

Mental Welfare Commission for Scotland

Report on announced visit to: Ward 24, University Hospital
Monklands, Monkscourt Avenue, Airdrie ML6 0JS

Date of visit: 6 June 2019

Where we visited

Ward 24 is a 20-bedded acute admission unit caring for male and female patients with a diagnosis of dementia, often in the advanced stages of their illness experiencing extreme stress and distress behaviours. On the day of our visit there were 14 patients on the ward. The ward is situated on the lower level of a large district general hospital. The ward has five single rooms and five three-bedded dormitories. The communal areas of the ward consist of a lounge, a small sitting room/activity space, an activity area, a dining room and enclosed garden. There is an occupational therapy assessment kitchen and a room that is being refurbished to become an area for families/carers who are visiting individuals who are receiving end of life care. The new family room refurbishment is funded by a previous patient's family and fundraising from voluntary services.

We last visited this service on 18 October 2018 and made in relation to care plans and recording multidisciplinary meeting notes on the electronic record system (MIDIS).

On the day of this visit we wanted to meet with patients, follow up on the previous recommendations and also look at how the environment is being used to meet the needs of the patients. This is because we are aware the ward was not purpose built for patients with dementia and needed changes to ensure it appropriately met patient needs.

Who we met with

We met with and/or reviewed the care and treatment of six patients.

We spoke with the service manager, the senior charge nurse, a charge nurse, senior nurse and one of the medical staff.

Commission visitors

Margo Fyfe, Nursing Officer

Mary Leroy, Nursing Officer

Nicola Brown, Board Member

What people told us and what we found

Care, treatment, support and participation

When we last visited the ward we made a recommendation regarding the multidisciplinary notes and how these were being recorded. We were pleased to see that these notes are well recorded on the Midis electronic records system. They now include clear forward plans and where appropriate discharge plans.

The ward continues to use the Newcastle Model for stressed and distressed behaviours. This is supervised by the Band 6 charge nurses who receive supervision sessions from the psychologist. The psychologist has two sessions per week dedicated time in the ward. During this time they see patients as well as supporting staff by providing training in therapeutic care approaches.

We were pleased to see the regular pharmacy input around audits of medication use, in line with the Scottish Patient Safety Programme, continue to happen.

Nursing notes were written on the 'situation, background, assessment, review' (SBAR) model, which ensured that there was continuity in notes, and reflection on the patients' progress throughout the day. It was good to see life history information being progressed for each patient and family/carers being encouraged to contribute to this information.

When we last visited, we had highlighted the need for care plan reviews to be consistent and contain detail on progress in line with multidisciplinary reviews. We also commented that the care plans would benefit from being separated out to define physical and mental health care needs. We were pleased to see that care plan reviews had improved, showing more detail that clearly linked to the multidisciplinary reviews. It was good to see that care plans have now been separated out, making it easier to identify issues, interventions and progress in each area of need.

Use of mental health and incapacity legislation

We found all consent to treatment documentation to be up to date and in place where required. We also found, where in place, paperwork for guardianship under the Adults with Incapacity (Scotland) Act 2000 in care folders.

All paperwork relating to detained patients was easily accessed and up to date.

Rights and restrictions

As on previous visits we found the ward has a locked main door for patient safety. There is a policy in place and patients and relatives are informed of the need for the locked door on admission.

Patients can access the garden, weather permitting. There are staff present when the garden is in use to ensure patient safety.

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.mwscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

As in previous visits to the ward we saw staff spending time with individual patients participating in meaningful activity.

The staff use the Jackie Pool model to assess individuals' abilities and interests in regard to activities. Clinical support workers are trained in the use of this model, and documentation held in a separate folder is clear and easy to access. There is a poster on the wall near the entrance to the ward describing how the model works and the outcome process. We found activity participation notes were detailed in daily nursing notes.

Occupational therapy staff carry out group activities as well as individual activities, and these are documented under their discipline on the electronic record system.

The physical environment

The ward is bright, and has space for patients to sit and to rest in the corridor as well as in the communal rooms. We saw some changes in place, for example signage and pictures that are ensuring the ward is specifically dementia friendly, in line with the national dementia standards. We look forward to seeing more of these changes at future visits.

We also heard about fundraising for a family room to be put in place on the ward, and the involvement of a previous patient's family along with several other families, staff and voluntary sector contributions. This will allow a family, where needed, to remain with a terminally ill patient and also have a small space for themselves at a difficult time in their lives. We also look forward to seeing this at future visits to the ward.

There was an enclosed garden space specifically for Ward 24 patients. There were several seating areas and raised bedding plant areas however, we heard there are plans to make this space more dementia friendly and look forward to seeing this progress at future meetings. The entrance to this space is to be changed to a more accessible area in the ward. Patients were encouraged to use this space, weather permitting. We heard that the staff had organised a sports event for the patients and their families/carers. The event had been enjoyed by all and promoted inclusion in care and support of the patients and their families/carers.

Any other comments

All staff were welcoming and helpful during our visit. Patients spoken with were calm and content in the environment.

We were pleased to hear that the monthly carers group has continued and is supported by carers who attend regularly. It was particularly good to hear that family/carers are encouraged

to visit and spend time assisting in individual's care especially around mealtimes and if helpful for the patient at bed time.

We heard that the staff group had recently been awarded as the outstanding team – clinical, of the year 2019 in NHS Lanarkshire health awards. We would like to add our congratulations to the staff and encourage them to keep their efforts going in their care for their patients.

Good practice

We heard about the work being done on the ward around reducing falls. This work has entailed increasing hydration for patients along with increasing activities for patients around times in the day where distress may increase. This has lessened the level of distress and so lessened the use of as required medication. Overall these changes have reduced falls markedly. The SCN is monitoring these changes and keeping data to show the improvement. This would be a good model to share with other areas.

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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