



Mental Welfare Commission for Scotland

Report on unannounced visit to: The Prosen Unit, Whitehills Health and Community Care Centre, Station Road, Forfar, DD8 3DY

Date of visit: 8 May 2019

Where we visited

Prosen Unit at Whitehills Health and Community Care Centre is a mixed-sex ward with 10 beds, providing admission, assessment, and treatment for people with dementia. The ward is based in a community hospital and all beds are in single en-suite rooms. We last visited this service on 16 April 2018, and made one recommendation about keeping copies of relevant forms with the drug prescription sheets and this issue was addressed by the service.

On the day of this visit, we wanted to look generally at the care and support being provided in the unit because it was over a year since our previous visit.

Who we met with

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

We spoke with the clinical manager, the ward manager, and with the consultant psychiatrist who works within the unit.

Commission visitors

Ian Cairns, Social Work Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We reviewed the care and treatment of all patients who were on the ward on the day of our visit, and we met one relative. We spoke with three patients during the visit, but because of their complex care needs it was difficult to find out their views about their care and treatment on the ward. However, during the time we spent on the ward on this visit, the atmosphere was very calm and therapeutic, and it was clear that patients were settled and comfortable in the ward environment.

The relative we spoke to was happy with the care and support provided by staff on the ward, and felt that communication with staff was good. We were also able to see clear evidence in files of engagement with families, and of families participating in decisions about care and treatment. We were particularly pleased to see records in files of family members being able to participate in activities arranged for patients both within the ward and in the community. We felt on this visit that the ward is supporting a partnership approach to the provision of care and treatment, and that staff are encouraging relatives and carers to be as involved as they want to be in the provision of care and treatment.

We reviewed all the files relating to the care and treatment provided on the ward. We saw that files continue to be well organised and maintained, and that they were easy to navigate, with information being straightforward to find within files. Care plans were generally of a high standard, and were holistic and person-centred, reflecting the care needs of each individual patient, and providing information about the actual interventions required to meet care needs and care goals. As mentioned above, we also saw evidence in files of relatives or carers being involved and participating in care planning and in decisions about care and treatment.

Multidisciplinary Team (MDT) meetings were noted as being well-recorded in our last visit report. On this visit we saw that MDT meetings continue to be well-recorded, and that there are meaningful reviews of the care and treatment being provided at these meetings. We also saw that good attention is paid to meeting physical healthcare needs. Previously general medical input into the ward has been provided by general practitioners from one of the local practices, but this contract has now ended. However, Prosen Unit is in a community hospital, where there are two other medical wards, and we heard that general medical input is provided both by consultants from the medical wards, and by doctors in training posts attached to the medical wards.

We also saw that there is good input from other health professionals into Prosen Unit. We felt the pharmacy input into the ward was particularly good, with pharmacy reviews on file being completed very quickly after admission. We also heard that because other health professionals are based at Whitehills Hospital (because it is a community hospital), patients in Prosen Unit have good access to a range of specialist health professionals.

Use of mental health and incapacity legislation

Decisions about using compulsory measures, under the Mental Health (Care and Treatment) (Scotland) 2003 Act ('the Mental Health Act') seems to be taken very appropriately. Where

people were subject to compulsory measures under the Mental Health Act we reviewed the legal documentation, and in one case we found that medication prescribed to be administered on an 'as required basis' was not authorised appropriately by the certificate authorising treatment (the T3 certificate). This was discussed and dealt with on the day.

Rights and restrictions

The door to the unit is locked and information about the locked policy is clearly displayed as you enter the ward.

Activity and occupation

There has been good occupational therapy (OT) input into the ward, focussing on involving patients in meaningful activities. This input has not been available for several months, and we would encourage managers to look at how OT input into the ward can be made available. We did see that the nursing team on the ward gave a priority to engaging patients in activities. We saw that a number of volunteers come into the ward regularly to provide activities, and the ward manager clearly feels that the fact that the ward is based in a community hospital helps to encourage input from volunteers. We were also told that the ward is able to apply for resources from endowment funds, to help facilitate activity provision. We were also pleased to see in several files that there was information about patients being assisted to engage in activities in the community, and to use local facilities.

The physical environment

This was an unannounced visit, and during the visit we noted that the ward atmosphere was calm and peaceful. The physical space in the ward is used well to provide communal areas and areas where activities can take place, and the secure and sheltered garden is easily accessible from the ward, is clearly well maintained, and seems to be well used by patients.

Any other comments

As mentioned above, the Commission visitors felt that there was good family and carer involvement within the ward, and that the staff in the ward recognised carers and relatives as partners in care, and actively encouraged this involvement.

It was clear from discussions during the visit that there is a strong emphasis within the ward on staff development and training. We saw formulation plans in care files, with formulation discussions being used to provide a framework for developing very person-centred care plans, and when we discussed this during the visit we heard that all staff had completed training in formulation treatment planning. We also heard that almost all staff on the ward have completed training about understanding stressed and distressed behaviours in people with dementia.

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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