



**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:**

Rowan and Willow Units, Stracathro Hospital, Brechin DD9 7QA

**Date of visit:** 24 May 2017

## **Where we visited**

We visited Rowan and Willow units, which are old age psychiatry units at Stracathro Hospital. Rowan unit is a mixed sex unit with 15 beds, providing admission, assessment and treatment for older people with functional mental health problems. Willow unit is a mixed sex unit with 12 beds. This unit provides admission, assessment and treatment for people with dementia as well as short term and intermediate care to people with dementia who are experiencing agitated or distressing behaviours. Both units have single ensuite rooms for all patients.

We last visited this service on 25 November 2015 and made a recommendation about authorisation of medical treatment under the Adults with Incapacity Act. We received an appropriate response to this recommendation, along with a very detailed action plan about other follow up activity within the units relating to issues which were discussed on the visit but which were not the subject of any recommendation in the report.

On the day of this visit we wanted to look generally at the care and treatment being provided in the units, because it had been over 18 months since the Commission's previous visit.

## **Who we met with**

We met with and or reviewed the care and treatment of 8 patients and spoke to 2 relatives during the visit.

We spoke with the service manager, the charge nurses in the two units, other nursing staff, and the speciality doctor working in the units.

## **Commission visitors**

Ian Cairns, Social Work Officer and Visit Coordinator

Tony Jevon, Social Work Officer

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

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

We reviewed the care planning risk assessment documentation for the people we visited. Care plans were of a good standard, and were personalised and regularly updated, with appropriate risk assessments in place. There were appropriate individual care plans reflecting the needs of the individual person, and the content of these care plans were generally very detailed. We did note that some individual care

plans could have more detail about the actual nursing interventions, for example about the specific elements of personal care which a patient required support with. We also noted that nursing staff use distraction techniques to help with the management of stressed and distressed behaviour, and that information about which techniques were most effective could be better recorded. Overall though, most care plans did have detailed individualised information, identifying clear interventions and care goals.

Multidisciplinary meetings held in both units are very well recorded, with information about who participates in meetings, and clear information about decisions made at meetings. There was also evidence in file reviews that there is good multidisciplinary input within the units, from a range of health professionals. There is input from clinical psychology where this would be appropriate, and there is good input from pharmacy, with pharmacy profiles regularly completed and filed. It is also clear that there is good input from the occupational therapy service, and from other relevant allied health professionals.

Rowan and Willow units are both in the same building as the adult acute admission ward, and this ward has been temporarily closed since February. This has had some impact in relation to medical input from doctors in training posts, as doctors from the adult acute admission ward would have provided some occasional medical input when required in Rowan and Willow units. However there are general medical wards on site at Stracathro Hospital, and we were told that there are very good links with these services, and that medical input from the other services based at Stracathro is available when necessary.

Getting to know me forms are routinely inserted into patient files when they are admitted to both units, and we did see that in some files these forms were blank, while in some files good life history information was recorded. This was discussed on the day of the visit, and we were told that relatives and family members will be asked to complete getting to know me forms, but that sometimes this information is not provided. It was agreed that staff should try to encourage families to provide relevant information, as having access to life story information can help staff engage with the patients during their time in the units.

### **Recommendation 1:**

Managers should ensure that life story information is recorded in files, and that families are encouraged to provide this information.

We did speak with a number of people in the two units, and while some of the conversations were limited where people were able to tell us about their experience of care and treatment in the units they were positive about the care and support they were receiving. Relatives we met were also positive about the care provided and about their communication with staff.

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

The Mental Health Act paperwork was well organised in files, and, where people were subject to compulsory measures, medication administered was authorised appropriately by certificates authorising treatment (T3 forms). We also saw that Section 47 certificates of incapacity were being completed where patients had been assessed as not being able to consent to treatment, with appropriate information about the treatment plan. We also saw that information about whether or not a welfare attorney or guardian was in place was recorded appropriately.

## **Rights and restrictions**

External doors in both units were locked because of the clinical needs of the patients on the day of our visit. Information about the locked door and accessing units was clearly displayed, and decisions about locking the doors are regularly reviewed. In Rowan unit patients had free access to a sheltered garden area, augmenting the available areas for walking and activity. We did note that there is an issue about accessing the garden area in Willows unit, and this is discussed in the physical environment section of this report.

## **Activity and occupation**

We felt in both units that there was evidence of good activity provision. There is voluntary sector input into the wards from the local 'League of Friends', and there is occupational therapy (OT) input as well. The supported recovery and therapy service (STARS) also provides input to the units, arranging activities and arranging to take patients on outings from the units. On a previous visit, this service had been non-operational because of staffing difficulties, but the service recommenced last year, with the involvement of STARS staff recorded in a therapeutic activity diary

## **The physical environment**

Rowan and Willow units are both purpose built new units with all accommodation in single ensuite rooms. Within the units people have good access to attractive and safe outside spaces. Willows unit has recently been repainted, taking account of guidance about dementia friendly environments and using contrasting colours in dementia units.

Both units have sheltered and secure garden areas which are easily accessible from the ward. It is not always possible though for patients in Willows unit to have free access to the garden area, because of identified trip hazards. Remedial work is to be undertaken to deal with this issue, but has still to be completed. Sitting room and dining room windows in the units have also to be replaced, because of possible ligature risks. As a temporary measure these windows now cannot be opened, but this does mean that in good weather very little fresh air gets into these communal rooms.

Windows are due to be replaced in the near future, but staff are not sure when this work will be completed.

**Recommendation 2:**

Managers should ensure that remedial work which has been identified as being necessary is completed as soon as possible.

**Summary of recommendations**

1. Managers should ensure that life story information is recorded in files, and that families are encouraged to provide this information.
2. Managers should ensure that remedial work which has been identified as being necessary is completed as soon as possible.

**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.

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