

Mental Welfare Commission for Scotland

Report on announced visit to: Ettrick and Nithsdale Wards,
Midpark Hospital, Bankend Road, Dumfries, DG1 4TN

Date of visit: 23 January 2019

Where we visited

Ettrick Ward is a 19-bed unit on the upper floor of Midpark Hospital. The remit of this ward is adult acute admissions, and it covers all areas of Dumfries and Galloway. The ward also admits people for planned detoxification from alcohol. Care within the ward is overseen by three consultant psychiatrists. One post is currently covered by locum arrangements, with plans for the post to be filled on a permanent basis from the beginning of March 2019. On the day of our visit there were 13 patients on the ward, although the ward usually operates to full capacity of 19 patients. There were no patients undergoing detoxification from alcohol.

Nithsdale is a 15-bed ward which is adjacent to Ettrick on the upper floor of the hospital, and is designated as an older adult acute admission service. Care is managed by two consultant psychiatrists, and the service covers all areas of Dumfries and Galloway. On the day of our visit there were 12 patients on the ward. Most patients were over 65 years of age, but three were boarded out from Ettrick and were under 65.

We last visited this service on 19 October 2017 and made recommendations in relation to the recording of multi-disciplinary meetings, access to patients' advance statements, and maintenance of a clean environment within the garden space used by Ettrick Ward patients.

On the day of this visit we wanted to meet with patients and follow up on the previous recommendations. In addition, Dumfries and Galloway mental health services have recently been required to conduct a number of reviews following adverse events and have also been the subject of external review of these services. In response to these reviews a significant programme of improvement and development activity has been undertaken, and we wanted to hear about the progress of this work and how this has impacted on the day-to-day delivery of service.

Who we met with

We met with and/or reviewed the care and treatment of eight patients, and had an opportunity to speak to carers, relatives, or friends of three patients.

We spoke with senior charge nurses from both wards and the inpatient services manager, and received written information from a number of staff within Nithsdale Ward.

Commission visitors

Yvonne Bennett, Social Work Officer

Mike Diamond, Executive Director (Social Work)

Mary Leroy, Nursing Officer

Anne Buchanan, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Record keeping and communication

As described above, the service is currently working through a development plan and Etrick Ward have a robust action plan in place, which is supported on an interim basis by additional senior nursing support. Improving record keeping has been identified as a recommendation following adverse event reviews, and we heard that a training programme has been delivered within the service. On this visit we wanted to see how this training programme had translated into practice within patient records.

We found that patient records still remain disjointed. Information recorded on the electronic system (Cortix) is displayed differently on the Clinical Portal which is accessed by community services. There is still a paper file with patient care plans, physical health information, and other important patient related information, like details of the weekly handovers, and multi-disciplinary team meeting (MDT) records. It was difficult to navigate and find current information which pulled together the outcome of the most recent MDT, the patient care plan/review and the daily record of care.

In addition, we found the care plans lacked detail related to the individual patient and recorded generic information like “a deterioration in mental state”, with no evidence of what this meant in terms of patient presentation, or any subsequent adjustment in the care plan to take account of this deterioration.

We would also like to see more evidence of patient participation in the care planning process, which would improve the person-centred component of this process.

The “at a glance” information board within the office of the ward was fully populated with the latest information, but this information was not always easy to reference within the patient records. For example, time off the ward status was recorded on the board, but not within the MDT record.

Within Nithsdale Ward, we found the MDT forms were poorly completed, with significant omissions in relation to attendance, patient participation, and outcomes. There was a similarly disjointed record of care between electronic and paper systems.

We heard that MDT recording has been reviewed, and new documentation to support a more comprehensive record of MDT discussion and decisions was being piloted prior to this transferring to electronic version, and we will consider this further in future visits.

We spoke to relatives and carers of patients within Nithsdale Ward who were overall satisfied with the care their relative was receiving, but felt that communication could be improved to ensure important information was shared timeously. The wards are in the process of implementing the Triangle of Care model, which has had considerable success in other parts of the hospital, and we would hope that this will result in enhanced communication with relatives and carers.

Two relatives told us about medication errors during their relative's inpatient stay, and we will ask the service to audit the prevalence of such errors and report back to us.

Recommendation 1:

Managers should continue to progress the commitment to improving record keeping as detailed in the Etrick Ward Action Plan.

Recommendation 2:

Managers should consider how the patient records could be more co-ordinated and less disjointed.

Recommendation 3:

Managers should ensure that care plans are person centred, involve the patient and families/carers where appropriate, and are robustly reviewed and refined in light of this review.

Recommendation 4:

Managers should carry out a medication audit for the last three months, and provide a report to the Commission.

Use of mental health and incapacity legislation

On the day of our visit a number of patients were subject to the Mental Health (Care and Treatment) (Scotland) 2003 (Mental Health Act). Of those patients subject to compulsory treatment, we reviewed the legal documentation available within the paper file. Consent to treatment documentation was also recorded within the paper file, and there was evidence of pharmacy input both within this system and MDT records.

Rights and restrictions

The ward operates an open door policy, with patients having time out status agreed within the MDT discussion, in line with an assessment of risk. The service has recently undertaken a wholesale review of their risk assessment processes, and all staff are now trained in this revised model to a level commensurate with their grade. Within

patient records we saw examples of detailed risk assessments, which were regularly reviewed and updated during the patient stay. We saw risk assessments which referred to children and vulnerable adults whose parent was subject to detention, and we would want to see more consideration of what actions had been taken to mitigate the impact of detention on these relationships.

Improvements in suicide assessment and recording is another strand of the ward action plan, and this work is currently being tested within Etrick Ward. We were pleased to see this work being undertaken.

On the day of our visit none of the patients required an enhanced level of observation or were designated as specified persons. Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied.

The Commission has developed [*Rights in Mind*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at <https://www.mwcscot.org.uk/rights-in-mind/>

Activity and occupation

Activities within both wards are provided on an individual basis. The service does not have dedicated staff to support activity within the ward and staff report that, in an environment which is often clinically demanding, it can be difficult to free up capacity to provide activities.

We also heard during this visit that occupational therapy (OT) provision has been reduced due to a staffing resource issue. While assessment work does continue to be carried out within the ward, OT involvement in planning and facilitating activity-based intervention does not.

Dumfries and Galloway are a test site for Improvement in Observation Practice, and the aim is to improve observation through engagement. There is a commitment, therefore, to ensure that 80 per cent of patients admitted to Etrick Ward who are prescribed a level of enhanced observation will have a structured activity plan to complement plans of care. We hope to see how this is progressing at our next visit.

Despite all of the above, we saw evidence of activity for patients, in the form of art work, board games, and physical activity - but this is dependent on staff capacity.

There are also links to community resources which provide social and recreational activity, dependent on the stage in the patient's treatment.

Recommendation 5:

Managers should consider how OT provision to the wards could be improved.

Recommendation 6:

Managers should consider how ward-based activities are resourced and recorded within patient records.

The physical environment

Midpark is a new purpose-built facility, which affords a high standard of accommodation for patients in single en-suite rooms. The communal areas are bright, well-furnished, and well maintained, and there are a number of options of lounges dependent on individual preference.

The wards offer patient laundry facilities and a small kitchen where patients can have access to tea or coffee as they wish.

There are enclosed garden areas for patient use, and private interview rooms for use by visitors, including child friendly facilities.

Any other comments

At the end of the visit, Commission visitors were given written feedback from staff which has been shared with senior staff of the service. This is being followed up by further correspondence with senior managers at Midpark.

This is a service which is undergoing significant review - both in terms of their vision and function, but also changes in activities related to direct patient care. There is a recognition that the service is in transition, with staff required to assimilate these changes to policy and practice to meet changing demands. Senior staff are aware of the impact of these changes, and confirmed their intention to support the staff through this transition period to ensure positive outcomes for patient care.

Summary of recommendations

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Good practice

During the visit we saw good attention to physical health care on admission and throughout the admission period.

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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