Mental Welfare Commission for Scotland

Report on announced visit to:
Carseview Centre, Mulberry, 4 Tom MacDonald Avenue, Dundee, DD2 1NH

Date of visit: 17 April 2025

Our local visits detail our findings from the day we visited; they are not inspections. Although there are specific things we ask about and look for when we visit, our main source of information on the day of a visit is from the people who use the service, their families/carers, the staff team, our review of the care records and our impressions about the physical environment. We measure this against what we would expect to see and hear based on the expectations of the law, professional practice and known good practice e.g. the Commission's good practice guides.

Where we visited

Mulberry Ward is a 20-bedded, mixed-sex, adult acute psychiatric admission ward based at the Carseview Centre. Individuals admitted to this ward are primarily from the Angus area of Tayside but can also be from out with this area.

On the day of our visit, there were 16 people on the ward and four vacant beds.

We last visited this service in March 2024 on an announced visit and made recommendations that an audit system should be in place to check that all psychotropic medication is appropriately and legally authorised, that the locked door policy is reviewed daily review and is explained to people admitted to the ward informally, that the specified persons process is reviewed and documentation is completed, that there should be consideration for multidisciplinary team (MDT) to be trained in the application and use of specified persons process and that advance statements are promoted.

The response we received from the service was that pharmacy carried out an audit of prescribed psychotropic medication every three months, but that an audit by ward staff was yet to be actioned. The NHS Tayside locked door policy was reviewed daily, the specified persons documentation audit had been implemented, that training in the application and use of specified persons was being sourced and that advance statements were included in care plans and promoted during one-to-one discussions with individuals. Additional information leaflets were to be developed to provide additional information about advance statements, individuals would be included in discussions on the discharge planning process and that Mulberry Ward staff would make written recommendation for follow up care providers to promote advance statements.

On the day of this visit, we wanted to meet with people receiving care and treatment in the ward, follow up on our previous recommendations.

Who we met with

We met with and reviewed the care of nine people. We also met with two relatives.

We spoke with the senior charge nurse, the senior nurse, and consultant psychiatrists.

Commission visitors

Gordon McNelis, nursing officer

Sandra Rae, social work officer

Catriona Neil, ST6 (psychiatry)

What people told us and what we found

We met with several individuals who were keen to tell us about staff. We were told they were “good at their job”, “supportive and helpful”, “really lovely”, “they work really hard but are understaffed” and one individual told us they “feel a bit more humanised since admission”. Alternative views that we heard were “I get on well with some staff, but some can be bullish”, “there’s difficulty finding a nurse but found health care assistants visible”.

Other comments we heard were about the ward and it being “very noisy”, “daunting” and “it could do with being decorated”. Individuals also told us it would be better if they were given notification of meetings with professionals and “there should be more therapists and psychologists on the ward”. People also told us their views about activities in Mulberry Ward and that they were “good and have a good variety” and “always open to new ideas”.

The relatives/carers we spoke with told us they “feel fully involved”.

Care, treatment, support, and participation

Care records

Information on individuals’ care and treatment was held electronically and easily located on the EMIS system. We reviewed several care plans and found these to be person-centred, detailed and described identified needs and interventions thoroughly. However, the individuals we spoke with told us that they weren’t aware of their care plans. We raised this at our visit feedback meeting, advising the service that care plans should be accessible to individuals and that they should ensure that easy read versions were made available where required.

Our review of continuation notes found them to be of mixed quality, with some having an in-depth description of the individuals’ presentation and routine, whereas others were brief and lacked relevant information. Continuation notes should be descriptive and include relevant content that records information about observation of, or engagement with an individual.

We were told the aim was for one-to-one discussions between individuals and nursing staff to take place three times per week. We found the frequency and recording of these discussions varied however, where there were examples of the one-to-ones, we found an in-depth description of the discussion that gave the reader a good understanding of the individual’s views and their circumstances.

It is good practice for recorded entries to be documented in a consistent way, and we raised this at the feedback meeting. We look forward to seeing the continuation notes displayed more consistently during our next visit.

We heard positive feedback about the consultant psychiatrists on Mulberry Ward, and we found a high standard of recorded entries of their one-to-one engagement with individuals. These reviews were detailed and gave the reader a good understanding of the individual and their circumstances.

We found the risk assessments were detailed and addressed the areas of identified risk however, we found a variation with accompanying risk management plans.

Recommendation 1:
Managers should ensure that comprehensive risk management plans are completed to ensure robust management of identified risks.

The Commission has published a good practice guide on care plans[1]. 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.

Multidisciplinary team (MDT)
A range of professionals were involved in the provision of care and treatment in the ward. This included psychiatry, nursing staff, health care support workers (HCSW), occupational therapy (OT), activity support worker (ASW), physiotherapy, pharmacy and discharge co-ordinator.

We were aware of the gap in the MDT of a dedicated clinical psychologist in Carseview Centre and recognise the efforts that have been made to recruit to this post. However, we feel dedicated clinical psychology input to Carseview/Mulberry Ward would provide staff with valuable guidance and formulation for individuals with challenging and complex needs and is an area that managers should continue to have a focus.

Recommendation 2:
Managers should continue with their efforts to ensure there is dedicated clinical psychology input into the ward to support the development of psychological therapies and interventions across the staff and individual groups.

We were told the MDT meetings were held weekly and we found the documents for these on EMIS. However, sections in some of these documents were incomplete such as reports by keyworkers and individuals' concerns and issues that they would like to discuss. We would like to see these sections consistently and fully completed in the MDT meeting documents.

[1] *Person-centred care plans good practice guide*: https://www.mwcscot.org.uk/node/1203

Recommendation 3:
Managers should ensure that individuals' views and participation is recorded at the key points in their care and treatment such as with the care planning and multidisciplinary meeting reviews.

Use of mental health and incapacity legislation

On the day of the visit, nine people were detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act). All documentation relating to the Mental Health Act were easily found and in order.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained and are either capable or incapable of consenting to specific treatments.

On the day of our visit, we wanted to follow up on our previous recommendation regarding the audit systems to check that all psychotropic medication was being legally and appropriately authorised. The Mulberry Ward action plan response to this recommendation was that pharmacy and nursing staff were carrying out audit processes to verify that consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act, were relevant, current and accurate.

During our review of T2 and T3 certificates, we found the electronic versions for these stored on hospital electronic prescribing and medicines administration (HEPMA) system. Paper copies were also found however, two of these were not consistent with the electronic versions. We raised this with senior medical staff with a view for these to be amended.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) Act, 2000 (AWI Act) must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form.

During our review of the section 47 certificates, we found these in place however, three certificates didn't include the attached treatment plan. This was raised with senior medical staff with a view for these to be updated.

Recommendation 4:
Managers should ensure that, where a person lacks capacity in relation to decisions about medical treatment, s47 certificates, and where necessary, treatment plans must be completed and cover all relevant medical treatment the individual is receiving.

Rights and restrictions

A locked door policy remained in place for Mulberry Ward to provide a safe environment and support the personal safety of everyone on the ward. On the day of our visit the door was locked. We were satisfied that this was proportionate in relation to the needs for most of those in the ward and that the locked door policy continued to be reviewed.

The locked door policy was not on display at the entrance to the ward however, we saw locked door guidance and direction in easy read format in the ward. Although this is helpful for individuals to be made aware of the process for access and egress from the ward, we would prefer the locked door policy also to be displayed. We raised this with senior staff at our end of day meeting.

On the day of the visit, we wanted to follow up on our previous recommendation regarding the locked door policy being explained to individuals who were admitted to the ward informally. We would expect the locked door policy to be explained during one-to-one discussions and for this conversation to be recorded in care records during admission or revisited when their mental health has improved, and they have a better understanding of their rights.

During our review of care records, we could not find any evidence of discussions about the locked door policy.

Recommendation 5:
Managers should ensure that all individuals who are admitted to the ward informally are aware of their rights around access and egress from the ward.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a person is specified in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied.

One individual was subject to specified persons restrictions under the Mental Health Act. We found relevant documents in place that provided notification of restrictions, instruction to members of staff and rationale for this decision.

On the day of our visit, we wanted to follow up on our previous recommendation regarding training in the application and use of specified persons and audits of documentation associated with this. We were told that although training had yet to take place, this was being sourced via quality improvement and practice development, with a view to be actioned and that audits had been implemented and monitored by the professional governance forum.

Activity and occupation

Mulberry Ward had activities that were facilitated by the ASW over a seven-day period. Additional input came from OT and support staff who also covered other wards in the Carseview Centre.

The ASW completed a weekly timetable that included group and individual activities that were dependant on the individuals' needs. Feedback and suggestions for activities were sought from individuals during weekly group meetings and from a suggestion box to make them person centred and align with individuals' preferences.

Although we heard positive feedback about the ASW and the variety of activities on offer, a common theme we heard was individuals' participation in these varied due to the limited availability of them and nursing staff to accommodate activities both in the ward and the community settings.

Although it is important that all individuals be provided with activities to contribute to their structure in the ward and community setting, dependence on nursing staff to jointly facilitate these can be unpredictable. Therefore, we feel consideration should be given to recruitment of additional ASWs to facilitate these activities.

Recommendation 6:
Managers should consider recruitment of additional activity support workers to facilitate individuals' routine and structure that take place both inside and out with Mulberry Ward.

The physical environment

The layout of the ward was split into separate male and female sides with ensuite facilities in each individual bedroom. The ward had two sitting room areas, a large dining area, and a colourful art room that was regularly used.

Mulberry Ward previously had two surge rooms; one had been closed since our last visit and the other was awaiting closure, with plans to cease the surge room availability by the end of 2025.

A common theme amongst the individuals we spoke with was the difficulty they had accessing the garden area. Due to the location of the ward, there was no direct access, instead individuals were escorted by members of staff through the emergency exit to a locked area adjacent to the garden. We were told reduced staffing numbers could affect the frequency of when individuals had access to the garden as staff were required to remain in this area when an individual had been escorted there due to the identified ligature risk. We were told that solutions had been explored to accommodate individuals access to the garden and we look forward to hearing what solution has been put in place before our next visit.

During our viewing of the garden area, we saw discarded cigarettes and the adjoining stairway smelled of cigarette smoke. We raised this during our feedback meeting, and we were told that management had found it difficult to enforce the Scottish Government's NHS no smoking legislation in the garden and hospital grounds. We were told that senior management continued to liaise with other NHS Tayside services to look at ways to implement the smoke free legislation.

Recommendation 7:
Managers must ensure compliance with the Smoking, Health and Social Care (Scotland) Act 2005 (part 1) to promote the provision of a safe, pleasant, and therapeutic environment for all and ensure that staff are given support to manage this.

Summary of recommendations

Recommendation 1:
Managers should ensure that comprehensive risk management plans are completed to ensure robust management of identified risks.

Recommendation 2:
Managers should continue with their efforts to ensure there is dedicated clinical psychology input into the ward to support the development of psychological therapies and interventions across the staff and individual groups.

Recommendation 3:
Managers should ensure that individuals' views and participation is recorded at the key points in their care and treatment such as with the care planning and multidisciplinary meeting reviews.

Recommendation 4:
Managers should ensure that, where a person lacks capacity in relation to decisions about medical treatment s47 certificates, and where necessary, treatment plans must be completed and cover all relevant medical treatment the individual is receiving.

Recommendation 5:
Managers should ensure that all individuals who are admitted to the ward informally are aware of their rights around access and egress from the ward.

Recommendation 6:
Managers should consider recruitment of additional activity support workers to facilitate individuals' routine and structure that take place both inside and out with Mulberry Ward.

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Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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

Claire Lamza
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 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 an individual's care, treatment, and support are 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.

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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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