

Mental Welfare Commission for Scotland

Report on unannounced visit to: Wards 1 and 3, Kingsway Care Centre, Kingscross Road, Dundee DD2 3PT

Date of visit: 26 June 2019

Where we visited

The Kingsway Care Centre is an old age psychiatry facility in Dundee, with three wards in the care centre. Ward 1 has 14 beds and is an admission/assessment ward for female patients with dementia. Ward 3 has 17 beds and is a ward for male and female patients with dementia. Ward 4 has 14 beds and is an admission/assessment ward for male and female patients with a functional illness. This was not visited on this visit as it has recently been revisited as part of a national themed visit.

We last visited this service on 24 April 2018, when we made a recommendation about the environment in the wards. We received a response which indicated the action planned in relation to this recommendation.

On the day of this visit we wanted to meet with patients and look generally at how care and treatment was provided because it had been over a year since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of ten patients. We spoke with service managers both before and after the visit and met various members of the nursing team in the two wards.

Commission visitors

Ian Cairns, Social Work Officer

Dr Juliet Brock, Medical Officer

Douglas Seath, Nursing officer

What people told us and what we found

Care, treatment, support and participation

We had conversations with a number of patients during the visit, several of whom were confused about why they were in hospital. People raised no issues though about how staff were treating them in the two wards, and we observed positive interactions between staff and patients throughout our visit. We did note that Ward 3 was particularly busy during our visit because of the number of patients and staff in the ward (see any other comments section at the end of this report).

Documentation we saw in individual patient care files we reviewed was comprehensive and well-maintained. Care plans reviewed were of a good standard, with information being person-centred and focussed on the assessed needs of each patient. Some individual care plans could have had more details about specific nursing interventions but generally plans contained appropriate individualised information and identified specific interventions and care goals. Good risk assessment and risk management plans were in place where this was appropriate, and we saw individual plans for patients who could display some stressed or distressed behaviour which were very specific to the person and to the situations in which they could become distressed and agitated. As an example we saw in one file that a patient could be stressed and agitated during the night and that there was a clear plan with information about interventions which helped to reduce distress and agitation at this particular time. It was also clear in files that care plans were being reviewed and evaluated to ensure that they remained meaningful. A few of the evaluations we saw were not dated, and staff should be dating all plans and evaluations.

From discussion with staff on the day, and from file reviews, we saw that there is a strong emphasis in the wards on carer involvement and encouraging relatives/carers to participate in discussions about care and treatment. In one case we reviewed a family meeting had been held very recently and a detailed record of the discussion and of the views of family members was already recorded in the case file. We heard from staff about supports for carers which family members are signposted to by staff and about ways in which carers supports will continue to be developed. We also saw in files that good information was collected from family members in Getting To Know Me forms. This documentation encourages family and carer participation in providing life story information which helps to ensure that the wishes and preferences of each individual patient is part of the care planning process.

There is evidence of good integrated working and good multidisciplinary input in both wards. Allied health professions are involved with individual patients as appropriate and there is particularly good pharmacy input into the wards. Pharmacy reviews are completed shortly after admission, pharmacological plans were in place in individual files where appropriate, and advice and guidance from the pharmacy service was well recorded in files. We also saw that good use continues to be made of psychological formulation, an approach describing an individual patient's needs, precipitating factors which may be contributing to needs, and interventions to meet needs. Multi-disciplinary teams (MDT) meetings are well recorded, with good input from all relevant professions to the MDT meetings.

We felt that good attention is being paid in the wards to meeting physical health care needs. On the visit we heard about good links which the service has with other medicine for the elderly services and about the good liaison links with Ninewells Hospital. We also heard how the wards have identified link nurses with responsibility for developing aspects of specialist care, for example focussing on nutrition or manual handling issues. This is a developing area of work and the wards are now looking to identify link nurses who will take forward falls prevention work in the wards.

Use of mental health and incapacity legislation

A number of patients in the two wards were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Mental Health Act paperwork was well maintained in the files we reviewed. Where patients were subject to compulsory measures we also saw that certificates authorising treatment (T2 or T3 forms) were in place, and that prescribed medication was authorised appropriately. We also felt, from reviewing medication charts, that there was limited use of medication prescribed to be administered as required if a patient is distressed or agitated. We also saw that where medication had been prescribed it would be removed from the chart if it subsequently was not required, and we were pleased to see this.

Where patients had welfare guardianships or attorneys in place, appointed under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), we saw copies of guardianship orders or powers of attorney in files. Where individuals are assessed as lacking capacity to consent to treatment and they are being provided with treatment under Part 5 of the AWI Act, section 47 certificates authorising treatment should be completed. Copies of s47 certificates with appropriate treatment plans were in the files we reviewed. We did note that copies of s47 certificates were generally kept in the individual patient files and were not stored with the individual patient's medication chart. We would suggest a copy of this certificate should be kept with the medication chart so that it is clear to anyone administering medication what specific treatment is authorised by the s47 certificate.

Rights and restrictions

There appears to be good advocacy input into the two wards. We reviewed several cases where compulsory measures under the Mental Health Act had recently been put in place, with patients being detained. We feel it is important that compulsory measures are in place when this is appropriate, as legislation provides certain safeguards, and in the cases we reviewed we saw it was recorded that a referral was to be made to the independent advocacy service generally by a mental health officer. Ward staff also confirmed that the local independent advocacy service responds very quickly when referrals are made.

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/law-and-rights/rights-mind>

Activity and occupation

On our last visit we saw evidence of good provision of activities, with regular planned group activities and more personalised one-to-one activity provision. Activity provision in the wards continues to be good. Activity worker posts were established in wards several years ago and on this visit we could see clear benefits for patients as a result of the dedicated activity worker provision. There is a creative approach to developing and providing activities within the wards, and staff can see clear benefits from this provision. We saw on this visit that while activity workers are taking responsibility for structuring activity provision, activities are also arranged by occupational therapy and physiotherapy staff and ward based nursing staff.

The physical environment

All patients have individual rooms with en-suite facilities. Both wards have access to a large garden area. We have commented before on work which has been done to create environments in the wards which are dementia friendly, with rummage boxes and memory boxes in place. We did note on our visit in 2018 that nursing staff can find it difficult to observe patients when they are in their rooms because of the design of the rooms. We recommended that a number of rooms should be available on each ward which have the facility to allow nursing staff to observe patients when enhanced observation is appropriate without nursing staff always having to enter rooms when undertaking observations. We heard that arrangements have still to be put in place to allow this to happen. This issue has previously been raised as a potential patient safety risk and the Commission feels that this is an issue which does need to be addressed as soon as possible by NHS Tayside.

Recommendation 1:

Managers should ensure that arrangements are put in place urgently, so that a number of specific bedrooms in each ward have facilities to allow for safe patient observation without staff having to enter bedrooms.

As mentioned above, the wards have access to large garden areas. On this visit we heard that a longer-term lease for the building has been signed by NHS Tayside. As the wards will remain in this building for a number of years, the Commission feels that the opportunity should be taken to develop the garden areas. There is space, for example, to improve seating, to develop a sensory garden, or to provide opportunities for patients to participate in gardening activities while they are in the wards.

Any other comments

During the visit, and in discussions with staff and managers, Commission visitors felt that there was a strong focus in the wards on developing the inpatient service and on improvement work. We were also made aware on the day of this visit that Ward 2 in the Kingsway Care Centre was recently closed, with patients who were in that ward being transferred to Ward 3. This has had an impact in Ward 3, where the environment does feel very busy, with additional patients and additional staff members. We heard on this visit that longer term plans for in-patient provision will be linked with plans to develop community based services and to

develop intermediate care services which would allow people who no longer require in-patient care and treatment to be discharged from hospital.

Summary of recommendations

1. Managers should ensure that arrangements are put in place urgently, so that a number of specific bedrooms in each ward have facilities to allow for safe patient observation without staff having to enter bedrooms.

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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