Mental Welfare Commission for Scotland

Report on announced visit to: Ward 4, Forth Valley Royal Hospital, Stirling Road, Larbert, FK5 4WR

Date of visit: 3 December 2019

Where we visited

Ward 4 is an old age psychiatry ward at Forth Valley Royal Hospital. The ward has 20 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 29 November 2018 and made no recommendations.

Who we met with

We met with and/or reviewed the care and treatment of six patients and met with one relative.

We spoke with the senior charge nurse and depute charge nurse of the ward.

Commission visitors

Tracey Ferguson, Social Work Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit there were 12 patients in the ward and two patients were out on pass as part of their transition towards discharge.

We were not able to have detailed conversations with most patients 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 ward staff and patients in the ward during our visit.

We reviewed six patient care files on Care Partner, which is the electronic record system which the ward is using. We saw recordings of detailed assessment on admission which covered physical and mental health care needs. We found that care plans were detailed and person-centred, based on the assessed needs of the individual patient. The care plans were based primarily on risk and did not always focus on the strengths of patient. We discussed this with the senior and depute charge nurse who told us that a working group has been set up across the service to improve care plans and how these link in with the electronic recording system.

There was a strong focus on mental health and physical healthcare evident in the plans and evidence of links with other specialist practitioners where the patient required this.

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

We were told that four consultant psychiatrists provide cover to the ward which is divided across geographical areas in Forth Valley. We heard that the multidisciplinary team (MDT) meetings were held weekly, and we saw good detailed recording of these meetings with clear outcomes and goals. It was clearly recorded who attended these meetings. There was also the opportunity for family to attend the MDT meetings and, where appropriate, to contribute to decisions about patients care. From the file reviews we noted the comprehensive pharmacy input that is provided at these meetings.

The Scottish Government produced a revised policy on DNACPR in 2016 (http://www.gov.scot/Resource/0050/00504976.pdf). This makes it clear that where an adult cannot consent and has a guardian or welfare attorney with the relevant powers, the guardian or attorney must participate in any advance decision to give or to not give CPR. Where there is no guardian or attorney for a person who cannot consent to a decision about CPR, it is a requirement to consult with the close family, as well as taking what steps are possible to establish the wishes of the patient. In all cases, this involvement or consultation should be recorded. From the files we reviewed we saw recordings that either family or proxies had been involved and consulted as part of this process.

Use of mental health and incapacity legislation

Paperwork relating to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') was found in the electronic 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.

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) Act 2000 ('the AWI Act'). We saw that s47 certificates were in place, accompanied by treatment plans relevant to the individual. Many of the patients also had power of 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

Ward 4 is a locked environment and we saw appropriate legal authority for this restriction, where appropriate, within the patient files.

We were told that good links have been made with the advocacy service who provide a regular presence on the ward. However, we were told that this service is only provided to patients who are detained under the Mental Health Act and that informal patients cannot access this service. This was a concern as patients who have a mental illness/disorder, whether detained under the Act or not, are entitled to access independent advocacy services to ensure their rights are protected and their decisions making supported.
The Commission has published a review of how local authorities and NHS boards are discharging their advocacy responsibilities under the Mental Health Act, which can be found at:
https://www.mwcscot.org.uk/sites/default/files/2019-06/the_right_to_advocacy_march_2018.pdf

Recommendation 1:
Managers should ensure that all patients have access to independent advocacy.

Activity and occupation

The ward has access to an activity co-ordinator and occupational therapy (OT) assistant who provide activities to the patients on the ward between Monday and Thursday There was a weekly timetable of activities displayed in the ward and there was evidence of activity provision being provided to the patients on the ward. In some files it was difficult to know the benefit of the activities to the patient as this was not always recorded well, particularly if this reduced stress and distress behaviours.

The senior and depute charge nurse told us that there are discussions with managers about increasing staff to provide activity provision and evidencing the linking of this around reducing stress and distress behaviours .

The physical environment

On our visit we were able to see that efforts have been made to make the ward a more homely environment. The ward has recently undergone some decoration in patient rooms and corridors. We were told that work continues to try and transform some of the more clinical areas into a more therapeutic environment for the patients. We saw one area of the ward that has been transformed into a pop-up pub where patients were playing dominoes and reminiscing.

When we visited the ward in 2017 we recommended that managers should prioritise progressing the development of the garden area. We were given an update on our visit in 2018 that the work would commence in January 2019. Unfortunately the patients still have no access to the outside space. We saw the plans for redevelopment of the garden area and were given an update from the depute charge nurse. Given this was a previous recommendation and there has still been no progress, we will write separately to senior managers about this.

Recommendation 2:

Managers should ensure that patients have access to outside space.

Summary of recommendations

1. Managers should ensure that all patients have access to independent advocacy.
2. Managers should ensure that patients have access to outside space.

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 Healthcare Improvement Scotland.

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@mwcscot.org.uk
website: www.mwcscot.org.uk