



Mental Welfare Commission for Scotland

Report on announced visit to: Lindean Ward, Borders General Hospital, Melrose TD6 9DS

Date of visit: 20 February 2018

Where we visited

Lindean is a six-bedded mixed-sex ward providing assessment and treatment for adults over the age of 69 with a mental illness. We last visited the ward on 4 November 2016.

On the day of this visit we wanted to follow up on the recommendations made at our last visit. These related to care planning, medication prescriptions, Adults with Incapacity (Scotland) 2000 Act (AWI) legislation and environmental issues. We also had concerns about the patient mix, as at that time, there were patients with dementia in the ward, as the ward which normally admits these patients was full.

On this visit, we were told that it was rare to have to admit a patient who had dementia, although there were some instances where a patient with dementia may be admitted, following assessment, to ensure that the ward team were able to meet their needs.

Who we met with

There were five patients on the day of our visit.

We met with two patients and reviewed the care and treatment of all five patients.

We spoke with the charge nurse, other nursing staff and the consultant psychiatrist. We also met with the service and operational managers.

Commission visitors

Susan Tait, Nursing Officer

Claire Lamza, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients seemed comfortable in the ward and in the company of staff. Throughout our visit we saw staff interacting warmly with patients, responding quickly when they required assistance, and treating them in a respectful, caring manner. Staff were knowledgeable about people as individuals.

The service now has all electronic files, which were reasonably easy to navigate, but there were some difficulties in the order of where entries were placed.

We had raised concerns on the last two visits about the quality of care plans and in particular the lack of personalisation. On this visit it was clear that the staff had now responded to this recommendation. The care plans we reviewed were holistic and individually tailored to the patient's mental health and physical care needs. They were not just problem focussed, but also took into consideration peoples' strengths and there were informative reviews.

We noted that there was a whiteboard in the office with patients' initials and some clinical information. This was visible through the window and we consider that this could potentially breach patient confidentiality. We spoke to the nursing staff on the day and they agreed to move the information out of sight.

The multidisciplinary team (MDT) are comprised of psychiatry, nursing, pharmacy and social work. Meetings take place weekly, and decisions and outcomes are clearly recorded.

Use of mental health and incapacity legislation

In the last visit, we noted that not all information regarding power of attorney (POA) was recorded in the files. On this visit, all information that was available had been scanned into the files and staff were knowledgeable regarding POA and guardianship. We were told that if a relative indicates that they hold POA, this is always checked with the Office of the Public Guardian, as well as requesting copies.

AWI s47 certificates had all been completed with appropriate treatment plans and were placed with the drug prescription sheet. s47 of the Act authorises medical treatment for people who are unable to give or refuse consent.

We were able to locate the relevant paperwork, for those patients that were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 and this was completed appropriately.

Rights and restrictions

We were advised that one patient was on an enhanced level of observation. When we had a fuller discussion with the charge nurse, we found the need for this level of observation was unclear. Enhanced observation can potentially be restrictive to the patient, and the need for it should be clearly understood and regularly reviewed. We are aware that NHS Borders is one of the pilot sites for the new guidance that is being developed nationally around nurse observation. Lindean has been involved in applying the new approaches related to observation. We asked if there was a copy of the newly developed local guidance on observation, but there was not a copy available in the ward on the day of the visit.

Recommendation 1:

Managers should ensure that the need for enhanced observation is clearly recorded, and staff have access to and are conversant with the observation policy.

Activity and occupation

There is daily input from physiotherapy Monday to Friday and nurse-led groups such as mindfulness and relaxation. A new part time occupational therapist was due to start within the next few weeks of the visit. The patients we met said they were happy with the activities on offer.

Physical environment

All patients have a single room with an en-suite toilet. However, there is only one bathroom with a shower in the corner and a large bath designed for patients who require assistance. The bathroom was worn and requires upgrading.

There is one office in the ward which has to double up as a clinical treatment area, where drugs are stored and administered. Since the introduction of the electronic system there is only one computer that all staff from the MDT have to use, which raises concerns about timely recording of information and the risk this may carry for patients care. We were told that there were laptops on order that will resolve this issue.

Recommendation 2:

Managers should ensure the bathroom is fit for purpose.

Summary of recommendations

1. Managers should ensure that the need for enhanced observation is clearly recorded and staff have access to and are conversant with the observation policy.
2. Managers should ensure the bathroom is fit for purpose.

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

website: www.mwscot.org.uk

