Mental Welfare Commission for Scotland

Report on unannounced visit to:

Ettrick Ward, Midpark Hospital, Bankend Road,

Dumfries DG1 4TN

Date of visit: 23 January 2024

Where we visited

Ettrick Ward is a 17-bedded, adult admission unit. The unit provides assessment and treatment for adults from Dumfries, Stewartry and Stranraer. On the day of our visit, there were four vacant beds. The ward also has one detox bed within the bed allocation for inpatient under the care of the addictions consultant.

We last visited this service in June 2022 and made recommendations about the communication arrangements between relatives and medical staff, the Triangle of Care arrangements were to include key medical practitioners, that MDT meetings should be accurately recorded and that records were accessible to staff to ensure decisions were actioned.

The response we received from the service was that identification of carers will continue with the use of triangle of care, nursing staff will continue to build positive relationships with families/carers and co-ordinate time with medical staff as detailed below. We were informed that work was being actioned by the multidisciplinary team (MDT) to recognise the value of family and carers in improving safety; that identified time would now be protected for families and carers with key medical practitioners; and the SCNs were now attending MDT meetings where possible, to ensure robust decision making, record-keeping and risk reviews take place. An electronic MDT form has been tested in the hospital, where MDT decisions can be recorded in one place and is accessible to all staff to ensure decisions are actioned thereafter.

As at the time of our last visit to the service we also wanted to find out what progress had been made towards recommendations.

Who we met with

We met with, and reviewed the care of seven individuals who we met with in person. We also met with one relative.

We spoke with the service managers, the nurse in charge, a charge nurse and an occupational therapist (OT).

Commission visitors

Mike Diamond, social work officer

Graham Morgan, engagement & participation officer

Margo Fyfe, senior manager

What people told us and what we found

Care, treatment, support and participation

The individuals we spoke with were all very complimentary towards the staff. They told us that "staff listen to them and help", that "the staff are there for you and will come and see you in the morning and afternoon", and "if you have to be somewhere like this, this is a very good environment – even at eight in the morning the staff are all smiles".

When we last visited the service we found examples of detailed and person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual. Since our last visit, the ward has benefitted from the new digital platform MORSE, which has been used to record patient information. On first appearance this is a very straightforward and fast system that staff are now operating to capture patient records. We were able to see clear care plans with each individual's goals highlighted in their own words at the start as to what matters to them. We found detailed person-centred care plans that evidenced each individual's involvement. It was good to see that discharge care plans were in place where appropriate. We also found a good deal of information contained in one-to-one discussions with named nurses. We saw evidence of each individual's improvement in their recovery journey from the records but were surprised not to see any updated care plans; this should happen in recognition of the person achieving their goals.

We saw that physical health care needs were being addressed and followed up appropriately by staff. However, we noted the result of an MRI had been received, but there was no record of the person having been informed of the result. This should be clearly recorded by medical staff and possibly noted in the minutes of the ward review or multidisciplinary team meeting (MDT). We look forward to seeing this change on our next visit.

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:
As care plans are reviewed and become outdated, the care plan record should be updated to reflect any new plan and any progress.

Multidisciplinary team (MDT)

The unit has a multidisciplinary team (MDT) on site consisting of nursing staff, psychiatrists, occupational therapy staff, speech and language therapy staff and psychology staff. Referrals can be made to all other services as and when required.

It should be clear from the MDT meeting record which staff have attended the meeting, and that everyone involved in an individual's care and treatment was invited to update their views. This also includes the person and their family, should they wish to attend.

We heard that there is also a specialist psychological therapist available on the ward on a Tuesday afternoon and patients are seen in groups or in a one-to-one setting. People were very positive about the resources the ward has to offer.

We were informed by staff that there is good liaison across professional teams and that the crisis teams take part in facilitating early discharge meetings. The team appeared to be stable and work well together, with few absences, which assists continuity of care.

Care records

Information on each individual's care and treatment was held in the electronic record system MORSE and information was also stored in a paper file. We found this system easy to navigate. The electronic recordings were person-centred, with patient goals being captured at the start of the care plan.

Individuals we spoke with were all very positive about their care in the ward. Additionally, the relatives we spoke with were also positive about staff input. Both seem to be given the time they needed to voice their opinions. The general feeling was that relatives felt confident about the support that was being offered to the family member.

Use of mental health and incapacity legislation

On the day of our visit, seven people were subject to compulsory treatment powers under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The individuals we met with during our visit had a good understanding of their detained status where they were subject to detention under the Mental Health Act. There were another seven patients who were in the ward on a voluntary basis.

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 individuals, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3s had been completed by the responsible medical officer to record non-consent; they were available and up to date.

Anyone who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a named person had been nominated, we found copies of this in the records.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWIA 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 did not find anyone who had covert medication in place.

People we spoke with were aware of their rights including that of advocacy, and how to challenge detentions under the Mental Health Act. Individuals were aware of the plans for their recovery and timescales for remaining in the ward.

Rights and restrictions

Ettrick Ward operates a locked door on entry only, egress is controlled via a push button, commensurate with the level of risk identified with the patient group.

Where specified person restrictions were in place under the Mental Health Act, we found reasoned opinions in place. Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where an individual is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. We identified someone who was subject to a specified person restriction. We noted there was no specified person paperwork completed in relation to this and we contacted the RMO for an explanation. We also gave advice that this status should be withdrawn as the legal paperwork had not been completed at the time. This affords people their rights to challenge. For the avoidance of doubt, this paperwork cannot be retrospectively applied.

Managers should consider MDT training in the application and use of specified persons.

Our specified persons good practice guidance is available on our website:
https://www.mwcscot.org.uk/node/512

Recommendation 2:
Managers should ensure that specified person status has in place the required paperwork. This should be competently completed at the time thus affording the patient their legal rights. Paperwork should be sent to the MWC timeously.

Activity and occupation

There was occupational therapy (OT) input to the ward by means of the usual kitchen, cooking, shopping and other core functions, as well as assessments of individuals. We were informed that the ward also has plans for an artist to visit, to run a group on an afternoon/evening session; this is scheduled to start in February 2024.

We were informed there is another group on a Tuesday and Saturday called Let's Get Sporty, as well as a Thursday session to assist people with identifying strengths, employability, drafting CVs, etc. However, some individuals told us there should be more activities.

We were shown very positive outcomes from the creative writing session which was led by the OT's and supported by ward staff. This was entitled, A View from My Window and involved eight patients, including a very talented guitarist. This was very encouraging to see and staff involved should be commended.

The physical environment

Ettrick ward is located on the first floor of Midpark Hospital. There is a lift for ease of access. Accommodation is single rooms all with en-suite facilities. The ward is bright and well decorated. There are a number of rooms available for meetings and visits to take place.

People informed us that the environment is positive for their mental health, since it keeps the ward quieter and affords them more privacy, especially when unknown people were attending the ward for meetings.

We felt the layout was well designed with people’s needs at the core.

Summary of recommendations

Recommendation 1:
As care plans are reviewed and become outdated, the care plan record should be updated to reflect any new plan and any progress.

Recommendation 2:
Managers should ensure that Specified Person status has in place the required paperwork. This should be competently completed at the time thus affording the patient their legal rights. Paperwork should be sent to the MWC timeously.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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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