Mental Welfare Commission for Scotland

Report on announced visit to: Carmichael Unit, Darnley Court Nursing Home, 787 Nitshill Rd, Glasgow G53 7RR

Date of visit: 28 October 2019

Where we visited

Carmichael is one of four 30-bedded units within Darnley Court care home. Carmichael Unit is commissioned by the NHS to provide care for people who are medically fit for discharge from hospital and are awaiting care home placement.

On the day of this visit we wanted to meet with residents and also look at the legal authority used to move individuals to Carmichael Unit.

Who we met with

We met with and/or reviewed the care and treatment of eight residents, and met with two relatives.

We spoke with the service manager, deputy service manager, and consultant.

Commission visitors

Mary Hattie, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

There was no life history information recorded within seven of the care files we looked at. Where people have dementia or any form of cognitive impairment, information on their life history, personal preferences and routines are essential to enable the development of person centred care plans and the delivery of person-centred care.

The unit is providing interim care for people awaiting guardianship or placement in a care home. From the files we reviewed, whilst it was clear that social work were involved, it was difficult to identify what actions had been taken by social work and progress with the guardianship application process.

Where people were prescribed as required medication, the care plan lacked detail of non-pharmaceutical interventions to be used before administering medication, and the effect of medication was not clearly recorded in the care file.

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/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:
Managers should ensure that information on personal preferences and life history is recorded and used to develop person-centred care plans.

Recommendation 2:
Managers should make arrangements to ensure that visits by social workers and mental health officers are recorded on file, and that the service is kept regularly updated on the progress of guardianship applications.

Recommendation 3:
Managers should ensure that care plans for stress and distress include information on personal triggers and effective de-escalation techniques to be employed before as required medication is used, and the outcome of the medication should be recorded in the chronological notes.

Use of mental health and incapacity legislation

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the 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 AWI Act.

All of the individuals whose care we reviewed lacked capacity to consent to their treatment. In each case we found s47 certificates and treatment plans in place.

Where there is no guardian or attorney for a person who cannot consent to a decision about whether to attempt cardiopulmonary resuscitation (CPR) in future, it is a requirement to consult with the close family, as well as trying to establish the wishes of the patient. In all cases, this involvement or consultation should be recorded. We found that where 'Do not attempt CPR forms' were on file, they were completed with evidence of discussion with family members.

The individuals whose files we reviewed had been identified as requiring a welfare guardianship order to authorise a move to a care home and had been transferred to Carmichael Unit to await this being granted. We noted that there were delays in allocating mental health officers. People were waiting six months for allocation and one having been in the unit for 10 months yet guardianship had still not been granted. This means that people are moving to, and remaining in the unit for, some length of time with no legal authority in place for this. Once guardianship was granted, some residents who had become settled within the unit were now having to move elsewhere.

Rights and restrictions

The doors to the unit are locked, and access and exit is controlled via a keypad. We spoke to two residents who stated clearly they did not wish to be in the unit but were unable to leave as the doors were locked and they believed they required permission from the consultant to leave. There was no legal authority in place to authorise their move to Carmichael Unit or detain them there.

The Commission is concerned that people are being placed in the unit without clear legal authority and that in some, if not all cases, this amounts to a deprivation of liberty. It has raised its concerns with NHS Greater Glasgow. At the time of drafting the report, the Equality and Human Rights Commission had initiated judicial review proceedings in the Court of Session, which the Mental Welfare Commission has joined.

Activity and occupation

Whilst there was an activity programme displayed in the unit, it identified activities across all four units. This was not dementia friendly and was difficult to read. We were advised that there are three activity co-ordinators working across the four units, and that this number will be increased to five.

Whilst we did see some activities happening such as a small group quiz, and individuals having their hair done. We found little evidence of person-centred activity care plans or activity participation within the individual case notes. There were activity recording sheets held in a file within the unit, but these lacked detail about the individual's level of participation or benefit, and activity provision within Carmichael Unit is limited.

We were advised that activity provision is being reviewed across all four units with a view to developing a more dementia-friendly activity programme and increasing the range of activities available.

Recommendation 4:
Managers should ensure that activity care plans are person-centred, reflecting the individual's preferences and care needs, and that activity participation is recorded and evaluated.

The physical environment

There is a very pleasant secure garden with a variety of sitting areas and there are chickens in the garden. There is also a small walled area off the main sitting room. We are advised that residents use the garden areas when the weather is nice; however, on the day of our visit it was cold and windy and we did not see any residents use the gardens.

The corridors and public areas are decorated with photographs of Glasgow and pictures of old film stars etc. There are a number of memory boxes which contain items from the past and act as talking points. There is one large sitting area and two small sitting rooms, and a number of destination points where residents can sit and rest.

All bedrooms are en suite and toilets are dementia friendly. There is dementia friendly signage throughout the unit. There is limited personalisation of the bedrooms.

Summary of recommendations

1. Managers should ensure that information on personal preferences and life history is recorded and used to develop person-centred care plans.

2. Managers should make arrangements to ensure that visits by social workers and mental health officers are recorded on file, and that the service is kept regularly updated on the progress of guardianship applications.

3. Managers should ensure that care plans for stress and distress include information on personal triggers and effective de-escalation techniques to be employed before as required medication is used, and the outcome of the medication should be recorded in the chronological notes.

4. Managers should ensure that activity care plans are person-centred, reflecting the individual's preferences and care needs, and that activity participation is recorded and evaluated.

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 The Care Inspectorate.

MIKE DIAMOND
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 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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