



## **Mental Welfare Commission for Scotland**

**Report on unannounced visit to:** Willow Unit, Susan Carnegie Centre, Stracathro Hospital, Brechin, DD9 7QA

**Date of visit:** 28 June 2022

## **Where we visited**

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

We visited Willow Unit which is a mixed sex, 12-bedded older adult ward at Stracathro Hospital. This ward takes patients from across Angus. On the day of our visit there were no vacant beds. The unit has a multidisciplinary team (MDT) consisting of nursing staff, psychiatry, pharmacy, occupational therapy (OT) and psychology.

We last visited the ward on 21 August 2019 and made no recommendations.

We were keen to visit Willow Unit as it had been some time since our last visit and during this visit, we wanted to hear how patients, staff and relatives have managed through the Covid-19 pandemic as well as look at the care and treatment being provided on the ward.

## **Who we met with**

We reviewed the care notes of four patients and spoke with one relative.

We spoke with service manager, consultant psychiatrist, senior nurse and charge nurse.

## **Commission visitors**

Alyson Paterson, social work officer

Gillian Gibson, nursing officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

The patients we met during the visit were not able to engage in detailed discussions about their care and treatment due to the extent of their cognitive impairment. We did however spend time on the ward, speaking with patients where appropriate and observing them in the unit. The unit was relatively calm and the majority of the patients appeared settled. We observed nursing staff interacting with patients in a kind and supportive way.

The relative we met with was very complimentary about the ward. We were told that the ward was 'brilliant' and that their relative thrives there. The staff were described as welcoming and the relative feels involved in all care decisions. The relative attends MDT meetings every six weeks.

### **Care records**

During our visit, we looked at patient information that is held electronically on the EMIS system. We found some information difficult to locate on EMIS, for example guardianship certificates, some mental health act paperwork and DNACPR certificates (do not attempt cardiopulmonary resuscitation). We were advised that this information is held in a paper file for each patient.

On reviewing patient paper files, we saw evidence that file audits had taken place. We saw a range of detailed risk assessments and management plans which were completed on admission and reviewed monthly. We noted the use of SBARs (situation, background, assessment, recommendation) for issues of violence, aggression and other significant incidents. Some risk assessments used a red, amber, green (RAG) status with detailed triggers and interventions. However, it was not always clear which member of staff had completed these risks assessments.

We were disappointed to see 'Getting to know me' forms had not been completed for all patients. 'Getting to know me' is a document that gives staff a better understanding of patients with dementia and looks at information such as the patient's likes, dislikes, background, routines and who is important in their life. It should also help support daily meaningful activity. Ideally it is completed by the patient and/or their carer with support from staff. Whilst the Commission understands that some patients in Willow unit may not have family who can contribute to this document, we are of the view that all efforts should be made to gather past and present information on a patient to fully support their in-patient experience.

### **Nursing care plans**

Care plans are developed to ensure consistency, continuity of care and treatment through detailed person-centred actions. They should be regularly reviewed to provide a record of how progress being made. We were pleased to hear that to support the ongoing quality of care plans and documentation, regular audits are carried out by a practice development nurse. Feedback is provided to individual key workers, the senior charge nurse and the senior nurse. We looked at patient files and saw a range of relatively detailed care plans which evidenced regular review. We were told that care plans are printed out and given to family/carers. However, from the care plans we reviewed, we found inconsistent evidence in terms of family, carer or proxy involvement, some showed evidence of involvement whilst others did not.

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.mwscot.org.uk/node/1203>

### **Multidisciplinary team (MDT)**

A range of professionals are involved in the provision of care and treatment in the ward. This includes psychiatry, nursing staff, pharmacy, occupational therapy (OT) and psychology.

We were advised that the psychologist for the ward completes stress and distress formulations for all new patients admitted to the ward and again, as and when required. The long-term plan is for all patients to have an up-to-date formulation. The formulations that we reviewed lacked detail, were generic and lacked person-centred interventions or preventative measures to reduce stress and distress. We also noted that they were unsigned, undated and did not have a date for review. We fed this back to managers on the day and suggested that the service considers looking at other formulation models, particularly those endorsed by NHS Education for Scotland.

We heard about the shortage of registered mental health nurses which has meant using bank and agency staff, however a recruitment drive is currently underway. We also heard about the shortage of junior doctors on the ward. We were pleased to hear that an OT has recently been recruited and will work between Willow unit and another ward.

To record the outcome of MDT meetings, a structured review of patient care entitled 'SCAMPER' is held in patients' electronic records. SCAMPER stands for **s**ocial needs, **c**ommunity team liaison, **a**ssessment needed, **m**ental health act, **p**rescriptions, **e**ngagement with relatives/carers and risk and pass plans. Part of the form requires to be populated prior to the meeting by all disciplines involved, however from the files we reviewed, it appeared that SCAMPER was only completed by nursing staff, rather than the wider MDT. It would be helpful to have all members of the MDT complete the form whether they attend the MDT meeting or not. It was not always clear which members of the MDT attended the meeting and we would suggest that attendance is recorded. On file we saw a team review document which appeared very comprehensive. We spoke to managers regarding the recording of MDT meetings. We were advised that the team review proforma has been trialled in the ward since May 2022. This document is much more detailed and is completed by all members of the MDT. We were pleased to hear about this positive development.

We were pleased to hear about the introduction of hospital based complex clinical care. The decision to provide in-patient complex care is made by the wider MDT along with the patient and family or carer, if appropriate. Complex care is provided when needs are complex, specialist, unpredictable and intense. Arrangements will be made for the patient to receive complex care in the most appropriate setting. A review of care will be carried out every 90 days and it may be agreed that complex care is no longer required. We saw that information about complex clinical care was provided in a leaflet which was given to patients and their family/carers. This initiative has been in place for the last six months and is still bedding in.

## **Use of mental health and incapacity legislation**

On the day of our visit, four of the twelve patients in Willow unit were subject to compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). When a patient is subject to compulsory measures under the MHA, we would expect to see copies of all legal paperwork in the patient files.

Part 16 (S235-248) of the MHA sets out the conditions under which treatment may be given to those patients who are subject to compulsory measures, who are either capable or incapable of consenting to specific treatments. We reviewed forms for consent to treatment under the MHA (T2 and T3 forms). We found one patient who was prescribed medication that had not been authorised by an appropriate T3 certificate. We also saw that an informal patient was prescribed 'as required' intramuscular (IM) psychotropic medication.

The Commission is concerned when 'as required' IM medication is being prescribed for informal patients, as this almost always requires the legislative authority of the MHA. This is because it is unlikely that there would be consent to receive this treatment if it had to be administered in circumstances where restraint may be required. This is further complicated if the patient is deemed to lack capacity to give informed consent, or is subject to measures of the Adults with Incapacity (Scotland) Act 2000 (AWIA). We were not clear under what legal authority and under what circumstances this medication would be given, and we consider it would be best practice for a medical review to be arranged, if there are exceptional circumstances where IM medication may be required. We had a discussion with managers about this and the risks associated with decisions regarding 'as required' IM medication, without the safeguards of the MHA. It was agreed that a multidisciplinary team discussion would take place, and an emergency plan would be documented in the patient's file.

Where patients are subject to power of attorney (PoA) or guardianship under AWIA, we would expect to see a copy of the certificate in the patient's file. In some cases, we did not see copies of certificates on file. We were advised that staff routinely request PoA paperwork from families and that this is included within the admission checklist. However, at times, staff have difficulty obtaining this information. The Commission is of the view that it is important that requests for copies are made to either the POA or guardian so that any decisions made are appropriately authorised.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWIA must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. We noted section 47 treatment plans lacked detail and there was no evidence of consultation with proxy decision maker under AWIA.

For patients requiring medication to be administered covertly, an appropriate covert pathway was in place. We saw evidence of pharmacy involvement, however there was no evidence of discussion with proxy decision maker.

### **Recommendation 1:**

Managers should ensure that when a welfare proxy is in place for a patient, a copy of the document stating the powers of the proxy should be held in the case notes.

### **Rights and restrictions**

Due to the complex needs of the patient group on Willow unit, the ward operates a locked door policy. We were satisfied that this was proportionate in relation to the needs of the patients. We were told that advocacy services are available for patients on Willow Unit on a referral basis.

We were told that at times patients on the ward may express a level of stress and distress that means that they have to be secluded for their own safety and the safety of others. During these times an individual patient seclusion protocol will be drawn up outlining the interventions required to provide safe care and treatment. A seclusion policy is currently being developed however we would like to see this being developed as soon as possible to ensure the appropriate safeguards are in place.

The Commission has recently produced new guidance on the use of seclusion. We recommend that wards, which impose restrictions to patients' freedom of movement, develop a policy on use of seclusion with reference to our guidance.

Our seclusion good practice guidance is available on our website:

<https://www.mwcscot.org.uk/node/1243>

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>

### **Recommendation 2:**

Managers should ensure that where patients are nursed in a room and prevented from leaving, there is a clear local policy to support this

### **Activity and occupation**

During our visit we saw little meaningful activity, stimulation or occupation taking place on the ward. We saw patients sitting in chairs staring at the wall or walking along the corridor. There was a large, bright garden attached to the ward and we would welcome this being used for regular therapeutic activity. We were told that an OT is due to take up post on the ward and we look forward to hearing how this post encourages and supports the uptake of meaningful activity. We also heard that there is a plan to begin working with volunteers who will provide activities on the ward. We were told that each patient has an activity planner which is kept in the kitchen. This planner records activities that have taken place e.g. watching television, however it lacked detail and was not individualised nor person-centred.

**Recommendation 3:**

Managers should ensure that activity care plans are person-centred, reflecting the individual's preferences alongside activities specific to their care needs.

**The physical environment**

Although the atmosphere on the ward was relatively calm, the ward itself appears stark, clinical and unhomey. There is little sensory stimulation for patients. Parts of the ward have been destroyed e.g. skirting boards ripped off. The building is privately owned meaning that refurbishment work has to be approved.

**Recommendation 4:**

Managers should ensure that a dementia environment assessment be undertaken and the findings from this implemented.

**Recommendation 5:**

Managers should ensure that outstanding repair and refurbishment work is undertaken as soon as practicable.

**Any other comments**

We heard about the challenges of providing safe care for patients who are expressing high levels of stress and distress. At times, in order to maintain safety, the ward has had to reduce their capacity numbers. Patient to patient conflict has also been an issue on the ward. On file, we found evidence of patient to patient conflict forms being completed. We were pleased to see the Adult Support and Protection (Scotland) Act 2007(ASP) had been discussed and evidenced in patient's notes when an incident of violence and aggression took place. However from the notes, it was not clear if formal ASP referrals were made and what the follow up was.

We heard about how challenging the last 18 months had been as a result of the Covid-19 pandemic. The ward had to close twice and there were high numbers of staff absences. We were pleased to hear that 'The Wellbeing Service' has been working with staff on the ward to facilitate value based reflective practice. Training has also been delivered virtually to staff over lunchtime. This has been helpful in lifting staff morale. We were also pleased to hear about the introduction of an improved observational practice 'floor nurse' who provides a proactive support role to patients.

## **Summary of recommendations**

1. Managers should ensure that when a welfare proxy is in place for a patient, a copy of the document stating the powers of the proxy should be held in the case notes.
2. Managers should ensure that where patients are nursed in a room and prevented from leaving, there is a clear local policy to support this.
3. Managers should ensure that activity care plans are person centred reflecting the individual's preferences alongside activities specific to their care needs.
4. Managers should ensure that a dementia environment assessment be undertaken and the findings from this implemented.
5. Managers should ensure that outstanding repair and refurbishment work is undertaken as soon as practicable.

## **Service response to recommendations**

The Commission requires a response to these recommendations within three months of receiving this report.

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

Claire Lamza  
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 Commission 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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