



Mental Welfare Commission for Scotland

Report on announced visit to: Hillend View Care Home, Airdrie
Road, By Airdrie, ML6 8NY

Date of visit: 29 October 2019

Where we visited

The Commission do not routinely visit care homes as part of our local visit programme. However we choose to occasionally visit homes where there are a large number of people being treated under Scottish incapacity legislation due to their mental health difficulties.

Hillend View is an independent care home on the outskirts of Airdrie. It is a mixed-sex 80 bedded care home set over two buildings known as H1 and H2 in a quiet rural setting. H1 is an older building which has 46 bedrooms over two floors. Some rooms are en suite and there are plans in place to change all rooms to en suite. H2 is a more modern purpose built building. All bedrooms in this area are en suite.

The building is split into four units of eight beds in each. Both buildings have communal areas for all resident's use including a cinema room and games room. The home provides care and support to adults with mental health issues.

We last visited this service on 15 October 2015 and made recommendations around care plans, care file documentation, care reviews and consent to treatment documentation.

On the day of this visit we wanted to follow up on the previous recommendations and also look at how people are helped to settle into the care home. This is because this is a large care home in a rural setting which individuals may not have been used to in previous accommodations.

Who we met with

We met with and/or reviewed the care and treatment of 17 residents and one advocacy worker. Although posters were displayed announcing our visit no relatives had asked to meet with us.

We spoke with the service manager, the deputy manager, unit manager, some care staff, and the visiting psychiatrist.

Commission visitors

Margo Fyfe, Nursing Officer

Yvonne Bennett, Social Work Officer

Anne Buchanan, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Throughout the visit we saw staff interacting in a kind and caring manner with the residents. Although the home had 79 residents at the time of the visit it was calm and not noisy. Residents we met with were positive about their care and support and in general praised the staff.

Care files

We found the care files easy to navigate and informative. There were detailed life histories of residents available in the files we viewed and all files held information on likes/dislikes, what makes me happy, and what keeps me calm. However we noted no date on this work and, as these may change, we suggested that they be dated and reviewed regularly. All relevant information was in the main file with a separate file held detailing activity participation.

Care plans

Care plans were in place for support needs and physical and mental health needs. The care plans we viewed were person-centred. However we found that the mental health care plans lacked detail around diagnosis and specific interventions required. We also found that although reviews of care plans were taking place the reviews lacked detail about the person's presentation, any changes in their mental health, and any interventions that had taken place.

We were also concerned that no outcome of care was identified. We discussed this issue with the manager and deputy manager and recommended that an audit is carried out to ensure that care plans are meaningful, contain clear interventions, and outcomes and that reviews are meaningful.

Recommendation 1:

Managers should carry out an audit to ensure that care plans are meaningful, contain clear interventions and outcomes, and that reviews are meaningful.

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.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Six-monthly reviews

We saw that each resident had reviews carried out on a six-monthly basis. However, the reviews were often attended only by a nurse and the resident. We were also concerned that the reviews lacked detail on the person's presentation and progress. We suggested that the reviews should have a wider attendance including social work (where they are engaged with the person) and a clear note should be made of any invitee declining to attend.

Recommendation 2:

Managers should ensure six-monthly reviews have a note of attendees and invitees who have declined to attend, and that reviews have clear detail on the person's progress.

Where Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place, we found these to have been discussed with the person or their family when guardianship was in place.

In discussion with managers, and from reviewing files, we were able to see that people had access to wider health care from GPs as well as allied health professionals where this was appropriate.

Use of mental health and incapacity legislation

During our last visit to the service we found that consent to treatment certificates and guardianship paperwork were not up to date in care files. We were pleased to see that on this occasion consent to treatment certificates under the Adults with Incapacity (Scotland) Act 2000 were in place with detailed treatment plans. We also found that guardianship paperwork was in the care file along with the Commission checklist detailing the guardian' contact information along with a list of the powers in place.

Rights and restrictions

The main door of the units are locked with a keypad entry. Residents can have the number as the door is locked to prevent unauthorised entry and general safety of residents. We saw residents coming and going throughout the visit.

The staff encourage residents to make use of the outside space and to attend activities out with the care home when they wish to do so.

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

It was good to see the variety of activity both in the care home and the community that is available to the residents. We understand that the residents require encouragement to participate but were pleased to see the activity co-ordinators and the occupational therapist maintaining the activity programme. There is an emphasis on getting residents out as much as they can both in the garden and local community.

It was good to see that activity participation is recorded in a separate file. We discussed the benefit of more detail in the entries to ensure benefit to the resident is clearly recorded.

Recommendation 3:

Activity co-ordinators should ensure that recording of activity participation details the benefit to the individual.

The physical environment

The houses are different from each other. H1 is the original extended house and H2 is purpose built and newer. H1 is about to have further renovation in the communal areas and we were told that there are plans to change the bedrooms to ensure all rooms are en suite. H2 is divided

into smaller eight-bedded units which allows residents a quieter space should they not wish to be in a busier environment. In both houses it was good to the personalisation in individual bedrooms.

There is a large garden space some of which has a green house where residents can get involved in growing produce and maintaining the gardens. However the space is open and we heard that there are some plans to make this a more private garden for residents use.

Any other comments

During the visit we were concerned that several of the residents' clothing appeared worn out and ill-fitting. We discussed this with the manager who said that they were in the process of checking what each resident needed in clothing and accessing their funds to ensure this was provided for them. We suggested that welfare/financial guardians should be contacted as appropriate and involved in this work, and that staff may need to contact social work to ask for financial reassessment of some residents. We were also concerned that a guardianship order had lapsed but the issues around why this had initially been granted remained. We will contact the local authority concerned separately to discuss this issue further.

Another issue around a long wait for a resident to move was brought to our attention. We will contact the relevant local authority for further information in this case.

We were pleased to hear that six-weekly meetings between the host local authority, the care inspectorate, police and the care home have continued around monitoring any incidents that occur in the home. It was also good to hear that incidents have greatly reduced and that ongoing audits are carried out to monitor incident occurrence.

We were told that staff now have supervision in place on an individual basis and that group meetings will be put in place moving forward to ensure open and transparent discussion around improvement and monitoring.

Summary of recommendations

1. Managers should carry out an audit to ensure that care plans are meaningful, contain clear interventions, and outcomes and that reviews are meaningful.
2. Managers should ensure six-monthly reviews have a note of attendees and invitees who have declined to attend, and that reviews have clear detail on the person's progress.
3. Activity co-ordinators should ensure that recording of activity participation details the benefit to the individual.

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.

Contact details:

**The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE**

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

