

Mental Welfare Commission for Scotland

Report on announced visit to: Mayfield ward, Lynebank Hospital, Halbeath Road, Dunfermline KY11 8JH

Date of visit: 6 February 2018

Where we visited

Mayfield ward is an assessment and admission unit for patients with a diagnosis of a learning disability and is based in the grounds of Lynebank Hospital. It is a mixed sex ward and admits patients over the age of 18 years with no upper age limit. Mayfield has 14 beds and covers the catchment area of NHS Fife. The building itself is relatively new and was purpose built eight years ago.

We last visited this service on 16 October 2015. This was a themed visit where we were specifically visiting learning disability inpatient units. On that occasion we did not make recommendations but gave feedback to the service. We noted positive work around activities for patients and their participation in their care and treatment. With regard to improvements, we suggested more information was made available for relatives and that annual physical health checks contained more detail.

On the day of this visit, we wanted to follow up on the previous feedback and recommendations. Also, to look at issues surrounding any delays in discharge and patient rights in relation to restrictions taking place. We were particularly interested in these areas as they were identified in our visiting and monitoring report 'No through Road: people with learning disabilities in hospital' published in February 2016.

https://www.mwscot.org.uk/media/296413/no_through_road.pdf

Who we met with

We met with and/ or reviewed the care and treatment of seven patients and spoke with five relatives. On the day of our visit there were 11 patients on the ward. We were advised that the ward was full on this occasion, as the environment can be flexibly used to accommodate specific needs of patients. Staff advised that there is currently a waiting list for admissions.

We spoke with both charge nurses, other nursing staff and the consultant psychiatrist that covers the ward.

In addition, we were introduced to the occupational therapist (OT) and the psychologist who have dedicated time to Mayfield.

Commission visitors

Paula John, Social Work Officer

Susan Tait, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The majority of relatives were positive about the care and treatment that their loved ones were receiving. One relative did express some concerns and we discussed further with staff how these were being addressed.

We were advised that Mayfield ward has a full multidisciplinary team (MDT) including psychiatry, speech and language therapy, pharmacy, psychology and occupational therapy. The latter professionals have full time input on the ward and this work was evidenced in the care plans that we read. MDT meetings take place weekly, and decisions and outcomes are clearly recorded. We were also aware that family members are invited to participate in these meetings. Social work services also attend where required, to discuss ongoing care issues and assist with discharge planning.

The Care Programme Approach (CPA) is used for all patients on the ward. This is a case management system used to plan a support package. It involves a care plan being developed for each patient and a co-ordinator being appointed to ensure that this is implemented.

There was less evidence of patients themselves being involved in MDT meetings, however, we were advised that advocacy services were regularly visiting the ward and patient's views were being represented.

Nursing staff told us that structure and routine is a key component of the service they provide and each patient has an individualised care plan. Development of social skills is important, so where possible, patients are encouraged to do their own laundry and simple kitchen tasks if appropriate.

We spent time reading care plans and we found these to be well organised and easy to read. The care plans were personalised with indications that risk assessment, positive behaviour plans and any restrictions were fully discussed by the clinical team prior to implementation. They are also regularly reviewed. However, in relation to review we felt that more analysis of the care plan could be documented and outcomes identified.

Some standardised paperwork was used in the care plans and this was not always completed consistently. We also felt that a concise pen picture of each patient at the beginning of the care plan, identifying likes, dislikes and strengths would complement the current information on record and assist any new staff in their nursing task.

We were pleased to note that physical health care of patients were visible on the care plans and contained sufficient detail. Passport to health documentation was also being used. Staff advised that they have had positive experiences of involving community health care staff, for example district nurses, in ward meetings where required.

Use of mental health and incapacity legislation

We were able to locate the relevant paperwork, for those patients that were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA), and this was completed appropriately.

Where relevant, copies of welfare proxies (guardianship orders and powers of attorney) under the Adults with Incapacity (Scotland) Act 2000 (AWI) were also found within records.

In addition, we found no issue with certificates to authorise treatment (T3s), under the MHA. This authorises medical treatment where an individual is not able to consent. We also found that s47 paperwork of the AWI Act was in place, however, not all of these had the accompanying treatment plans. We raised this issue with clinical staff on the day but would also want to see a system in place to ensure regular completion takes place.

Recommendation 1:

Managers should ensure that a system is in place to ensure consistent completion of s47 paperwork with accompanying treatment plans where required.

Rights and restrictions

Mayfield ward has a locked door, both at the main entrance and the double doors which are at the entrance to the ward itself. There is a locked door policy in place and the security is clearly in place for the welfare and protection of patients. Not all patients are subject to compulsory measures, but access to and from the ward and time outside is individually care planned for.

Some patients were being nursed in one particular area of the ward environment with its own bedrooms, living and dining room and an activities room. This meant that care and treatment was being provided in a smaller area and there was no integration with other patients. This approach was needs led and each patient had a positive behaviour support plan and a risk assessment in place. The decision to manage patients in this way was determined at a MDT meeting, and is reviewed and time limited. A policy on the use and application of restrictive practices and seclusion was in place and this was clear and detailed. More information can be found on the Commission's website:

http://www.mwscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

We are currently working with Health Improvement Service (HIS) to review both practice and guidance in relation to seclusion.

We were advised that advocacy services are regular visitors to the ward and that patients are informed of their rights.

Activity and occupation

Regular activities are taking place with patients and these are undertaken by both nursing and occupational therapy staff. Activities include both individual and some group activities, and we were able to observe these on the day. There is an OT dedicated to the ward who assists in both individual care planning and undertaking functional assessments within the ward kitchen.

The recording of activities was evident with some of this being documented in a separate record. However, we felt that nursing staff were not recording their work with patients in sufficient detail, although it was clear that this work was going on. We raised this with the charge nurses on the ward who will address with the wider team.

The physical environment

As mentioned previously Mayfield ward is eight years old and still has a modern exterior and interior. Nursing staff advised that there have been a number of adaptations to the building since it has opened, which have made significant differences. These include changes to the acoustics making it a quieter environment and changing the function of some rooms. Nursing staff advised that has improved observation of patients.

It is a large space and has meeting rooms, a staff area and visitors' rooms away from the main hub of the ward. The visitor rooms are comfortable with colourful furnishings and a range of information and advice leaflets on display. The ward itself has en-suite bathrooms and the corridors run off from a large, airy central courtyard. There is less decoration here and, although it looks a little sparse, this is appropriate for the patient group who require a low stimulus area.

There is access to a garden from the living area and this is spacious and secure.

Any other comments

We enquired about any patient whose discharge was delayed and were advised that, on the day of our visit, four patients were awaiting discharge. The primary reasons were the lack of suitable housing and delays in obtaining social care support, either through a resource not being available or recruitment of staff having to take place. Staff advised that they had positive relationships with social work partners in attempting to resolve some of these issues in trying to expedite discharge, but that it was still a frustrating experience for patients and their families. We will continue to follow up this issue.

Good Practice

We were pleased to note that in line with our themed visit report 'No Through Road' published in February 2016, that some of the recommendations made were evident in the practice of staff at Mayfield ward. These included formal risk planning with effective review dates, guidance being in place for restrictive practices, annual physical health checks taking place and a planned approach to activities.

Summary of recommendations:

1. Hospital managers should ensure that a system is in place to ensure consistent completion of s47 paperwork with accompanying treatment plans.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

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

Alison Thompson
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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