Mental Welfare Commission for Scotland

Report on announced visit to:
East Ayrshire Community Hospital, Marchburn Ward, Ayr Road, Cumnock, KA18 1EF

Date of visit: 16 August 2024

Where we visited

Marchburn Ward is a 12-bedded unit in East Ayrshire Community Hospital. It provides care and treatment for older adults with complex care needs.

On the day of our visit there were eight individuals on the ward and four vacant beds.

We last visited the service in May 2022, and made recommendations regarding care planning, staffing arrangements, ensuring guardianship powers are available on the ward, the completion of the Adults with Incapacity (Scotland) Act 2000 (the AWI Act) section 47 treatment plans, and a final recommendation on the availability of ward activities.

The response we received from the service was detailed and included a completed action plan addressing all five recommendations. The current senior charge nurse (SCN) came into the role in the weeks after our last visit; some of the progress she has made in the role was clearly visible during this visit.

Who we met with

We met with and reviewed the care records of six individuals. We also met with five sets of relatives who attended the ward throughout the day. Any relatives who missed us on the day were advised that they could contact the Commission at any time to discuss any concerns around the care and treatment of any individual on the ward.

We spoke with the senior charge nurse, the deputy charge nurse, clinical nurse manager and senior nurse on the day. Unfortunately, there were no medical representatives available, and the service manager was unable to attend.

Commission visitors

Paul Macquire, nursing officer

Justin McNicholl, social work officer

What people told us and what we found

Care, treatment, support, and participation

All the individuals in Marchburn Ward appeared comfortable, with little sign of stress or distress and well cared for. We observed supportive and attentive care being provided directly to individuals. When a relative visited, staff were quick to offer the individual a quiet space to meet. Staff appeared responsive to individuals' needs. Positive relationships were obvious, and it was evident that staff were a tightknit group who worked well together and knew each person's needs, responding proactively to any distress or agitation.

All the relatives and carers that we spoke with on the ward were very positive about the care of their loved one. They were all in agreement that the ward was an extremely therapeutic and caring place. We heard the nursing staff were "exceptional" and would "go the extra mile" to look after the individuals on the ward. We heard from one relative that "this place has turned both our lives around".

One individual's wife could not have praised the ward more; she told us that her husband had previously been in a care home and the placement had failed. She said that Marchburn Ward had managed to help him "settle his agitation without the use of medication" and she believed that "positive nursing practice and the environment was the reason why he had settled so much."

This was echoed by other visitors who praised the psychiatrist for his compassionate, holistic, accessible, and honest approach to the way he communicates with individuals, relatives, and the nursing team on the ward, where we heard how caring and professional the nursing staff were. The senior charge nurse (SCN) was highlighted by the way in which the ward was run. Relatives mentioned the focus on a person-centred approach, and individualised but holistic care for their relatives. Several groups of relatives mentioned the environment, the space in the ward and well-kept gardens as a positive. We heard from a few of the relatives that they would much prefer their loved one to remain on Marchburn Ward rather than moving to a care home setting. The SCN was able to show us an email from a medical professional about how impressed they were with the ward's care, compassion and professionalism when managing an end-of-life patient earlier in the year.

We did hear that Marchburn Ward is a slight outlier in relation to the operational management of mental health services in NHS Ayrshire and Arran (NHS AA) and the associated health and social care partnerships (HSCP) it sits in. North Ayrshire HSCP are operationally responsible for the majority of mental health services in NHS AA, including the purpose-built unit in Woodland View, Irvine. Professional lead nursing governance links from the senior nurse in Marchburn Ward to the associate nurse director for mental health. However, for areas like medical cover during and

out with 9am-5pm, Marchburn Ward's access to ANPs or medics for psychiatric or physical health emergencies is something staff were a little concerned about. Should a patient require urgent attention during 9am-5pm then ward staff would call the general ANP who works in East Ayrshire Community Hospital. It should be noted these ANPs are not mental health or LD specific.

After 5pm there is an agreement that ward staff can call the mental health ANPs at Woodland View, Irvine. This would only be for telephone advice. After 5pm, if someone requires to be seen, the ward staff call Ayrshire urgent care services (AUCS) for access to Ayrshire doctors on call (ADOC), the service associated with NHS 24.

Care records

When we last visited the service, a recommendation was made for senior managers to look at auditing the care plans. For this visit, we found that care plans were easy to locate and navigate through on the care program system. We found well written and person-centred care plans; they were holistic and incorporated all physical, mental health and emotional care needs for the individual. There was evidence that care plan outcomes are reviewed in a timely way, and we spoke at the feedback session about how these could be improved by focusing on the improvements individuals have made during their period of care, measured against the proposed outcomes.

In general, there was evidence of good care planning with reviews. For some individuals, the Newcastle model was used. The SCN explained that this is when psychology had been asked to become involved in formulation as the nursing staff required more specialist input for dealing with stress and distress.

It was clear to see that the ward had acted on the recommendations from our previous visit around care planning and audit. The SCN was able to show us the care assurance audit process that has been adopted in the ward, with monthly statistics around care planning audits as well as other care assurance measures.

The Commission has published a good practice guide on care plans[1]. 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.

We did note that the do not attempt cardiopulmonary resuscitation forms (DNACPR) were not all completed fully. On some forms, information on the professional who had completed the form was not recorded, and we found that dates, details and discussions with proxy decision makers were missing.

[1] *Person-centred care plans good practice guide*: https://www.mwcscot.org.uk/node/1203

Recommendation 1:
Managers should carry out an audit of DNACPR documents to ensure they are completed thoroughly, and they include all relevant details, dates and signatures, capturing the views of the service user or their proxy decision maker if appropriate.

Multidisciplinary team (MDT)

The multidisciplinary team (MDT) is less unified than we have found in other areas of NHS AA. Psychiatry input is offered via a consultant liaison psychiatrist, with Marchburn Ward being an addition to their psychiatric liaison work. The ward is provided with approximately two hours per week of psychiatry cover. Nevertheless, the staff and relatives we spoke told us that this arrangement works well and there have not been any issues contacting or communicating with the psychiatrist, whenever this has been required.

The team on site consists of nursing staff, one senior charge nurse, two charge nurses, a deputy charge nurse and a team of staff nurses, complemented by a group of clinical support workers. Staffing did not appear to be an issue on the ward during the visit. We were informed that there are two registered nursing vacancies but also that they have students who are coming to the end of their training and hope to be recruited to the ward.

Occupational therapy (OT), psychology, physiotherapy, and other allied health professionals are available via referral in the community hospital. Referrals can be made to other services, in East Ayrshire Community Hospital, as and when required. However, ward staff advised the Commission visitors that, these may not be mental health specific allied health services. For example, an individual requiring referral to OT would be seen by an OT from the hospital but they would not have a background in mental health. This is in contrast with other psychiatric wards in NHS AA, such as the purpose-built Woodland View mental health facility. Although the staff and individuals' proxies did not specifically note this as an issue, the individuals in Marchburn Ward have complex needs related to organic and functional psychiatric illness, complicated by chronic physical conditions. We would suggest that mental health specific disciplines may be of benefit in this ward.

Recommendation 2:
Managers should ensure that service users in Marchburn Ward have access to mental health specific disciplines, as is the case with other mental health wards across NHS Ayrshire and Arran.

The unit has a broad range of disciplines either based there or accessible to them. It was clear from the very detailed MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend the meetings and update on their views. This also includes the individual and their families should they wish to attend.

We could see from these notes that when an individual is moving towards discharge, community services also attend the meetings.

We heard that meetings had been held online during the pandemic restrictions and that this had enabled more professionals to attend; these meetings have continued to be held in this way. We were assured that family members wishing to attend but not keen on using the online facility would continue to be given the opportunity to attend in person.

The SCN told us that at times it can be a challenge getting social workers to attend the MDT/ discharge meetings and that this required to be followed up. We were unable to find clear discharge planning information in the MDT meeting notes and spoke with staff on the day of the visit about ensuring this is added to all versions of the meeting note.

Care records were found on NHS AA's, simple to use, Care Partner electronic system. This included continuation notes, risk assessments, care plans, care plan reviews and MDT notes. Overall, these were found to be of a good standard. Notes and care plans were person-centred, holistic and inclusive of individuals and carers views. Person-centred documentation like "Getting to know me" provided detailed, historical knowledge about the individual. This was supported by pictures and stories about that individual.

Use of mental health and incapacity legislation

On the day of our visit, none of the eight individuals in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act).

Where individuals had powers of attorney (POA) in place or guardianship orders under the Adults with Incapacity (Scotland) Act 2000 (the AWI Act) in place, these were available for Commission visitors to review on the day, both in the paper-lite files and on the electronic system. Visitors found that the granted powers were in keeping with the values and principles of the AWI Act.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor. Section 47 authorises medical treatment for people who are unable to give consent. Under section 47 authorisation, a doctor, (or another health care professional who has undertaken specific training) examines the person and issues a certificate of incapacity. 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.

During our last visit these certificates were not accessible. For this visit, all section 47 documents were available to see. Unfortunately, we noted that in the case of

several certificates they were not completed accurately. In three cases, the medical professional had not noted their profession on the top section on of the form. On another two cases, the POA or welfare guardian's details had not been added to indicate that they had been consulted during the process. Consultation with the proxy decision maker was noted to be missing from some s47 and DNACPR forms. We noted from the Commission's previous visit that no legal forms were available to visitors, so we recognise that progress has been made in this area, however, further improvement is required.

Recommendation 3:
Managers should ensure that regular audits are carried out on section 47 AWI Act paperwork to ensure these are all in order and competed to an appropriate standard, taking in to account the importance of consulting service users or proxy decision makers when required.

For patients who had covert medication in place, all appropriate documentation was in order, as all had recording of reviews or the pathway where covert medication was considered appropriate. The Commission has produced good practice guidance on the use of covert medication.[2]

Rights and restrictions

Marchburn Ward is a locked and has a "locked door" policy, which is proportionate with the level of risk being managed in this type of care setting. Some individuals, who are physically able to wonder, were seen to be enjoying the spacious areas in the ward. There was no suggestion that individuals are attempting to access places which they cannot get to.

The gardens are large and well looked after, designed in a way that is attractive to the individuals and their relatives. There was evidence that the surroundings have been adapted and included things like older phone boxes, signs and garden furniture. The individuals' rooms are spacious and included personalised items for nostalgia.

Visitors are free to come and go as they please and this was evident on the day.

Overall, we found that individuals were receiving rights-based, compassionate and holistic care with a focus on keeping individuals stimulated, comforted and hopeful.

The Commission's *Rights in Mind*[3] pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

[2] *Covert medication good practice guide*: https://www.mwcscot.org.uk/node/492
[3] Rights in Mind: https://www.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

Marchburn Ward does not have a specific activity co-ordinator or OT based in the ward. Activities and occupation are the remit of the nursing staff unless any individual is referred for a specific piece of work. The ward does appear to be in a fortunate position in that the relatives we spoke to were fully involved and would take their family member out for walks in the gardens or further, if planned. There was an activity board on the wall and there did not appear to be a lack of activities or occupation for any of the individuals that we reviewed.

Feedback from family visitors was positive. One individual visitor had mentioned that a staff member took the time to find the individual's favourite music and played this, which provided comfort and enjoyment. We had a sense that a number of one-to-one interactions regularly took place such as playing games, colouring in, listening to music or other relaxing and pleasant activities.

As restrictions have lifted, and individuals are once again able to resume community activities, this adaptation and changes in routine has been supported by staff. We heard that staff have gone the extra mile to facilitate activities and ensure people's needs are being met.

The physical environment

The physical environment of Marchburn Ward is large and spacious, separated into two sections that are well used. We found the ward to be dementia-friendly, homely and full of natural light. There is a relaxation room and staff have been imaginative in creating a "namaste" room where support for an individual's spiritual care needs can be met.

We were shown how sensory equipment can assist in calming and relaxing individuals and overall, the environment was focused on providing a place where individuals with complex needs could be allowed to express themselves in comfort and could be supported with a compassionate approach.

Any other comments

On the day of our visit, we were advised two individuals were waiting to be discharged to care home placements and that the process was moving along as planned. We did however hear that relatives were "dreading" the thought of their loved one moving on to a care home as they recognised how good the care on offer in the ward was. This may be a consideration for the wider management team.

With the operational management of Marchburn Ward not sitting under mental health services, we heard from staff about the impact of this. This may be something that general management and nurse directors wish to review. The Commission would like to ensure that Marchburn Ward is on parity with other, similar wards who have access to mental health specific disciplines and have not become isolated

from the mental health and learning disabilities core services that the rest of NHS AA has to offer. This may include a consideration of 24-hour access to mental health medics/ ANPs, as is the case with other mental health wards.

Recommendation 4:
Managers should review and consider if individuals and staff in Marchburn Ward are being disadvantaged by not being operationally managed by the mental health and learning disability structure which is responsible for the clinical governance of all other inpatient services in NHS Ayrshire and Arran.

Summary of recommendations

Recommendation 1:
Managers should carry out an audit of DNACPR documents to ensure they are completed thoroughly, and they include all relevant details, dates and signatures, capturing the views of the service user or their proxy decision maker if appropriate.

Recommendation 2:
Managers should ensure that service users in Marchburn Ward have access to mental health specific disciplines.

Recommendation 3:
Managers should ensure that regular audits are carried out on section 47 AWI Act paperwork to ensure these are all in order and competed to an appropriate standard, taking in to account the importance of consulting service users or proxy decision makers when required.

Recommendation 4:
Managers should review and consider if individuals and staff in Marchburn Ward are being disadvantaged by not being operationally managed by the mental health and learning disability structure which is responsible for the clinical governance of all other inpatient services in NHS Ayrshire and Arran.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

A copy of this report will be sent for information to the Care Inspectorate and 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 an individual's care, treatment, and support are 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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