Mental Welfare Commission for Scotland

Report on announced visit to: Balcary and Ettrick Wards, Midpark Hospital, Bankend Road, Dumfries DG1 4TG

Date of visit: 6 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 Routemap (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.

Balcary Ward is a six-bedded intensive care unit (IPCU) within Midpark Psychiatric Hospital in Dumfries, and accommodates both men and women. An IPCU provides intensive treatment and interventions to patients who present an increased level of clinical risk and require an increased level of observation. IPCUs generally have a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

We last visited this service on 17 April 2019 and made recommendations in relation to recording practices, access to legal documents and training for staff in the use of Adults with Incapacity legislation.

On the day of this visit we wanted to follow up on the previous recommendations, and also look at how the service is beginning to recover from the unprecedented and excessive demand they have been required to manage over the Covid-19 pandemic.

Ettrick Ward is a 17-bedded ward which is the acute admission service for adult patients from the Dumfries and Wigtownshire areas.

We last visited Ettrick Ward on 23 January 2019 and made recommendations in relation to record keeping, care planning, a medication audit and occupational therapy involvement in the provision of meaningful activities for patients on the ward.

We were keen to visit the ward to seek an update on progress around these recommendations and to speak with patients following a whistleblowing report which highlighted issues around care and treatment on the ward.

Who we met with

On the day of our visit there were six patients within Balcary Ward and 16 patients in Ettrick Ward. We met with or reviewed the care and treatment of all of the patients and spoke with two carers/relatives/friends by telephone after the visit.

We spoke with the senior charge nurse and the charge nurse during the visit, and met with the lead nurse and professional manager inpatient services later in the day.

Commission visitors

Margo Fyfe, Nursing Officer
Lesley Paterson, Nursing Officer
Yvonne Bennett, Social Work Officer
Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

There were six patients on Balcary Ward and we heard that the ward had operated at full capacity over the Covid-19 period. In addition, observation levels for patients were consistently high and this had necessitated an increase in staffing over a prolonged period of time in order to ensure safe practice.

Medical cover on the ward is provided by a core group of doctors who provide a degree of consistency of patient care as they progress on to the adult wards. On our last visit we heard that a new recording tool for multidisciplinary team (MDT) meetings was being piloted, and we wanted to see if this had resulted in more clarity about plans for individual patients. What we found was that these records, in the main, were only partially completed by nursing staff while medical staff continued to record their input within medical notes on the electronic system. This continued to offer a disjointed record of key decisions for patients and this was reflected in discussion with patients who were unclear at times of plans for their care moving forward.

We also found a lack of evidence of patient or carer involvement in MDTs and care plan. We would expect these to result from collaborative engagement, wherever possible, but it was difficult to ascertain the extent to which the patient has contributed. We heard that there is a group working on this with a view to using a rehab/recovery model, and we would be keen to see this activity move from a planning to an implementation stage as soon as possible.

We note that we were undertaking this visit after an unprecedented period of pressure as a result of Covid-19 demands and that plans to progress some of the improvement activity were delayed as a result. Staffing within the unit has been increased in response to this surge in demand and is assessed on a shift-by-shift basis to ensure staffing complement is sufficient to manage the clinical activity.

There were 16 patients on Ettrick Ward on the day of our visit, and we heard that MDTs were conducted on a weekly basis. We found a similar picture of the mixed quality of recording of these MDTs, which was additionally evidenced during patient interviews with a lack of clarity about what their plans were, particularly in relation to planning discharge.

Staff advised that there was a concerted effort to work towards being a paperless recording system but currently still work across some paper records and some electronic records. MDT records are kept within the paper files but in a number of these the recording tool was not completed but a reference “see Clinical Portal” was noted. Consequently it was difficult to access key documents about a patient’s care without working between both systems.

Recording within the service has featured in recommendations over the last three visits and while there is evidence of planning and improvement activity. This has not translated into discernible improvement in recording practice. We will now escalate this to the Health Board and write directly to the Chief Executive Officer.

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 there is evidence that patients and carers are involved in the planning of their care and treatment

Use of mental health and incapacity legislation

Within Balcary Ward all patients were subject to the Mental Health (Care and Treatment)(Scotland) Act 2003 ('the Mental Health Act') and we noted that all appropriate paperwork relating to this was in place. All treatment provided under Part 16 of the Act was authorised by either a T2/T3 certificate although we queried the delivery of treatment authorised by a T2 for one patient who lacked capacity for medical decisions and was subject to a Welfare Guardianship. We will write to the responsible medical officer separately about this.

Within Ettrick Ward, ten patients were subject to the Mental Health Act and again we noted that all appropriate paperwork relating to this was in place. One patient was subject to further restrictions as a specified person and all appropriate notifications had been concluded in relation to this.

A number of patients across both wards were subject to Adults with Incapacity (Scotland) Act 2000 provisions. During the visit we saw copies of all relevant paperwork in relation to these provisions.

Rights and restrictions

Balcary Ward operates a locked door policy commensurate with their remit of an intensive treatment area and access and egress to the ward is based on individual risk assessments. Ettrick ward is not a locked ward environment, entry is managed by swipe access and exit managed by a push button. Restrictions within the wards have been significantly impacted by Covid-19 restrictions and there are further protocols in place to manage admissions safely.

Visiting has been similarly restricted but visits are resuming in line with government guidance. During lockdown the wards have utilised technology to ensure links with key people were maintained and these means of communicating have been a positive addition to the range of ways patients can maintain contact with important individuals in their lives.

We were pleased to hear that during Covid-19 restrictions advocacy input was deemed to be an essential visit and have attended the hospital throughout.

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

Within Balcary Ward we heard that meaningful activity was planned on an individual basis and that staff worked hard to ensure that this continued over lockdown. An activity room has been set up on the ward for individual activities, and this was welcomed by the patients we spoke to on the day. We noted the high levels of observation which have been a feature of ward activity in response to clinical need and were pleased to see this used as an opportunity for positive therapeutic engagement which was patient led and tailored to individual need.

Ettrick Ward noted that there has been a noticeable change in patient demographics over the lockdown period and that activities have been required to adapt in response to this. Activities are currently offered on an individual basis, are led by nursing staff and are therefore impacted by clinical need at any given time. Occupational therapy services have been operating with a number of vacancies and their reduced resources have been concentrated on needs based assessment. We heard that there has been a recent successful recruitment to these posts and we would hope to see the positive impact of this on future visits.

The physical environment

Within Balcary Ward, we heard that the main communal areas were awaiting decoration but overall the ward continues to offer a pleasant and bespoke environment with all patients accommodated in single en-suite bedrooms with a range of options of sitting rooms, television rooms and quiet spaces.

We have been aware of plans to remodel the garden area but note that this will require access to contractors and be a significant upheaval to the environment. Over the last year, with the increased clinical activity, there has been no opportunity to accommodate this level of upheaval and this is understandable. However, the garden area is a vital component of the ward and would benefit from some basic maintenance. New garden seating has been purchased but the grass area is in need of some urgent attention if this space is to offer a positive outside space for patients who are restricted to the ward.

Ettrick Ward also offers a good quality physical environment for patients although we heard from patients that a number of interview/sitting areas were out of commission as a result of roof leaks. Staff advised that this is being addressed by estates management and should be resolved soon.

Recommendation 2:

Managers should ensure that outside space is maintained to a standard which allows patients to benefit from time off the ward.

Any other comments

We brought forward our scheduled visit to Ettrick Ward following a whistleblowing report received by the Commission which suggested that there were a number of issues in relation to the ward. We spoke to a number of patients during our visit and heard some evidence of the issues raised within this whistleblowing report. We did not identify any immediate concerns relating to patient safety, but we have referred this to NHS Dumfries and Galloway whistleblowing procedure and will await the outcome of this process. We addressed issues which we believed impacted on patient care with the lead nurse & professional manager inpatient services on the day of the visit and were reassured that these would be addressed immediately. We will follow this up with the service.

Recommendation 3:

Managers will advise the MWC of any actions deemed necessary following the conclusion of the whistleblowing investigation process.

Summary of recommendations

Recording within the service has featured in recommendations over the last three visits and while there is evidence of planning and improvement activity, this has not translated into discernible improvement in recording practice. We will now escalate this to the Health Board and write directly to the Chief Executive Officer.

1. Managers should ensure that there is evidence that patients and carers are involved in the planning of their care and treatment.

2. Managers should ensure that outside space is maintained to a standard which allows patients to benefit from time off the ward.

3. Managers will advise of any actions deemed necessary following the conclusion of the whistleblowing process.

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.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: mwc.enquiries@nhs.scot
website: www.mwcscot.org.uk