



mental welfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Willow Unit, Susan Carnegie Centre, Stracathro Hospital, By Brechin, DD9 7QA

Date of visit: 21 August 2019

Where we visited

Willow Unit is an old age psychiatry unit at Stracathro Hospital outside Brechin. It is a purpose built unit with 12 single en-suite rooms for male and female patients. It provides admission, assessment and treatment for people with dementia who are experiencing complex levels of stress and distress.

We last visited this service on 25 June 2018. This was a combined visit to Willow Unit and Rowan Unit, and Rowan Unit is a ward which provides care and treatment for older people with functional mental health problems. Rowan Unit was visited again, though on 31 July 2019, as part of the Commission's themed visit to older people's functional mental health wards across Scotland. As Rowan Ward had been visited very recently we visited Willow Ward separately, because it had been over a year since our previous visit, and because we wanted to look generally at the care and treatment being provided in the ward.

Who we met with

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

We spoke with the service manager, the charge nurse, and the consultant psychiatrist on this ward.

Commission visitors

Ian Cairns, Social Work Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We were not able to have detailed conversations with patients in Willow Unit, because of the progression of their illness. We were able though to meet and introduce ourselves to a number of patients and, although they could not provide us with views about their experience of care and treatment in the unit, they appeared settled and relaxed in the environment. We observed supportive interactions between nursing staff and individuals in the ward during our visit. The relatives we met also gave positive feedback about the care and treatment provided in the ward. One relative wanted to tell the Commission about discharge planning processes, but this was because their experience of the discharge planning process and the involvement of people outwith ward staff had not been helpful. This relative wanted to let us know though that staff within the ward had provided very good care and treatment in their view.

Care planning

We reviewed seven patient files in the new electronic record system which the ward is using. Care plans were highly detailed and person-centred, and they are clearly developed based on the assessed needs of the individual patient. There was also a strong focus on mental health and physical healthcare evident in the plans. The only thing we noted with regard to care planning documentation in the new electronic record system was that it was sometimes difficult to identify when a care plan had been reviewed and closed, as scanned documents remain on the electronic record system once they have been uploaded.

We found that staff are collecting good comprehensive information about individual patients' backgrounds and personal histories. This is important as it gives ward staff a better understanding of patients with dementia, and helps staff to provide support and engage with patients. In conversation with staff during the visit it was also clear that they knew the patients well, and this was reflected in the positive interactions we observed during the visit.

When reviewing files we saw that some patients are prescribed medication which is being administered covertly. This means that medication is administered in disguised form, usually being administered in food and/or drink. We were pleased to see that a clear pathway is followed when decisions about covert medication are being considered, with covert medication plans in place, with very clear guidance provided by pharmacy, and with decisions being reviewed in the files we looked at on a monthly basis.

It was clear in the file reviews that there is good multi-disciplinary team (MDT) input within the ward. There is regular input from pharmacy and psychology, and also from occupational therapy and physiotherapy services. There is also good medical input from the medicine for the elderly services, which are based at Stracathro Hospital as well. MDT meetings are well recorded, and it was clear from reading notes about MDT meetings that the care and treatment each patient is receiving is well monitored and evaluated. It was also clear from the file reviews that relatives and family members are encouraged to participate in decisions about care and treatment, and this could be seen in the information documented in files about family participation.

Use of mental health and incapacity legislation

Paperwork relating to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') was well-organised in files for patients who were subject to compulsory measures under legislation. Certificates consenting to treatment (T2) or certificates authorising treatment (T3) where people were detained under the Mental Health Act were in place where required. A designated medical practitioner (DMP) was visiting the ward on the day of our visit, to get an independent opinion about medication to be authorised. This visit should have been arranged slightly sooner, and this was discussed with the consultant psychiatrist on the day. We emphasised that it is important that the dates when T2 and T3 forms will be required and when DMP visits should be arranged are clearly identified, so that a certificate can be in place or a DMP visit can be requested timeously. Service managers have been talking to IT colleagues about how the new electronic record system could be adapted to flag up specific dates when orders under the Mental Health Act expire, or when forms need to be completed, and it would be helpful if the new system could set reminders.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate is completed by a doctor under Section 47 of the Adults with Incapacity (Scotland) 2000 (AWI) legislation. We saw that s47 certificates were in place, accompanied by treatment plans relevant to the individual. Many of the patients also had welfare guardians or attorneys in place, appointed under the AWI Act, and we saw that staff were routinely requesting copies of relevant orders, and were including proxy decision makers in discussions about care and treatment when appropriate.

Rights and restrictions

Patients in Willow Unit have good access to the local independent advocacy service. We felt that supported decision making was promoted and encouraged within the ward, and that where appropriate advocacy services were also involved in supporting patients.

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 was evidence of good activity provision into the ward, from the occupational therapy service, and from STARS (the supported therapy activity and recovery service), and from some voluntary sector organisations. Staff in the ward will also engage patients in social and recreational activities, although this will be very much dependent on clinical tasks which have to be done in the ward. The activities which patients are engaging in are not well-captured in documentation in the ward, and we felt that the information recorded about activity participation does not reflect what is actually happening in the ward. We would suggest that the service looks at how individual engagement in activities, and the impact of engagement in activities, can be recorded more consistently, and this could perhaps be done by having a brief discussion about engagement in activities and the benefits of this at each MDT meeting.

The physical environment

Willow Unit is a bright purpose built ward which has single en-suite bedrooms and good access to communal lounge and dining area with smaller quiet lounge areas available for patients to use. There is good access to a sheltered and secure garden area which is well maintained and pleasant to sit in, and was being well used on the day of our visit.

Summary of recommendations

The Commission has no recommendations to make following this visit.

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.

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