



Integration Joint Board
Clinical and Care Governance Committee

7th February 2019

This Report relates to
Item 8 on the Agenda

Mental Welfare Commission Report and Recommendations: People with Dementia in Community Hospitals: Update

(Paper presented by Alice Wilson)

For Discussion

Approved for Submission by	Eddie Docherty Executive NMAHP Director NHS Dumfries and Galloway
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List of Background Papers	Scotland National Dementia Strategy 2017-2020 https://www.alzscot.org/assets/0002/6035/Third

	<p>Dementia Strategy.pdf</p> <p>Promoting Excellence Framework https://www2.gov.scot/resource/doc/350174/0117211.pdf</p> <p>Mental Welfare Commission Report https://www.mwcscot.org.uk/media/409326/dementia_in_community_may2018.pdf</p>
Appendices	<p>Appendix 1 – IJB Paper MWC July 2018</p> <p>Appendix 2 – Dementia Design Building Audit 2017</p> <p>Appendix 3 – Triangle of Care Audit</p>

SECTION 1: REPORT CONTENT

Title/Subject: Mental Welfare Commission Report and Recommendations:
People with Dementia in Community Hospitals: Update

Meeting: Integration Joint Board: Clinical and Care Governance

Date: 7th February 2019

Submitted By: Alice Wilson, Deputy Nurse Director

Action: For Discussion

1. Introduction

- 1.1 In May 2018 the Mental Welfare Commission (MWC) published a report on their themed visits to people with dementia in Community Hospitals across Scotland. In addition to visiting 287 individuals with or being assessed for dementia, they also heard from 104 family carers.
- 1.2 Whilst the NMC noted that care and treatment was generally good in Community Hospitals, the report notes concerns that there needed to be greater focus on patient need relating to dementia. This included managing stressed or distressed behaviour, care planning, appropriate activity, provision and environmental design.
- 1.3 The report offered 12 recommendations and in July 2018 the Integrated Joint Board (IJB) received and approved the response to the recommendations and delegated authority to the Deputy Nurse Director to monitor actions and report updates to Clinical and Care Governance Committee (C&CGC) every 3-6 months.
- 1.4 This paper presents an update for C&CGC around the progress on the recommendations.
- 1.5 C&CGC is asked to discuss the update.

2. Recommendations

- 2.1 Clinical and Care Governance is asked to:
- 2.2 **Discuss the feasibility and likely outcome of 2 yearly dementia design audits and consider how this should progress.**

3. Background

- 3.1 The MWC report is included for information as a background paper. In May 2018 the NMC published a report on their themed visits to people with dementia in Community Hospitals in Scotland.

4. Main Body of the report

4.1 **Appendix 2** details the response submitted to IJB in July 2018, the remainder of this paper outlines progress around the recommendations.

4.2 **MWC Recommendation 1:** Wards use a dementia design audit tool every two years and take appropriate actions to make ward environments as dementia friendly as possible.

4.2.1 **Update:** Following the Dementia Design Building Audit in 2017 (**Appendix 2**) a number of improvements have been implemented; as table 1 below, however to ensure the buildings are of dementia friendly layout would incur significant cost as there would be structural and building work required. The age of the buildings and layout does not lend itself to easy adaptation.

Table 1:

Hospital	Improvements Implemented
Annan Hospital	<ul style="list-style-type: none">• Signage throughout introduced as per recommendations• Toilet seats throughout patient areas have been changed to navy blue.• Light pull cords changed to red.
Lochmaben Hospital	<ul style="list-style-type: none">• Entrance hallways have been changed as part of significant refurbishment and clutter free area created. Newly created storage which keeps stored items out of view.• Waiting room – newly created waiting area with appropriate floor coverings in situ.• Patient toilet areas – all seats replaced with navy blue ones.• Light pull cords changed to red throughout.• Garden area off Shankland Wing is to be redesigned.
Moffat Hospital	<ul style="list-style-type: none">• Doors to staff only areas are now locked.• New lighting installed throughout hospital.• Signage on doors replaced.• Garden/ patio area has been addressed and re-designed.
Thomas Hope Hospital	<ul style="list-style-type: none">• Signage changed throughout• Vinyl flooring changed and colour now contrasts more visibly with

	<p>that of the walls.</p> <ul style="list-style-type: none"> • Notices and leaflet racks consolidated away from patient areas.
Castle Douglas and Kirkcudbright Hospital	<ul style="list-style-type: none"> • Some practical changes have been made by staff such as pull cords and toilet seats. • Majority of the work would require financial input. • Locality Dementia Plan is being progressed over the next few months by the Nurse Manager and a more detailed scrutiny of these audits is to be carried out by the new Nurse Manager.
Thornhill Hospital	<ul style="list-style-type: none"> • All signage within Hospital moved to appropriate height to facilitate “wayfinding” for patients i.e. 1.2 metres from floor level. • Shower and bath controls/ clear indications of hot/cold – patients aren’t left on their own whilst bathing, but taps have H and C letters on top. • Plans to replace baths completely.
Newton Stewart Hospital	<ul style="list-style-type: none"> • Signage updated • Day room layout changed to create more comfortable informal space.

4.2.2 There would be a £12,000 to £15,000 cost in order to comply with a 2 yearly cycle of dementia design building audit. Many of the simple, remedial steps have already been undertaken, meaning repeat audits would not necessarily result in further improvement. There have, however, been exploratory conversations with Third Sector Dumfries and Galloway around the possibility of local accessibility audits at a lower cost and this will be considered further.

Recommendation: C&CGC is asked to discuss the feasibility and likely outcome of 2 yearly dementia design audits and consider how this should progress.

4.3 **MWC Recommendation 2:** Staff use “Equal Partners in Care” (EPIC) framework and encourage and enable carers to be involved in their relatives care and to work in partnership with staff that carers are given appropriate information as soon as possible after admission.

4.3.1 **Update:** Attached at **Appendix 3** is the audit of two Cottage Hospital trial of Triangle of Care, which is now complete. The carers lead post has come to an end and the IDEAs team have no capacity to support any further roll out at the moment.

There will be discussions with locality teams to determine how best to progress. This will be reported in future papers.

- 4.4 **NMC Recommendation 3:** Staff use care planning systems which include a focus on supporting patient's needs in relation to their dementia.
- 4.4.1 **Update:** A multidisciplinary guidance document and bundle (Assessment, Planning and Recording of Care) is in the design stages; this aims to ensure there is a consistent approach to multidisciplinary decisions with patients and, where appropriate, their family/carer. This work is being supported by the IDEAs team.
- 4.5 **MWC Recommendation 4:** Medication should be used as a last, not first, resort in the management of stress and distress behaviour.
- 4.5.1 **Update:** This forms part of the care planning process, with training supported through the IDEAs team to ensure appropriate use. There are a number of challenges for the community pharmacy teams in trying to give support to cottage hospitals, some relating to the vacancy in GP practice. There is limited pharmacy resource and priorities are agreed through close links with locality managers, clinical leads and lead pharmacist for community health and social care. There is currently no funded resource to input pharmacy to cottage hospitals
- Dumfries & Nithsdale: Once a month attendance at the weekly MDT meeting
 - Wigtownshire: Three afternoon sessions per week to Newton Stewart Hospital
 - Annandale & Eskdale: No input currently due to conflicting demands and supporting practices which have been taken under the direct management of the Health Board
 - Stewartry: Once visit per week into Castle Douglas Hospital when possible. Once a week visit to Kirkcudbright Hospital to cover the MDT meeting.
- 4.6 **MWC Recommendation 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 Commissions good practice guidance, "decisions about technology".
- 4.6.1 **Update:** There are no plans to introduce location devices in Dumfries and Galloway.
- 4.7 **MWC Recommendation 6:** Wherever 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, "rights, risks and limits to freedom" are applied.
- 4.7.1 **Update:** There is no change to the action previously stated. Bed rails risk assessment in place and any other risk assessments for restraint will be done in line with the good practice guidance.

- 4.8 **MWC Recommendation 7:** The service plan for each Community Hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.
- 4.8.1 **Update:** The newly formed Healthy Aging Programme Board has agreed a subcommittee (community based) Intermediate Care, which will focus on the strategy for Cottage Hospitals. This group will meet for the first time in mid-February, chaired by the Community Health and Social Care Manager.
- 4.9 **MWC Recommendation 8:** Staff to provide patients with information about the reasons for being in hospital, and about their treatment, as often as necessary, and that information given verbally is supplemented by information in other formats.
- 4.9.1 **Update:** The work described in the previous paper to IJB is ongoing, (**Appendix 1 section 4.8**), measured through Care Assurance. In relation to the letter to patients and, where applicable, their family or carer, this is now in the final stages of approval.
- 4.10 **MWC Recommendation 9:** Staff are proactive in helping patients access Independent Advocacy services and any barriers to access are addressed.
- 4.10.1 **Update:** Dumfries and Galloway Advocacy Service has provided awareness sessions across the region at the request of the Lead Nurse, Community Health and Social Care, and have expressed a willingness to provide more if needed. The Patient Feedback Manager has advised that her team will record one of the sessions to share on the NHS intranet for staff who are unable to attend in person.
- 4.11 **MWC Recommendation 10:** Health Service Managers give priority to ensuring:
- That all non clinical staff attains the knowledge and skills at the “informed” level of the “Promoting Excellence Framework”.
 - That all 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.
- 4.11.1 **Update:** In addition to work described in the previous paper to IJB (**Appendix 1 section 4.10**) the Alzheimer Scotland Dementia Nurse Consultant is focussing on delivering “informed” level training to a wide range of clinical and non clinical staff over 2019. The Deputy Nurse Director has commissioned the University of West of Scotland (UWS) to evaluate the impact of the local Dementia Champions programme. This will help to determine the future shape of the programme and any accompanying training.
- 4.11.2 There have been improvements in the Care Assurance reports in respect of the cognition standards across the Cottage Hospitals. Since July 2018 seven out of the eight Cottage Hospitals have undergone a Care Assurance level 3 inspection; of those two were first inspections and the remaining five showed significant

improvement in their scores around the cognition standard from previous inspections. Four achieved Bronze level – a minimum of 75% in all 10 standards:

- Thornhill Hospital
- Thomas Hope Hospital
- Annan Hospital
- Castle Douglas Hospital

4.12 **MWC Recommendation 11:** There is appropriate and timely input available from specialist dementia services and other specialists, such as pharmacy, into community hospitals.

4.12.1 **Update:** There continues to be strong support for teams in Cottage Hospitals from specialist dementia services as well as the local Dementia Champions and Alzheimer Scotland Nurse Consultant. In Thornhill Hospital, as a result of the Triangle of Care pilot, there is specialist input to the hospital multidisciplinary meeting on an individual patient basis. The Older People Steering Group draws together membership from across all IJB partners and public representatives to consider a number of operational elements of the older people agenda; this includes Care Assurance and Scotland's Dementia Strategy. The chair and some other members of this group are part of the Healthy Aging Programme Board.

4.13 **MWC Recommendation 12:** Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to 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.

4.13.1 **Update:** The Care at Home Strategic Group referred to in the July IJB paper, has been disbanded and the work moved to the remit of the Healthy Aging Programme Board. The position, as per the current contract, allows a package of care to be held for two weeks (unpaid) thereafter it would be used to support need elsewhere. Whilst there is little flexibility there is high demand for home care services and it may not be possible to make significant change. The Care at Home contracts are due for retendering in 2020 and, if this is to be considered further, it is anticipated this would be the appropriate time to do it.

4.14 **Conclusion**

4.14.1 Work is taking place which builds on the developments shared with IJB in July. This "People with Dementia in Community Hospitals" paper reflects one strand of work around older people, healthy aging and people with dementia.

Improvements are reported primarily through Level 3 Care Assurance, to an Older People Steering Group.

There continues to be significant focus on the care of people with dementia demonstrated by clear links with local third sector organisations and the call on both the IDEAs team and Alzheimer Scotland Nurse Consultant.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

- 5.1. Investment may be required to ensure that learning and development is provided timeously. Whilst this report and its recommendation directly relates to Community Hospitals it is known that these recommendations are required to be met in all inpatient services.
- 5.2. In addition consideration of cost will be required, of how we continue to audit the environments of Cottage Hospitals.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1. Achieving these recommendations will have a direct impact upon people with dementia's outcomes with an impact upon all 9 national outcomes referenced across all inpatient services.

7. Legal & Risk Implications

- 7.1. No legal or risk implications.

8. Consultation

- 8.1. Consultation is not required.

9. Equality and Human Rights Impact Assessment

- 9.1. In developing any strategic plans or policy Equality and Human Right Impact Assessment would be used.

10. Glossary

- 10.1.

C&CGC	Clinical and Care Governance Committee
EPIC	Equal Partners in Care
IJB	Integration Joint Board
MWC	Mental Welfare Commission
UWS	University of West of Scotland