Mental Welfare Commission for Scotland

Report on announced visit to:

Banff Ward, Leverndale Hospital, Crookston Road, Glasgow G53 7TU

Date of visit: 19 December 2023

Where we visited

Banff Ward is a 20-bedded unit divided into six single rooms and three dormitories. The unit provides assessment and treatment for older adults who have a functional mental illness.

We last visited this service in November 2022, and made recommendations in relation to care planning and recording of proxy decision makers. The response we received from the service was that the recommendations made had been implemented. There is now a template letter sent to families, following a verbal request for copies of power of attorney/guardianship papers. Training on care planning has been provided and there is ongoing work underway as care plans are transitioned from the paper files onto the electronic recording system, EMIS.

On the day of this visit we wanted to follow up on the previous recommendations and also hear about how the service is developing.

Who we met with

We met with, and reviewed the care and treatment of seven patients, six of whom we met with in person. There were no carers/relatives requested to meet with us.

We spoke with the service manager and the senior charge nurse.

Commission visitors

Mary Hattie, nursing officer

Justin McNicholl, social work officer

What people told us and what we found

Care, treatment, support and participation

We heard very positive comments from a number of the patients that we spoke with, specifically about the availability of staff and the support they provided. One lady told us "staff are exemplary, they never put a foot wrong. I have been in a lot of hospitals and the staff here are the best."

A number of patients advised us that the food was poor and unappetising. We heard from staff that patients chose their meals the day before, however the meals that were delivered frequently did not reflect the choices offered on the menu, which caused difficulties in meeting everyone's needs and preferences. The vegetarian and vegan menus are limited, and the overall menu is repetitive.

Recommendation 1:
Managers should review the catering provision to ensure it provides adequate choice and consistently delivers the advertised menus.

Care records

Information on patients' care and treatment was held in three ways; there was a paper file, the electronic record system EMIS and the electronic medication management system, HEPMA. The service is currently transitioning from paper-based to electronic care plans and reviews. One of the charge nurses is leading this work, providing additional support and training where required.

The nursing care plans we reviewed varied considerably in quality; a number of the newer electronic care plans were person-centred, addressing identified risks, needs and preferences. However, we also found some care plans contained generic, standardised interventions with no person-centred detail.

The care plan reviews were meaningful and informative, but we found one care plan which had not been updated to incorporate the information relating to changes in the patient's legal status.

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 2:
Managers should continue to provide support and training on person-centred care planning throughout the transition process and audit care plans to ensure that they are of a consistently high standard and reflect current status.

CRAFT risk assessments were documented in the electronic record. We heard that a new template has recently been implemented and staff highlighted that this does not contain the same level of prompts in it as was in the previous one. We found detailed risk assessments on file for the individuals whose care we reviewed. However, whilst there was reference to

whether there was any change to risk in the MDT reviews, we found a number of patients whose risk assessments had not been comprehensively reviewed for some months.

Recommendation 3:
A comprehensive review of individual CRAFT risk assessments should be undertaken on a regular basis.

Multidisciplinary team (MDT)

The ward has regular input from occupational therapy staff, physiotherapy, psychology and pharmacy staff as well as three psychiatrists, the nursing team and a therapeutic activity nurse. Other allied health professionals are available on a referral basis. We heard that MDT meetings continue to happen face-to-face, with the option of joining virtually for community staff, if needed. All patients we spoke to told us they met with their consultant every week before the MDT and staff confirmed that patients and their families are included in discharge planning or review meetings should they wish to attend and, when the patient is moving towards discharge, that community services are also invited to attend.

MDT reviews were well documented, with information on who attended, decisions taken, actions required, and patient and family involvement. Chronological notes were detailed, informative and relevant.

There was a psychologist who leads on the fortnightly Newcastle formulation meetings. The Newcastle Model is a framework and a process developed to help nursing and care staff understand and improve their care for people who may present with behaviours that challenge. They have also been providing training in lower-level psychological therapies for staff. There is a link nurse for psychological therapies who is raising awareness of available training and resources. Supervision is provided to develop the skills and confidence of nursing staff in this area. Currently the focus is on developing nursing competence in completing the Addenbrookes Cognitive Evaluation, which is a test used to identify cognitive impairment in conditions such as dementia.

We heard that the local quality improvement group, led by the senior charge nurse is investigating the possibility of referring patients who may have been isolated in the community to befriending services during their stay in the ward with a view to this relationship continuing once they are back in the community.

Use of mental health and incapacity legislation

On the day of our visit, seven of the 19 patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). All documentation relating to the Mental Health Act and the Adults with Incapacity (Scotland) Act 2000 (the AWI Act), including certificates around capacity to consent to treatment, were in place in the paper files and were up-to-date.

Part 16 of 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. Certificates authorising treatment (T3) under the Mental Health Act were in place where required and corresponded to the medication being prescribed.

In relation to the AWI Act, where the patient had granted a power of attorney (POA) or was subject to a guardianship order, we found information relating to this that provided contact details for the proxy decision maker. Copies of the powers were available in all the files we reviewed, and there was evidence throughout the chronological notes of consultation with proxy decision makers in relation to care and treatment.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) 2000 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. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. We found completed forms and a record of communication with families and proxy decision makers in all the files we reviewed.

Rights and restrictions

Banff continues to operate a locked door, commensurate with the level of risk identified with the group of patients. There was a locked door policy and information on how to access and leave the ward was available.

We heard that since the lifting of restrictions, visiting is now person-centred, with open visiting between 10am and 8pm, and visiting out with this time by arrangement. However, visitors are asked not to visit at mealtimes.

The ward has access to advocacy services which were advertised on the ward notice board.

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

The ward has regular input from an activity co-ordinator who works across Banff and Balmore, as well as occupational therapy staff and the physiotherapist who attends several days each week and provides assessments, one-to-one therapeutic work, and small group-based activities.

We heard that occupational therapy staff and the activity nurse co-ordinate their plans to maximise the availability of activities for all patients. The ward benefits from outside volunteers providing music sessions, art and pet therapy. The activity board shows planned group activities for the week; this is updated each week in light of requests and suggestions arising from the patient group. Our visit was on the day of the ward Christmas party. We saw the output of some of the craft groups that patients have been involved in, and we saw staff spending time chatting with patients and engaging in one-to-one activities with them.

Activity participation and the outcome of this was recorded in the chronological notes, and we found that information on both small group and individual activities was recorded. Activity provision was informed by the information in the 'Getting to Know me' documentation and based on the patient's choice on the day.

Activities such as quizzes, reminiscence work, and music groups have been supported by the use of the Reminiscence Interactive Therapy Activities system (RITA), however the contract for this equipment is due for renewal. Given the cost and the fact that technology has developed considerably recently the ward has decided not to renew, but instead to invest in a variety of technologies, including iPads and smart TVs which will enable the ward to access a wide variety of resources, including streamed dementia friendly ballet, opera and theatre performances from the Glasgow Royal Concert Hall.

We look forward to seeing the impact of these developments when we next visit.

The physical environment

The ward has a spacious, bright dining area, shared with the rehabilitation unit next door. There is a lounge as well as a large conservatory and a dedicated activity room, which is well stocked with games, magazines, books and craft supplies. We heard there were ongoing issues with the roof of the corridor to the conservatory leaking, however this is being addressed by estates. There is a therapeutic kitchen and patients have access to domestic laundry facilities in the ward.

There is access to a small secure garden area, which is used regularly by a number of patients. The ward is currently awaiting the outcome of a funding bid to provide additional garden furniture for this area.

Sleeping accommodation is a mixture of six single rooms and three small dormitories. Single rooms do have en-suite toilet facilities, however they do not have shower facilities. Dormitories have an en-suite toilet and shower facilities and there is a shower and a bathroom off the main corridor. We heard from a number of patients that they are not able to get a shower as frequently as they would like.

As in other areas we visited recently, we saw that en-suite bathroom doors had been replaced with anti-ligature plastic partial doors, which are held in place by magnets. We are aware of concerns regarding the impact on patients' privacy and dignity with these screens in place and the potential falls risk should patients attempt to use these for support. We were pleased to hear that an alternative solution is being considered with more robust magnets to hold the door; this is being trialled in another ward currently. We look forward to hearing the outcome of this.

Recommendation 4:
Managers should review the accommodation to ensure it is fit for purpose and meets the needs of the group of patients.

Summary of recommendations

Recommendation 1:
Managers should review the catering provision to ensure it provides adequate choice and consistently delivers the advertised menus.

Recommendation 2:
Managers should continue to provide support and training on person-centred care planning throughout the transition process and audit care plans to ensure that they are of a consistently high standard and reflect current status.

Recommendation 3:
A comprehensive review of individual CRAFT risk assessments should be undertaken on a regular basis.

Recommendation 4:
Managers should review the accommodation to ensure it is fit for purpose and meets the needs of the group of patients.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication 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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