Mental Welfare Commission for Scotland

Report on announced visit to: Balcary Ward, Midpark Hospital, Bankend Road, Dumfries DG1 4TN

Date of visit: 22 February 2022

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

We visited Balcary Ward in Midpark Hospital, Dumfries. We last visited this ward on 6 May 2021 and made recommendations about the involvement of patients in planning their care and treatment, and ensuring the enclosed garden space was maintained so that patients could benefit from outside space.

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.

Who we met with

On the day of our visit, there were six patients in the service. We met with and/or reviewed the care and treatment of four patients. Due to Covid-19 imposed restrictions, we did not have the opportunity to meet with family/carers as we normally would and offered times for telephone consultation instead. We spoke to family/carers for two patients by phone.

We also had an opportunity to speak with the senior charge nurse (SCN) and one of the consultant psychiatrists who is the responsible medical officer (RMO) for four of the patients currently on the ward.

Commission visitors

Yvonne Bennett, Social Work Officer

What people told us and what we found

The patients we spoke to on the day were satisfied overall with the care and treatment they were receiving on Balcary Ward. We heard that the ward was a busy environment and patients felt, at times, that staff were "run off their feet", responding to the various demands of the service. They reported that this was a particular issue when patients required a higher level of observation, which they felt at times impacted on their availability for more routine activity.

We spoke to two families who were very complimentary about the service their family member received and the degree to which they were kept informed about their care and treatment. They felt they could contact the ward at any time and seek updates or discuss concerns and that this support was always readily available.

Care, treatment, support and participation

Following discussions with patients, we reviewed records of care within the ward and spoke to staff about some of the points raised by patients.

We saw care plans in place for patients and were pleased to see their involvement in planning where appropriate. We felt that the care plans were adequate but could benefit from more personalisation to take into account the particular needs of the individual patient. The care plans were reviewed on a regular basis, although the reviews could have been more robustly recorded to reflect the patient's journey. As described earlier, Balcary Ward provides an intensive input for patients who present an increased level of risk and observation and we would expect the reviews to reflect this.

There was evidence of regular multidisciplinary meetings (MDTs) with attendance from the full multidisciplinary team, depending on the needs of the individual patient. The quality of the recording of these meetings, which are fundamental to the patient progress, was variable. Despite a template format in place to record key decisions, these were not routinely completed and referred to electronic records for further information. We discussed this with managers and heard that the service is about to test an electronic version of the MDT record. We welcome the consistency this should offer and look forward to seeing this development on our next visit.

There remains an ongoing issue in terms of how current recording systems and processes are disjointed and rely on staff accessing a range of electronic platforms and paper files. This has been raised across the service over a prolonged period. Plans to progress a more bespoke system have been hugely delayed as clinical demand arising from Covid-19 took priority. We are pleased to hear about plans to progress this and hope to see improvements in this area imminently. This includes both the quality of care planning processes and the appropriate electronic record of care across the service.

Recommendation 1

Managers should carry out an audit on the quality of care planning and reviews within the service to ensure consistency and more detail which will benefit the patients.

Use of mental health and incapacity legislation

We reviewed the legal authority for ongoing care and treatment for patients within this service and found all the required statutory paperwork to be in place.

We looked at consent to treatment certificates (T2) and certificates authorising treatment (T3) for all patients who required T2 and T3 certificates. We highlighted the need for authorisation for one patient who had been receiving treatment for over two months during this continuous period of detention. We will follow this up with the RMO.

For some patients who lacked capacity to consent to medical treatment, their care was authorised by a section 47 certificate under Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'), which is often referred to as the patient being "under AWI". This terminology can give rise to some confusion in relation to the specific legal authority in place for an individual patient. Being subject to the AWI Act could mean that there is a power of attorney (POA) or that a welfare guardian has been appointed and we would urge services to be specific about what part of the AWI Act is in place to ensure that there is clarity around existing legal authority for individual patients. We would urge services to be specific about what the AWI Act measures a patient is subject to.

In October 2021, the Mental Welfare Commission published an advice note entitled "[t]he scope and limitations of the use of section 47 of the Adults with Incapacity Act". This is a useful practice guide which will support a more accurate use of terminology to avoid confusion. This can be found at: https://www.mwcscot.org.uk/sites/default/files/2021-10/Scope-Limitations-S47_advice2021.pdf

Rights and restrictions

We reviewed individual restrictions on patients and were satisfied that restrictions imposed were commensurate with a robust risk assessment process, which was regularly reviewed within the MDT meetings.

None of the patients within the ward during this visit were subject to specified person's restrictions.

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 activity plans for patients during the visit, dependent on individual's abilities to participate. A number of the patients we met with were subject to enhanced observation levels and this additional support offered opportunities for therapeutic and recreational activity, including escorted time off the ward.

We also saw the involvement of a third sector provider who had supported the patient in the community prior to admission and who have continued to offer an input, albeit slightly

reduced, to ensure consistency for the patient and in preparation for a future return to the community.

We heard from a patient that the Hub, the café on the ground floor, had not been open and that this reduced an option for time out for them. We were advised that this was a temporary issue due to staff sickness and should be resolved shortly.

The physical environment

Balcary Ward offers a pleasant environment with patients accommodated in single rooms with en-suite facilities and access to communal areas which are well maintained.

We had previously recommended that some remedial work was carried out in the enclosed garden area to maximise the opportunity for patients to have access to an outside space. Due to Covid-19 restrictions and access to the ward, this has not been progressed. We heard of plans for the garden to close for a short period to allow work to be completed quickly. We hope to see this completed in the near future.

We heard from patients that one of the activity rooms (the intensive treatment room) had been reserved for accommodating additional patients in response to a surge from Covid-19 admissions, which reduced options for patients in terms of additional activity space. Staff report that this contingency plan has not been required for some time and there are plans to revert to the use of this space for activities and it can still be utilised if required.

Good practice

During the visit we heard that Balcary Ward has been successful in their self-nomination by the Scottish Patient Safety Programme (mental health inpatient collaborative) with a particular focus on reducing the incidence of restraint by introducing a specialist assessment tool, whilst improving this experience for staff and patients. We were told of various elements that would fit within restraint reduction programmes including environmental improvements, activity programmes, staff and patient debriefs that are being developed.

Whilst the pilot site is Balcary Ward, we were informed that the service hope to consider spread across the hospital in the future. We look forward to hearing more about this approach.

Other issues

During the visit we heard how access and availability of community supports was adversely impacting on discharge planning for patients within the service. Whilst this is not just a local issue, we heard about the lack of availability of support staff locally meant that patients who were deemed ready for discharge were required to remain in hospital longer than was deemed necessary. This is a national picture but we will follow this up with the local health and social care partnership for further information about the extent of this issue and local plans to mitigate delaying discharges wherever possible.

Summary of Recommendations

1. Managers should carry out an audit on the quality of care planning and reviews within the service to ensure consistence and more detail which will benefit the patients.

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.

Suzanne McGuinness
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 Commission 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

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk