



**Mental Welfare Commission for Scotland**

**Report on announced visit to:** East Brig, Tweed Road,  
Galashiels, TD1 3 EB

**Date of visit:** 10 April 2019

## **Where we visited**

We last visited this service as part of the themed visit to rehabilitation wards in July 2018, and prior to that on a local visit on 21 February 2017. East Brig is a 12-bedded mixed-gender rehabilitation ward for patients between 18 to 65 years old.

On the day of the visit there were 11 patients. The ward is based in Galashiels adjacent to the community team base. In our last report we made recommendations about care plans and activities. On the day of this visit we wanted to meet with patients, follow up on previous recommendations, and also look at the mix of patients with an acute presentation of their mental illness and others who had ongoing rehabilitation needs.

## **Who we met with**

We met with six patients and one relative. We reviewed the care and treatment of all six patients.

We spoke with the senior charge nurse and the operational manager.

## **Commission visitors**

Susan Tait, Nursing Officer

Moira Healy, Social Work Officer

Paula John, Social Work Officer

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

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

Overall, patients told us they were content with the care and treatment they received. In particular they said that nursing staff were approachable and spent time with them. One patient commented on the positive influence the occupational therapist had on their recovery.

In the last report we recommended that care plans should have more individualised interventions and evaluations, with evidence of participation from patients. We were told by managers in response to this recommendation that this had been fully addressed. However, in the files we reviewed, we were unable to find any evidence of this. Care plans mainly consisted of a list of problems which were sparse in detail and personalisation was evident in some but not in others.

The ward has moved to an electronic 'Emis' and it is difficult to show patient involvement in their own care and treatment. There was, however, evidence of discussions with staff throughout the daily notes. We were able to see that patients care was reviewed regularly by the multi-disciplinary team and this was recorded.

In the last report we raised concerns about the remit of the ward. It is described as a rehabilitation service; however patients who are known to the ward and community team will be admitted if they become acutely unwell. This has a significant impact on the rehabilitation function of the ward, as nursing time has to be directed to support those patients. This can have a detrimental effect on the rehabilitation process and this issue was raised in the last report.

### **Recommendation 1:**

Managers should review and audit nursing care plans to ensure they are person centred and descriptive of the interventions required, and participation should be evidenced.

### **Recommendation 2:**

Managers should review the remit of the ward to ensure that the rehabilitation function is effective.

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

On the day of our visit some patients were detained under the Mental Health (Care and Treatment (Scotland) Act 2003 ('the Mental Health Act'). The majority of consent to treatment forms (T3) under the Mental Health Act were in place where required, although one did not cover all prescribed medication, and this was addressed with staff on the day.

### **Rights and restrictions**

Patients we interviewed who were not detained were unsure of their rights in relation to their informal status on the ward.

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**

There is a full-time occupational therapy technician who has input from the occupational therapist. Nursing staff, when they are not providing care for acutely unwell patients, are also involved in activities. There is a good programme of activities available with a coffee club in the morning to discuss the day ahead. Information was available on a white board and a topic for the month which related to good mental and physical health. Some patients had a self-catering budget to prepare for moving from the ward. However, we were told that this was only because they were able to allocate money not being used by other patients who were too unwell to use this. We were told that the service had been allocated a budget of £3 per day per person for self-catering

of lunch and dinner, which is inadequate. As a result of this, they now have to order meals from Borders General Hospital, which are delivered on a food trolley. This does not support a rehabilitative approach.

### **Recommendation 3:**

Managers should review the catering budget for East Brig.

### **The physical environment**

The ward was clean; however it has a clinical appearance. It was not particularly welcoming or conducive to rehabilitation. There are some pictures in an attempt to brighten some areas, but it was quite stark in public areas.

All bedrooms are en suite and patients are able to personalise their own rooms. We were told that due to infection control measures they were unable to provide a more comfortable and welcoming environment.

It is very important to reduce the risk of introducing infection but also important that patients have a homely and comfortable care environment that helps with their recovery. Not all hospital environments pose the same level of risk, and not all patients or patient groups have the same risk of transmitting or acquiring infection.

We suggested that the manager discuss this with the infection control lead to review how this might be overcome.

### **Summary of recommendations**

1. Managers should review and audit nursing care plans to ensure they are person centred and descriptive of the interventions required, and participation should be evidenced.
2. Managers should review the remit of the ward to ensure that the rehabilitation function is effective.
3. Managers should review the catering budget for East Brig.

### **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.

**Contact details:**

**The Mental Welfare Commission for Scotland**  
**Thistle House**  
**91 Haymarket Terrace**  
**Edinburgh**  
**EH12 5HE**

telephone: 0131 313 8777

e-mail: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

