Mental Welfare Commission for Scotland

Report on announced visit to: Thistle Ward, Ellen's Glen House, 72 Carnbee Avenue, EDINBURGH, EH16 6FF

Date of visit: 6 August 2019

Where we visited

Ellen's Glen House is a Community Hospital in Edinburgh. The hospital houses two units: Thistle Ward and Hawthorn Ward. Hawthorn Ward provides care for older adults with complex physical health needs who require respite or longer term inpatient care. Thistle Ward is a 30-bedded unit for older people with severe and enduring functional mental illness. The unit provides Hospital based Complex Clinical Care (HBCCC).

Thistle Ward occupies the ground floor of Ellen's Glen House. The building is owned and managed by Walker Healthcare. Hospital services, such catering, cleaning and laundry, are managed by Sodexo. The building manager and hotel services manager are based on site.

We last visited this service on 3 November 2015 and made the following recommendations about improving documentation, activities, T2 and T3 certificates authorising treatment under the Mental Health (Care and Treatment)(Scotland) Act 2003 ('the Mental Health Act') and the Adults with Incapacity (Scotland) Act 2003 ('the AWI Act) documentation.

On the day of this visit we wanted to follow up on the previous recommendations and also to meet with patients.

Who we met with

We met with and/or reviewed the care and treatment of eight patients. No carers/relatives/friends asked to meet with us on the day.

We spoke with the service manager, senior charge nurse and charge nurses. We also met with the consultant psychiatrist, activities co-ordinator and other members of the nursing team.

Commission visitors

Juliet Brock, Medical Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

On the day of this visit there were 25 inpatients on the ward. One person was on the waiting list for admission.

We were told by senior staff that the remit of the service is gradually changing. Patients under the age of 65 are now being referred, and the inpatient group in general are younger and more physically able than in the past. Some individuals are also now being referred for rehabilitation rather than continuing hospital inpatient care. We were advised that three patients were receiving long term rehabilitation at the time of our visit. A number of patients had recently been discharged to care homes. A few had also been successfully discharged home with community care packages.

On the day of the visit we observed warm, positive interactions between staff and patients. Those patients who were able to tell us about their experience spoke positively about staff and of the care they were receiving.

From discussions about individual cases, it was evident that staff had a good knowledge of the patients in their care.

The multidisciplinary team (MDT) comprises nursing staff, a consultant psychiatrist, two specialty doctors, an activities co-ordinator and occupational therapy (OT) assistant. Referrals can be made for input from physiotherapy, dietetics and speech, and language therapy where required.

We heard there were no difficulties with staffing the unit, with good with recruitment and retention levels. Given the large footprint of the ward, and the layout across three patient corridors, during each shift the staff work in teams, allocated by corridor. A handover tool had recently been developed to enhance communication and information sharing across ward.

Documentation

In the casefiles we reviewed, we found care plans to be person-centred, regularly reviewed, of a good quality and involving the patient where possible.

Some generic documents, such as the risk assessment bundle and daily care rounding records, are used across older people's services in NHS Lothian and predominantly focus on physical aspects of care, rather than mental health needs. Staff outlined some of the challenges this posed.

The nursing team had undertaken a project to review documentation and redesign the care planning process on the ward. The team had introduced a mental health nursing assessment and risk assessment, which enabled important aspects of an individual's risk history and mental health needs to be highlighted. There were also plans to continue to develop the care planning process, improving patient participation and introducing monthly 'care plan clinics', offering quality improvement and opportunities for staff training. The team are aiming to transfer certain documents onto an online format in the future.

We welcomed these initiatives and look forward to reviewing further progress when we next visit.

The Commission has produced good practice guidance on person-centred care plans which can be found at:
https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

We found some inconsistency in the recording of MDT reviews, with the psychiatric report often recorded in the patient's daily notes, rather than the MDT document used by other professionals in the team. We discussed this on the day. The new consultant psychiatrist and charge nurses planned to consider how best to record MDT meetings in the future.

In the files we reviewed we found the recording of physical health reviews and interventions by the ward doctors to be of a high standard.

The recording of activities was an area we felt could be improved. Patient engagement in, or refusal of, daily activities reflects an important aspect of individual progress and we discussed how this could be developed.

Some of the Do Not Attempt Resuscitation (DNAR) documents we found in patient files were incomplete. These forms had often been completed prior to the patient arriving on Thistle Ward. The consultant agreed to review this documentation for all patients to ensure that the individual's capacity to consent to this decision had been recorded and that there was evidence of consultation with relatives, with proxy decision making where appropriate.

Use of mental health and incapacity legislation

At the time of our visit, six patients were subject to the Mental Health Act. We found copies of documents relating to the Mental Health Act present in patient files, with certificates authorising treatment (T2 / T3 forms) filed alongside patient prescription sheets.

We found a few errors relating to medication authorisation, which we discussed with the consultant on the day. We suggested that T2 and T3 certificates are regularly checked in the future to ensure all medication prescribed is appropriately authorised.

For patients who were unable to consent to their physical health treatment, authorisation required under section 47 of the AWI Act was in place, with s47 certificates and individual treatment plans filed alongside their prescription sheets.

Where patients were prescribed covert medication, we found appropriate covert medication pathways present in the notes.

Rights and restrictions

The ward have input from a local advocacy service and we were told that advocacy support is readily available for anyone who wishes this.

We were advised that few patients had Advance Statements. With the changing population of the ward in mind, we suggest that patients are encouraged to consider making an Advance Statement if appropriate as their recovery allows them to.

We were pleased to hear that patients were encouraged to become involved in projects on the ward and to regularly complete feedback and comment forms. We were also told that the activities co-ordinator plans to hold a regular ward meeting for patients and that there is already patient representation on the management group which discusses issues relating to the building and hospitality services. The service manager, patients and staff advised us of recent negative feedback regarding the quality of the food provided on the ward. We were assured that this had been raised with managers on site and that improvements were being sought.

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

We met with the activity co-ordinator and spoke with staff and patients about activities on the ward.

There is not a weekly timetable for activities. Most activities are arranged on an individual or small group basis, depending on the interests of patients. We were told about regular breakfast groups, craft groups, exercise groups and music groups and other opportunities such as aromatherapy and massage.

One of the lounges has recently been re-decorated for use as an activity room. We were told that patients were involved with the re-design process. The space facilitates small groups of up to six people.

Music in hospitals visit monthly. The ward currently has input from art therapy and the addition of music therapy is being explored.

The ward organise outings for patients, such as cinema trips, afternoon teas and a regular dance at a local miners club. We were also told that patient holidays have been arranged for patients in the past, the last being to Loch Lomond.

We did receive some patient feedback that the range of regular activities on offer was somewhat limited and focused on a narrow range of interests. Given the large, diverse, mixed sex patient group, we thought this could be an area for further development, with patient consultation informing the range of activities offered in the future, especially for those more restricted to the ward.

We also heard from the staff team that funding would be beneficial to further develop the activity programme. This is something which managers should assess.

The physical environment

Thistle Ward offers en-suite bedrooms for up to 30 patients. These are arranged across three corridors, each of which has a sitting room, shared shower and bathing facilities and nine bedrooms. One bedroom in each corridor is a twin room. At the time of our visit, the second bed of each of these rooms was blocked for patient dignity and privacy. Where possible the

corridors are kept as single sex. Patients are encouraged to personalise their rooms and we saw evidence of this.

We were told that the design of the unit presents some challenges. This is immediately evident on entering the building, as the main reception area for the hospital (and the stair/lift access to Hawthorn Ward upstairs) is within Thistle Ward itself. This provides little privacy for patients who choose to sit or wander around the reception area.

The dining room is spacious and overlooks the rear garden, which has been thoughtfully landscaped with planting, covered seating areas and features of interest. There is a clear pathway through the enclosed interconnected garden spaces, enabling patients to safely meander through the outdoor environment.

The sitting rooms on the ward offer a range of different spaces to relax. The lounge in the male corridor has been decorated as a traditional bar/lounge. Non-alcoholic drinks are served, there are tables to sit and activities such as a fruit machine, TV and keyboard. A jukebox had also been ordered. We were told that the male patients had been involved in this ongoing project and enjoyed spending time there.

Service response to recommendations

As there were no recommendation made in this report, the Commission does not require a response.

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

ALISON THOMSON
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 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