

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Old Age Psychiatry Wards,  
Torvean and Clava, New Craigs Hospital, 6-16 Leachkin Road,  
Inverness IV3 8NP

**Date of visit:** 31 January 2018

## **Where we visited**

Clava is a 15-bedded unit for the assessment and treatment of older people with dementia. Four bedrooms are en suite, others are in four bed bays and there is an additional bed available for emergency admissions.

Torvean is a 12-bedded unit (all single rooms) for the assessment and treatment of older people with dementia and stressed or distressed behaviour. Four bedrooms are en suite, whilst four have a toilet and sink.

We last visited the wards on 12 October 2016 and made recommendations about ensuring that a personal history is completed, patients' notes clearly record discharge planning meetings, that ward rounds are evidently recorded, and guardianship and power of attorney paperwork is kept in current files.

We had been told by the service since we made these recommendations that an audit of patient files, to check personal histories are completed, has been undertaken. The ward round recording sheet has been rolled out to all the older adult wards and includes clear discharge planning. The three wards have now been allocated ward clerk time, and the ward clerks had been instructed to obtain all the legal papers and other important documents, including guardianship and power of attorney certificates, for patient files.

On the day of this announced visit, we wanted to follow up on the previous recommendations.

## **Who we met with**

We met with and/or reviewed the care and treatment of six patients and we spoke to one relative who was available to be interviewed on this visit. We also met with an advocate.

We met and spoke with the clinical area manager for both wards, and the NHS Highland mental health service manager.

## **Commission visitors**

Tony Jevon, Social Work Officer

Dougie Seath, Nursing Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

Patients seen and interviewed appeared to be well looked after and told us they were happy with the support provided by staff.

In both wards we found that the care plans were good with evidence of thorough risk assessments and management plans. Personal recovery plans were detailed and person centred, and there was clear evidence that they were reviewed on a regular basis.

There was evidence of good physical health care being provided.

A psychologist, physiotherapist and an occupational therapist (OT) work alongside ward staff, mainly to carry out assessments and give advice. An OT technical instructor arranges activities on a daily basis. Although, we noted the link between the activities provided and an individual's care plan could be more clearly recorded in patient's files. Additionally, a psychologist has been leading training for nursing staff on managing stressed and distressed behaviour.

### **Discharge planning**

The discharge of two patients was formally considered to be delayed on the day of our visit. There is a fully integrated Highland Health and Social Care Partnership and we heard the delays are due to difficulty identifying community resources rather than for any other reason, such as funding.

### **Use of mental health and incapacity legislation**

#### **Adults with Incapacity (Scotland) Act 2000 - Welfare Proxies**

In many of the case files we reviewed, where there was a welfare proxy (guardian or power of attorney) in place, details of this had not been recorded fully and copies of the legal documents had not been obtained in every case.

There was a checklist for ease of ensuring guardianship/power of attorney details, which was contained in some but not all individual files. A Mental Welfare Commission checklist had been sent to the general manager for distribution and he has agreed to customise this for use across both wards.

#### **Recommendation 1:**

Managers should ensure all Adults with Incapacity (Scotland) Act 2000 guardianship and power of attorney documents and recording of details are in place clearly, in patients' files, and consultation with proxies is recorded appropriately.

#### **Consent to treatment**

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under s47 of the Adults with Incapacity (Scotland) Act 2000 legislation must be completed by a doctor. It must cover all relevant medical treatment that the individual is receiving.

We noted that the s47 certificate paperwork and treatment plans, where required, were in place. Other paperwork, for instance for detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA), and 'as required' medication alert stickers, to highlight clearly in files when 'as required' medication is administered, were all in place.

We found comprehensive multi-disciplinary team care plans on the files reviewed, and there was evidence that these were regularly reviewed

Part 16 (s235-248) of the MHA sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. The forms used by the responsible medical officer to record consent or non-consent (T2/T3) must also record a clear plan of treatment. In both wards, T2/T3 forms were completed as appropriate.

### **Covert Medication**

When a patient is in receipt of covert medication, we recommend that this be included on the s47 certificate and that a copy of the s47 certificate, treatment plan, and covert medication pathway be stored with the drug prescription sheet. Covert medication pathways were present as required and properly authorised.

### **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms**

The Scottish Government produced a revised policy on DNACPR in 2016.

<http://www.gov.scot/Resource/0050/00504976.pdf>

This makes it clear that where an adult cannot consent, and has a guardian or welfare attorney with the relevant powers, the guardian or attorney must participate in any advance decision to give or to not give CPR. Where there is no guardian or attorney for a person who cannot consent to a decision about CPR, it is a requirement to consult with the close family, as well as taking what steps are possible to establish the wishes of the patient. In all cases, this involvement or consultation should be recorded.

DNACPR forms were completed with evidence of discussion with proxies in Clava and Torvean.

### **The physical environment**

Staff in Clava talked to us about the difficulties delivering high quality care in the poor current physical environment. There are two bathrooms but just one shower room for 15 patients. The shower room is a narrow space with mould problems on one wall causing paint to flake off. Ideally the senior nurse would like to take it out of operation so that the repairs can be done, but this is not practical. There are a few single rooms, but most patients are in shared dormitories and there is limited space for visitors.

The ward is in a building a good distance away from other wards and staff offices on the hospital site. Access is down a steep road making pedestrian access, especially for people with mobility problems, difficult. The garden is not paved and is also on a bank. Funding for a suitable accessible garden was sourced using endowments and the Scottish Natural Heritage funding, and the new garden is ready in the planned relocation ward.

Torvean has single rooms and there is a nice garden.

The Commission has pointed out the poor quality of the environment in Clava for some years and been told the wards have been planned for relocation, and that renovation of the new wards pending the move has been completed.

In January we wrote to the NHS Highland manager prior to this visit to seek an update. He told us that since our letter he has had two meetings with estates management developing the plan which will lead to the move. Two estates staff have now been allocated to help finalise the technical specification required. This is to be presented to an asset management group on 9 April 2018. NHS Highland will keep the Commission apprised of developments.

## **Summary of recommendations**

1. Managers should ensure all Adults with Incapacity (Scotland) Act 2000 guardianship and power of attorney documents and recording of details are clearly in patients' files and consultation with proxies is recorded appropriately.

## **Service response to recommendations**

The Commission requires a response to this recommendation 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.

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