

Subject: **Mental Welfare Commission Themed Visit to people with dementia in Community Hospitals**

Purpose: To provide an update as to the feedback from the Mental Welfare Commission (MWC) on their announced inspection visits to people with dementia in community hospitals, highlighting areas of good practice noted and recommendations made for areas of required improvement.

Recommendation: Integrated Joint Board (IJB) members to please note the content of the report and consider the implementation of the supporting action plan which has been developed in response to the recommendations of the above noted report.

Glossary of Terms	
AWI	Adults with Incapacity
IJB	Integration Joint Board
HSCP	Health & Social Care Partnership
MWC	Mental Welfare Commission
NHSAA	NHS Ayrshire & Arran

1.	EXECUTIVE SUMMARY
1.1	In May 2018 the MWC for Scotland published the “Visiting and monitoring report: Themed Visit to people with dementia in community hospitals” (Appendix 1). The report provides a picture of the experience of patients and carers in community hospitals across Scotland and contains twelve recommendations for IJB’s around improving the care provided within community hospitals, whilst also highlighting areas of good practice.
1.2	<u>Community Hospital Ward Environments:</u> Although ward environments visited were generally found to be clean and in good decorative order, the findings of the report were that more work could be done to make environments more dementia friendly. Furthermore, although there was a strong focus on physical rehabilitation within ward environments, the overall picture was of very limited meaningful and stimulating activity for people with dementia. Wards areas that had access to specialist dementia services and/or a dementia champion were found to display clear benefits in terms of supporting the development of good practice in dementia care.

1.3	<p><u>Patient/Relative Care, Support and Involvement:</u></p> <p>Findings of the report indicate that carers and relatives generally felt positive about their relative's care and people with dementia also generally described staff as being warm, caring and accessible. It was nevertheless felt that there is scope for carers and relatives to be more proactively involved in decisions about care and treatment and for clearer signposting to carer support and advocacy services. Furthermore, although improvements were noted in the appropriate application of the Adults with Incapacity (AWI) Act to protect patient rights, staff were found to be generally unfamiliar with incapacity and mental health legislation.</p>
1.4	<p><u>Care and Discharge Planning:</u></p> <p>Care plans were found to focus on meeting physical health needs, with limited evidence of care planning for stress/distressed behaviour and a general noted lack of individualised, strengths based, care planning approaches. Concern was also highlighted that less than half of patients prescribed "as required" medication for agitation did not have a care plan for the use of this medication. Patients with dementia were also found to often be delayed in hospital unnecessarily due to difficulties with organising/re-initiating home care support as part of the discharge planning process.</p>
2.	BACKGROUND
2.1	<p>There has been a policy focus, within the three Scottish Dementia Strategies since 2010, on improving care for people with dementia in general hospital settings. However, although general hospital settings are regularly subject to announced and un-announced inspection reports, this is the first time the MWC has visited community hospitals to specifically look at the care and treatment of people with dementia.</p>
2.2	<p>Between June and September 2017, inspectors visited 287 people with dementia, or who were being assessed for dementia, in 78 wards, in 56 community hospitals across Scotland. They also heard from 104 family carers. The following community hospitals within NHS Ayrshire and Arran were visited as part of the Scotland wide inspection process:</p> <p>Arran War Memorial Hospital Biggart Hospital (Lindsay, McMillan and Urquhart) East Ayrshire Community Hospital (Burnock and Roseburn) Girvan Community Hospital Lady Margaret Hospital, Millport</p>
3.	PROPOSALS
3.1	<p>In line with the recommendations of the MWC report, it is proposed that all IJBs should ensure that:</p> <ol style="list-style-type: none"> 1. Wards use a dementia design audit tool every two years and take appropriate actions to make ward environments as dementia-friendly as possible.
	<ol style="list-style-type: none"> 2. Staff use the Equal Partners in Care (EPiC) framework and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.

3.	Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information.
4.	<p>Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours:</p> <ul style="list-style-type: none"> • There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists) when required. • When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed. • People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continued use is appropriate.
5.	Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, <i>Decisions about technology</i> .
6.	Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, <i>Rights, risks and limits to freedom</i> , are applied.
7.	The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.
8.	Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.
9.	Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.
10.	<p>Health service managers give priority to ensuring:</p> <ul style="list-style-type: none"> • that all non-clinical staff attain the knowledge and skills at the Informed level of the Promoting Excellence framework. • that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled - Improving Practice' resource. • that all wards in community hospitals are able to access support from staff at the Enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence. • that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
11.	There is appropriate and timely input available from specialist dementia services and other specialisms such as pharmacy, into community hospitals.

	12. Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.
3.2	<u>Anticipated Outcomes</u>
	Please see anticipated outcomes as detailed in the attached action plan (Appendix 2)
3.3	<u>Measuring Impact</u>
	Please see proposed impact measures as detailed in the attached action plan (Appendix 2)
4.	IMPLICATIONS
Financial:	The requirement for a service plan to be developed for each community hospital which includes a focus on developing activity provision may have financial implications for IJBs.
Human Resources:	The requirement for a service plan to be developed for each community hospital which includes a focus on developing activity provision may have human resource implications for IJBs. Staff training needs highlighted as part of the recommendations of this report may also have human resource implications.
Legal:	The report highlighted that some patients appeared to be detained in hospital without legal authority (although it is important to highlight that this is a Scotland wide report and that this is not known to have been a local area of concern). Ensuring appropriate training in the use of the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 is a key recommendation of the report for all IJBs.
Equality:	It is noted within the realms of this report that although physical care was good, dementia care was less of a focus-therefore not "equitable".
Children and Young People	Not applicable
Environmental & Sustainability:	Environmental issues in relation to poor dementia friendly design have been highlighted as a key area of concern within the inspection report. The report provides a recommendation for IJB's to ensure the use of dementia design audit tools and to take appropriate actions to make ward environments as dementia friendly as possible.
Key Priorities:	As identified within attached action plan (Appendix 2).
Risk Implications:	Failure to progress required actions may lead to reputational damage, greater scrutiny of services and more formal improvement notices. Importantly failure may contribute to poor patient/carer experience.
Community Benefits:	Improved support by meeting the requirements of the recommendations will promote improved health and wellbeing across the relevant demographic.

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

5.	CONSULTATION
5.1	During the creation of the attached action plan (Appendix 2) there has been ongoing consultation with Clinical Nurse Managers from within the two sister Health and Social Care Partnerships (HSCP) within NHS Ayrshire and Arran (NHS A & A) (under the direction of local IJB Leads), Governance Support Services and the local Dementia Nurse Consultant, in order to ensure an appropriate Pan Ayrshire response/approach to the provision of feedback to the MWC (whilst allowing scope for local variation as required).
6.	CONCLUSION
6.1	The care and treatment provided is generally of a good standard and community hospitals and their staff are valued by patients and carers. However, much of the focus of care is focused around physical needs. A range of ways in which care and treatment and the environment could be improved to support the care needs of people with dementia have been identified.
6.2	It is suggested that the utilisation of the attached action plan (Appendix 2) will support all IJBs within NHS A & A to provide a Pan Ayrshire response/approach to identified recommendations from the report.

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