

Mental Welfare Commission for Scotland

Report on announced visit to: Muirview and Bayview Wards,
Stratheden Hospital, Springfield, Cupar, Fife KY15 5RR

Date of visit: 11 January 2017

Where we visited

Bayview is a 20-bedded unit for male patients with a diagnosis of dementia, situated in old accommodation within the grounds of Stratheden. Muirview is a newer built ward with 24 beds for older adults. During this visit the Commission had intended to visit all four older people's wards at Stratheden Hospital, however, due to unforeseen circumstances we were only able to visit Bayview and Muirview on the day. We did however, see all patients and relatives who had asked to see us. These services were last visited in November 2015, when we made recommendations about provision of activities and asked to be updated on the plan to relocate Bayview ward.

On the day of this visit we wanted to follow up on the previous recommendations and look at the care and treatment of the individuals on the ward.

Who we met with

We met with six patients and reviewed the care and treatment of nine patients in total. We also met with two relatives.

We spoke with the clinical services manager, the ward managers of both wards and staff nurses on the wards.

Commission visitors

Paula John, Social Work Officer

Douglas Seath, Nursing Officer

Ian Cairns, Social Work Officer

Kate Fearnley, Executive Director Engagement and Participation

What people told us and what we found

Care, treatment, support and participation

Across both wards we found the care and treatment to be of a high standard. We heard a number of positive comments from patients and the relatives we spoke to. They advised us that they found staff helpful and available to talk to.

We reviewed care plans and found them to be very detailed and personalised, with information about specific interventions to meet specific needs, and evidence of positive outcomes for patients. Plans were being evaluated, and there were good records in medical notes of multi-disciplinary ward reviews.

We were pleased to note an emphasis on physical health care with annual health checks taking place. Both wards were well resourced in relation to medical staff, occupational therapy and other allied health professionals. Where covert medication was required, we noted the completion of treatment plans.

The organisation of the care plans was clear and recent care plan auditing had taken place. Files had 'Getting to know me' forms which had limited information, but it was clear from the care plans that staff had good knowledge of patients. We heard that staff encouraged relatives to produce life story books with photographs and reminiscence material, and staff used these with patients.

The ward has also recently introduced a 'Partners in Care' form to record that staff are providing information to relatives and carers, and to build up a partnership with them, although in some files this form had just been inserted and was still blank.

Overall, we were pleased with the standard of care and treatment and it was clear from observation that staff both knew and interacted well with their patients.

Use of mental health and incapacity legislation

Where patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, we found copies of the relevant documents in the case notes. There were no issues with the forms authorising medical treatment under this Act. We also saw copies of s47 certificates of incapacity – these are used under the Adults with Incapacity (Scotland) Act 2000 (AWI) to certify incapacity in relation to decisions relating to medical treatment.

An AWI checklist was in use recording information about welfare proxies such as power of attorney and welfare guardians.

Activity and occupation

Both wards had a number of scheduled activities, and this appears to be an area which has improved significantly since our last visit. Staff were noted to be very active in engaging with patients and this was confirmed by relatives. There was a high level of one to one and structured activities with patients, with attention being paid to identifying activities suiting the interests, abilities and needs of individuals. In addition, there were a number of group activities such as newspaper group, low level physical exercise and music therapy. These events were spread throughout the day and into the early evening. People were regularly going out, for example, to breakfast, the local golf museum, safari park or the pantomime. Staff told us that they use activity provision as part of their strategy for helping prevent stressed and distressed behaviour, and involve patients in influencing their day. Staff also actively promote the involvement of relatives and carers in activities and events arranged in the ward. A relative we spoke with confirmed this.

The physical environment

Staff and patients spoke positively about the new environment at Muirview ward and felt that it had improved their experience. The ward is large, spacious and light. There is dementia-friendly signage and the communal patient areas are well furnished. The atmosphere on the day we visited was calm with no unnecessary noise, such as the TV or radio. The nursing office, reception and visitor rooms are separate from the ward itself and patients felt that this gave them a little more privacy.

All rooms are ensuite and are spacious, with large windows and seating areas.

In contrast, Bayview ward is in older accommodation and is not suited to the needs of patients. There is only one single room, which is not ensuite, and the open ward is separated into bed spaces by partitions to head height. There is little storage space and there is therefore a lot of additional equipment in the ward areas. Within the limitations of the environment, staff have made the ward as homely as possible. Bedspaces are personalised, with most having photographs of patients' families on the walls, and personal items. There is a sitting room and dining room with comfortable seating. There is also an enclosed garden which patients can easily access, although supervision is required. Toilets are well signed with dementia-friendly signage but the layout of the building makes them hard to find.

There have been plans for some time to move to a refurbished ward and this is much-needed, as many patients spend some years on the ward. We have been advised by the clinical services manager that a redesign of this service is planned imminently. We would like to be kept updated on these developments.

Any other comments

We were pleased to hear that the ward is working towards all staff reaching Skilled level on the Promoting Excellence framework, with trained staff at Enhanced level.

Good practice

We were impressed by the approach to preventing stressed and distressed behaviour by providing a high level of activities both in and out of the ward; by the involvement of nursing staff in these interventions; and by the level of engagement with carers and relatives.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Kate Fearnley
Executive Director (engagement and participation)

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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