



Mental Welfare Commission for Scotland

Report on announced visit to: Willow Ward, Ferryfield House,
100 Pilton Drive, Edinburgh, EH5 2HF

Date of visit: 12 November 2018

Where we visited

Willow Ward is a 30-bedded mixed-sex unit for older adults with chronic and enduring mental health needs. The majority of patients have a severe dementia-type illness.

Willow Ward is one of two 30-bedded, NHS hospital-based complex clinical care (HBCCC) wards based in Ferryfield House. Ferryfield House is a modern one-storey building, owned and managed by Walker Healthcare as part of the Private Finance Initiative (PFI). There is a building manager, provided by Walker Healthcare, and a domestic services manager, provided by the company who run on-site services. Meals are cooked in the kitchen, and the laundry service is managed on site.

We last visited this service on 14 January 2016, and made recommendations regarding increasing awareness and understanding among staff of the role of power of attorney and welfare guardians, the prescribing of intramuscular (IM) medication, and the provision of regular activities by all staff.

On the day of this visit we wanted to follow up on the previous recommendations.

Who we met with

We met with and/or reviewed the care and treatment of seven patients, and met with four carers, relatives, or friends.

We spoke with the charge nurse, deputy charge nurse, members of the nursing team, and the activities co-ordinator.

In addition we spoke with a representative from the Edinburgh Carers Council following the visit.

Commission visitors

Juliet Brock, Medical Officer

Ian Cairns, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

On the day of our visit there were 23 patients on the ward. Six patients were on enhanced levels of observation, three of whom required this support for stress and distressed behaviour.

The ward environment felt busy and lively on the day, with patients walking around the space, engaging in small groups in the activities room, or sitting quietly in their rooms or one of the lounge areas. Throughout the day, patients also congregated in the seats around the atrium, a central space on the ward where the three corridors meet. Staff

told us that this bustling 'hub' is a popular spot for patients to watch the comings and goings on the ward.

Throughout the day we observed interactions from staff to patients to be warm, caring, and respectful.

Feedback from the relatives we spoke with was positive, with families saying how welcome they felt on the ward and how flexible the staff were in accommodating their visits, particularly if they wished to assist their relative at mealtimes.

Visitors can order and purchase meals so they can share mealtimes with their relative. All food is freshly prepared in the kitchens on the premises. A daily menu is clearly displayed on the unit, for patients and visitors. Themed menus are provided for special events and celebrations such as Christmas.

We were frequently told by relatives how caring the team were towards their loved ones, and how much they valued the emotional and physical comfort staff gave patients, particularly when individuals were in distress. Relatives commented that this positive approach extended across the team and included the domestic staff.

The team caring for patients is multidisciplinary. In addition to nursing staff there are two medical staff available during the week, and weekly input from a consultant psychiatrist, who carries out the three-monthly HBCCC individual reviews. The ward has a full-time activities co-ordinator. There is also dedicated time one day a week from an occupational therapist and assistant, who carry out assessments for equipment, run groups, and work with the activity co-ordinator to jointly assess patients with complex needs to plan appropriate activities. Input from physiotherapy, dietetics, speech and language therapy, dentistry, and podiatry are all available on referral.

In the files we reviewed, we found the care plans to be of a high quality, with thoughtful, person-centred content, and meaningful evaluation and review. Examples included detailed care plans to monitor for pain in an individual who had difficulty expressing their symptoms, and a care plan to reduce physical isolation in someone who had mobility problems.

Keyworkers engaged with families to complete "getting to know me" documents, and these formed the basis of personalised "socialisation/meaningful activity" care plans. Keyworkers devised these together with the activity co-ordinator.

We were told that all staff had received training in the management of stress and distressed behaviour, and many have attended this over the last 12 months. A number of staff were also undertaking additional training and, with psychology support, were in the process of carrying out behavioural assessments for a small number of patients. We saw evidence of this approach, together with ABC chart monitoring, in individual case files we viewed.

A file was kept in each person's room with information about them, making this information accessible to families as well as staff. These files included care plans, care rounding documents, "all about me" forms, and activity forms. Each patient also had a laminated "what matters to me" form kept in their room, where it could be easily referenced by staff looking after them that day.

In patient files we found good evidence of physical care and medical reviews when required. Risk assessments were comprehensively completed, and three-monthly reviews were well documented with evidence of family involvement.

Do not attempt cardiopulmonary resuscitation (DNACPR)

Do not attempt cardiopulmonary resuscitation (DNACPR) forms were present and appropriately completed in most of the files we reviewed. We also found forms completed with anticipatory care decisions being made in consultation with family.

We found one DNACPR form which did not state that appropriate consents had been obtained, and which had not been authorised by a consultant. This form had been completed in another service, prior to the patient being admitted to Willow Ward.

The Scottish Government produced a revised policy on DNACPR in 2016: <https://www2.gov.scot/Resource/0050/00504976.pdf>. This makes it clear that where an adult cannot consent, and has a guardian or welfare attorney with the relevant powers, the guardian or attorney must participate in any advance decision to give or not to give CPR. Where there is no guardian or attorney for a person who cannot consent to a decision about CPR, it is a requirement to consult with the close family, as well as taking what steps are possible to establish the wishes of the patient. In all cases, this involvement or consultation should be recorded.

We discussed this issue on the day, and suggested that, in future, when a new patient is admitted to the ward, senior staff should review existing DNACPR forms to ensure they have been completed in line with the above policy.

Use of mental health and incapacity legislation

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

Where patients had a power of attorney or welfare guardian in place, we saw clear recording of this in patient notes. Copies of documents, which detailed the powers in place, were also filed in the records we reviewed.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate under section 47 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 AWI Act. In the notes we viewed, s47 consent to treatment certificates were in order, along with accompanying treatment plans.

One patient was detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, and had appropriate documentation and a copy of their treatment certificate filed in their notes.

Rights and restrictions

A number of patients were receiving medication by covert means. Where this was the case, appropriate documentation, with a covert medication pathway, was in place and reviews were being carried out within agreed timescales.

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.mwscot.org.uk/rights-in-mind/>

Activity and occupation

Staff told us how the patients (and their relatives) benefitted from the input of the ward's full-time activity co-ordinator.

We met with the activity co-ordinator, who explained that initially large groups were run on the ward, but that patients had benefitted more since the focus had shifted to small group work and one-to-one activities. Activities were very much tailored to each individual and, as previously noted, were detailed in care plans that had been devised in collaboration with the patient's keyworker.

The activities co-ordinator carried out monthly reviews for each individual. We were also told that documentation was being developed and piloted by the activity co-ordinators across local services. This followed the group's discussions on how best to record patient participation in activities. We look forward to updates on future visits.

The ward has a small activities room, which is available for any members of the staff team to use with individuals or small groups. The room is decorated with items and furniture that encourage reminiscence. A large range of materials are also available for diverse activities including painting and crafts, musical instruments, and a computer and handheld tablet which have programmes such as karaoke (which includes music appropriate to different countries and faiths). Playlist for life is also available on the ward. We saw evidence that activities and materials were also creatively adapted for individuals. For example, one patient had worked in the engineering sector during their life, and the staff and activity co-ordinator custom-made a rummage box incorporating tools and items that the person had shown an interest in and enjoyed handling.

We were told that at weekends, when the activity co-ordinator is not available, the staff organise film nights, other activities, and one-to-one outings.

There is a range of other activities and interests offered by external professionals and voluntary agencies. These include a weekly visit from a music therapist, music in hospitals concerts every two months, two Therapet dogs visiting weekly, a befriender, and other volunteers. There is a hairdressing salon at Ferryfield House offering bookings once a week, and an aromatherapist visits weekly.

There is religious support from hospital chaplaincy, with multi-faith services held monthly, as well as individual support available on referral.

The staff and activities co-ordinator also encourage families to participate in the life of the ward. Willow Ward hosts regular themed nights, which partners and families are encouraged to attend. The staff team involve the patients in making decorations to suit the theme, and the kitchen staff design a menu for the occasion. Recent themes have included a jazz and blues night, an Italian night, and a Halloween party.

A number of carers commented on how much they appreciated these events. One relative mentioned the recent Halloween party and the efforts made with decorations, food, and games.

The day before our visit was Remembrance Sunday and the 100th anniversary of the Armistice. The team told us they had marked the occasion by holding a Remembrance dance on the ward. The preparations had included patients helping to bake trench cake, and decorating the ward with poppy motifs. A menu of wartime foods was provided, along with music and the reading of a war poem. Again, relatives commented on the thought and preparation the team had put into this commemoration, and how much this was appreciated by patients and families alike.

We also heard about the thought and care the staff put into helping families celebrate important occasions. One relative told us how touched they were by a surprise afternoon tea for a wedding anniversary, which the staff had organised for the family.

Husbands, wives, and family members are also encouraged to join outings with their loved ones. Although the ward doesn't have direct access to a minibus, they use a wheelchair friendly dial-a-bus service to facilitate this. The most recent was a trip to Craigie's Farm for pumpkin picking. We were told that last year the group organised a day out to North Berwick, which 15 patients and their relatives participated in. Staff told us the feedback was encouraging, with families saying how much they had valued the opportunity to create new memories with their loved ones.

The physical environment

The ward is bright, airy, and cheerily decorated. There are pictures and items of interest on the walls, and features such as a bus stop and bench in one of the corridors. Information on noticeboards also provides visual prompts to help orientate patients to time, and to help them identify the staff on duty.

The environment is dementia friendly, with good signage and use of colour. Patients' bedroom doors are clearly marked. There are handrails throughout, and centrally activating alarms that can be used for those patients who are at risk of falls.

Willow Ward has 27 bedrooms. Three of these are double rooms, available for use by couples. All rooms are en suite with a washbasin and toilet. These bedrooms are accommodated across three corridors, which meet at the central atrium. To enhance patient dignity and privacy, each corridor has been designated as single sex.

We found bedrooms to be bright, pleasant, and personalised with patients own photographs and keepsakes.

There are two assisted bathrooms on the ward, and one wet room. We were told that most patients preferred to shower and, in response to this, building managers have been asked to redesign the bathrooms to provide more showering facilities. These renovations are due to happen early in 2019.

Each corridor has a separate sitting room, which adds to the availability of space for patients to relax outside of their own room. There is a large dining room with an attached conservatory area and small patio. We were told that families often enjoy visiting in these spaces. The dining room has a piano, which is used for concerts, music groups, and sometimes by individual patients.

Outside space includes the small courtyard and a large enclosed garden. Both of these spaces have been thoughtfully designed with seating areas, planting, and items of interest. We were told that objects and plants had been carefully chosen to enhance sensory elements in the gardens.

We were informed by managers of imminent plans to transform a room in the main reception area into a dementia café. This new Ferryfield Hub will incorporate a kitchen, and provide a space for families to visit their relative away from the ward environment. It is hoped that this will provide a family friendly space that is more suitable for children to visit. Work is due to start in January 2019. We look forward to seeing this new space when we next visit.

Any other comments

Although only 23 of the 30 beds on Willow Ward were occupied during this visit, the ward was busy. Staff appeared able to appropriately manage the needs of the patient group, and we were told by staff that this was about an optimal patient number for the ward. Given the nature and complexity of individuals' health needs, we would have concerns about how the ward could function at full capacity, including the level of noise and the environmental impact on patients.

Summary of recommendations

We made no recommendations on this visit.

Good practice

It appeared to us on this visit that the staff team place a strong focus on engaging with patients' families. In addition to positive staff attitudes towards carer participation, and an activity programme that further encourages this, we found good examples of visual materials on the ward which invite carer engagement:

- An informal and friendly notice on the door exiting the ward invites relatives to speak with the charge nurse or deputy if they have any questions, and gives details of a simple booking system to make an appointment if this is preferred.
- The ward holds a monthly carers group, supported by the Edinburgh Carers Council. There are posters and leaflets on the ward about this, in addition to a poster encouraging relatives to complete a "carer's passport". We heard from carers' advocacy that this group runs well, and is positively supported by the staff team.
- A noticeboard outside the entrance to the ward has a visual display about the Beacon Project. This is a quality improvement project started on Rowan Ward and replicated on Willow. In this recent project, the team engaged with staff and carers to ask how the service could be improved. The display shows comments from the initial consultation, and feedback from carers and staff following improvements. It is planned that this project will continue.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Alison Thomson, 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 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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