

Mental Welfare Commission for Scotland

Report on announced visit to: Cauldshiels ward, Borders
General Hospital, Melrose TD6 9DS

Date of visit: 14 February 2018

Where we visited

Cauldshiels is a 14-bedded mixed sex ward providing assessment and treatment for older people with a diagnosis of dementia. We last visited the ward on 4 November 2016.

On the day of the visit, we wanted to follow up on the recommendations made at our last visit which related to, care planning, medication prescriptions, Adults with Incapacity (Scotland) Act 2000 (AWI) legislation and environmental issues.

Who we met with

There were 12 patients on the ward on the day of our visit.

We met with two patients who were able to give us a view of the service, and we reviewed the care and treatment of a further seven patients, and met with two relatives.

We spoke with the senior charge nurse, charge nurse and other nursing staff. We also met with the service manager.

Commission visitors

Susan Tait, Nursing Officer

Douglas Seath, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients seemed comfortable in the ward and in the company of staff. Throughout our visit, we saw staff interacting warmly with patients, responding quickly when they required assistance, and treating them in a respectful, caring manner. Staff were knowledgeable about people as individuals.

The staff team were focussed on delivering person-centred care. Staff seemed positive and motivated to provide the best care they could within the parameters of the ward environment. The relatives we spoke with said that they were very happy with the care their relatives received from nursing staff.

The service now has all electronic files which were reasonably easy to navigate but there were some difficulties in the order of where entries were placed.

We had raised concerns on the last two visits about quality of care plans and in particular the lack of personalisation. On this visit it was clear that the staff had responded to this recommendation. The care plans we reviewed were holistic and individually tailored to patients' needs. In particular, great attention had been directed

to 'stressed and distressed behaviour', although some of the plans would benefit from having more description of the interventions required to alleviate distress.

We were unable to find nursing or risk assessments to inform the care, although there were some specific risk plans.

There were detailed multi-disciplinary weekly updates which reviewed all care.

Recommendation 1:

Managers should consider how risk and nursing assessments can be added to the current system.

Use of mental health and incapacity legislation

During the last visit, we noted that not all information regarding power of attorney (POA) was recorded in the files. On this visit all information had been scanned into the files and staff were knowledgeable regarding POA and guardianship.

AWI s47 certificates (treatment authorisation) had all been completed with appropriate treatment plans and were placed with the drug prescription sheet.

Rights and restrictions

One patient we reviewed had both verbally and actively sought to leave the ward on more than one occasion. They had not been reviewed to consider whether they met the criteria for detention. The situation had changed by the time we reviewed the notes and we discussed this situation further with staff. It is important that nursing staff recognise when patients are not consenting to their admission and if necessary use their power to detain (s299 Mental Health (Scotland) Act 2015) pending medical review.

Recommendation 2:

Managers should raise awareness of nursing and medical staff on the rights of patients who may be detained without authority.

More information about patients' rights can be found on our website <http://www.mwcscot.org.uk/rights-in-mind>

Activity and occupation

There is a weekly timetable of activities, which is mostly delivered by volunteers and nursing staff when they are not engaged in meeting other clinical needs of patients. There is a psychology student who has a dedicated session for a year to gather and discuss 'life story' information with relatives and staff. One of the relatives we met commented how helpful they found it. There are items of interest scattered throughout the ward such as 'twiddle muffs' and 'rummage boxes' that are available to patients.

There is no occupational therapy (OT) input for patients. This is a significant gap in the delivery of assessment and treatment for patients with complex needs.

Recommendation 3:

Managers should review the OT input for patients in Cauldshiels ward.

Physical environment

The Mental Welfare Commission has consistently raised concerns about the environment in Cauldshiels being unsuitable for patients with dementia. We were told that a specialist architect had provided a report that advised there was nothing structurally that could be done to make the ward into a more suitable environment. Whilst we accept this, there are areas of work which could be done to make the ward more dementia friendly.

The lighting is poor in bedrooms and corridors. We were shown a bedroom which had a light box fitted and this is an example of how the current environment could be made more suitable. There is minimal signage, although nursing staff have tried to personalise rooms with names and important information for the patient to try to help them identify their own room.

There are numerous doors throughout the ward leading to disorientation and distress for patients who are already in an unfamiliar and unsuitable environment. There is only one bathroom for all 14 patients. There is a large rise/fall bath at one end of the room, which was originally designed for patients who had stroke. It has many dials, is noisy and can only be used with a hoist whether the patient requires it or not. There is a shower area at the other end, which is in great need of updating as it is worn and is unsuitable for providing direct personal care.

Recommendation 4:

Managers should ensure a review of the environment taking into account the comments in this report. Given our previous concerns have not been addressed, we will now escalate this recommendation to senior managers.

Summary of recommendations

1. Managers should consider how risk and nursing assessments can be added to the current system.
2. Managers should raise awareness of nursing and medical staff on the rights of patients who may be detained without authority.
3. Managers should review the OT input for the patients in Cauldshiels ward.

4. Managers should ensure a review of the environment taking into account the comments in this report. Given our previous concerns have not been addressed, we will now escalate this recommendation to senior managers.

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.

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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