



Mental Welfare Commission for Scotland

Report on announced visit to: Maple Villa, Larch Grove,
Livingston, EH54 5BU

Date of visit: 5 December 2019

Where we visited

Maple Villa is a 24-bedded NHS continuing care ward for males aged over 65 with dementia who require complex nursing care (often due to stressed and distressed behaviour). Each patient has a single en-suite bedroom with television. The ward was built as a specialist dementia unit.

We last visited this service on 13 November 2017 and made recommendations in relation to the use of legislation, care planning, medication, and the use of locked doors.

On the day of this visit we wanted to meet with patients and carers and follow up on the previous recommendations.

There were 22 patients in the ward on the day of our visit.

Who we met with

We met with and/or reviewed the care and treatment of six patients and three carers.

We spoke with the senior charge nurse, clinical nurse manager, general manager, occupational therapist (OT), activity staff, consultant psychiatrist, and nursing staff.

Commission visitors

Susan Tait, Nursing Officer

Tracey Ferguson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

There were positive comment from relatives, both about the care their own relatives received and in particular the support they received from nursing staff. The relatives had been supported to set up a carers' forum which meets monthly and is able to take any issues they had concerns about directly to the senior staff. They said that if they had any worries about their relatives care they felt very able to raise these at any time.

In the main, we observed caring and positive interactions between staff and patients. We had some questions about specific care approaches to an individual patient and this was discussed at the end of day meeting with staff and appropriate action taken.

The care plans we looked at were holistic and person centred but would benefit from being more detailed when describing the delivery of care, with meaningful reviews which reflect any changing needs.

In the last report we commented that files were disorganised and had excess historical information in them. This had been addressed and we noted improvement when reviewing notes.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

Recommendation 1:

Managers should ensure audit and review of the care plans particularly in relation to detailed actions and reviews of care.

Use of mental health and incapacity legislation

We noted in the last visit that not all section 47 certificates under the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act') were completed. Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 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.

During this visit we noted that section 47 certificates were in place as required. There were several patients who were being given medication covertly, and although there were covert medication pathways in place, they had not been reviewed appropriately. This was brought to the attention of staff on the day of the visit for immediate action.

All documentation for patients detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'), or subject to welfare guardianship or power of attorney under the AWI Act, was on file as required.

We reviewed all of the authorising treatment forms (T3) under the Mental Health Act, which are completed by the responsible medical officer to record non-consent or no capacity to consent. There were two cases where medication had been prescribed and was not authorised, and one where no second opinion had been requested as required under the Mental Health Act. We were told that medical cover had been inconsistent. This was brought to the attention of staff on the day of the visit for immediate action.

Recommendation 2:

Mangers should ensure that processes area in place to comply with part 16 of the Mental Health Act and part 5 of the AWI Act.

Rights and restrictions

In the last report we noted that the locked door policy was not up to date nor displayed. This has now been rectified.

The Commission has developed [Rights in Mind](https://www.mwcscot.org.uk/law-and-rights/rights-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

There are two activity co-ordinators and the recent addition of an OT for one session each week.

There were activities organised to meet individual and group needs with specific individual activity plans. The visit took place just before Christmas and the emphasis was on this. For example, patients and staff had made edible Christmas decorations for the tree.

Although there were organised activities and there were a few “fiddle boards” fixed to the walls, patients would benefit from having safe and interesting items to help with distraction such as “rummage boxes”; this was commented on in the last report. On the day of the visit, the activity co-ordinators found some “twiddle muffs”, and these are now easily found around the ward.

The physical environment

Maple Villa was purpose built for people with dementia. It is bright and had been freshly painted. There is a “memory café”, themed on a 1950’s diner, and a great deal of effort has been made to make this a comfortable space. This is available to all patients and visitors. Relatives we spoke with commented on what a positive addition this had been to the ward.

In the last report we noted that the public areas of the ward were rather clinical and stark, and there were not a lot of items of interest around, such as rummage boxes. Some of the murals have been replaced as part of the re-decoration, but there are still some in place that have been there for several years and include representations of real life objects, such as a door which was painted as a phone box, this can be confusing for people with dementia and many of the orientation signs are at a height which are unlikely to be helpful.

There is a dementia-friendly garden which is easily accessible for patients.

The temperature on one side of the ward was acceptable but cold on the other.

Recommendation 3:

Senior managers arrange for an audit of the environment (including temperature control) taking into account the advice from the Dementia Services Development Centre, Iris Murdoch Centre, University of Stirling.

Summary of recommendations

1. Managers should ensure audit and review of the care plans particularly in relation to detailed actions and reviews of care.
2. Managers should ensure that processes are in place to comply with part 16 of the Mental Health Act and part 5 of the AWI Act.
3. Senior managers arrange for an audit of the environment (including temperature control) taking into account the advice from the Dementia Services Development Centre, Iris Murdoch Centre, University of Stirling.

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.

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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