

Mental Welfare Commission for Scotland

Report on unannounced visit to: Balcary Ward, Midpark
Hospital, Bankend Road, Dumfries DG1 4TG

Date of visit: 17 April 2019

Where we visited

Balcary Ward is a six-bedded intensive care unit (IPCU) within Midpark Psychiatric Hospital in Dumfries and accommodates both men and women. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

We last visited this service on 5 March 2018 and made recommendations about: recording of pharmacy advice in patient notes; ensuring staff were able to navigate the electronic records system; auditing care plans for consistency and relevant to individual patient needs; providing refresher training for staff on the use of the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') and reviewing and making changes to the layout of the ward's garden area.

On the day of this visit we wanted to follow up on the previous recommendations. There were four patients on the ward of the day we visited with an additional admission planned for later that day. We heard how the ward had been operating to full capacity over the last few months and that it was unusual for them to have vacant beds for any length of time.

Who we met with

We met with all four patients and reviewed their care and treatment. We did not have the opportunity to meet any family or carers during this visit.

We spoke with the senior nurse and the inpatient lead nurse, met with all the patients and reviewed their records.

Commission visitors

Yvonne Bennett, Social Work Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

In discussion with patients, we heard that they had very positive patient experiences within the ward and this was evidenced in the interactions we witnessed between staff and patients on the day. We heard that a new consultant had taken up post in March and that this was providing more consistency for patients than the locum arrangements which had been in place previously.

Multi-disciplinary team (MDT) meetings are taking place weekly and we heard that these involved a wide range of staff including pharmacy, psychology, MHO and CPN (dependent on patient need), as well as patients and, where appropriate, families and carers.

However, within patient records, it was difficult to ascertain who had attended these meetings as the recording of attendance was limited and appeared in the main to be medical and nursing staff. Records of the MDT and, crucially, next steps in the patient's care were also recorded in a variety of formats within patient records. We felt that this could be improved by a more consistent recording process. There was little evidence of patient attendance at the MDT but again, we were unsure if this was as a result of patient choice or a deficiency in recording attendance.

We heard that a 72-hour care plan was compiled on admission. After this time the initial assessment and risk assessment were reviewed as regularly as required but at least weekly.

We had a discussion about the care plans we saw within patient files, which were generic and could have been more person-centred and were at times not consistent with MDT and electronic records. Nursing notes are laid in using the Situation Background Assessment and Recommendation (SBAR) format but the way in which information is being recorded currently within this format does not offer a chronological account of the patients' progress and how nursing care is reviewed and adjusted in light of this. We had some discussion about how this could be improved, and managers advised that there is already improvement activity underway and that this feedback would be included in this development.

The disjointed nature of recording the patient's journey has been highlighted in previous visits within the adult wards at Midpark, and we have been advised that the service is working through the formulation of an improvement plan which will address this.

Recommendation 1:

Managers should timeously progress the plan to improve recording processes to ensure the recording of patients' information is clear, consistent, and easily accessed.

Use of mental health and incapacity legislation

On the day of our visit, all the patients were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') and we were able to locate the relevant paperwork within patients' records. One patient was assessed as requiring an enhanced level observation and we saw this being provided in an engaging and person-centred manner.

When we visited last, we recommended that managers should arrange refresher training for staff on the use of and implications of the AWI Act, and we heard that all staff had undertaken online Learnpro AWI training modules.

We gave advice to staff on the day about the AWI Act in relation to current patients. It is important that staff are aware of the limits and scope of this legislation as it relates to delivery of care. We would recommend that where a patient is subject to AWI, a copy of the order should be retained within patient records to ensure ease of access for staff to ensure they understand the powers appropriate to individual patient care, and which of these powers are relevant to their delivery of care.

Recommendation 2:

Managers should ensure that legal paperwork is available and easily accessed by staff delivering direct care.

Recommendation 3:

Managers should ensure that staff undertake further training to ensure a clear understanding of the use of AWI Act guardianships and s47 certificates.

Rights and restrictions

Balcary Ward operates a locked door policy commensurate with their remit of an intensive treatment area.

On the day of our visit, none of the patients were designated as specified persons. One patient was on an enhanced observation level, and we saw that this was reviewed regularly within patient records and MDT plans.

Consent to treatment forms required under the Mental Health Act were in place for all patients as required.

We heard that advocacy services attend the ward weekly and more regularly if required for individual patients.

The Commission has developed [*Rights in Mind*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at <https://www.mwcscot.org.uk/rights-in-mind/>

Activity and occupation

Activities within Balcary Ward are provided on a person-centred basis and reflect the individual patient's stage of recovery. On the day of our visit we saw staff engaging with patients on this basis and we heard from patients that they were happy with the activities and engagement available within the ward. Opportunities to access activities outwith the ward were available based on individual risk assessments.

The physical environment

Balcary Ward is a bright, purpose-built ward which offers patients single en suite bedrooms and access to communal lounge and dining areas with a smaller quiet lounge area available dependent on patient choice.

There is access to an enclosed safe garden which, on our last visit, we recommended would benefit from a change of layout. There are landscaped mounds of grass areas at either end of the garden which limit its use and are a potential risk to patients. We heard that this work has been approved; however as yet; this has not been achieved due to the inability to restrict access to safe outdoor garden space over the defined timescale required for this project. In addition, funds have been made available to provide garden furniture for the outside area which will increase the use and benefit of this area.

A further project is underway to refurbish the activity room within the ward which, again, will offer increased opportunity for patients to become involved in a wider choice of meaningful activity.

We look forward to seeing these changes at our next visit.

Summary of recommendations

1. Managers should timeously progress the plan to improve recording processes to ensure the recording of patients' information is clear, consistent, and easily accessed.
2. Managers should ensure that legal paperwork is available and easily accessed by staff delivering direct care.
3. Managers should ensure that staff undertake further training to ensure a clear understanding of the use of AWI Act guardianships and s47 certificates.

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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