



Mental Welfare Commission for Scotland

Report on announced visit to: Huntlyburn House, Borders
General Hospital, Melrose TD6 9DS

Date of visit: 2 October 2019

Where we visited

Huntlyburn House is a mixed-gender adult acute inpatient unit with 19 beds for patients aged 18-69 years with mental ill health. It is based in the grounds of the Borders General Hospital. The ward is staffed by a senior charge nurse, charge nurse, registered nurses and support workers. The four consultant psychiatrists from all areas in the Borders retain responsibility for patients when they are admitted to the ward. There is also significant input from occupational therapy, physiotherapy, clinical aromatherapist, and junior doctors.

We last visited this service on 15 May 2018. At that time we made no recommendations but raised a few points in relation to care plans and the physical environment.

On the day of this visit we wanted to meet with patients, follow up on the last report, and also look at other areas of interest.

Who we met with

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

We spoke with the charge nurse, other nursing staff and the clinical nurse manager.

Commission visitors

Susan Tait, Nursing Officer

Douglas Seath, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients we met with were positive about the support, care and treatment they receive, particularly from nursing staff, and described them as approachable. The care they received was highly praised and they said they felt listened to and valued.

The ward operates a daily safety brief which identifies any particular patient safety risks. The legal status of each patient is reviewed and patients whose mental health is deteriorating are assessed for increased therapeutic activity with involvement of patients and carers appropriately.

We reviewed care files of all the people we met with and one other patient, and they were generally person-centred and strength and goal based. The reviews were detailed and thorough, with a strong focus on safety plans which enabled positive risk taking.

In the last report we noted that the quality of the plans varied and some would benefit from more detail of the nursing interventions. At this visit, nursing interventions in care plans at times lacked detail and were not as descriptive as they could be. It can be challenging to encourage patient participation when all records are electronic and staff should consider ways to overcome this.

We discussed with nursing staff best practice in relation to the review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. This was because we noted that a DNAR had not been updated or reviewed.

Recommendation 1:

Managers should ensure that care plans are regularly audited to help ensure a consistent approach to care planning.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Use of mental health and incapacity legislation

We reviewed the medication prescribed for all patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. Where required, medication prescribed was authorised appropriately.

Rights and restrictions

In the last report we noted that the ward had adopted the use of the Commission's Patients Right Pathway and continued to work on the rights of informal patients.

We discussed with nursing staff the care of individual patients and followed up further with the nurse manager in relation to how restrictions were applied to an individual patient.

The Mental Welfare Commission has produced updated guidelines in relation to the use of seclusion, this can be found at: https://www.mwcscot.org.uk/sites/default/files/2019-10/Seclusion_GoodPracticeGuide_20191010_secure_0.pdf

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>

Recommendation 2:

Managers should ensure that restrictive practices carried out reflect best practice and comprehensive local policies are in place.

Activity and occupation

The activities available to patients in Huntlyburn House are wide and varied. They start the day with a 'positive steps' meeting and patients identify their goal for each day and how they might achieve it with support from the staff team.

Patients told us how they placed a high importance on having activities, not only therapeutic groups, such as mindfulness, but practical things to do which helped them shift focus away from distress.

The physical environment

Bedrooms are bright, spacious and personalised. In our last report we commented that the public areas would benefit from, among other things, some art work to make it more welcoming.

We also noted that the 'space to grow' garden required extensive work to make it useable. There are now raised beds and also further plans to create grassed areas although this is dependent on fund raising initiatives.

Summary of recommendations

1. Managers should ensure that care plans are regularly audited to help ensure a consistent approach to care planning.
2. Managers should ensure that restrictive practices carried out reflect best practice and comprehensive local policies are in place.

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.

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