Mental Welfare Commission for Scotland

Report on announced visit to: Clonbeith Ward, (formally Jura Ward) Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB.

Date of visit: 12 May 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Route map (May 2020). There have been periods during the pandemic where we have been able to conduct our face-to-face visits; however, the reinstatement of lockdown required us to review this, and we are presently undertaking mainly virtual visits. This local visit was able to be carried out face-to-face

Clonbeith Ward is an eight bedded ward within the Ailsa Hospital campus in Ayr; the ward is designated for the continuing care of adults with a diagnosis of dementia. The ward has now moved from Jura ward into the newly refurbished Clonbeith Ward. On the day of our visit there were seven patients with complex, stressed and distressed behaviour.

Clonbeith is one of the few remaining wards on the Ailsa Campus. Most of the other wards have transferred to Woodland View Hospital in Irvine. We were keen to hear about the impact this has had on service delivery, in particular of any changes there have been to ward resources, and whether staff feel sufficiently supported to deliver the care and treatment to a high standard.

We last visited this service on the 10 March 2020, and made recommendations about care planning and record keeping in relation to the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act').

On the day of this visit we wanted to follow up on the previous recommendations and review the care and treatment being received by patients.

Who we met with

We met with and reviewed the care and treatment of seven patients, and had telephone contact with two carers.

We spoke with the deputy charge nurse, and the clinical team during the visit and met with the clinical nurse manager, general manager inpatient services, and consultant psychiatrist later in the day.

Commission visitors

Mary Leroy, Nursing Officer

Margo Fyfe, Senior Manager

What people told us and what we found?

Care, treatment, support and participation

On the day we visited the ward was busy. We noted patients appeared comfortable in the company of staff. While it was not possible to have detailed conversations with many of the patients on the ward due to their level of cognitive impairment, we did hear positive comments of the care and support provided by the clinical team.

We also had telephone contact with two relatives, both of whom were complimentary about the care and treatment being provided. They felt that communication and engagement with the clinical team was good.

We were able to see clear evidence in files of engagement with families, and of families participating in decisions about care and treatment. We felt on this visit that the ward is supporting a partnership approach to the provision of care and treatment, and that staff are encouraging relatives and carers to be as involved as they want to be in the provision of care and treatment.

Some of the nursing care plans of the patients we reviewed were person-centred including those relating to stress and distress. We were updated by the clinical team on their plans to continue to develop and improve on their care planning. To maintain the focus they have identified a local champion who had just commenced work with the team. The plans are to develop a person-centred approach to all of their care plans, we are pleased to see this focus on care planning and we would expect this to address the inconsistencies in the quality of the care plans as new standards are embedded in practice. We look forward to hearing on the progress of this development work on our next visit to the service.

Nursing notes were of a high standard and there was evidence of close liaison with families. Full physical healthcare was taking place on admission, follow up and frequency of these were evidenced in the notes where necessary.

Multidisciplinary team (MDT) meetings

The documentation of the MDT meeting is detailed and provides a clear record.

We were told that the service can refer for psychology, occupational therapy, physiotherapy, dietetic or social work, but there is no dedicated time for those professionals on the ward; these services are based at the Woodland View campus.

Due to the complex presentation of some of the patients on the ward, there can be a need for comprehensive clinical psychology assessment and intervention. Clinical psychology services can also provide supervision and reflective practice for the staff team. We are pleased to hear a psychologist has now been employed for older mental health inpatients; this will ensure psychology input into the ward. We look forward to hearing how this has benefitted patients on the ward during future visits.

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

Use of mental health and incapacity legislation

Section 47 of the AWI Act authorises medical treatment for people who are unable to give or refuse consent. Under s47, a doctor (or another healthcare professional who has undertaken the specific training) examines the person and issues a certificate of incapacity. The certificate is required by law and provides evidence that treatment complies with the principle of the Act.

We noted s47 certificates and treatment plans were in place for the patients files we reviewed on the day. On our last visit lack of section 47 supporting care plans, was an issue, we made a recommendation regarding this. We were pleased to see that this had been addressed through the introduction of a local audit.

Where patients had a proxy decision maker appointed under the AWI Act this was recorded, also we saw copies of the powers granted in care files.

Rights and restrictions

Visiting for relatives and patients had been affected by the pandemic, but visits are now resuming in line with government guidance. During lockdown the wards have utilised technology to ensure links with key people were maintained. We heard that these means of communicating have been a positive addition to the range of ways patients can maintain contact with important individuals in their lives.

The ward operate a locked door policy and access and egress to the ward is based on individual risk assessments. We reviewed the locked door standard operating procedure. We asked to see this document. On the day of our visit we did note that the notification of the locked door policy was not visible at the front entrance to the ward. We were informed that the policy requires to be updated and the staff would put in place appropriate signage.

There is a padded de-escalation room that is no longer required and there are plans to refurbish the room. The Commission should be told when this has been completed.

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 saw evidence of some activities, we were informed that most activities for the patients were delivered on a one-to-one basis.

We were updated on the outcome of the activity co-ordinator project, outlining the scoping exercise and future plans. On our visit we saw the new sensory stimulation room; this development was one of the key roles for the activity co-ordinator. She is also linking closely with the ward staff to help decide appropriate sensory intervention programmes for patients who may benefit from those interactions, and is also able to offer a range of group work.

The role of the activity co-ordinator also involves working closely with the staff team to assist with the development of their skills and competencies to facilitate and deliver either one-to one sessions or group activities. We look forward to seeing the ongoing development of this project on future visits to the service.

The physical environment

The staff team and patients moved into the newly refurbished ward in late August 2020, and this provides a much improved care environment. The ward is modern and pleasant with natural light and use of pictures, lighting and other items to personalise space and this contributed to a pleasant atmosphere.

The sitting areas were well furnished and comfortable. Bedrooms were personalised with photos and belongings and efforts have been made to make them as comfortable as possible. There were also memory boxes to assist patients find their bedrooms and signage to assist with orientating patients to the ward environment.

The main garden area was enclosed; we noted the area could be hazardous to patients if unaccompanied. The staff told us about plans to apply for funding to allow them to make the garden dementia-friendly to ensure easy access and safety for all patients.

Service response to recommendations

There are no recommendations in this report, therefore no response from service is required.

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

ALISON THOMSON
Executive Director (Nursing)

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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