Mental Welfare Commission for Scotland

Report on announced visit to:

Ward 1, Kingsway Care Centre, Kingscross Road, Dundee, DD2 3PT

Date of visit: 14 September 2023

Where we visited

Kingsway Care Centre is an old age psychiatry facility in Dundee. In this facility, Ward 1 is a 12-bedded assessment ward for both males and females who are over the age of 65. The ward provides care for individuals either with, or are being assessed for, an organic brain disorder. On occasion, people have been admitted to the ward who are under 65 however, this has been dependent on them having a formal diagnosis of a dementia. At times, Ward 1 has admitted patients with a functional type of illness when no admission beds have been available in the designated wards in Kingsway Care Centre. On the day of our visit there were no vacant beds.

The Commission last visited Ward 1 in 2019, when a recommendation was made to ensure bedrooms had facilities to allow for safe patient observation without staff having to enter bedrooms. In addition to this, and although not a recommendation, the Commission suggested that due to Kingsway Care Centre building being subject to a long-term lease by NHS Tayside, this would provide an opportunity for the garden area to be developed and one that we felt should be actioned. In response to the recommendation, we were pleased to see observation doors in place at the entrance to eight patient side rooms. There were plans to fit observation doors to the remaining rooms as soon as surplus stock from neighbouring wards refurbishment became available. Further discussion with staff emphasised their focus on not disturbing patients during routine checks and respecting their need for privacy.

We were also pleased to see improvements in the garden area and this had been developed into a well-maintained open space, with a range and variety of plants that resulted in a therapeutic environment for people to enjoy.

Who we met with

We met with six patients in person and reviewed their notes. We spoke with the service manager, charge nurse, staff nurse, nursing assistant and activity nurse.

Commission visitors

Gordon McNelis, nursing officer

Anne Buchanan, nursing officer

Kathleen Liddell, social work officer

What people told us and what we found

Care, treatment, support and participation

We had the opportunity to speak with a number of individuals, who shared their experiences of the care and treatment they have received in Ward 1. Those that we spoke with highlighted to us that staff were “very nice and helpful” and “staff were always happy to help”. We observed positive interactions between patients and staff, with them appearing at ease in each other’s company.

The care plans we reviewed were of a good standard, they addressed individual care needs with interventions that were evaluated on a regular basis. We were told by ward staff, patient participation was dependent on levels of comprehension and understanding however, where this was not possible, alternative ways of contributing information from the patient’s perspective was gathered through the robust working relations that the ward has with Kingsway Care Centre Carers Group.

Information from senior staff advised us that a minimum of five care plans were audited each month and this standard of monitoring was evident from the content we observed. There were care plans focussing on locked doors and social isolation, which we were pleased to note; this is an important, and often under looked aspect of the environment in an admission and assessment ward. Nursing staff made us aware that additional activity care plans that focussed on patients’ likes and dislikes were to be included however, due to recent appointment of the activity nurse role, these were in development. We look forward to seeing these in place during future visits.

Multidisciplinary team (MDT)

The Ward 1 MDT was made up of nursing staff, consultant psychiatrist, junior medical staff, advanced nurse practitioner (ANP), pharmacy colleagues, occupational therapy, physiotherapy and social work. In addition to this, they had close working relationships with community team colleagues, both mental health and social work, who regularly attended MDT meetings. The liaison between the services helped to identify the patients moving into the community, and also provided patients with the opportunity to become familiar with the staff in health and social services that would be involved in delivering their community care and support.

Although there was a good MDT presence at meetings and the associated MDT documentation was well designed and laid out, we noted some sections were left blank; this gave the impression that key and relevant information had not been discussed or recorded. We suggested that if all sections were sufficiently completed, then this would set a good example of documentation that covered every aspect of the patients care, treatment, aims of admission and next steps during their stay in Ward 1.

Recommendation 1:

Multidisciplinary staff should ensure that all sections of MDT meeting documentation are fully completed to reflect each patient’s ongoing plans, goals and their next steps of their patient journey.

Care records

Information on patients' care and treatment was held on the electronic record system, EMIS. We found that Information such as patient assessment, care plans, MDT notes, and risk assessments were easy to locate, well organised and regularly updated and reviewed. We observed staff showing care and support to patients in a warm and attentive way, and noted this level of engagement, specifically staff/patient one-to-one meetings, to be recorded descriptively and in great detail. However, we did note that the terms 'settled' or 'slept well' were frequently recorded in the continuation notes. We felt this lacked a robust clinical description of the patient's presentation, which is especially important in an organic assessment environment. We believe it is good practice for health professionals to be descriptive when recording clinical information in order to give a clear account of whether a patient is showing signs of improvement or deterioration. We raised this with senior staff on the day of our visit with a view for this area of record keeping to be addressed.

We feel there was a good level of attention that met the patients' physical healthcare needs, and were pleased to hear the ward had a dedicated junior medical doctor who was primarily responsible for managing the patients physical health needs. In addition to this, Kingsway Care Centre had input from a registered general nurse and an advance nurse practitioner (ANP), who supported medical colleagues across all three wards.

Use of mental health and incapacity legislation

On the day of our visit, seven of the 12 patients in Ward 1 were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). Six were subject to a compulsory treatment order and one to a short term detention certificate. A review of patient's case notes showed that all detention paperwork was in good order.

Part 16 of the mental health act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Certificates authorising treatment (T3) under the Mental Health Act were in good order except for two inaccuracies, which were raised with senior staff and the registered medical officer (RMO) on the day of the visit. We were told these would be addressed immediately.

Any patient who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the Adults with Incapacity (Scotland) Act 2000 (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 Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. Where these were required, we found s47 certificates had been completed and there were associated treatment plans in place.

Rights and restrictions

The 'NHS Tayside Locked Door in Mental Health Settings' protocol was in place at Ward 1 in order to provide a safe environment and support the personal safety of the patients. We felt this was proportionate to patients' safety/risk. We were made aware of staff facilitating patients' escorted outings into the hospital grounds and local area.

There was a visible presence of independent advocacy support on the ward and we were told they visited on a regular basis to maintain relationships with the ward and connect with those that may require their additional support. As well as patients freely accessing advocacy as they wished, senior ward staff informed us that clinical staff would use their discretion and clinical judgement to determine whether a referral for an advocacy worker would be merited. In addition to this, during our visit we met with advocacy support who highlighted the close working links they had with Ward 1 staff. We were told by advocacy support that "ward staff go over and above to help patients" and that there was a very good level of communication between advocacy and ward staff.

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

There was a period of time where there was no activity support worker (ASW) based in Ward 1 however, this role had recently been filled. We were pleased to hear that a structured activity timetable and activity care plans were now in the process of being developed. These structured programmes will be personalised and based on formulation, life story work and discussions with patients and carers to identify each individual's likes and dislikes. We met with the ASW who was enthusiastic, had a good relationship with the patients and who we observed was engaged in their role. We look forward to seeing the activity timetable and care plans at our next visit.

We also observed ward based activities take place with staff and patients engaged in conversation and participating in jigsaw puzzles. Feedback from patients highlighted additional activities that took place including, using the iPad for reminiscence work, attending the kitchen with occupational therapy staff and participating in escorted walks with staff in the hospital grounds and community outings.

The physical environment

Ward 1 originally had 14 individual bedrooms each with en-suite facilities however, during the Covid-19 pandemic, a temporarily stop in admissions saw bed availability reduced to 12. Following the pandemic, and normal service resuming, it was decided these two bedroom areas would remain unavailable for patients' admission and instead be used as areas of therapeutic use, a wellbeing room and a visitors/family room. During our visit, we observed the outcome of this reduced patient capacity decision to have a positive effect not only for patients, but for staff also. Feedback from staff highlighted they had more time to attend to patients' needs, were able to provide increased level of meaningful, and less time-constrained

engagement. The reduction in bed numbers created a less busy environment that was conducive to the wellbeing of the patient group. The effect of this also resulted in a reported reduction in challenging behaviours and falls.

In addition to their bedroom areas, patients had access to lounges A and B. Lounge A was where the patients appeared to mostly gather for peer engagement, watching TV, to have refreshments and participate in staff activities. Whereas the focus for lounge B was more on therapeutic activities, although the lounge appeared disorganised and was used as a storage area with a moving and handling hoist taking up a large portion of the room. We were told this apparatus was kept here temporarily due to its usual storage place currently occupied by unit refurbishment equipment. We appreciate that Kingsway Care Centre is currently undergoing refurbishment, however when this is complete, we would like to see Lounge B made better use of, and storage areas used appropriately; this would help to support the patients' opportunities to engage in therapeutic and well-being activities.

On our previous visit, we made a recommendation regarding a potential safety risk with staff being unable to easily observe patients in their rooms, without entering the room. Although we were pleased to see eight observation doors with switchable glass windows installed, we would expect the agreed action plan to continue with the remaining doors to be fitted with the same observational doors as soon as possible. This is paramount not only to provide safe observation when necessary, but to provide dignity and privacy to the patients within.

Summary of recommendations

Recommendation 1:
Multidisciplinary staff should ensure that all sections of MDT meeting documentation are fully completed to reflect each patient's ongoing plans, goals and their next steps of their patient journey.

Service response to recommendations

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