notes and in discussion with staff that individuals and families/carers are encouraged to use the outside garden areas and grounds.

Activity and occupation

During the visit we saw individuals engaging in therapeutic and social activity. It was good to see that individuals have a paper note of their scheduled activity for the day from occupational therapy and physiotherapy. However, we could not see in notes that nursing staff were recording participation of individuals in social/recreational activity. We discussed the importance of documenting participation in any activity and recommend this is clearly established with all staff.

Recommendation 1:

Managers should ensure all staff are aware of the importance of recording individual's participation in activity and that recording of the same is carried out.

The physical environment

Overall we found the environment to be clean, bright and well maintained. Corridors were clear of clutter allowing wheelchair access with ease. It was good to see the assessment kitchen in use as well as the large occupational therapy room and the physiotherapy gym. We note that there is a hydrotherapy pool that individuals access as appropriate to their rehabilitation with the physiotherapists.

Any other comments

Individuals met with were complimentary of staff support and interaction. We also found staff to be welcoming and helpful throughout our visit.

It was good to hear that there is an emphasis on staff training especially around the use of the Adults with Incapacity (Scotland) Act 2000 and that the service is ensuring documentation reflects Scottish legislation as appropriate.

When looking through documentation we came across consent forms for such things as allowing professionals to access records. We saw that the forms had been signed by family members where individuals were unable to do so themselves due to their lack of capacity. In many instances there was no guardianship or power of attorney in place therefore the family members signing the forms had no legal authority to do so.

Recommendation 2:

Managers should review all consent forms to ensure these are only completed by individuals or those with legal authority to sign on the individual's behalf.

Summary of recommendations

1. Managers should ensure all staff are aware of the importance of recording individual's participation in activity and that recording of the same is carried out.
2. Managers should review all consent forms to ensure these are only completed by individuals or those with legal authority to sign on the individual's behalf.

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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