

## **Mental Welfare Commission for Scotland**

### **Report on announced visit to:**

Brandon and Clyde wards, Udston Hospital, Farm Road,  
Hamilton ML3 9LA

**Date of visit:** 18 July 2017

## **Where we visited**

Clyde Ward is a 23 bedded, mixed sex admission and assessment ward for patients over the age of 65 with functional mental health problems. Brandon Ward is a 20 bedded, mixed sex admission and assessment unit for patients over 65 with dementia. At the time of our visit there were 16 patients in Brandon ward and 17 patients in Clyde ward.

The wards have onsite access to occupational therapy, medical and nursing staff, with sessional input from psychology. They have access via referral to dietetics, speech and language therapy and physiotherapy, as well as advocacy services. There is some pharmacy input on request. There is also a full time activity co-ordinator in each ward. We heard that there was good partnership working with the local authority.

We last visited this service on 12 May 2015 and made no recommendations.

On the day of this visit we wanted to look at activities available to patients on the wards. This is because it had been brought to our attention that at times patients seemed to have very little to do. We also took the opportunity to examine care plans to ensure they were person centred and informative of the patients' progress.

## **Who we met with**

We met with and/or reviewed the care and treatment of 12 patients and met with four carers/relatives.

We spoke with the service manager, the nurses in charge of each ward, one of the psychiatrists attached to the wards and one of the activity co-ordinators. In addition we spoke with several of the nursing staff and nursing students throughout the day.

## **Commission visitors**

Margo Fyfe, Nursing Officer & visit co-ordinator

Yvonne Bennett, Social Work Officer

Kathleen Taylor, Engagement Officer (Carer)

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

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

#### **Care Plans**

When we last visited we found care file documentation improved with a person centred approach to the documentation. We also found care plan reviews to be meaningful and informative.

On this visit we found that documentation had moved to the electronic system MIDAS with legal documentation held in a paper file. We heard that the electronic system is slow and often goes down. As a result staff feel that their direct patient contact time is shortened due to the amount of time spent waiting on the system to load to allow for daily entries to be made. This is an issue often brought to our attention when visiting areas that use this electronic recording system. We are interested to hear if the system is being reviewed. The service manager should inform the Commission of any review of the electronic recording system and how the access issues are being addressed.

Although in general we found care plans to be person centred, we did not see enough information in review entries. We are of the view that to properly see the patient's progress the review entries should describe what has happened since the last review and whether any change has to be made to the care plan as a result.

We found that most patients had life history information in place, but where this was not available there was no note to say whether the person and their carers/relatives had declined to provide information. We suggested that it would be helpful to have a clear note of this where no information is available.

#### **Access to specialist services**

We heard that where a specialist service such as physiotherapy or dietetics is required a referral is made to that service and that responses are prompt. We heard from some relatives that they had thought that their relative could have benefitted from further physiotherapy; however, on speaking with the ward managers we were informed that physiotherapists had attended the patients in question and not offered further input. We suggested that this is clearly communicated to relatives when appropriate.

It was good to note that carers are given information about carers' support, as both wards promote the NHS Lanarkshire carers' support service. We also heard that Brandon Ward promotes John's Campaign, which is aimed at encouraging relatives to actively be involved in the care of the patients in the ward where they can.

### **Recommendation 1:**

Ward managers should audit care plan reviews and ensure that entries are meaningful and reflect the patient's progress.

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

We found all Mental Health Act documentation to be up to date and easily located in the paper files of the patients to whom they applied. Consent to treatment forms and treatment plans were up to date and held with medicine prescription sheets.

### **Rights and restrictions**

In Brandon Ward we were aware of adapted chairs being used for patients to ensure safety where falls were of a high risk and the patients were no longer able to understand the risk due to their dementia. We noted that the use of the chairs had been discussed with relatives and had been fully risk assessed. Care plans specifically for the use of the chairs were in place and regularly reviewed at multidisciplinary meetings.

The main doors to the wards are locked. There is signage detailing this is the case and ward information booklets explain the reasons for the locked doors and how entry/egress can be made.

There is a dementia friendly enclosed garden that the wards share. This is accessed from both wards via doors in the small lounge areas. On the day of our visit the garden had patients using it throughout the day some accompanied by relatives.

### **Activity and occupation**

On this visit we heard that there was a full time activity co-ordinator in place for each ward. We spoke with one of the activity co-ordinators who talked us through the variety of activities on offer both in group format and on an individual basis. Activities are offered seven days per week and the co-ordinators cover each other's wards when one of them is on a day off. We were informed that activities can be changed to suit the needs of the patients. We noted that participation is recorded in a separate activity file for each patient and that group activities on offer each day are noted on a board in the corridor of the wards. We witnessed various small group activities happening in both wards throughout the visit involving patients, and nursing staff along with the activities co-ordinator.

It was good to see Brandon Ward has a sensory room where individual time for relaxation can be facilitated in a calm environment away from the busy communal areas of the ward. We were also pleased to see that there were items for patients to hold and touch which provided sensory stimulation such as twiddle muffs, which are provided by a local voluntary group.

## **The physical environment**

Both wards were calm and mainly quiet throughout the visit. We found the wards to be clean. However the wards remain very clinical, with little in the way of furnishings to soften the environment. In Brandon Ward there had been changes to make the ward more dementia friendly and we heard that further signage had been ordered. We noted that toilet seats were not contrasting, and on discussion were informed new ones (coloured) had been ordered. We look forward to seeing these extra dementia friendly changes in place on future visits.

## **Any other comments**

All relatives spoken with praised staff for their care of patients and support of carers. However, there was comment that staff are very busy and at times the wards can seem short staffed. We discussed this with ward managers and were informed that there are currently two vacancies in Clyde Ward and one in Brandon Ward. The ward managers said that if there are situations that require an increase in staffing on a shift they are able to contact the service manager and this is promptly addressed.

We heard that over the next few months there are going to be ward moves within the health board area and as a result patients from Ward 2 in Wishaw general will be temporarily transferred to Clyde Ward, increasing their bed compliment to 30. Ten staff members will also be redeployed to Clyde Ward at this time to ensure that the ward is sufficiently staffed to meet the needs of the increased patient group. We are interested to hear how this move settles in.

## **Summary of recommendations**

1. Ward managers should audit care plan reviews and ensure that entries are meaningful and reflect the patient's progress.

## **Good practice**

We were pleased to hear about the efforts made to include and support relatives of patients on both wards and to see the promotion of John's Campaign in Brandon Ward.

## **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.

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