Mental Welfare Commission for Scotland

Report on announced visit to: Tippethill House, Rosebery Wing, Armadale, West Lothian EH48 3BQ

Date of visit: 22 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.

Rosebery Wing provides care and treatment for older adult females with dementia and complex care needs, predominantly due to stress and distress. Prior to the Covid-19 pandemic, the ward had capacity for 24 beds. This has since been reduced to 22 single rooms. There were 18 available beds on the day of our visit.

The ward has a multidisciplinary team (MDT) consisting of nursing staff, a consultant psychiatrist, general practitioners (GPs), an occupational therapist (OT) and a pharmacist. There is also input available from psychology and referrals can be made to all other services as and when required.

We last visited this service on 16 January 2018 and made recommendations regarding care planning, medical and pharmacy input, activity plans and the need to review arrangements for patients to have personal belongings in their bedrooms. We also recommended an urgent review of the bed numbers, bay arrangements and staffing levels.

On the day of this visit we wanted to follow up on the previous recommendations and also hear how patients and staff have managed throughout the pandemic.

Who we met with

There were four patients in the ward on the day of our visit. We met and reviewed the care and treatment of all four patients and spoke with one relative.

Prior to the visit we met with the senior charge nurse via video call and spoke with a range of clinical staff on the day of the visit.

Commission visitors

Gillian Gibson, nursing officer

Anne Buchanan, nursing officer

What people told us and what we found

Care, treatment, support and participation

Due to the progression of their illness, we were unable to have detailed conversations with patients, however, throughout the day we introduced ourselves to all of the patients and observed that they appeared to be content and happy in the company of staff. We observed positive and supportive interactions between staff both on a one-to-one basis and in group activities.

Feedback from relatives was positive. Nursing staff were described as 'excellent'. We heard there were open lines of communication and relatives were regularly updated and informed regarding all care decisions.

Visiting arrangements continue to be supported. We were pleased to hear that on the day of our visit, the ward has open visiting so that relatives and carers are able to visit loved ones throughout the day and evening. Arrangements are made via a booking system to support track and trace requirements and for coordinated use of the ward café. Visits can also take place in individual patient bedrooms. There was some confusion with relatives regarding visiting arrangements and we fed back to managers on the day that this should be clarified with all relatives and carers.

Nursing care plans

We found examples of detailed person-centred care planning in relation to stress and distress. It was recognised that the electronic patient information system in use does not support mental health care planning, specifically in relation to stress and distress, therefore the ward had opted to use a paper format for these care plans. We found stress and distress assessments linking to care plans and were pleased to see that a formulation model was used to support stress and distress interventions.

There were a range of electronic care plans to support additional mental and physical wellbeing but we found these to be generic and they did not link to specific assessments. The system in use does not support multidisciplinary team (MDT) or patient and/or carer involvement. We were unable to find evidence of reviews of care plans. However, we did find that physical health care needs were being addressed and followed up appropriately.

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 summative evaluations are recorded in patient notes which indicate the effectiveness of the interventions being carried out and that set out any required changes to meet care goals.

Multidisciplinary team (MDT)

Rosebery Wing has a range of disciplines either based in the ward or accessible to it. GP's attend the ward five days per week to support physical health and wellbeing. When we lasted visited the service we recommended that managers review the medical and pharmacy input to the ward to ensure that the complex needs of the patients were met.

We were concerned that there continues to be a shortfall in relation to consultant psychiatry input to the ward with the current arrangement in place being one visit per fortnight. We did not find this arrangement adequate in relation to the complex care needs of the patient group. We were also concerned to find little to no evidence of documentation in the care records, in relation to assessment and review of patients by the consultant psychiatrist.

We heard that there is now pharmacy input to the ward, albeit once every three months. However, we were informed that pharmacy will attend the ward out with this time when there is a new admission. The pharmacist was in the ward on the day of our visit and we found evidence of detailed pharmacy reviews in the patient records.

We heard that during the pandemic, the OT was based in the ward for a period of time. We heard how valuable this was to the care and treatment of patients; especially in relation to specific assessments and meaningful activity. This has unfortunately reverted back to one session per fortnight and it was recognised that the patient group would benefit from further input from the OT.

MDT meetings are attended by nursing and medical staff. There is a detailed meeting template to record clinical discussion and outcomes in paper format, however, there was no evidence of input from other disciplines.

Recommendation 2.

Managers should review the level of input to the ward from the consultant psychiatrist to ensure all patients are seen and reviewed on a regular basis.

Recommendation 3.

Managers should review the OT input to the ward to ensure the complex needs of the patients are met.

Recommendation 4.

Managers should ensure there are comprehensive detailed records entered on the electronic patient management systems by medical staff.

Recommendation 5.

Managers should ensure all disciplines are represented at or have the opportunity to provide input to MDT meetings

Care records

The ward had recently introduced the electronic system Trakcare to hold information on patient's care and treatment. We found this system relatively easy to navigate although recognised this system was not designed for mental health. We were able to see where specific pieces of information were located on the system. We found that overall there was a good standard of record keeping with daily notes linked to care plans, however, we would expect to see evidence of non-pharmacological interventions used and the effectiveness of these documented prior to the administration of as required medication for stress and distress.

All staff involved in the patients care should be able to input into the electronic system to promote continuity of care, communication and information sharing. We were unable to find entries from the GPs and heard that they do not currently use this system. However, we were pleased to hear that an agreement had been reached and arrangements were being made to for GPs to access and record on the system.

Use of mental health and incapacity legislation

On the day of our visit there were no patients subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act').

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 200 (AWI) Act must be provided by a doctor. The certificate is required by law and provides evidence that the treatment complies with the principles of the Act. Consent to treatment certificates were in order along with accompanying care and treatment plans which detailed specific treatment covered by the certificate. We would expect these to have been discussed and agreed with relatives/carers, particularly where there is a welfare proxy in place. We provided this feedback to managers on the day of our visit.

Where there was a welfare proxy (guardian or power of attorney) in place details were recorded and copies of powers kept in individual files.

For those patients on covert medication pathways, all documentation was in place and reviewed regularly.

Rights and restrictions

Rosebery Wing continues to operate a locked door, commensurate with the level of risk identified with this patient group. The policy was clearly displayed in the ward on the day of our visit. We also saw evidence of individual risk assessments that identified patients who would be at risk if the door were to be open due to their vulnerability and progression of their illness.

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

Rosebery Wing has an activity co-ordinator who works a set shift pattern including weekends. The OT also supports the provision of meaningful activity when they attend the ward. When we last visited the service we recommended that activity plans were reviewed and updated for all patients. We saw evidence of an activity programme in place along with individual activity care plans which were reviewed regularly. There were numerous activity areas around the ward for patients to use independently or with staff; we saw activities being carried out on the day of our visit.

We heard that the ward has regular input from an art therapy group. Activities include singing, dancing, seated exercise and crafts. We heard how much this is valued by staff and patients alike.

Doll therapy was being used on the day of our visit and we saw first-hand the therapeutic benefit this provided. Dolls can have great benefits for some people with dementia, particularly in the later stages. They can promote feelings of relaxation and pleasure, and are considered a form of therapy. There is evidence to suggest this can support the prevention and alleviation of stress and distress by improving mental and emotional wellbeing and communication by providing comfort and a sense of purpose.

The physical environment

The layout of the ward consists of twenty-two single rooms each with en-suite facilities. On our last visit the ward had capacity for thirty beds which included four bay areas. We recommended a review of the bed numbers and bay arrangements was undertaken as a matter of urgency. As a result, bed numbers were reduced to twenty-four beds and recently to twenty-two. Two of the bay areas have been made into sitting room and activity areas. We heard that consideration was being given as to how to utilise space from the other two bay areas to provide most benefit to the patient group.

We also made a recommendation in relation to supporting patients to have personal belongings in their bedrooms. We saw that each bedroom now contains a wall mounted cabinet where photographs and other personal, meaningful belongings are displayed.

The ward is bright, spacious, warm and inviting. It is well decorated with tasteful wall art, sensory stimulating wall mounts and murals. Corridors are wide with several seating areas around the ward for patients to use; there is signage to orientate the patients to specific areas in the ward. There are lounge areas and a separate dining area for the patients. There is also a café area which is used for activities and visits with families and carers. This was a homely space and we could see consideration had been given to maintaining a level of privacy whilst supporting observation.

There are three garden areas accessible from the ward, all of which are colourful, well maintained and contain seating and maximise the use of space.

Summary of recommendations

1. Managers should ensure that summative evaluations are recorded in patient notes which indicate the effectiveness of the interventions being carried out and that set out any required changes to meet care goals.

2. Managers should review the level of input to the ward from the consultant psychiatrist to ensure all patients are seen and reviewed on a regular basis.

3. Managers should review the OT input to the ward to ensure the complex needs of the patients are met.

4. Managers should ensure there are comprehensive detailed records entered on the electronic patient management systems by all medical staff.

5. Managers should ensure all disciplines are represented at or have the opportunity to provide input to MDT meetings.

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.

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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