

Mental Welfare Commission for Scotland

Report on announced visit to: Seafield Hospital, Muirton
Ward, Barhill Road, Buckie, AB56 1EJ

Date of visit: 7 June 2016

Where we visited

Muirton ward is an older adult assessment unit for people with dementia. It has 10 available beds. On the day of our visit there were 10 patients on the ward. We last visited this service on 2 June 2015 and made recommendations in relation to prescription of 'as required' medication in fixed doses; completion of garden improvements; individualisation in care plans; review the use of 'flexi observation'.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

We met with eight patients and one relative.

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

Commission visitors

Douglas Seath, nursing officer

Moirá Healy, social work officer

What people told us and what we found

Care, treatment, support and participation

Care plans were person-centred, detailed and reviewed with summative evaluations on a regular basis. Where the patient was capable, the care plans were signed that they had been discussed and agreed. This was a significant improvement from last year's visit.

Information about patients' past was limited within the files we looked at with a life story completed but dependent on data available. Information about the circumstances surrounding admission was also not recorded in some files. However, there was information about individuals' previous hobbies, and social activities.

'Do not attempt Cardio Pulmonary Resuscitation' forms had been completed for some of the patients. Although staff were of the view that it was discussed with family members, there did not always appear to be a record of this discussion on the form.

Patients and family were encouraged to attend multi disciplinary reviews and the records of these meetings were detailed and comprehensive, listing all who were present.

Use of mental health and incapacity legislation

A covert medication pathway form was in place where appropriate with all interested parties consulted. Where patients lacked capacity to consent, all s47 Adults with Incapacity (Scotland) Act 2000 (the Adults with Incapacity Act) certificates with accompanying treatment plans were present in files. There was an adapted NHS Grampian version of the form with treatment plan attached which we felt was good practice. However, in some forms there was consultation recorded with a member of staff but not with a relative or proxy as is required.

Welfare guardianship and powers of attorney were also recorded and a copy of their powers listed. There was also clear evidence of attempts made to obtain this information where relatives had not provided it.

We reviewed the consent to treatment forms for patients detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 (the Mental Health Act) and found a number of anomalies in the prescriptions regarding authorisation and use of 'as required' medication. These issues were raised on the day of the visit and followed up in correspondence with the responsible medical officer.

Recommendation 1

Where appropriate, the treatments authorised by the s47 Adults with Incapacity Act certificate should be discussed with the proxy or nearest relative.

Recommendation 2

The managers should introduce audit by pharmacy or nursing staff to ensure all medication is legally authorised and complies with good practice guidance.

Rights and restrictions

The external door was locked for reasons of safety but we did not find this causing distress to any patients or inconvenience to visitors. In addition to the spacious ward environment, patients had free access to the adjacent garden area in fine weather and this effectively augmented the available areas for walking and activity.

There were no patients on increased observations and the use of 'flexi observations' has been discontinued.

Activity and occupation

There was evidence of and a record showing the regular provision of activities including: gardening, music, skittles, word search, colouring in books, dominoes, jigsaws, ball games and playlist for life.

Patients who were able were encouraged to carry out or assist with normal daily routines e.g. making their beds and setting the table for lunch.

The physical environment

The ward was clean and bright. There was plentiful space on the ward for walking, sitting and activities. The communal space was attractive and appeared popular with patients and their visitors. Appropriate pictorial signage was in place. There was easy access to a dementia friendly garden space and there has been a great improvement to this area with: shaded seating for sunny days; raised garden beds; and hanging baskets tended by patients. The garden is safe for walking in and suitably fenced to provide screening from outside. There were a number of patients enjoying a chat in the sunshine on the day of the visit.

Any other comments

Patients appeared happy and relaxed in their surroundings and spoke quite clearly about their contentment on the ward and how supportive the nurses were. They had no issues with regard to their care and seemed very happy with the input they were receiving.

Summary of recommendations

1. Where appropriate, the treatments authorised by the s47 Adults with Incapacity Act certificate should be discussed with the proxy or nearest relative.
2. The managers should introduce audit by pharmacy or nursing staff to ensure all medication is legally authorised and complies with good practice guidance.

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.

Kate Fearnley

Executive Director (engagement and participation)

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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