



Mental Welfare Commission for Scotland

Report on unannounced visit to: Wallace Hospital, 119
Americanmuir Road, Dundee, DD3 9AG

Date of visit: 15 November 2018

Where we visited

Wallace Hospital is an independent hospital providing assessment and treatment for adults who have a learning disability and complex needs. Wallace Hospital is currently registered for 10 adults.

We last visited this service on 15 August 2017, and made recommendations about care planning, about 'specified persons' provisions, and at access to outside spaces. On the day of this visit we wanted to look generally about how care and treatment were being provided, because it was over a year since our previous visit.

Who we met with

We met with, and reviewed the care and treatment of, seven patients during the visit.

We spoke with the service manager, the consultant psychiatrist, the speech and language therapist, and the activity co-ordinator.

Commission visitors

Ian Cairns, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care Planning

On our last two visits to Wallace Hospital we have highlighted that, while care plans were person centred and comprehensive, and were being reviewed regularly at multidisciplinary team (MDT) meetings and at care programme approach (CPA) meetings, care planning documentation overall was bulky and complicated.

The files we reviewed on this visit did have extensive care planning information, and we saw that care needs were being regularly reviewed both in the MDT meetings and at regular CPA meetings. We found the care planning documentation though was still very bulky, with complicated structures for recording information.

Information is recorded in care plans, in positive behaviour support plans, in information about CPA meetings, and in information about MDT meetings. Each individual patient has a number of files in which detailed care planning information is recorded. While information is comprehensive, the storage of information across multiple files raises questions about the usability of information in practice, and about how easily information can be accessed by staff. We also felt that the complex system for recording and storing information made it difficult to identify how patient

needs were being translated into actual interventions in the hospital, and to get a clear picture of patient progress. In some files we did see detailed information about nursing interventions, for example how a patient who needed significant support in relation to their personal care could be encouraged to do as much as possible themselves. This information was not always readily found in all files though.

Recommendation 1:

Managers should review care planning processes, looking at how the format of documentation can be simplified.

Participation

We spoke to several patients during the visit, but we were not able to get a clear view from these conversations about their participation in decisions about their care and treatment. We did see evidence in files about patients' views being recorded in preparation for CPA meetings, and some information in files was available in an easy read format.

During the visit we spoke to the speech and language therapist (SALT) about work being done with specific patients to enhance communication between staff and patients, and one patient spoke positively to us about the work he has started doing with the speech and language therapist.

The SALT post in the hospital had been vacant for some time, and we were made aware that the current therapist has limited time to spend working with patients in the hospital, because she covers other facilities. We are aware that service managers want to increase the SALT input in the hospital, and we feel that this would be particularly beneficial, especially if more work could be done with patients on an individual basis, helping them to engage more in decisions about their treatment and support.

We saw that this service uses different approaches to encourage and develop communication between staff and patients, including display boards with symbols. We observed that one ward in a corridor had a large number of symbols for different activities and we saw how this could create information overload or confusion for patients, who were able to pick a symbol for an activity which could not have been provided that day.

Use of mental health and incapacity legislation

Mental Health (Care & Treatment) (Scotland) Act 2003 paperwork which we saw in individual files was well maintained.

When a patient is detained in hospital and is prescribed medication for more than two months then this must be authorised on either a 'consent to treatment' certificate (T2) or a 'certificate authorising treatment' (T3). When we reviewed drug prescription

sheets we saw that several patients were prescribed medication which was not authorised appropriately. We discussed this during the visit with the consultant psychiatrist, and clarified that any medication they prescribe for a patient's mental health must be authorised.

Recommendation 2:

Managers should introduce an audit tool to monitor consent to treatment documentation, to ensure that all treatments are legally authorised.

When an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under Section 47 of the Adults with Incapacity (Scotland) 2000 Act must be completed by a doctor. We saw s47 certificates in place, but some of the certificates did not have detailed treatment plans which described conditions for which the patient was receiving relevant medical treatment.

Recommendation 3:

Managers should audit s47 certificates, to ensure that they are accompanied by appropriate treatment plans.

Rights and Restrictions

From what we were told by some patients, and from information in files, we saw that there was good input from a local independent advocacy service.

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

General structured activity provision for patients in Wallace Hospital seems reasonable. We heard positive comments from some patients about activities they are participating in, and we saw examples of good interactions between staff and patients engaging in activities during the visit. It was also clear from discussion with the activity worker that they are enthusiastic about their remit within the hospital, and are keen to develop structured activity provision.

The physical environment

There is no designated garden area which patients can access easily. However the environment in the hospital is good. A lot of work has recently been completed refurbishing and redecorating areas in the hospital, and new furniture was being delivered on the day of our unannounced visit. There are improved facilities in the

hospital, with spacious communal lounge areas, and a kitchen which is designed to be used to support people to develop independent living skills.

Summary of recommendations

1. Managers should review care planning processes, looking at how the format of documentation can be simplified.
2. Managers should introduce an audit tool to monitor consent to treatment documentation, to ensure that all treatments are legally authorised.
3. Managers should audit s47 certificates, to ensure that they are accompanied by appropriate treatment plans.

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.

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

