Mental Welfare Commission for Scotland

Report on announced visit to: Cairney House, Stratheden Hospital, Cupar, Fife, KY15 YRR

Date of visit: 13 October 2020

Where we visited

Due to the Covid-19 pandemic, the Commission postponed all scheduled local visits in March 2020. From August 2020 the Commission is undertaking a phased return to our visit programme following recommendations in the Scottish Government's route map to recovery.

We wanted to visit Cairney House as we are aware that this a newly refurbished ward, accommodating staff and patients formerly in Bayview Ward. The ward moved on 2 October, 2020. The move was initiated following assessment of changes in practice relating to the Covid-19 pandemic, and the ward team's ability to safely care for their patients.

Cairney House is a 10-bedded specialist ward for men with dementia ward. We last visited this ward when it was in Bayview Ward, on 11 January 2017 and made no recommendations.

On the day of the visit we wanted to see the new ward and to see the improvements made since moving to a new environment. We also wanted to find out how the ward has been managing in relation to the current Covid-19 pandemic and what impact this has had on patients within their care and treatment and to friends, family and carers.

Who we met with

We reviewed the care and treatment of six patients on the day of the visit. There were no identified carers, relatives, or friends who wanted to meet with us on the day. We had requested that ward staff ask visiting carers, relatives, or friends that if they wished to discuss or have contact with the Commission, then contact details could be passed on and follow up telephone calls would be made to capture their views and opinions; there were two follow-up discussions with relatives after our visit.

We spoke with the clinical service manager, lead nurse, and senior charge nurse (SCN). We were able to speak with two relatives after the visit via telephone.

Commission visitors

Philip Grieve, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

On the day of the visit the ward was fully occupied with 10 patients. We were not able to have detailed conversations with most of the patient's due to the progression of their illness. We were able to introduce ourselves to a number of patients and, although they could not provide us with their views about their experience of care and treatment, they appeared comfortable and relaxed within the ward environment. We observed supportive and caring interactions between ward staff and patients throughout the day.

The two relatives that we spoke to after the visit to Cairney House reported that their family member was well looked after in the ward. They described the staff as being "fantastic and really good"; one relative described the care as "tremendous." Both relatives did indicate that the current visiting restrictions have been difficult due to the limits of extended family members having contact. It was evident that the ward staff involve family in care.

We reviewed six patient care records which were divided over two sets of notes, incorporating nursing care and medical notes. We saw evidence of detailed risk assessments that were reviewed and updated regularly. There was clear evidence of assessment of mental health needs and a detailed emphasis on physical healthcare with associated screening tools covering a range of physical health care needs.

There was evidence of other specialist practitioner involvement in the care and treatment of patients including speech and language and physiotherapy, when required. Following discussions with senior managers it was unclear if the lack of occupational therapy (OT) input was related to the current pandemic. We found little evidence of active involvement from OT in the care record. We raised this on the day and managers have agreed to follow this up.

We were told that there is one covering consultant psychiatrist for the ward. We saw that multidisciplinary team meetings took place regularly, and some files had detailed recordings of these meetings. However we found in some records there were a lack of recordings, particularly around outcomes and agreed actions. We were informed that the recording of these meetings are currently being reviewed. We noted a limited attendance at these meetings and were predominantly attended by the psychiatrist and nursing team. We understand that the current pandemic may have an influence on this.

The majority of care plans were personalised, detailed, and there was evidence of regular evaluation. We found that stress and distress care plans could have been more detailed in describing specific behaviours and the identification of specific interventions to alleviate stress and distress. The evaluation of these care plans lacked detailed and more attention is required to review and evaluate the agreed interventions.

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 care plans include a summative evaluation indicating the effectiveness of the interventions being carried out and any required changes.

Use of mental health and incapacity legislation

Five patients in the ward were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Mental Health Act paperwork within records was well maintained and was easy to access within files.

Part 16 (s235-248) 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. The authorising treatment forms (T3) completed by the responsible medical officer to record non-consent were all in order apart from one in which we questioned the authority of an additional medication that was not indicated within the treatment form. We were told that a request for a second opinion had been made to review this.

Section 47 treatment certificates under the Adults with Incapacity (Scotland) Act 2000 were also completed where this had been assessed as appropriate.

Where there was a welfare proxy (guardian or power of attorney) in place, details of this had been recorded fully within the care record.

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 family members, as well as taking steps wherever possible to establish the wishes of the patient. We found in all cases, this involvement or consultation was recorded in the care record.

We were pleased to hear that the advocacy service remains in place for patients and is being delivered through face-to-face meetings and telephone consultations.

Rights and Restrictions

Cairney House is a locked environment, which is there to ensure the safety of patients in this setting. During the visit we saw appropriate legal authority for this restriction in patient care records; there was also a locked door policy in place.

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 told on the day of our visit that an activity co-ordinator is now in post. The co-ordinator covers three older adult wards and staff and patients have found this to be of great benefit. Activity recording sheets were kept separate from the main care records and clearly evidenced what activities had been offered and engaged in. We were told that ward staff also participate in the provision of activities within the ward and this was evident from the activity and individualised care recording sheet. We particularly liked the use of non pharmalogical stickers within the continuation sheets which indicated when an activity or intervention took place, to support care and treatment.

The physical environment

There is a tree mural at the entrance of the ward that has quotes from the ward staff indicating "what matters to me." This theme is continued within the two lounges which indicates the same theme for patients and their carers.

The ward is mainly one corridor with patient dormitories and side rooms leading off from the corridor. There are dementia friendly signs in place to support orientation. There is a four-bedded bay, a three-bedded bay, and the use of three side rooms. There are two smaller lounges that act both as sitting rooms and where patients have their main meals. The garden room is large and spacious and leads to a considerable sized garden which has been well maintained with raised beds. We were told that established plants situated at Bayview Ward were in the process of being relocated to Cairney House's garden, as a large proportion of these plants were donated by carers.

There is adequate space to accommodate visitors in the ward, where there is access to the garden room and two other meeting rooms. Visitors can also be safely accommodated in the side rooms. We were told that the current visiting restrictions have been challenging, particularly around only being able to identify one named visitor, however we found that the ward staff have demonstrated flexibility and a person centred approach to support carers and visitors to their ward. We noted that in this environment there was an increase in blind corners, particularly close to the four- bedded dormitory and corridors tended to lead to dead ends. The ward staff told us that observation has been more difficult in Cairney House compared to Bayview Ward; however. the team were adapting and getting used to the new environment.

We found that there was a lack of personalisation or personal items/memorabilia in and around the patient's bed space. We were told that infection control precautions have had an impact on the wards ability to support this. While we recognise the importance in reducing the risk of infection, it is also important that people with dementia have access to items that offer them comfort, dignity and orientation to help enable recovery. Hospital managers need to balance these issues carefully.

Any other comments

We noted how settled and quiet the ward was on the day of our visit. Having only moved on 2 October 2020 it was clear the care team and the patients have managed this move extremely well. We were told that the move to Cairney House from Bayview has been a significant

improvement in relation to the environment; however, Cairney House is not a purpose-built dementia ward and challenges are evident in the environment. We were told that the move is temporary and we look forward to progress being made to improve inpatient dementia services.

Summary of recommendations

1. Managers should ensure that care plans include a summative evaluation indicating the effectiveness of the interventions being carried out and any required changes.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

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.

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