Mental Welfare Commission for Scotland

Report on announced visit to: Midpark Hospital, Ettrick & Nithsdale Wards, Bankend Road, Dumfries DG1 4TN

Date of visit: 9 June 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.

Ettrick and Nithsdale Wards are both 17-bedded adult acute admission wards, providing care and treatment for working age adults with functional mental health diagnoses. Both wards have ECT provision which can be as an inpatient or as a day patient. In addition Ettrick Ward offers planned admissions to support the delivery of electro convulsive treatment (ECT) as a form of day patient treatment. Ettrick Ward has one identified bed for admissions via the Drug and Alcohol Service to provide inpatient detoxification. Nithsdale Ward is the identified admission area for patients with an intellectual disability who meet the criteria for adult acute care.

We last visited the wards in November 2019 and made one recommendation in relation to the need for improvement in the quality and process of recording. Further visits have been delayed due to Covid-19 restrictions and during the ensuing period the remit of Nithsdale Ward has changed from an older adult acute admission to its current remit in response to ongoing demand. This new arrangement reduces the need for patients to be “boarded out” in another ward as we saw in our previous visit.

Who we met with

During the visit we met with 11 patients and 5 relatives and had the opportunity to review records and consider these against the recommendation from our previous visit. We will followed up on all issues raised in these meetings.

We also met with the inpatient service manager, two senior charge nurses (SCN), occupational therapy (OT) service manager, a psychologist and psychological therapist. These discussions were helpful in establishing the context in which the services operate.

Commission visitors

Yvonne Bennett, social work officer

Margo Fyfe, senior manager

Justin McNicholl, social work officer

Douglas Seath, nursing officer

What people told us and what we found

Overall, we heard very positive feedback from patients on both wards with particular praise for the ward staff who delivered support on a day-to-day basis. We were told that ward staff were responsive and supportive despite high demand on the wards being "very busy".

This was echoed in part by the relatives we met with. Whilst there was a recognition particularly of the positive contribution of ward staff, relatives were less positive in terms of communication with medical staff which was described as poor by a number of relatives. Examples of this were that they did not receive invitations to the multi-disciplinary team meeting (MDT), requests to speak with the consultant were not always responded to and overall, the views that we heard indicated that there was a lack of communication with the consultant responsible for their relative's care.

On the basis of this information, we looked closely at MDT records which generally confirmed that the attendance at the meetings were predominantly medical and nursing staff, although records were not always clear and were recorded briefly on the MDT record, with additional notes elsewhere on the electronic system. We have been aware of significant improvement work around the recording of MDT meetings and the introduction of a specific template for this record; it was disappointing not to see them utilised in the way they were intended and left practitioners on the ward not always clear of the plan for a specific patient. This was not always the case but the inconsistency in recording on this key decision-making form requires to be addressed.

Recommendation 1:

Managers should consider how communication arrangements between relatives and medical staff can be improved to ensure the Triangle of Care arrangements extend to include key medical practitioners.

Recommendation 2:

Managers should ensure that MDT meetings are accurately recorded and that these records are accessible to staff to ensure decisions are actioned.

Care, treatment, and participation

We were pleased to note some improvement in care planning in patient records, with plans reflecting a more person-centred and recovery focus. We have been aware of improvement work in relation to this area of practice which has been ongoing for some time, and so it was good to see this activity starting to have positive outcomes in terms of the care plans and, to a lesser extent, reviews. We discussed this with senior nursing staff who are aware that this remains a work in progress but one which is a priority. We were pleased to see more patient involvement in these processes, with patients contributing to the care planning process and signing them off as a joint and agreed plan in many cases.

Risk assessments were robust and reviewed regularly and this was reflected in care plans. We noted that some voluntary patients were subject to restrictions e.g. time off ward and we

discussed this further with nursing staff on the day. We were reassured that this was with the agreement of the patient and was subject to regular review and in line with risk assessments.

On the day of the visit there were a number of patients receiving treatment for eating disorders across the two wards. We acknowledged that care and treatment for this cohort of patients can at times be provided in an adult acute setting but felt that additional specialist input would augment what is available in a more mainstream resource. We heard that in NHS Dumfries and Galloway there is a specialist eating disorders service and we have had further discussion with this service about their input to the acute ward setting, and how this might provide additional support and expertise, to maximise positive patient outcomes. This will be followed up by both services at a meeting scheduled for the week after this visit.

Use of mental health and incapacity legislation

During the visit we reviewed records to ensure they reflected the current use of mental health legislation for those patients who were subject to detention and found these to be in order. The patients we spoke with had a good understanding of their detained status and had support from advocacy and/or solicitors at key points of these processes.

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. We found appropriate consent forms (T2/T3) for patients across both wards.

We noted that one patient was receiving medication covertly but were unable to locate a covert medication pathway which would inform this practice. This will be followed up as a matter of urgency by the SCN.

Activity and occupation

During the visit we heard how activities in the ward had been significantly reduced as a result of Covid-19, along with an increased clinical demand across the wards and some vacancies in key positions in psychology and occupational therapy. However, we heard of some developments in this area. Two locum occupational therapists have been employed, who will focus on assessments and discharge support and a garden project has been developed, which will involve patients in planning and implementing activity, to improve the outdoor space into more user friendly areas.

We also heard about the recruitment of a psychological therapist and the re-introduction of group work tailored to patient need, including cognitive behaviour therapy, wellness recovery action planning (WRAP), and problem-solving in understanding emotions. In addition, patients can access individual input again tailored to their specific needs. This is an early development but one which we heard has plans for growth.

We heard that activities in the service are the responsibility of all staff and as the service progresses its recovery from Covid-19 there is a commitment to revitalising both in-house activities and in resuming contact with community resources, as a conduit to support on discharge. We look forward to seeing how this develops.

The physical environment

Ettrick and Nithsdale Wards are located on the first floor of Midpark Hospital. There is lift access to the first floor and once in the wards the environment is fully accessible, bright and well-presented and maintained. Patients are accommodated in single rooms with en-suite toilet/ shower facilities. There are a number of rooms available in the ward for visits/meetings to take place. Some additional communal rooms continue to be reserved for patient use in the event of a surge in demand but this is under review and these rooms are likely to revert to their original use in the near future.

Good practice

Nithsdale Ward recently submitted a successful bid to Health Improvement Scotland to become part of the Scottish Patients Safety Programme, working towards improving observation practice in the service.

The aim of the SPSP for mental health improvement collaborative is to ensure 'Everyone in adult mental health inpatient wards experiences high quality, safe and person centered care every time.' This will be achieved by supporting hospital teams to improve observation practice and reduce harm from restraint and seclusion practices. The SPSPMH improvement collaborative will focus on creating the conditions for improvement in the team and a focus on human rights and trauma informed care. The primary area of improvement for Nithsdale Ward is putting the *'From Observation to Intervention'* guidance into practice. Service design and quality improvement approaches will be used to support this work. We look forward to seeing how this develops on our next visit.

Summary of recommendations

1. Managers should consider how communication arrangements between relatives and medical staff can be improved to ensure the Triangle of Care arrangements extend to include key medical practitioners.

2. Managers should ensure that MDT meetings are accurately recorded and that these records are accessible to staff to ensure decisions are actioned.

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.

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