

Mental Welfare Commission for Scotland

Report on announced visit to: Mossend Unit, Milnwood Unit and Orbiston Unit, Hatton Lea Care Home, 2 Reema Road, Bellshill ML4 1RR

Date of visit: 24 May 2018

Where we visited

Hatton Lea Care Home is a purpose-built residential home for older people run by HC-One. It is centrally located in Bellshill, close to local amenities. The home has five units, three of which are funded by NHS Lanarkshire. The NHS-funded units cater for residents with varying degrees of dementia with stressed and distressed behaviour. At the time of the visit there were 40 residents of a possible 75. Orbiston Unit is a female only unit, Mossend unit is male only and Milnwood unit is a mixed-sex unit. Each unit has capacity for 25 residents.

We chose to visit the NHS-funded dementia units (Orbiston, Mossend and Milnwood) as we had not visited the home since 2015. At that time, we felt there were some areas that could be improved, including the recording of activities by unit staff; evaluation of nursing care plans; recording of falls risk assessments; recording of proxy decision-maker details; documentation referring to Scottish legislation; and medicine prescription dosage interval recordings.

On this visit, we chose to follow up on the action plan the care home manager had provided in response to the recommendations made after the visit in 2015.

Who we met with

We met with and/or reviewed the care and treatment of 13 residents and two relatives.

We spoke with the care home manager, clinical nurse manager, nursing and other staff in the units.

Commission visitors

Margo Fyfe, Nursing Officer and visit co-ordinator

Mary Hattie, Nursing Officer

Yvonne Bennett, Social Work Officer

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

The home has two visiting psychiatrists from NHS Lanarkshire who attend weekly and are contactable outside of their visiting times. There is also access to psychology on a referral basis, and several of the nursing staff are trained in therapeutic interventions specifically aimed at the dementia population. We were pleased to hear that activity co-ordinators remain within the home, attending to patients in all units.

We heard about the monthly relatives support group that is facilitated by the home staff but led by the relatives. We also heard about the dementia café that residents

and relatives can attend, which is run by care home staff and held in the local community. This has been in place for some time and is well received.

We were told that the introduction of John's Campaign in general hospitals has helped make any trips to hospital more manageable for patients and their relatives.

In all units we saw caring interactions between residents and staff. The relatives we met with spoke highly of the care and support offered to them and their loved ones.

Care plans

At the last visit we had found that, in general, care plan evaluations lacked detail. We were informed of audits that are now in place, and the responsibility placed on senior nursing staff to ensure evaluations are meaningful and indicate the resident's progress. We were pleased to find evidence of audits and to see that evaluations in Milnwood and Orbiston units reflect the actions put in place. Overall, care plans were person-centred and meaningful. We were pleased to see good attention to mental health and physical health care planning.

In Mossend Unit we found that interventions were not descriptive, particularly in relation to stressed and distressed behaviours. We also found no evidence that psychology referral had been considered, or made, in regard to some patients who may benefit from referral. We would suggest psychology referral be made for assessment and support in devising stress and distress care plans where appropriate.

Recommendation 1:

Managers should ensure that staff accurately detail care interventions.

Risk Assessments

Of the records reviewed, we found risk assessments clearly included any falls risks. The risk assessments were reviewed and updated regularly. We also saw risk documentation in relation to the use of bed rails, where appropriate.

Care files

Since our last visit the home has come under the ownership of HC-One. At the time of this visit, paperwork was in the process of being changed from BUPA to HC-One. We found the new paperwork easy to navigate. We found that information detailing proxy decision-makers was held at the front of the files, and that relevant documentation regarding this was held in the care files appropriately.

Medication prescriptions

When we viewed medication prescription sheets we found them to accurately reflect medication being given, with dose levels clearly indicated.

In Mossend Unit, we were concerned that for two patients, the use of 'as required' medication was high, with no detail of other measures being employed to assist with these individuals' stress and distressed behaviours. We also found inaccuracies in the recording of the use of 'as required' medication within the unit, and a lack of evaluation of how effective this medication had been. We spoke with the nurse in charge about this, and recommended discussing medication reviews with the consultant psychiatrist and asking the psychologist to review the care approach. We will also write to the consultant psychiatrist to ask for 'as required' medication use to be reviewed.

Recommendation 2:

Managers should ensure a review of 'as required' prescriptions.

Use of mental health and incapacity legislation

There were no residents detained under the Mental Health (Care and Treatment) (Scotland) Act 2003. Several of the residents we met with had proxy decision-makers in place under the Adults with Incapacity (Scotland) Act 2000 (the AWI Act).

We took the opportunity to look at consent to treatment documentation. Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under s47 of 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.

On this visit, it was noted that all consent to treatment certificates relating to the AWI Act were in place and relevant to the prescribed treatment for the residents concerned.

Rights and restrictions

Residents have free access to enclosed garden space from the lounge areas of the units. We saw the gardens being used during the visit, and residents were happy to move in and out as they were able and wanted to do so.

The main doors to the units are locked for general security. We did not see any residents demonstrating a wish to leave and being prevented from doing so.

Activity and occupation

We were pleased to hear about the variety of activity on offer to residents, both within and outside the care home. The home is embedded in the local area and has good links with community groups. We heard about the development of the dementia café, supported by Alzheimer's Scotland, and an allotment area that is led by the senior nurse in Mossend Unit. The activity co-ordinators keep a record of activity participation. During the last visit, we were concerned that nurses and support staff in the units were not fully recording the activities they were doing with residents.

However, it was good to see this had changed and that staff had improved their recording of activity participation in residents' care files.

We saw residents using dolls and twiddle muffs, watching television, and out in the garden areas with staff, as well as chatting with staff and visitors.

The physical environment

The home is set out on single level accommodation and each resident has their own room. Relatives are encouraged to personalise rooms and make them homely. There are memory boxes outside bedrooms that have been creatively used and help residents locate their room where possible, but also lend to conversation topics between staff and residents. There are also quiet spaces in each unit, set apart from the main communal area, where residents can go should they wish for some quiet time.

Each unit is decorated to meet the needs of the resident population. In Mossend there is a room that is decorated to look like a pub, and there is a workshop room where residents can engage in activities that they may have previously been involved in, such as painting and working with wood. In Orbiston, a room is being turned into a café and there are murals and pictures around the communal areas, all designed to encourage interaction and discussion. In Milnwood, it was good to see the use of mobiles on the ceiling of bedrooms where residents were confined to bed due to the stage of their illness.

There is access to pleasant garden areas for all units and these are well used as weather allows.

Any other comments

Orbiston Unit is a demonstrator site for Healthcare Improvement Scotland's improvement programme around specialist dementia care. They are linking in with the other three demonstrator sites across the country to share good practice, and improvement ideas and plans. At present, they are focussing on observations around meal times and on developing the playlist for life activity within the unit. We heard that relatives are also involved in this work and have been working on developing a dementia-friendly garden area. We were also shown a short recording of relatives talking about the services, and supports provided to them and their loved one. It is planned that this will be used to help families understand what the service offers. We look forward to hearing more about this work as it progresses.

Summary of recommendations

1. Managers should ensure that staff detail care interventions accurately.
2. Managers should ensure a review of 'as required' prescriptions.

Good practice

In speaking with staff and relatives, it is clear that relatives are encouraged to participate in their loved ones' care and also to support the care home in providing a wide range of activity for residents. We saw this as good practice and encourage the approach to be shared with other areas.

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 The Care Inspectorate.

Mike Diamond
Executive Director (social work)

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 MWC 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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