Mental Welfare Commission for Scotland

Report on announced visit to: Midpark Hospital, Balcary Ward, Bankend Road, Dumfries, DG14TN

Date of visit: 28 May 2026

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

Balcary Ward is a six-bedded, mixed-sex, purpose-built, intensive psychiatric care unit (IPCU) in Midpark Hospital.

IPCUs provides intensive treatment to individuals who may present with an increased level of clinical risk and who may require an enhanced level of clinical intervention. This type of unit normally has a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have specific skills and experience in caring for acutely ill and often distressed patients.

On the day of our visit, five of the six beds were occupied. We last visited this service in March 2025 and made two recommendations regarding a robust system of auditing consent of the treatment forms so that any treatment given and/or received was legally authorised and to replace the whiteboard in the ward office to ensure that information relating to individuals was always kept secure.

On the day of this announced visit, we planned to meet with individuals in Balcary Ward and to speak with their relatives. We wanted to hear from staff about the care and treatment they were delivering to those in their care and how they ensured that care and treatment was being provided in line with mental health legislation and in a human rights compliant model.

We also wanted to check on progress on the effective management of flow between the IPCU and general adult services at Midpark.

Who we met with

We met with and reviewed the care of five people, four who we met with in person and one who we reviewed the care notes of. We did not speak with any relatives on the day of the visit as none were present and no relatives asked to speak with Commission visitors after the visit.

We spoke with the service manager, the senior charge nurse, the lead pharmacist, a student nurse, and other registered nursing staff.

Commission visitors

Mark Richards, nursing officer

Mary Leroy, nursing officer

Mary Hattie, nursing officer

What people told us and what we found

We met with four individuals; for one person the extent of their mental health symptoms meant that they were too unwell to express their views on their care and treatment.

The other individuals were able to tell us of their experience of care in Balcary Ward; they told us they felt safe and well supported. We heard positive comments including "staff are approachable," "they are diligent and compassionate," and that "staff are calm." One person talked about their experience of restraint and commented on nursing staff's "tolerance, compassion and patience" during this intervention. We also heard from one individual that medical staff were "generous with their time."

A recurring theme in feedback was that the service was well led.

While individuals accepted that Balcary Ward required certain restrictions to be in place due to safety and risks, there were also largely content with access to structured activity. For one person, we heard that they felt that they had a lack of access to activity, but we explored this matter with the nursing staff and heard that this was due to a reluctance to engage as opposed to activities not being available.

All the staff members we spoke with knew the individuals on the ward well. They were able to comment on any risks, restrictions and management plans that were in place to support those in the ward.

On the day of our visit, the care we observed being delivered appeared to be personalised and focussed on each individual's care plan goals; individuals were actively engaging with staff in different activities throughout our visit. We observed staff engaging in skilled and compassionate manner with those who required a higher level of support.

We heard from the SCN about overall improvements in patient "flow" since our last visit in 2025. On the day of our visit, there was one empty bed and there were plans being progressed to transfer two individuals to general adult wards later that day.

A local IPCU pathway has been developed that aims to build upon improvements made. This has been tested with the acute wards on the Midpark Hospital site, and a plan was in place for full implementation within the next few weeks. Currently, there are no patients boarding in IPCU or patients who have been admitted from outwith the local area.

The service reported that they were proactively managing flow by offering "in reach support" to the adult acute admission wards. This involved assisting the team in the adult acute wards with the management of risk, observation and intervention and using this as an opportunity to share and spread learning from their use of predictive clinical risk assessment tools.

Care, treatment, support, and participation

Individuals admitted to Balcary Ward required an assessment based upon their mental health, physical wellbeing, and risks. The assessment process informs the nursing care and interventions that an individual requires. Nursing care plans were held on the new digital platform "MORSE."

We found the nursing care plans to be person-centred. They began with information from the person about what was important to them, where their strengths lay and what would support them to achieve short-term, as well as longer-term goals. This approach ensured that the care plans focussed on the individuals' strengths and protective factors. This also supported and evidenced each individual's involvement in the care planning process.

We were pleased to hear people were actively encouraged to participate in all aspects of their admission, ranging from information gathered from the initial assessment to participation in care planning and attendance at multidisciplinary team (MDT) meetings, as well as active participation in their discharge planning.

We found that care plans were reviewed and regularly updated. The reviews were linked with the care plans, drew on sources of assessment such as the Dynamic Appraisal of Situational Aggression Tool (DASA), and were thoughtful and detailed regarding the progress and changes in the individuals' care.

Care records

Information and care records for care and treatment were held on the electronic system, MORSE which was easy to navigate. There was a clear focus on an individual's mental health and wellbeing, and also evidence of a range of physical health assessments that had been completed.

Those who were admitted to Balcary Ward required assessment based upon their level of individual risk which, for a variety of reasons, could not be safely managed in the general adult mental health ward. We could see evidence that the clinical risk assessments were reviewed regularly and updated, with assessments made using the Sainsbury Centre Clinical Risk Assessment Tool.

Multidisciplinary team (MDT)

The core multidisciplinary team consisted of psychiatry, nursing staff, occupational therapy staff, and pharmacy. Referral to psychology, physiotherapy and dietetics took place as and when required and we did not hear about any unmet needs. We did hear about work being delivered by pharmacy on promoting medicines management by patients, with the aim of increasing their knowledge and skills in this area and we welcome this as an area of focus.

The MDT template highlighted who attended the meeting. We noted that the MDT documentation was of a good standard. It was informative and there was a clear action plan that identified outcomes and actions for the individuals' care goals.

The MDT meeting takes place weekly and we were told by staff that both those in the ward along with their families and carers were invited to attend.

Use of mental health and incapacity legislation

On the day of our visit, all five individuals in the IPCU were detained under Mental Health (Care and Treatment) (Scotland) Act, 2003 (the Mental Health Act) or the Criminal Procedure (Scotland) Act,1995. The appropriate detention paperwork was readily available.

We heard directly from some individuals that they were aware of their rights in relation to the orders to which they were subject. This included easy access to advocacy and there were some individuals who were able to tell us about their access to, and input from, a solicitor to represent them at previous or forthcoming mental health tribunal hearings. Individuals offered very positive feedback regarding the local advocacy service, who attended the ward at least three times a week.

Part 16 of the Mental Health Act sets out conditions under which treatment may be given to detained patients, who are capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the mental health act were in place when required, however we found one error where the medication dose prescribed did not match to that recorded on the respective certificate. We raised this with senior managers on the day and were informed they would attend to this as a matter of urgency and would ensure their audit processes were adjusted to pick up any changes going forward.

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. There was one individual who had been assessed as lacking capacity and a section 47 certificate was in place.

Rights and restrictions

On the day of the visit there were two individuals who required additional support though continuous interventions from the nursing staff. We were told that individuals who were subject to those measures were reviewed daily and we could see evidence of this in their care records.

The design of the Balcary Ward meets the national standards for intensive care locked wards, supporting people with risks to self and/or others but who require a lower level of security.

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 an individual is made a specified person and in relation to this where restrictions are introduced, it is important that the principle of least restriction is applied. On the day of the visit, there were three individuals who required these restriction – two for use of telephones, and one for personal and property searches. The appropriate paperwork was in place for this and included a reasoned opinion.

When we are reviewing individuals' files, we look for copies of advance statements. The term 'advance statement' refers to written statements made under sections 275 and 276 of the Mental Health Act and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. We found one advance statement in the care records.

Activity and occupation

There is a need for individuals to have access to "meaningful activities" which should include creative and leisure activities, exercise, selfcare and if appropriate community access. It is a vital component in providing safe, recovery focussed inpatient mental health care.

We heard that activities in Balcary Ward were planned and delivered on an individualised basis as opposed to this being through a pre-planned ward programme.

We heard from individuals and staff in the ward regarding a variety of activities that were available including art and crafts, listening, and playing music and access to the gym which is located just outside the ward. During the visit, we observed individuals engaged in a range of activities and saw regular use of the garden area.

We also heard that the occupational therapy service ran groups and one-to-one sessions, including arts and crafts, cooking groups, and quizzes.

The physical environment

Midpark is a relatively new hospital that opened approximately 15 years ago. Balcary Ward was purpose-built for individuals who would require intensive care for their mental health needs. The ward appeared clean and was in a good state of repair.

The ward provides a pleasant environment, with six single rooms that have en-suite facilities. There is access to communal day areas that were well maintained, with

ample space for the number of individuals and staff. We saw several people making use of the garden to exercise and get some fresh air.

There is a separate visiting area just off the main ward which was bright and pleasant.

We looked at the intensive therapy room which is designed as a safer spacer for individuals to access independently or with support from staff. This contained furniture which enabled de-escalation and the use of safe holds. It was not in use at the time of the visit.

We also visited the hospital gym, which is located just outside Balcary Ward and shared with the other wards on the site; this was well equipped. We heard that more new equipment had been recently purchased and that the gym was well utilised.

Any other comments

We heard about the benefits of connecting with the national IPCU network and the opportunities that this afforded for sharing and learning in this specialist area of mental health care.

The benefits of collaborating with the State Hospital were also discussed, and how this has helped with realising improvements in care experience and outcomes through using the Dynamic Appraisal of Situational Aggression Tool (DASA), and through the use of the 'clinical pause' model.

Staff in the ward reported that they felt well supported, and despite some of the clinical challenges faced through working in intensive care, they felt safe in their roles.

Good practice

The Balcary Ward team have now fully embedded the use of the DASA. The benefits of using the DASA tool have been an overall reduction in violent and aggressive incidents and incidence of restraint. This has formed part of an ongoing programme of local improvement activities. We heard how DASA scores are discussed daily, and how this is informing and delivering a least restrictive approach to care. It is also forms part of regular care plan reviews with patients. Data associated with this work was on display.

We also heard about significant improvements that had been made to patient flow across mental health services in Dumfries and Galloway. We could see the positive impact of this on bed occupancy and patient flow in Balcary Ward. A daily site huddle is well established which brings regular, structured focus to this, as well as areas such as site wide clinical activity and staffing resources.

Summary of recommendations

For this visit, no recommendations made.

Service response to recommendations

Although no recommendations were made for this visit, the Commission would 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 and should be returned within three months of the publication date.

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.

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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