Mental Welfare Commission for Scotland

Report on announced visit to: Brandon Ward, Udston Hospital, Farm Road, Burnbank, Hamilton, ML3 9LA

Date of visit: 23 January 2020

Where we visited

Brandon Ward is a 20-bedded, mixed-sex admission and assessment unit for patients over 65 with dementia. At the time of our visit there were 11 patients in Brandon Ward, four of whom were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The ward has on-site access to occupational therapy, psychiatrists, and nursing staff, with sessional input from psychology. They have access via referral to dietetics, speech and language therapy, and physiotherapy, as well as advocacy services. There is some pharmacy input on request. There is also a full-time activity coordinator in the ward who works a shift pattern over seven days. Out-of-hours cover is provided by NHS 24 and Hospital at Home for physical health care alongside on-call psychiatrists. There is good partnership working with local authorities.

We last visited this service on 26 July 2018 and made recommendations in relation to care plan documentation and laundry.

On the day of this visit we wanted to follow up on the previous recommendations. We also wanted to ask about training for staff in relation to the Adults with Incapacity (Scotland) Act 2000 to satisfy ourselves that staff were knowledgeable in this area.

Who we met with

We met with and/or reviewed the care and treatment of six patients. Although this was an announced visit no relatives asked to meet with us.

We spoke with the service manager, the acting charge nurse, the lead nurse, two of the consultant psychiatrists, the psychologist and the activity co-ordinator.

Commission visitors

Margo Fyfe, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Patient documentation is held on the electronic system MIDIS, with legal documentation held in a paper file. In previous visits we heard that the electronic system is slow and often goes down. This leaves staff frustrated, and has a knock-on effect on direct patient contact time, as this is shortened due to the amount of time spent waiting on the system to load to allow for daily entries to be made. This is an issue that has often been brought to our attention when visiting areas that use this electronic recording system. We were pleased to hear that a new system has been agreed and that there is currently ongoing work across NHS Lanarkshire to ensure the needs of each are incorporated in the new system. We look forward to hearing how this is progressing at future visits.

We were pleased to note the detail of information in progress notes. We saw good evidence of engagement with families and patients in the daily progress notes. We heard that the ward use the triangle of care to ensure engagement with carers. One-to-one sessions were well written and informative, detailing the patient's progress during their ward stay. The paper files held additional patient information and we saw that there has been a start on building patient life story profiles that give good information about the patient as an individual, as well as care and treatment needs. We were told that the aim is to ensure all patients have these life stories that can then accompany them on to their discharge placement. We look forward to seeing more of these on future visits.

We also noted the use of anticipatory care plans. We heard that there has been a push to ensure more public awareness of these, and that families have engaged in the process of completing these plans early in admission which has benefitted both patients and families at times of distress.

At the time of our last visit we made a recommendation regarding the review notes of care plans. On this visit, although we found care plans to be person-centred again, we did not see enough information consistently recorded in review entries. To properly see the patient's progress the review entries should describe what has happened since the last review, and whether any change has to be made to the care plan as a result. We discussed this with managers and were assured of the breadth of work ongoing at present looking at improving care plans and documentation. We look forward to seeing the improvements at future visits. However, we recommend that in the interim staff are made aware of the need to ensure reviews of care plans detail progress and changes to the patients care.

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 staff detail patient progress and changes in care plan reviews.

Multidisciplinary team input

We were pleased to hear that there had been no changes to the multidisciplinary input to the ward since our last visit.

We heard that psychology staff continue to work with patients and are support staff by providing training and supervision specific to the area of care. We also heard that the occupational therapists and nurses have progressed their focussed work around fall risks in line with the Care Assurance Accreditation Scheme (CAAS) and that there have been improvements in falls management and a reduction in falls in the ward.

It was good to hear that there continue to be no issues in accessing wider professional staff as required.

The safety briefings that take place each morning provide staff with information about all patients on the wards and help in staff deployment where need requires this.

Multidisciplinary meeting notes held on MIDIS are informative and clearly show the inclusion of families/carers, as well as detailing forward plans of care.

Use of mental health and incapacity legislation

We found all consent to treatment documentation to be up to date and held with the medicine prescription sheets. All other legal documentation was held in the paper files and easily located.

We discussed the detention of one patient under the Mental Health Act. We spoke with the consultant psychiatrist in charge of the patients care and will write separately to the clinical director about our concerns.

Rights and restrictions

The main entry doors to the ward is locked and can be accessed by a card-swipe system. There is signage detailing this is the case and ward information booklets explain the reasons for the locked doors and how entry/egress can be made. Patients and families are informed of the reasons for having the doors locked at the time of admission.

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

We were pleased to see that the activity co-ordinator for the ward works a shift pattern across seven days. There are a variety of activities on offer both in group format and on an individual

basis and activities are changed to suit the needs of the patients as required. There are a variety group activities on offer each day from the activity co-ordinator and the occupational therapists, these are noted on boards in the corridor. During the visit we saw various small group activities going on involving patients and nursing staff along with the activities coordinator. The ward has a sensory room where individual time for relaxation can be facilitated in a calm environment away from the busy communal areas of the ward. The interactive table that the ward was piloting for Stirling University at the time of our last visit has been purchased and is now permanently in the sensory room. This table offers patients the ability to interact with projected pictures which react to their touch. We heard that often families use this with patients when they visit and that patients enjoy using the table.

The physical environment

The ward has clear dementia-friendly signage in place. Paintwork and flooring is also dementia-friendly. The ward has a large main communal area, a conservatory, and another large communal area for activity and visitors to use. There is a dementia-friendly enclosed. This is accessed from via doors in the conservatory.

We heard that there are ongoing discussions around the use of the space within the ward. In particular there is a need for family space so that when families wish to remain with patients at end stage palliative care, there is a comfortable private space for them to use. We are aware such a development is ongoing in Ward 24 at Monklands Hospital and would support these plans going forward.

Any other comments

We heard that staff are undertaking specific palliative care training to ensure the needs of the patient group are appropriately met. We were also told about the plans to create a room for families to use when their relative is in end stage palliative care. We recognise the benefit to families and patients in having such a space available and look forward to seeing how this progresses at future visits.

On reviewing the medicine prescription sheets and progress notes we noted that as required medication is often used. In some cases we felt that it may be reasonable that prescriptions were reviewed to incorporate this medication into regular prescriptions. We would recommend a review of the use of as required medication to ensure this used to the benefit of patients.

Recommendation 2:

Medical staff should review the use of as required medication to ensure it is used appropriately to benefit patients and where appropriate this medication is changed to a regular prescription instead of as required use only.

Summary of recommendations

1. Managers should ensure staff detail patient progress and changes in care plan reviews.

2. Medical staff should review the use of as required medication to ensure it is used appropriately to benefit patients and where appropriate this medication is changed to a regular prescription instead of as required use only.

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.

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