



Mental Welfare Commission for Scotland

Report on announced visit to: Cauldshiels Ward, Borders
General Hospital, Melrose TD6 9DS

Date of visit: 20 June 2019

Where we visited

Cauldshiels is a 14-bedded mixed-sex ward providing assessment and treatment for older people with a diagnosis of dementia. We were told that the ward is now staffed to provide care and treatment for ten patients. There were six patients on the day of the visit although one was physically unwell and had been transferred to Borders General Hospital.

We last visited the ward on 14 February 2018. In our last report we made recommendations about risk assessments and care plans on the electronic records system, patients' rights, occupational therapy (OT) provision and the physical environment. On the day of the visit we wanted to meet with patients and follow up on our previous recommendations.

Who we met with

We met with three patients and reviewed the care and treatment of all six patients. We met with one relative. We spoke to the senior charge nurse, the charge nurse, nursing staff and one of the operational managers as the clinical operational manager for Cauldshiels was on annual leave.

Commission visitors

Susan Tait, Nursing Officer

Ian Cairns, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Patients appeared comfortable in the company of staff and throughout our visit we saw positive interactions with patients. Staff were knowledgeable about patients and the staff team had a strong focus on delivering person-centred care.

The service now has all files stored electronically which were easy to navigate.

On the last visit when reviewing care plans, we were unable to identify risk assessments to inform care. On this occasion all patients had an NHS Borders risk assessment tool completed and care plans took into account any risks identified. The care plans were personalised and descriptive of the interventions required to minimise stressed and distressed behaviour. There were thorough evaluations of care plans and patients were reviewed by the multidisciplinary team on a weekly basis at the ward round.

Use of mental health and incapacity legislation

At the time of the visit, some patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and all the appropriate paperwork was in place. Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') section 47 certificates (treatment authorisation) were completed as required. 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 AWI Act.

Rights and restrictions

On the last visit we commented that there was a lack of training for nursing and medical staff on the rights of patients. We were told that training has since been carried out by one of the mental health officers.

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.mwcscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

Since the Commission's last visit a full-time activities co-ordinator has been appointed. We were told that this has been of benefit to patients, in particular reducing the incidents of stressed and distressed behaviour. We were told that the number of episodes of restraint had reduced and staff attributed this to the increased level of activity and interaction. Each patient had an activity care plan which took into account personal interests and background and the outcome from activities were regularly reviewed.

In the last report we raised concerns about the lack of OT provision and we were advised that an OT had now been appointed and had been allocated one day a week to Cauldshiels.

The physical environment

Cauldshiels remains unfit for purpose, despite efforts made by nursing staff who attempt to make it more dementia friendly. In particular the lighting in corridors and most bedrooms is poor. There is one bathroom shared by 10 patients of mixed gender. There are many doors leading to cupboards and non-accessible rooms, which could be painted to blend in with the walls, minimising confusion.

We raised this concern in previous reports and at a recent meeting with senior managers. We were told that is due to financial constraints linked to the service transformation work. We will be escalating this matter to the Chief Executive of NHS Borders.

Recommendation 1:

Senior managers should ensure a review of the environment taking into account the comments in this report.

Given our previous concerns have not been addressed, we will now escalate this recommendation to the Chief Executive Officer.

Summary of recommendations

1. Senior managers should ensure a review of the environment taking into account the comments in this report.

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 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.

Contact details:

**The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE**

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

