



Mental Welfare Commission for Scotland

Report on announced visit to: Marchburn Ward, East Ayrshire Community Hospital, Ayr Road, Cumnock, KA18 1EF

Date of visit: 13 November 2018

Where we visited

Marchburn Ward is a 20-bedded, mixed-sex, continuing care ward for patients over the age of 65 with a diagnosis of dementia and other related disorders. At the time of our visit there were 13 people on the ward. We last visited this service for the purpose of a local visit on 10 January 2012, and we made no recommendations at that time.

Who we met with

We met with and spoke to the senior charge nurse (SCN), the clinical nurse lead, and the psychiatrist who is responsible for all the patients on the ward. We met with and reviewed the care of six patients, and we spoke with two relatives.

Commission visitors

Moira Healy, Social Work Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

All the patients in Marchburn Ward had highly complex care needs, and it was not possible to ascertain their views.

Relatives we spoke to said that they were happy with the support and care provided by the nursing staff, and that communication between them and the medical and nursing team was of a high standard. We were able to see evidence of engagement with families in the daily care notes. Support from the wider health care professional team - physiotherapy, dietician, speech and language therapy, and occupational therapy (OT) - was all on a referral basis only, and there were no issues with regard to referring to the wider professional staff as required.

A psychologist had recently been involved in training nursing staff on managing stress and distressed behaviour using the Newcastle model, and was working alongside them to offer supervision in relation to the development and review of care plans. Where this had been done, we found these to be highly detailed and person centred. It is intended that this will be offered to all trained staff.

We found multidisciplinary team (MDT) case notes on files were regularly reviewed, and appropriately recorded.

On the day of the visit the discharge of one patient was formally considered to be delayed. We heard on the day that the delay was in relation to funding issues in social care outwith East Ayrshire Health and Social Care Partnership.

Care plans

We found the “getting to know me” documentation to be comprehensive, and updated as individual patient needs changed. This documentation in many cases informed the care plans, which were variable in quality. Some were highly detailed and person centred, others relied only on information regarding physical health care. There was evidence of good physical health care being provided.

Recommendation 1:

Managers should ensure nursing care plans are person centred, contain individualised information, reflect the care needs of each individual person and identify clear interventions and care goals.

Use of mental health and incapacity legislation

Adults with Incapacity (Scotland) Act 2000 (AWI Act)

In many of the files we reviewed, we found there was a welfare proxy in place to assist with decision making. Copies of legal documentation had been obtained in every case. However, there was no formal record of a discussion regarding delegation of the powers in place.

Recommendation 2:

Managers should ensure that, where a proxy decision maker is in place, there is evidence of a discussion with the proxy about how any powers are delegated to staff and that this is clearly recorded.

Consent to treatment

Where an individual lacks capacity in relation to decisions regarding medical treatment, a certificate under section 47 of the AWI Act must be completed by the doctor, and cover all relevant medical treatment the individual is receiving.

We noted s47 certificates and treatment plans, where required, were in place for all patients. However, for a small number of patients the s47 treatment plans came with them from another ward, and there were changes to the medication since arriving on Marchburn Ward. The SCN agreed that in future all new patients will benefit from a new s47 certificate and treatment plan, if required, on admission to the ward. There were no patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

Covert medication

When a patient is in receipt of covert medication, we recommend a covert medication pathway should be in place with the drug prescription sheet. We found this to be present as required and properly authorised in all cases where covert medication was being given.

The physical environment

The ward was divided into two areas, with one area being used for patients who need a quiet and more peaceful environment. The other area, which was very spacious, was used mainly for patients who were more active and who were able to tolerate higher levels of noise.

On the day of our visit there were a number of patients who were distressed, and some other patients spent time in their bedrooms as they found the noise distressing. We understand that there had been some environmental work done to reduce noise levels, but this was not entirely effective. This large area was surrounded by single bedrooms (all of which have lovely views to the garden and outside areas), but had no natural light apart from small windows at ceiling height. Consequently, we were concerned that some of these patients may not be getting enough access to natural light during the course of the day and, unless they are taken off the ward or moved to a different area, may not get the benefit of views of the outside world. Currently there are a number of bedrooms not in use, and we wondered if it was possible to redesign the ward allowing patients on the side of the ward which tends to be noisier, to have more access to natural day light and also to develop a quieter area to give all patients access to views of the well-tended garden. We were told that there was a sensory room where patients had time for relaxation. However, the room we were shown to was used more as a storeroom and was not a calm environment. The creation of a more quiet and comforting relaxation room should be considered.

Recommendation 3:

A dementia-specific environmental audit should be undertaken to look at improvements that can be made to the environment.

Activity and occupation

There was no activity co-ordinator on Marchburn Ward, and activities were provided by the nursing staff and healthcare assistants. We heard that the ward had use of a minibus for outings one day a week. This was regularly used, and appreciated by patients who were able to use it. Managers may want to consider providing a dedicated activity co-ordinator, to ensure that patients have a range of activities to meet their needs.

Summary of recommendations

1. Managers should ensure nursing care plans are person centred, contain individualised information, reflect the care needs of each individual person, and identify clear interventions and care goals.
2. Managers should ensure that where a proxy decision maker is in place, there is evidence of a discussion with the proxy about how any powers are delegated to staff and that this is clearly recorded.
3. A dementia-specific environmental audit should be undertaken to look at improvements that can be made to the environment.

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.

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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