Mental Welfare Commission for Scotland

Report on announced visit to: East Ward, Dykebar Hospital, Grahamston Rd, Paisley PA2 7DE

Date of visit: 25 January 2022

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

East Ward provides care to older females with complex care needs. The ward provides 21 beds in single bedrooms with en-suite facilities. There is also an assisted bath and toilet in the ward. We last visited this service on 7 May 2019 and made a number of recommendations in relation to care planning, record keeping, proxy decision makers, covert medication and activities.

On the day of this visit we wanted to follow up on the previous recommendations and also look at visiting and communication with relatives and proxies.

Who we met with

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

We spoke with the senior charge nurse (SCN) and the occupational therapist.

Commission visitors

Mary Hattie, Nursing Officer

Mary Leroy, Nursing Officer

What people told us and what we found

The relatives we spoke with were all very positive about the care and treatment provided in East Ward. We heard that staff made them feel welcome in the ward and consulted with them in relation to their loved ones' treatment decisions. We also heard that staff contact relatives where they have any concerns.

Care, treatment, support and participation

The ward has medical input from a consultant psychiatrist and a specialty doctor. There is dedicated occupational therapy, an occupational therapy technician, pharmacy and physiotherapy input. We were told that the ward previously had dedicated psychology input, however this support has been absent for some time due to staff vacancies. Given the complex needs of the patient group, psychology input is an essential component of the multidisciplinary team (MDT). We heard the support is very much missed as it had a valuable role in the formulation of care plans for individuals experiencing stress and distress. Social work are involved on a case by case basis. Input from speech and language therapy, dietician and other allied health professionals and specialist services is available through referral.

MDT reviews are recorded on the EMIS electronic record keeping system. MDT notes provided a summary of recent presentation and care needs, however these did not always include a record of who was in attendance at the MDT meeting; we look forward to seeing this detail at future visits. The requirement for NHS hospital care is reviewed on a regular basis. The views of proxy decision makers and families are recorded and we heard that proxies are being invited to attend reviews, or if this is not possible are being consulted.

We found completed "Getting to Know Me" and "What Matters to Me" forms in the patients' files we reviewed. These documents contain information on an individual's needs, likes and dislikes, personal preferences and background, to enable staff to understand what is important to the individual and how best to provide person centred care whilst they are in hospital.

Within the care plans we reviewed, we noted that risk assessments were documented and reviewed regularly. Care plans were person centred and addressed risk and mental health needs. We found that the quality of care plans varied with some including a clear overview of the patient's situation and needs, followed by detailed interventions for each identified need. There were a number of care plans which attempted to cover too broad a range of needs and issues in one plan. As a result, some care plans lacked focus and did not fully reflect the high quality care which was being provided. Care plan evaluations were regular, thoughtful and meaningful.

We reviewed the files of a number of patients who were prescribed 'as required' medication for agitation. We found that there were no care plans for the management of patients' stress and distress. The mental health care plan referred to the need to use distraction techniques, or use stress and distress management techniques, however there was no information on the specific triggers or de-escalation techniques for the individual patient.

We found that physical health care needs were being addressed and evidenced in patients' detailed physical health care plans, which also reflected referrals for specialist review or follow up when required.

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.mwcscot.org.uk/node/1203

Recommendation 1:

Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals within each care plan.

Recommendation 2:

Managers should ensure that there is a clear person centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be subject to regular review.

Recommendation 3:

Managers should take action to ensure that psychology provision is reinstated.

Use of mental health and incapacity legislation

At the time of the visit there were 5 patients on the ward detained under the Mental Health (Care & Treatment)(Scotland) Act 2003 ('the Mental Health Act'). We found copies of legal documentation for detained patients in the electronic records system and paper copies were on file.

Part 16 (s235-248) of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. The authorising treatment forms (T3) were in place where required and covered all treatment prescribed.

Where an individual lacks capacity in relation to decisions about medical treatment a certificate completed under section 47 of the Adults with Incapacity Act (Scotland) 2000 ('the AWI Act') must be completed by a doctor, the certificate is required by law and provides evidence that the treatment complies with the principles of the AWI Act. We found completed s47 certificates and treatment plans in the files for the patients we reviewed. We found that where a power of attorney (POA) had been granted or there was an appointed guardian the proxy decision maker had been consulted.

Where a POA had been granted or a Guardian had been appointed there was a note of this in the patient's record and the proxy decision maker was being consulted appropriately. In the majority of files we reviewed, copies of the POA certificates providing details of the powers

held were on file. However in a number of files, we noted that POA certificates had been requested but not provided. It is important that staff have accurate information on the powers which a proxy decision maker has, therefore a copy of the powers should be held within the patients file.

Recommendation 4:

Managers should ensure that where there is a POA or guardianship in place, copies of the powers granted are held on the patient's file.

Rights and restrictions

The ward doors are secured by a keypad entry system. Visitors exit and enter with the assistance of nursing staff. There is information about this on display near the door and during our visit we observed that staff responded promptly to visitors.

Visiting is booked in line with current Covid-19 regulations. The relatives we spoke with told us that they were not finding any difficulty with this system and they were able to visit when they wished.

Several patients use pelvic positioners to maintain their position when seated. Where this was the case, physiotherapy had been involved, risk assessments were completed and care plans in place which were being reviewed regularly.

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

Activity and occupation

There is a varied activity programme provided by the occupational therapist and therapy technician. This includes a range of small group and individual activities to meet the needs and preferences of the patients, such as the development of life stories, reminiscence, quizzes, games, exercise, film events, music groups and the use of playlists for life for individuals, crafts, virtual visits with families etc. Individuals are also supported to attend church services, currently on a virtual basis. Whilst Covid-19 restrictions have meant that external activity providers such as therapet, music in hospitals and the wandering minstrel have not been able to attend the ward in person, these services are still accessed virtually and we are told this has been successful.

We saw individuals engaged in an online music group and in virtual pet sessions during our visit. We heard that the ward arranges for a hairdresser to attend periodically. Nursing staff spend time in informal activities, chatting with individuals and taking them for short walks around the ward and grounds. We found evidence of activity preference and participation within the notes we reviewed.

The physical environment

The ward has direct access from a sitting room to a pleasant secure garden area. There is a central hub, where the majority of the patients spent a considerable amount of time during our visit. This area has a large central skylight to provide natural light, but has no window with views to the outside. There have been creative attempts to mitigate this with picture window murals installed around this area. There are also two sitting rooms off the main corridor, one of which has a pop up reminiscence café installed. The ward is bright and clean and there is dementia friendly signage throughout. Individual bedrooms are personalised to varying degrees with pictures and other personal effects.

Summary of recommendations

1. Managers should review their audit processes to improve the quality of mental health care plans to reflect the holistic care needs of each patient, and identify clear interventions and care goals.

2. Managers should ensure that there is a clear person centred plan of care for patients who experience stress and distress. This should include information on the individual's triggers and strategies which are known to be effective for distraction and de-escalation and be regularly reviewed

3. Managers should take action to ensure that psychology provision is reinstated.

4. Managers should ensure that where there is a POA or guardianship in place, copies of the powers granted are held on file.

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.

Suzanne McGuinness,
Executive Director (Social Work)

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 Commission 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: mwc.enquiries@nhs.scot
website: www.mwcscot.org.uk