



Mental Welfare Commission for Scotland

Report on announced visit to:

Cree and Glencairn Wards, Midpark Hospital, Bankhead Road,
Dumfries DG1 4TN

Date of visit: 11 December 2017

Where we visited

Cree ward is an older adult acute assessment unit for patients with/or suspected of having, organic brain disease. The ward is mixed sex and has 16 en-suite bedrooms, a communal space and dining area, two gardens, interview/visiting rooms and clinical areas.

Glencairn ward is an intermediate ward providing care for older adult patients transferred from other areas of Midpark Hospital. The ward is mixed sex and has 15 en-suite bedrooms, a communal space and dining area, quiet room, interview/visiting rooms, two garden areas and clinical areas.

The wards have multidisciplinary (MDT) input from psychiatrists, psychologists, dietetics, occupational therapy, pharmacy and other disciplines on referral as well as access to social work and advocacy.

On the day of our visit there were 12 patients across the two wards.

We last visited Glencairn in November 2016 and Cree in August 2014. Recommendations from these visits were around patient records, the environment and space for patients and visitors to have coffee/tea within the hospital. On this visit we wanted to follow up on these recommendations.

Who we met with

We met with and/or reviewed the care and treatment of nine patients.

We spoke with the ward senior charge nurses and nursing staff.

Commission visitors

Margo Fyfe, Nursing Officer & Visit Co-ordinator

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

Dr Peter Rennie, Temporary Commission Medical Officer

What people told us and what we found

Care, treatment, support and participation

Care Plans

We were pleased to see in both wards that care plans covered both mental and physical health care needs and were person-centred, containing good detail around goals and interventions. Although we found regular reviews, there was some inconstancy in the quality of the reviews with some lacking in detail regarding progress

and actual interventions that had taken place between reviews. We also found in some instances that general terms such as “use distraction techniques” were used, rather than descriptions of the personalised interventions to be used.

We heard that psychology provide supervision for staff facilitating discussions on complex case management. It was good to see that staff had undergone training in risk assessment and in the use of stress and distress management. We look forward to seeing further evidence of this having been consolidated into practice at future visits.

Recommendation 1:

Managers should undertake an audit of care plans to ensure consistency of review notes and to ensure appropriate descriptions of interventions are in place.

Triangle of care

On entering both wards we saw information for visitors around the use of the triangle of care within the wards. In Cree there is a suggestion box encouraging carers to put forward thoughts and ideas of how things could be improved on the ward for them and their relative. In Glencairn there is a tree where carers are encouraged to write their ideas/recommendations onto decorations to hang on the tree. In both information booklets for the wards the triangle of care is referred to. We heard that relatives/carers are encouraged to attend the wards and assist their relatives as they wish. We also saw evidence of relatives/carers being included in care decisions and discharge planning. We view this as good practice and look forward to seeing how this has progressed at future visits.

Patient records

Nursing notes in both wards were informative and clearly laid out in the situation, background, action, review (SBAR) model format.

We saw that for MDT reviews they were happening regularly, but recording of these was variable and fragmented. There are two different coloured sheets used which are not always signed and are confusing to read. In our view the MDT record would benefit from an audit process to ensure more comprehensive record keeping across disciplines, and consistency in where information is stored and accessed.

In previous visits Commission visitors commented on the need for one recording system for patient records. Unfortunately, on this visit, we found that little had been done to improve this. We found that records are still between a paper file and the electronic record. We find this cumbersome and open to errors.

Recommendation 2:

Managers should carry out an audit and consolidate recording of MDT notes into one form to ensure information is accessible on one format, in one place, and that no information from the meeting risks being lost.

Managers should give further consideration to the use of one filing system for medical records to avoid the chance of errors and missed information.

Use of mental health and incapacity legislation

In Glencairn, we found all legal documentation between the two record systems but in one case this took some time to do. In Cree, we found one short term detention certificate had been reviewed and revoked the previous week and this information had not been relayed to staff. This could lead to errors and unauthorised treatment. We also found that not all legal documentation scanned onto the electronic system was referenced in the paper file.

Recommendation 3:

Medical staff should be reminded to communicate all changes in detention status to ward staff.

Consent to treatment and medication prescribing

In Glencairn, we found that not all prescribed medication was covered correctly by the certificate authorising treatment (T3) under the mental health act. We discussed this on the day and will write separately to the consultant psychiatrist.

In Cree, we noted that a financial power of attorney was being treated as a welfare attorney. We felt that, from discussions, staff would benefit from further training on the use of the adults with incapacity act and the use of consent documentation under this act. We suggested that perhaps LearnPro modules from NHS Education Scotland may be useful. It may also be helpful to refer to Commission guidance on common concerns around powers of attorney, which can be found here:

http://www.mwcscot.org.uk/media/233718/common_concerns_2017.pdf

Recommendation 4:

Managers should arrange training for staff on the use of adults with incapacity act and consent to treatment under this act.

Rights and restrictions

Both wards have swipe card entry/exit. Patients are assessed as to their ability to leave the ward unaccompanied and may be given a swipe card, or staff will let them out of the ward on request. Patients who were able to talk to us did not raise any concerns about this situation.

Activity and occupation

In both wards we saw activity happening on the day. We were informed that most activity is on a one-to-one basis around the individual's needs and abilities. There are

some group activities provided by the occupational therapy staff and nursing staff. However, activities are not provided in a planned way and at times of higher numbers of patients on the ward, do not always take place. We were however, pleased to hear about efforts to engage more community input to activities.

We were told about and welcome the establishment of an activity group in Cree which can embed meaningful activity, such as crafting for dexterity and orientation activities for memory in ward culture, for periods when clinical need is higher. This will help patients remain calm when the ward is busy around them. We agree that activity requires to be structured and available, particularly at times when patient numbers and clinical need are high.

We look forward to seeing on future visits how activity programmes have progressed.

The physical environment

Both ward environments were welcoming and appropriate for the patient groups. We found the wards to be dementia friendly, with good signage, memory boxes at the patients' bedroom doors and appropriate use of colour in decoration and flooring. During previous visits we were concerned that patients were congregating at the entrance door and that visitors to the unit may be able to see these patients in some distress. On this visit we did not encounter any issues with the doors. There had been tactile wall hangings put in place near the doors for patients to use and we were informed that they provide a good distraction from the door for patients.

Both wards had access to enclosed garden space and we heard that grant funding had been applied for to develop one of the shared garden spaces further. We look forward to hearing how this has progressed at future visits.

At the time of our last visit to Cree, we had mentioned the benefit of providing a space where patients and visitors could access coffee and tea. We were pleased to see the café area at the entrance to the unit for the use of everyone, and were informed this is well used by visitors and patients as well as staff.

Any other comments

We found the staff to be enthusiastic and knowledgeable of their patients. Patients who were able to talk to us positively commented on the support they receive from staff.

Summary of recommendations

1. Managers should undertake an audit of care plans to ensure consistency of review notes and to ensure appropriate descriptions of interventions are in place.

2. Managers should carry out an audit and consolidate recording of MDT notes into one form to ensure information is accessible on one format, in one place, and that no information from the meeting risks being lost. Managers should give further consideration to the use of one filing system for medical records to avoid the chance of errors and missed information.
3. Medical staff should be reminded to communicate all changes in detention status to ward staff.
4. Managers should arrange training for staff on the use of adults with incapacity act and consent to treatment under this act.

Good practice

As stated earlier in the report the use of triangle of care in both wards is good practice and ensures carers are appropriately included in the care and treatment of their relatives.

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

