Mental Welfare Commission for Scotland

Report on unannounced visit to: Melburn Lodge, Borders General Hospital, Melrose, TD6 9BS.

Date of visit: 4 February 2020

Where we visited

Melburn Lodge was built as a specialist dementia care ward. The ward now provides assessment and treatment for patients with dementia over sixty-nine years of age, and is mixed-gender with 16 beds. The ward previously provided continuing care for people with dementia but the closure of Cauldshiels Ward means the remit has now changed.

The staff team are experiencing a transition period due to the new remit of the ward and the merging of two nursing teams.

The last time the Commission visited this ward was when it provided continuing care. On the day of this visit we wanted to meet with patients and carers and review care and treatment in the new environment.

Who we met with

We met with and reviewed the care and treatment of five patients.

We spoke with the senior charge nurse, charge nurse, clinical nurse manager, activity co-ordinator, and other nursing staff.

Commission visitors

Susan Tait, Nursing Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We reviewed the care plans of five patients and overall they were person-centred and addressed issues with regard to stressed behaviour. Some care plans were more detailed than others. The care plans which were particularly meaningful were the activity plans completed by the activity co-ordinator. These incorporated a review of the person's personal history and documented what would support them to help with their stressed and distressed behaviour.

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

There is multidisciplinary input to the ward from psychiatry, nursing, physiotherapy, pharmacy and the physical health care co-ordinator. Occupational therapy (OT) is on a referral only basis. This is a continued concern as it was an issue in the previous Cauldshiel Ward. There is an activity co-ordinator in place and this was having a positive impact on patient care but the role of the OT is much wider and would be beneficial to patients.

We were concerned about the level of social work input for the patients in Melburn Lodge. On the day of the visit a social worker had been allocated for a two-week period which is insufficient to meet the needs of the patients, five of whom are deemed as delayed discharge. We were told that there were difficulties in applying for welfare guardianship orders and other issues relating to the use of mental health and incapacity legislation. There was lack of clarity about delayed discharge status for patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') and this was having an impact on discharge planning for individual patients and has since been clarified following further discussion with the Commission visitors.

Recommendation 1:

Managers arrange for a review of the social work input to Melburn Lodge.

Use of mental health and incapacity legislation

Section 47 certificates under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') that we reviewed were variable and some did not record the prescribed treatment; we were unable to locate two which should have been in place. Where a patient lacks capacity in relation to decisions about medical treatment s47 certificates, and where necessary, treatment plans must be completed in accordance with the AWI Act Code of Practice (3rd ed.), and cover all relevant medical treatment the individual is receiving.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments.

A T3 is the form used to record the treatment plan when a patient is either not consenting or incapable of consenting. There was one patient who required a T3 to be in place and this was eight weeks' overdue. We asked on the day of the visit that this was rectified as soon as possible as it meant that the patient was being administered medication without authority to do so.

We noted that there was a flag system to identify when a patient had a welfare power of attorney or welfare guardian. We suggested that this system may be helpful for people who are also subject to Mental Health Act orders.

Recommendation 2:

Managers should ensure that all treatment certificates relating to both the Adults with Incapacity Act and the Mental Health Act are completed as required.

Activity and occupation

As already mentioned, there is an activity co-ordinator and if appropriate, evening or weekend activities can be arranged; for example a Burns supper was organised on Saturday 25 January.

There was input from Therapets, Elderflowers, school volunteers and a SONAS sensory group. There were items around the ward which people had access to including twiddle muffs, rummage boxes, paints, activity books, and books. As already mentioned, there is only limited access to an OT, usually for discharge planning but do not contribute to the overall meaningful occupation for patients.

Recommendation 3:

Managers should review the level of occupational therapy input for patients to ensure there is adequate provision to meet the needs of the current patient group.

The physical environment

There are two sitting-rooms which are bright and interesting. Bedrooms were personalised where possible. Patients have free access to a dementia-friendly garden which is safe, although it needs some attention to bring it up to a good standard. There is a kitchen available for assessments, although there was no cooker but we were told there was one on order. There are two bathrooms available for 12 patients, neither of which had a shower. We believe this is unlikely to be adequate to meet the needs of this number of patients.

There was an audible echo throughout the ward which could be quite disconcerting, in particular to people with dementia. We would suggest that a sensory assessment could be carried out.

Recommendation 4:

Managers review the bathing facilities in Melburn Lodge.

Summary of recommendations

1. Managers arrange for a review of the social work input to Melburn Lodge.

2. Managers should ensure that all treatment certificates relating to both the Adults with Incapacity Act and the Mental Health Act are completed as required.

3. Managers should review the level of occupational therapy input for patients to ensure there is adequate provision to meet the needs of the current patient group.

4. Managers review the bathing facilities in Melburn Lodge.

Service response to recommendations

The Commission requires a response to recommendations 2, 3, and 5 within three months of the date of this report.

However due to our level of concern about social work input we require a response and update to recommendation 1 within one month.

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

CLAIRE LAMZA
Interim Executive Director (Practitioners)

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