Mental Welfare Commission for Scotland

Report on announced visit to: Midpark Hospital, Nithsdale Ward, Bankhead Road, Dumfries, DG1 4TN

Date of visit: 26 July 2016

Where we visited

As a result of service developments in Dumfries and Galloway Health Board Nithsdale Ward has recently been re-designated as part of 'Care of the Elderly Inpatient Services'. The ward has been refurbished and now comprises 15 ensuite bedrooms and is designated as an older adults acute admission ward. However the ward also accepts patients with age related needs and day patients for electroconvulsive therapy (ECT) treatment. At the time of our visit the ward had 12 patients, three of whom were under 65, having been transferred from the adult acute admission ward next door after their care was re-aligned to the new pathway designed to meet their individual needs. We last visited the older adult acute admission unit when it was located within Glencairn unit and made the following recommendation:

- There should be a record of activity participation and outcome for each individual.

On the day of this visit we wanted to follow up on the previous recommendation and also look at the environment, activity provision and care planning. This is because we wanted to see how the relocation and development of the service was impacting on care. We were also aware that the hospital is currently transferring to an electronic records system.

Who we met with

We met with and/or reviewed the care and treatment of 7 patients.

We spoke with the charge nurse and several members of the nursing team.

Commission visitors

Mary Hattie, nursing officer, area co-ordinator.

Moira Healy, social work officer.

What people told us and what we found

Care, treatment, support and participation

Care plans

The electronic records system has not yet completely superseded the paper record system. Therefore the ward continues to run with both paper and electronic records. We were told that there is ongoing work to move towards an integrated electronic system. However we found both the paper notes and the electronic records system easy to navigate providing clear information on the reasons for admission, the care goals and progress towards this. Multidisciplinary team (MDT) review notes are very clear, giving information on attendees and decisions made. There is evidence of

carer involvement and support and patients told us they feel listened to and involved in decisions about their care.

The care plans we looked at were all person-centred and reviewed regularly with patient involvement. There was good information about the individual's personal likes, dislikes, strengths and needs. Physical health issues were being addressed promptly and appropriate follow up arranged. We were advised that care plans remain a work in progress with plans to review the care planning documentation to make it simpler.

Where a do not attempt (DNA) cardio-pulmonary resuscitation (CPR) assessment had been undertaken, the certificate included confirmation of consultation with the proxy decision maker and the timescale for review had been set.

Multidisciplinary team input

The ward has input from three consultants, who each hold weekly review meetings. Meetings are attended by ward based nursing staff, physiotherapy, occupational therapy, pharmacy, social work and community nursing staff. Relatives are given the opportunity to meet with the consultant outwith the weekly reviews due to time constraints. Psychology is available on referral with an average wait time of two to three weeks. Psychology also provides clinical supervision to nursing staff trained in cognitive behavioural therapy and behavioural activation therapy. Dietetics and other services are available on referral and respond quickly when required.

Use of mental health and incapacity legislation

All of the individuals whose care we looked at, who lacked capacity to make decisions regarding their health care needs, had Adults with Incapacity (Scotland) Act 2000 s47 certificates and treatment plans in place. Where there was a proxy decision maker, copies of the powers were held within the case notes. Whilst no-one was detained at the time of our visit, there was evidence within the MDT review notes and chronological accounts of care that the need for detention was kept under review.

Rights and restrictions

The ward is an open ward; there is a clearly marked door release button inside the ward to enable patients and visitors to exit freely. Entry to the ward is by swipe card or buzzer.

Activity and occupation

Whilst there is good input from occupational and physiotherapists, there is a whole ward approach to activities, with all nursing staff being involved in delivering group and individual activities. We found good evidence of patients participating in a range of therapeutic and recreational activities, to meet their individual needs and

preferences. There is a weekly focus group meeting where patients and staff set out the activity programme for the coming week. Some activities are fixed, such as the daily supper group, which happens around 8.30 p.m. There is a gardening project, run by a local healthy communities group and gardening groups within the ward. Individuals are encouraged to be active in and engage with their local community; going shopping, out to lunch and using local facilities such as the swimming pool and gym. Staff support patients to continue to engage in their hobbies whilst in hospital; they take one lady to play tennis regularly, as this was something she had always enjoyed doing.

Other activities available include tai chi, chair exercises, cognitive stimulation, relaxation, arts and crafts groups, healthy living, quizzes and dominoes.

There were individual activity recording sheets containing information on activity participation and outcome, including activities declined. Staff actively sought to discuss these with us as they are keen to ensure that this information is available to inform review meetings.

The physical environment

The ward is bright, clean, well decorated and signposted and has a spacious and open feel. There are excellent, safe accessible garden areas, which are well used. We saw several people in them during our visit. The ward is pleasantly furnished, and the interview rooms are worthy of mention; they have a very relaxed domestic feel to them and are also used by visitors, providing a pleasant private space. The activity room is well equipped and used. There is a café in the hospital foyer which is used by patients, visitors and staff. This is a new development since our last visit to this site and is welcomed by staff and patients alike.

Any other comments

All of the patients we met with spoke very positively about their experience of care and the nursing staff. They said staff always had time to talk to them and to listen, and that ‘the kettle is always on’. We were aware that staff were very visible within the ward and interacting with patients throughout the day. The ward had a very calm, relaxed atmosphere.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Mary Hattie,
2 August 2016

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@mwcscot.org.uk
website: www.mwcscot.org.uk