

Mental Welfare Commission for Scotland

Report on unannounced visit to:

Borders General Hospital, Melburn Lodge, Melrose TD6 9BS

Date of visit: 17 January 2017

Where we visited

Melburn Lodge is a 12 bed mixed sex continuing care ward for older people whose complex needs cannot be met within a specialist nursing home. The remit of the ward is that it caters mainly for people with a diagnosis of a form of dementia. Melburn Lodge is a one storey building in the grounds of the Borders General Hospital. All rooms are single and en-suite. There are two large lounge/dining rooms with a kitchen area that is bright and spacious. There is also a smaller, more domestic size, reminiscence room which can be used for a quiet space with visitors, small group activities or for an individual who may be exhibiting distressed behaviour and may benefit from a low stimulus environment. There is direct access to an interesting, well-maintained, safe and enclosed garden from both large lounges within the ward. Most referrals to Melburn Lodge are from Cauldshiels, an old age acute ward within the Borders General Hospital site.

On the day of the visit there were 12 patients on the ward. Five people were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and one had a welfare guardianship order. Of the twelve patients, nine were female and three were male. There were two delayed discharges, one of whom was yet to be allocated a social worker.

Who we met with

We met with and reviewed the case notes of eight patients. This was an unannounced visit and there were no relatives to meet on the day.

We spoke to the charge nurse, several staff nurses, health care assistants and the music therapist.

Commission visitors

Moira Healy, Social Work Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The individuals we met with, or whose behaviour we observed, appeared to be well cared for. Those people who were able to speak to us told us that they were happy with the care and support provided by the staff. Interactions between staff and patients we observed to be friendly, supportive and enabling. From the files we examined, personal history profiles were generally of a high standard. We were told by the charge nurse that the ratio of staff to patients was appropriate for this group of patients, and that there was a stable staff group within the ward.

However, a recent change in shift patterns had had an impact on the amount of time staff had to spend on one to one activities with patients on the ward.

We took the opportunity to look at care plans, daily progress notes, weekly ward rounds and multidisciplinary team (MDT) reviews. Notes were easy to navigate and whilst the mental health care plans were of a personalised nature, the reviews were not detailed and were often out of date.

Recommendation 1

The ward manager and clinical nurse manager should conduct an audit of all care plans and reviews to make sure they are person centred, individualised and evaluate the specific interventions in relation to the management of behaviour.

MDT reviews

The MDT recording sheets are suitable and meaningful for this group of people. However, the lack of documentation within the MDT reviews was disappointing, with many of them being more than six months old. The MDT documents should reflect the patients' progress whilst they are on the ward and this was hard to discover reading the chronological care notes. Similarly, entries from the consultant on the ward, e.g. at weekly ward rounds, were also difficult to find in most files.

Recommendation 2

Managers should audit all MDT paper paperwork and ensure the paperwork is completed appropriately, in detail and in accordance with that individual's needs.

Use of mental health and incapacity legislation

Compliance with Part 5 of the Adults with Incapacity (Scotland) Act 2000 was good. S47 certificates (Certificate of Incapacity under section 47 of the AWI Act) and treatment plans were individualised and very easy to find within the notes.

For those people detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, paperwork pertaining to that detention and the authorisation for medication was held within the file and was easy to find.

Activity and occupation

We noted there was good external input regarding activity. A pianist visited the ward as did a music therapist, whom we met. Although there is an activity co-ordinator, she is not employed exclusively in that role and can be pulled back into the care staff ratio if they are short staffed. It was good to see all staff involved with the activities with patients, although they don't always record the interactions in the way that they should.

Recommendation 3

The ward manager should review activity recording, and ensure all staff are fully aware of what should be recorded.

The physical environment

Improvements to the environment made since the last visit were in evidence. The environment is of a very high standard. The reminiscence room and corridors in particular were very interesting. Use of staff family photographs from the 1950s and 60s within the corridors made this a really vibrant place to wander, and gave the ward a very homely atmosphere.

Summary of recommendations

1. The ward manager and clinical nurse manager should conduct an audit of all care plans and reviews to make sure they are person centred, individualised and evaluate the specific interventions in relation to the management of behaviour.
2. Managers should audit all MDT paper paperwork and ensure the paperwork is completed appropriately, in detail and in accordance with that person's needs.
3. The ward manager should review activity recording and ensure all staff are fully aware of what should be recorded.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

