Mental Welfare Commission for Scotland

Report on announced visit to: Borders General Hospital, Lindean Ward, Melrose TD6 9BS

Date of visit: 24 March 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.

Lindean is a six-bedded, mixed-gender ward providing assessment and treatment for adults aged 70 years plus with a mental illness. We last visited this service on 20 February 2018.

On the day of this visit we wanted to follow up on the recommendations made previously, which were in relation to enhanced observations and concern that the bathroom was not fit for purpose.

Who we met with

There were six patients on the ward on the day of our visit. We met with five individuals and reviewed the care and treatment of all six patients.

We spoke with staff nurses, depute and senior charge nurses and we also met with the clinical nurse manager and the service manager.

Commission visitors

Susan Tait, nursing officer

Gillian Gibson, nursing officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to were all positive about the care they received. During our previous visit, we commented that care planning was holistic and individually tailored to patient's needs. It has been four years since this last visit and the electronic system EMIS is now well established. The ward staff have decided to print out risk assessments, safety plans, care plans and discharge plans as they considered that these were more readily accessible. We reviewed all of the plans and found them to be of variable quality. Some were detailed with specific interventions, whilst others were very generic. The format of the care plans was however useful, as it gave prompts to consider how to achieve a good outcome and also looked at the strengths of the patients. The reviews were informative and thorough and risk assessments were detailed and informed safety plans. We were however unable to identify where patients, named person or relatives (where appropriate) were involved in care and treatment.

Multidisciplinary team meetings are held weekly and are well documented.

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/node/1203

Recommendation 1:
Managers should ensure that care plans are regularly audited to ensure a consistent approach to care planning.

Recommendation 2:
Managers should ensure that there is evidence of patient, named person or relatives (where appropriate) participation in care.

Use of mental health and incapacity legislation

Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('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. On the day of our visit Mental Health Act paperwork within the records was easy to access. Certificates authorising treatment (T3) under the Mental Health Act were in place, however there was a medication which was not authorised on a T3 certificate. On the day of our visit, we asked that this was brought to the attention of the Responsible Medical Officer (RMO) and the patient be informed of this.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) Act 2000 (the AWI Act) must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. During our visit we found a section 47 certificate with inappropriate authorisation of a medication which was already

authorised by a T3 certificate. This matter was highlighted on the day and will be amended. A further discussion will also be had with senior managers. One patient had an advance statement, which we were pleased to see was located with the prescription kardex.

Rights and restrictions

On our last visited we raised concerns about the understanding and reasoning for enhanced observations. We had the same concerns again. A patient had been placed on constant observations, which had changed to enhanced nursing engagement. There was no care plan to underpin this and no description of what enhanced nursing engagement entailed.

Several of the patients had a note in their file that they were only allowed out of the ward whilst escorted or not allowed out at all. These were patients who were not detained and there was no evidence of their agreement with these conditions, nor a capacity assessment.

The ward has a locked door with an entry pad system. There is no information on the door to indicate how patients might leave if they are not detained. We were told that patients just had to ask and staff would open the door using the code, however there was nothing evident to support this. We were told that there is a locked door policy but it was not displayed.

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

Recommendation 3:
Managers and medical staff must ensure that the reasons for restrictive practices are evidenced, understood and are the least restrictive option.

Activity and occupation

At the time of our last visit, a part-time occupational therapist (OT) was due to start, however this did not happen. The day starts with a positive steps meeting to discuss what activity patients would like. This is all nurse lead, but depending on clinical activity in the ward, these activities can be disrupted. Activities are recorded separately then uploaded to EMIS. We feel the patients would benefit from having an OT and/or an activities coordinator available for patients in the ward.

Recommendation 4:
Managers should review the multi-disciplinary staffing compliment in relation to patient activities.

The physical environment

On the last visit there was a recommendation in relation to the poor state of the bathroom. This has now been upgraded and although there has been improvement, it is still not appropriate to have one bath/shower room between six patients of mixed gender. It is however difficult to see how this can be overcome within the constraints of the ward floorplan. The patients have access to a garden which was well used, for both recreation and activities.

Since the closure of the ward next door to Lindean, ward staff have been able to utilise more space for the patients. There is now a larger sitting area with access to facilities to make tea and coffee. They do have to go through a locked door to get to the OT kitchen and laundry facilities. This would likely be overcome by blocking off an area which would then ensure patients were able to maintain their independence where possible.

Recommendation 5:
Managers should review the environment in Lindean to ensure that all space is utilised to optimise the patient experience.

Summary of recommendations

1. Managers should ensure that care plans are regularly audited to ensure a consistent approach to care planning.

2. Managers should ensure that there is evidence of patient, named person or relatives (where appropriate) participation in care.

3. Managers and medical staff must ensure that the reasons for restrictive practices are evidenced, understood and are the least restrictive option.

4. Managers should review the multi-disciplinary staffing compliment in relation to patient activities.

5. Managers should review of the environment in Lindean to ensure that all space is utilised to optimise the patient experience.

Service response to recommendations

The Commission requires a response to these recommendations within three months of receiving this report.
A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza
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 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