NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
13 February 2020

Subject:	**Mental Welfare Commission – Announced Visit to Woodland View, Irvine**
Purpose:	To provide feedback to Integration Joint Board (IJB) members on the announced visit by the Mental Welfare Commission (MWC) to Woodland View, Irvine on 10th September 2019.
Recommendation:	IJB members are asked to note the content of the report and the supporting action plan which has been developed in response to the recommendations within the report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MWC	Mental Welfare Commission
DNACPR	Do Not Attempt Cardio Pulminary Resuscitation
SCN	Senior Charge Nurse
CNM	Clinical Nurse Manager
EMH	Elderly Mental Health

1.	**EXECUTIVE SUMMARY**
1.1	On 10th September 2019, the Mental Welfare Commission for Scotland made an announced visit to Ward 3, Woodland View on the Ayrshire Central Hospital Site, Irvine. This was a follow up visit from February 2018 where they made a recommendation regarding documentation.
1.2	Inspectors met with and reviewed the care and treatment of 11 patients and two relatives. They spoke with charge nurses, staff nurses, health care assistants and the bed manager. The published inspection report is attached at Appendix 1.
1.3	Following the visit, the MWC made two specific recommendations and the action plan for these recommendations is attached at Appendix 2.
2.	**BACKGROUND**
2.1	Ward 3 is a 15 bedded acute admission and assessment ward for people over the age of 65 who have a diagnosis of dementia. Patients under the age of 65, who have a diagnosis of dementia, will be admitted if it is considered to be a more appropriate admission than an acute adult ward.

3.	**FINDINGS AND RECOMMENDATIONS**
	Findings
3.1	The report contained many positives reflecting the hard efforts of the care team in supporting this vulnerable, and sometimes challenging client group. It is also worth noting that this is with a relatively new Senior Charge Nurse and Care Team, following a recent restructure of elderly mental health inpatient provision across NHS Ayrshire & Arran.
	The report acknowledged the improvement in the storage and accessibility of Adults with Incapacity and Mental Health Act Forms within the electronic care record, the good quality person centre care plans and high level of attention on physical care issues. This was a recommendation from the previous inspection in February 2018.
	Recommendations
3.2	The MWC made two recommendations, responses to these are included in Appendix 2 attached.
3.3	**Anticipated Outcomes**
	Anticipated outcomes are detailed in the action plan attached at Appendix 2.
3.4	**Measuring Impact**
	Impact measures are detailed in the action plan attached at Appendix 2.
4.	**IMPLICATIONS**

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	✓
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**
5.1	The action plan has been prepared in discussion with the Ward 3 Care Team and the Senior Management Team.
6.	**CONCLUSION**
6.1	IJB are asked to note the content of the inspection report and associated action plan.

For more information please contact William Lauder, General Manager ACH on [Tel. No. 01294 323489] or [William.lauder@aapct.scot.nhs.uk]

Mental Welfare Commission for Scotland

Report on an announced visit to: Ward 3, Woodland View, Kilwinning Road, Irvine, KA12 8RR

Date of visit: 10 September 2019

Where we visited

Ward 3 is a 15-bedded acute admission and assessment ward for people over the age of 65 who have a diagnosis of dementia. Patients under the age of 65 who have a diagnosis of dementia will be admitted if it is considered to be a more appropriate admission than an acute adult ward. We last visited this service on 1 February 2018 and made a recommendation regarding documentation.

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

Who we met with

We met with and or reviewed the care and treatment of 11 patients and two relatives.

We spoke with the charge nurses, staff nurses and health care assistants.

In addition we met with the bed manager.

Commission visitors

Mary Leroy, Nursing Officer

Mike Diamond, Executive Director (Social Work)

Dr Anna Fletcher, Commission-attached Psychiatry Higher Trainee

What people told us and what we found

Care, treatment, support and participation

The atmosphere on the ward on the day we visited was busy. Patients appeared comfortable in the company of staff. We saw that staff were proactive in engaging with patients. All the interactions we saw were warm, friendly and respectful.

While it was not possible to have detailed conversations with many of the patients on the ward, we did hear positive comments of the care and support provided by the multidisciplinary team (MDT). We also met with some relatives and they were complementary about the care and treatment being provided, and that medical and nursing staff made sure they were involved in decisions about care and treatment. Any concerns raised by relatives regarding individual care was addressed with staff on the day of our visit.

Nursing care plans of the patients we reviewed were person-centred and recovery focussed, including those relating to stress and distress. Plans which detailed how staff would support a patient who became stressed or distressed, were particularly clear and comprehensive.

The Commission person centred care plan guidance can be found at Person-Centred Care Plan Good Practice Guide

Most of the patients we met with on the day had complex physical healthcare needs and there was close attention to physical healthcare and follow up where necessary.

The MDT meeting is held on a weekly basis. The clinical decisions that occur during those meetings and clearly documented and generate an action plan with outcomes and treatment goals.

The ward has five consultant psychiatrists and there are also daily MDT meetings with input from medical and nursing staff, occupational and physiotherapy, pharmacy and any other relevant allied health professionals. We discussed that the team could also access to psychology on a referral basis and that social work attendance was on a referral only basis.

Use of mental health and incapacity legislation

On our last visit to the service we made a recommendation about ensuring accessibility to Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') documentation.

Copies of certificates authorising detention under the Mental Health Act were uploaded on to the electronic system. On the front page of the patient information sheet there was clear documentation of legal status with a link to the electronic copy of the document.

A number of the patients in the ward had a welfare proxy in place, either because they had granted power of attorney in the past or because a guardianship order had been granted. We saw copies of the orders on electronic files, and it was clear from that staff had been asking relatives to provide copies of the orders as appropriate.

Section 47 of the Adults with Incapacity (Scotland) Act 2000 authorises medical treatment for people who are unable to give or refuse consent. Under s47, a doctor (or another healthcare

professional who has undertaken the specific training) examines the person and issues a certificate of incapacity. We noted s47 certificates and treatment plans, where required, were in place for patients.

There were three patients who had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which evidenced consultation with families where appropriate. When there was a proxy decision maker they had been consulted. However staff were not clear how to access these documents.

Recommendation 1:
Managers should ensure that staff are aware of how to access completed DNACPR documentation.

Rights and restrictions

On the day of the visit no patients required to be on an enhanced level of observation.

We enquired about patients who were fit for discharge, but discharge was delayed. We were concerned to hear two thirds of the patients were recorded as having a delayed discharge. The senior charge nurse described a combination of issues. Some patients being admitted from a care home that could no longer manage their care and treatment, and difficulty in finding suitable placements for patients with a complex presentation. We were told this issue is being actively addressed through monthly monitoring meetings with both the inpatient service manager and the bed manager.

The exit door to the ward is on a time release, which allows staff to maintain patient safety without being to obtrusive or overly restrictive. Patients who are able and permitted to leave the ward are able to do so if they wish. Independent advocacy is available to all patients.

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/rights-mind/

Recommendation 2:
Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.

Activity and occupation

Patients have access to the Honeycomb activity hub which they can use this on a drop-in basis. The service provides a good range of activities encouraging physical activity, social outings, and arts and crafts.

An activity co-ordinator has recently been employed for the wards. At present this provision is for half a day a week for Ward 3. We were concerned that the provision of half a day a week would be enough time to develop a programme of activities for the ward. We were informed that the service had plans to review the time allocated and impact and benefit to patients. We look forward to hearing about the development of this initiative on our next visit.

The physical environment

The ward has an excellent physical layout, allowing access to a well-maintained garden area. The ward is bright and appeared clean and has plenty of natural light. There are numerous meeting rooms at the entrance of the ward which professionals use to meet other professionals and families. There are also small meeting rooms where patients can meet their families. All patients have single en-suite bedrooms. There is also access to a small café at the entrance to the hospital which is well used by both families and patients.

Summary of recommendations

1. Managers should ensure that staff are aware of how to access completed DNACPR documentation.
2. Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.

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.

MIKE DIAMOND
Executive Director (Social Work)

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
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website: www.mwcscot.org.uk

Service response to local visit recommendations

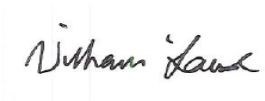
Name of service: Ward 3, Woodland View

Visit date: 10 September 2019
Date final report sent to service: October 2019

Recommendation	Action planned	Timescale	Responsible person
1. Managers should ensure that staff are aware of how to access completed DNACPR documentation.	As is practice for other medicolegal documents completed DNACPR documentation is uploaded to electronic clinical record and is 'flagged up' on front page of each individual's Care Partner record with a hyperlink to the document. DNACPR status is indicated on electronic patient bed state board that is accessible by all within duty room of ward.	Complete	**General Manager, Interim Clinical Nurse Manager EMH**
2. Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.	Daily report from TrakCare identifying all recorded delayed discharges and reason. Weekly summary report sent to Head of Service and Director North HSCP. Fortnightly Older Adult Discharge Liaison Group meeting takes place to review all delayed discharges, meeting attended by SCNs, CNMs, Bed Managers and Social Work representatives. Pan-Ayrshire group meeting to review inpatient pressures, barriers to discharge,	Ongoing Ongoing Ongoing	**General Manager/Estates/Fire Officer** **General Manager/Estates/Fire Officer**

	cause of admission and identify required community solutions/resource to minimise required inpatient stay. Paper for requested investment being generated to utilise released resource from inpatient services restructuring.	March 2020	**General Manager/Estates**

Name of person completing this form:

Signature:  **Date: 04/02/2020**

William Lauder, General Manager

This form should be returned to mwc.admin@nhs.net – please mark it for the attention of Alison Smith