

# Specialist Dementia Unit Improvement Programme: summary report

January 2020

The impact of a three year  
quality improvement  
programme supporting  
specialist dementia units  
in Scotland (2016-2019)

*“This process has  
challenged my  
assumptions about  
what I thought carers  
and people with  
dementia wanted...”*



The Minister for Mental Health with the ihub team hearing from staff and carers about their improvement initiatives

# Introduction

## Our task

In 2014 the Mental Welfare Commission published their report *Dignity and Respect: Dementia Continuing Care Visits*<sup>1</sup> which highlighted variation in the quality of care provided by Specialist Dementia Units. In response to this, the Scottish Government asked the Focus on Dementia team, part of Healthcare Improvement Scotland's Improvement Hub (ihub), to provide quality improvement support to Specialist Dementia Units (SDUs). To do this, Focus on Dementia:

- worked closely with the staff at four specialist dementia units (our demonstrator sites) to make improvements in their units
- developed a learning and improvement network, and
- created a toolkit to help spread the improvement and learning to other SDUs.

The Scottish Government specified that clinical experts and experts by experience (people with dementia, and relatives and carers) should inform the process and methods for this work.

The three year programme ended in March 2019, and this report shares the impact of this work.

## Our partners

People living with dementia, relatives and carers were involved throughout this work.

We worked with people with dementia and carers to select four demonstrator sites, who are introduced below.

A range of partners supported this work included representatives from Alzheimer Scotland, Care Inspectorate, NHS Education for Scotland (NES) and Scottish Care. We thank our partners for their contribution; the quality of this work was strengthened by their involvement.

## Our four demonstrator sites

### Balmore Ward, Leverndale Hospital Glasgow City Health and Social Care Partnership

- Acute assessment ward, 18 beds, mixed sex (NB: ward is split into two single sex areas).
- Admission following referral from community mental health team, care home, other psychiatric hospital or general acute hospital.

### Orbiston Community, Hatton Lea Care Home Run by HC-one and commissioned by North Lanarkshire Health and Social Care Partnership

- Long Stay, 25 beds, all female
- Admission following referral from a dementia assessment ward.
- Care reviewed in line with Hospital Based Complex Clinical Care (HBCCC) guidance.

### Prospectbank, Findlay House Edinburgh Health and Social Care Partnership

- Long stay, 30 beds, mixed sex
- Admission following referral from a dementia assessment ward.
- Care reviewed in line with Hospital Based Complex Clinical Care (HBCCC) guidance.

### Strathbeg Ward, Royal Cornhill Hospital Aberdeen Health and Social Care Partnership

- Tertiary rehabilitation and enablement ward, 12 beds, male
- Admission following referral from dementia assessment wards.

## Our report

This report highlights the key impacts of this work in the following sections:

- Our [methods](#).
- Our approach in action: the achievements at each demonstrator site – [Balmore Ward](#), [Orbiston Community](#), [Prospectbank](#) and [Strathbeg Ward](#).
- Our [learning and improvement network](#)
- A look at the key impact areas of this work:
  - 1: [Improving practice](#)
  - 2: [Improving participation](#)
  - 3: [Improving culture](#).
- [Conclusion](#) and [next steps](#).

# Our methods

We selected two methodologies to support our improvement work. These are:

1. [Experience Based Co-Design \(EBCD\)](#), and
2. [The Model for Improvement](#).

[EBCD](#) provided a framework to include people living with dementia, carers and staff in our improvement work. It also ensured that each unit's local requirements were considered when selecting priority areas for improvement. As [EBCD](#) is not specifically designed for SDUs, we adapted the methodology by including structured observation-based approaches and ethical guidelines to ensure that people living with dementia could meaningfully participate in this work.

Combining [EBCD](#) with the [Model for Improvement](#) allowed our demonstrator sites to identify the priorities which matter most, to agree and test ideas, and to ensure that the changes they made led to improvements

We also established a learning and improvement network to share our learning, and to learn from other good dementia practice in Scotland.

*"This process has challenged my assumptions about what I thought carers and people with dementia wanted..."*

Staff

## More information

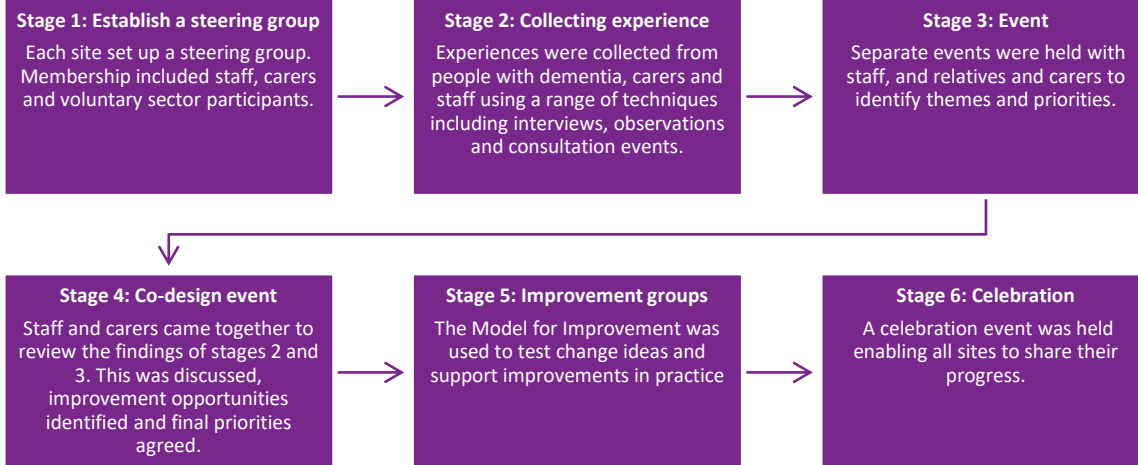
Read more about how people with dementia, relatives and carers were involved [here](#).

Read more about our network [here](#).



Members of the Balmore team at their codesign event

## Our process



# Our approach in action

## 4 steering groups

established; one in each site



## 60 hours observed

across the four sites



## 40 carers

from the four sites shared their experiences



## 50 staff

described what it was like working in a Specialist Dementia Unit



## 8 events

held in total; including co-design and celebratory



## 122 ideas

identified from the initial theming of the interviews and observations



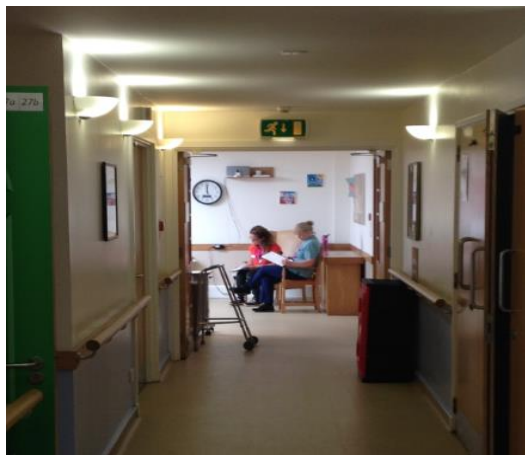
## 45 key themes

selected by carers and staff as important to be discussed at the co-design event



## 12 priorities

more than half are in common across more than one site



Undertaking observation at Prospectbank

## Final improvement priorities identified by each site

Baltimore Ward, Leverndale Hospital	Orbiston Community, Hatton Lea Care Home	Prospectbank, Findlay House	Strathbeg Ward, Royal Cornhill Hospital
<ul style="list-style-type: none"><li>• Activity</li><li>• Information for relatives and carers</li><li>• Care planning</li></ul>	<ul style="list-style-type: none"><li>• Activity</li><li>• Handover</li><li>• Team development</li></ul>	<ul style="list-style-type: none"><li>• Activity</li><li>• Environment</li><li>• Mealtimes</li></ul>	<ul style="list-style-type: none"><li>• Activity</li><li>• Building a resilient team</li><li>• Stress and Distress</li></ul>

Our approach allowed sites to select the improvement areas that mattered to them based on their local need and context. The areas selected are shown in the table above. Each site created a bespoke measurement plan to measure the improvements they had made. We summarise their improvements in our next section by looking at each site in turn.

For more information on improvements made by each individual site, see the [section highlighting achievement by site](#).

# Baltimore Ward, Levensdale Hospital, Glasgow City Health and Social Care Partnership

54% reduction  
in falls

Due to use of risk assessments, technology and environmental changes.



74% reduction  
in staff sickness

As recorded within sickness and absence rates.



New carers pack  
developed

To improve information sharing with carers.



New care plan  
developed

To support responses to stress and distress.



Improved  
outdoor space

To support greater meaningful activity.



## Method

Baltimore Ward carried out structured observations to gather information about the experiences of people with dementia staying in their ward.

The team also hosted activities to capture carers feedback. They worked with the Mental Health Network to hold drop-in sessions with visiting carers. They also hosted a garden party for carers, and used this an opportunity to gather feedback.

## Impact

- The Baltimore team reduced falls by 54% by making changes to their falls risk assessment, the physical environment and their use of technology.
- The team developed a new multidisciplinary care plan. The new plan supports their responses to stress and their person-centred care planning. Baltimore shared this work with the improvement and learning network.
- The team worked with carers to produce a new information pack for relatives and carers. This helped to improve communications between carers and the unit.
- The unit developed their outside space to support people with dementia participating in meaningful activities within the unit.
- Multidisciplinary working improved across the unit, in particular between the different allied professions.
- Staff sickness absence rates reduced by 74% during the programme.
- The ward changed from 18-bed mixed sex area into a 10-bed male ward and an 8-bed female ward. This change was initiated prior this programme however it had a significant positive impact on the ward throughout this programme.
- The ward received a [positive report](#) following an inspection by the Mental Welfare Commission to the ward in November 2019<sup>2</sup>.

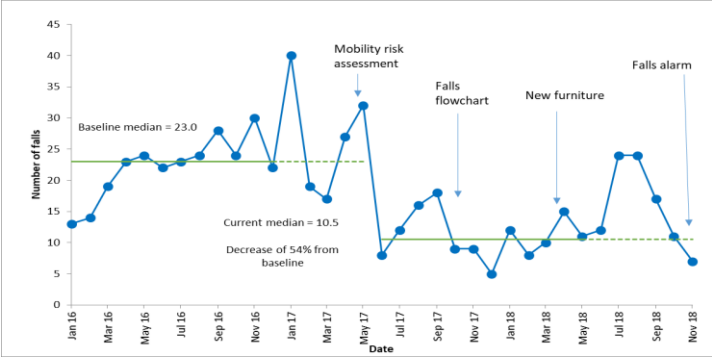


Figure 1: Number of falls in Baltimore Ward



The Baltimore Ward team

# Orbiston Community, Hatton Lea Care Home

## Run by HC-one and commissioned by North Lanarkshire Health and Social Care Partnership

<h3>Carer experience film produced</h3> <p>To capture and share relative and carer experiences.</p> 	<h3>Improved carer communications</h3> <p>Facilitated by taking and sharing photos in different ways.</p> 	<h3>Improved planning tool</h3> <p>To support person-centred care planning.</p> 	<h3>Café area created</h3> <p>As social space for residents, relatives and carers.</p> 	<h3>9 Playlists created</h3> <p>Using Playlist for Life methods.</p> 
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<h4>Method</h4> <p>The team already use observation skills in their practice, and used this to inform their improvement work.</p> <p>The team filmed interviews with carers asking them to speak freely about their experiences. The films were then shared as part of the unit's codesign events.</p> <p>Hatton Lea is the only one of the four sites which is not an NHS facility. Therefore some of methods used and the data collected varied from the other facilities, due to the different context.</p>	<h4>Key impacts</h4> <ul style="list-style-type: none"><li>The team used photos to improve communications with relatives and carers. They share pictures showing activities undertaken by residents in the unit using electronic picture frames, displaying pictures on the TV and creating personalised photo albums.</li><li>Staff also improved person-centred care planning and updated their planning tool to support this. The <a href="#">Pool Activity Levels tool</a> was adapted to support staff in planning and delivering meaningful activities.</li><li>The team successfully completed <a href="#">Playlist for Life</a> training, and developed playlists for 9 patients during the programme.</li><li>A café area was created to support meaningful activity within the unit. The new café area allows residents, relatives and carers to meet and spend quality time together.</li><li>The team also used a tool called the Harmony Trunk; which contains materials to support dementia-friendly activity.</li><li>The units at Hatton Lea Care Home, including the Orbiston Community unit were inspected by the <a href="#">Mental Welfare Commission</a> in May 2018 and were commended for their involvement of carers in patients care and in providing activities<sup>3</sup>.</li></ul>	<p><i>"We were trying to get people to have their say, and 7 relatives were asked to participate. At first there were written questions and answers – it was OK, but it could've been better. So, then we were asked to be involved in a film. That was so much stronger – with the written words you don't really get the feelings coming through."</i></p> <p>Carer</p>	<p><i>"In speaking with staff and relatives, it is clear that relatives are encouraged to participate in their loved ones' care and also to support the care home in providing a wide range of activity for residents. We saw this as good practice and encourage the approach to be shared with other areas."</i></p> <p>Mental Welfare Commission for Scotland<sup>2</sup></p>
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Representatives of the Orbiston Community team



# Prospectbank, Findlay House

## Edinburgh Health and Social Care Partnership

33% reduction in stress & distress

Reduction in number of incidents of violence and aggression recorded



61% reduction in staff sickness

As recorded within sickness and absence rates.



Improved mealtimes

Resulting in increased food uptake and improved experience.



10 Playlists created

Using Playlist for Life methods.



Activity planning improved

Modified to support person-centred care planning.



### Method

Prospectbank undertook structured observations to learn more about the experiences of people with dementia staying in their ward.

The team also worked with a local carers' group to interview carers about their experiences, using [Emotional Touchpoints](#).

### Key impacts

- By improving their structured responses to stress and distress, the team reduced the number of incidents of violence and aggression.
- The team improved mealtime experience on the ward and increased patients' food intake. The team achieved this by reducing noise, staff and patients eating together and regular smoothie making on the ward.
- Staff secured funding to make dementia-friendly improvements to the environment.
- The team improved person-centred planning of activities. They used the ['Getting to Know Me'](#) and [Pool Activity Levels tools](#) to capture information from relatives and carers to support their person-centred activity planning.
- Staff successfully completed [Playlist for Life](#) training, and developed 10 personalised playlists during the programme.
- Staff sickness absence rates reduced by 61% during the programme.
- In November 2018, in response to the level of staff vacancies, the unit capped its available beds from 30 to 19 beds. Although this work was not part of the improvement work, it has had a significant positive impact on the ward.
- In their [Mental Welfare Commission Inspection](#) in May 2018, the team were commended for their improvement activities<sup>4</sup>.

*"We found that the staff team were developing innovative approaches to address some of the environmental challenges on the ward. The quality improvement work around activities also demonstrated the team's commitment and thoughtful approach to providing an engaging and meaningful day-to-day experience for patients on the ward."*

Mental Welfare Commission for Scotland<sup>3</sup>

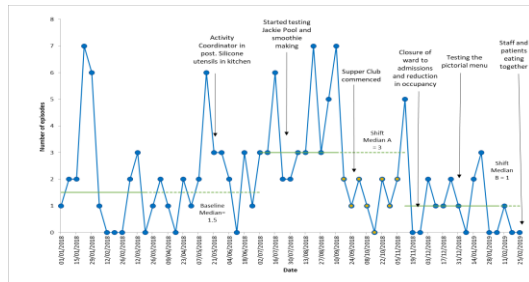


Figure 2: Number of episodes of violence and aggression at Prospectbank

# Strathbeg Ward, Royal Cornhill Hospital

## Aberdeen Health and Social Care Partnership

65% reduction in staff sickness

As recorded within sickness and absence rates.



Reduction in medication

Given to patient as required



Improved staff resilience

Due to initiatives such as values-based reflective practice and joy at work.



Improved carer communication

Created using Playlist for Life methods



Increased QI knowledge

Which the team are now sharing locally



### Method

The Strathbeg Ward team used short periods of observation combined with reflective practice to learn about the experiences of people with dementia staying within their unit.

They also worked with a volunteer from the National Dementia Carers Action Network to conduct interviews with carers.

### Key impacts

- The team improved their responses to stress and distress by improving the quality of information recorded on the charts. They introduced tools, for example [ABC charts](#), to support their record keeping.
- The team improved their communications with relatives and carers by introducing a carer notice board. The board provides information about activities in the unit that people with dementia joined in with.
- The team reported improved multidisciplinary working throughout the ward as a result of this work. For example, staff reported increased collaboration between ward teams and psychologists.
- The Strathbeg team improved resilience by using tools such as [values-based reflective-practice](#), introducing a [joy in work](#) board, and participating in [“What matters to you?”](#) days.
- The ward hosted successful recruitment days and has now increased the number of staff working in the unit.
- Staff sickness absence rates reduced by 65%.
- The team gained knowledge and experience into quality improvement methodologies, and are sharing this knowledge with other local units.
- The ward received a [positive report](#) following their January 2019 inspection by the Mental Welfare Commission<sup>5</sup>.

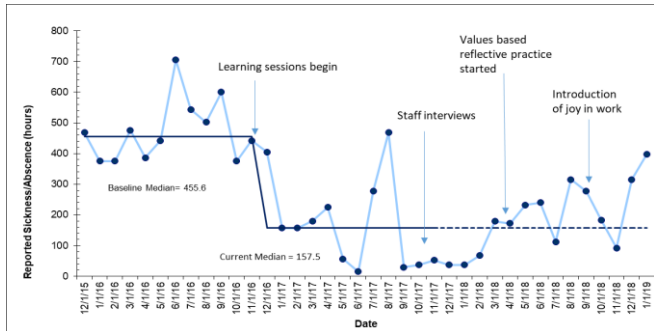


Figure 2: Reported staff sickness absence at Strathbeg Ward



The Strathbeg Ward team



# Specialist Dementia Unit Learning and Improvement Network

473 event attendees

Connecting staff at face-to-face networking events



4.5/5 attendee satisfaction

At our 2017 national network event



32 improvement posters

Produced by staff at our national network event



3,250 messages read

on our online network platform



87 newsletter subscribers

Receiving our quarterly newsletter



## Context

Our network allows improvement activities and good practice to be showcased and shared across Scotland.

Members can participate in a number of different network activities, including

- local and national events
- webinars
- network newsletter, and
- online tools.

We work in partnership with Alzheimer Scotland, Care Inspectorate, NHS Education for Scotland and Scottish Care to provide network activities.

## Key impacts

- Face-to-face events and online activities highlighted clear improvement themes across the country. These include stress and distress, meaningful activity, environment and person-centred care amongst others. These align closely with the four SDU demonstrator sites.
- Our network has allowed good practice to be shared across Scotland. For example:
  - work by NHS Highland highlighting non-pharmacological interventions has been adopted in demonstrator sites, and
  - use of the [Pool Activity Level tool](#) was shared between two demonstrator sites as well as other units through the network.
- Our network engaged with a wide range of clinical staff and managers in its activities.
- Our network continues to grow, and is expanding to incorporate the new two-year [Dementia in Hospitals Collaborative work](#) during 2020.

*"The social networking has been great – we have the (online) network and have had the opportunity to network in SDUs across Scotland. We've got a wider network to link in with – people you can talk things over with if you need a bit of advice"*

Network member

*"Virtual relationships are OK, but we've met folk from other units face-to-face now – so I can phone them for some advice"*

Network member

*"My knowledge has been noticeably enhanced"*

Network member



The Minister for Mental Health views posters at our national network event



Attendees at a networking event in Glasgow

# Impact area 1: Improving practice

## Outcomes

The four demonstrator sites improved practice and outcomes for people living with dementia in their units. These included:

- improved approaches to preventing and managing stress and distress
- improved mealtime experience
- increased meaningful activities and interactions
- dementia-friendly improvements to the physical environment, and
- improved communications to relatives and carers.

## Examples

- The four teams strengthened their knowledge of stress and distress, and identified and embedded tools to support their responses to this. Through this work, the teams reduced:
  - the number of episodes of stress and distress (Prospectbank)
  - the number of falls (Baltimore), and
  - their use of antipsychotic medication (Strathbeg).
- The teams improved mealtime experiences and increased patients' food intake, by reducing mealtime noise, ensuring that staff and people with dementia eat together and introducing smoothie making on the ward.
- The teams strengthened their relationship with third sector organisations including [Playlist for Life](#), [Artlink](#) and Theraponies to provide more meaningful activities for people with dementia. The teams also created new areas, including a café and a pamper area, to facilitate meaningful activities.
- The sites made dementia-friendly changes to their physical environment.
- Carers worked with teams to improve communications to relatives and carers. Together they developed communication tools such as a ward admission information pack for relatives and carers. The sites also improved communications by using notice boards to share information, and by sharing photos in their communications.



Members of the Strathbeg Ward team

*"You can see the clear outcomes in reduced stress and distress. There's fewer medications, more meaningful activities – and the paperwork is higher quality"*

Staff member

*"We now use the [ABC Charts](#) [for managing stress & distress] as part of business as usual. ... And now our charts show that incidents of violence and aggression have reduced. We used to have lots of incidents and staff felt worn out – that sense of despair is not there now."*

Staff member

## More information

Read our ihub [impact story](#)

Read more about our collaboration with [Playlist for Life](#)

# Impact area 2: Improving participation

## Outcomes

Using [EBCD](#), the four demonstrator sites gained valuable knowledge of the experiences of people living with dementia, their carers and staff. They used this knowledge to identify their improvement activities.

The ihub's Focus on Dementia team shared examples of good practice and learning across Scotland through our learning and improvement network.

## Examples

- The sites used a number of different tools to learn about the experiences of people living with dementia. They found using structured observations, using tools including the [Workplace Critical Culture Analysis Tool](#), to be a powerful way to gain this information.
- The sites also learned about the views and experiences of relatives and carers. Again, they used a number of different methods to consult with carers including interviews and consultation events. In addition to this, relatives and carers also were active members of project steering groups.
- The sites developed relationships with a number of third-sector organisations, including the [National Dementia Carers Action Network](#), [Care for Carers](#), the [Mental Health Network](#), [Food for Life](#) and [Playlist for Life](#), and brought their expertise into their improvement work. For example, Prospectbank worked with Artlink to host supper club to provide meaningful activity for patients and improve their mealtime experience.
- Focus on Dementia facilitated sharing good practice and learning across Scotland by establishing and managing the Specialist Dementia Unit Learning and Improvement Network. 473 staff members attended one of our face to face network events.
- Our advisory group included representatives from national organisations including Alzheimer Scotland, Care Inspectorate, NES and Scottish Care.



Example of the carer organisations involved in our work

*"You need to talk to people to find out what's needed. No one knows about the person you love as much as you do, so it's important to have your [carer/relative] views and knowledge taken account of".*

Carer



Carers attending a consultation event

## Further information

Read more about the impact of the network [here](#) or visit our [web pages](#)

Read about our partnership with [Playlist for Life](#)

Watch our films about:

- [Hearing from relatives and carers](#)
- [Using observation to improve care for people with dementia](#)

# Impact area 3: Improving culture

## Outcomes

The teams improved the culture and working environment within their units through their focus on resilience and team working.

The teams gained knowledge and extensive experience in quality improvement techniques and have embedded this into their practice.

This work raised the profile of SDUs, leading to new interest in the units and recognition of staff skills.



Example of a [Joy in Work board](#) – a tool used by Strathbeg Ward to develop staff resilience

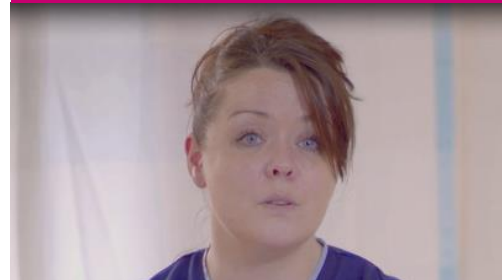
## Examples

- The teams improved their communication by making changes to their handover process and by developing communication boards. This has resulted in improved multidisciplinary working and more effective communication.
- Staff used techniques such as [joy in work](#) and [values-based reflective practice](#) to improve their resilience. This work has positively impacted on staff sickness and absence.
- The teams learned about quality improvement methods and the legal and ethical considerations when carrying out quality improvement work, especially when working with people unable to communicate verbally or give informed consent. The teams have now embedded quality improvement techniques into their daily practice.
- The Scottish Executive Nurse Directors Group received updates on this work. We also held progress meetings with the Nurse Directors responsible for each unit. This interest led to strong support from Nurse Directors for our ongoing [Dementia in Hospital work](#), which builds on the work of this improvement programme.

*“The staff are celebrating more now – they’re seeing their ideas in practice, and that gives them more confidence.”*

*Staff member*

**Stephanie Kennedy**, Senior Charge Nurse at Strathbeg Ward, shares some of the positive impacts of their resilience work.



*“The resilience work has impacted really positively on staff, they have been reporting to us they feel a lot more listened to, they feel significantly more valued and they actually have a voice on the ward”*

## Further information

Read our summary of improvement activities for each of our four sites – [Balmore Ward](#), [Orbiston Community](#), [Prospectbank](#) and [Strathbeg Ward](#)

Watch our film about – [Building a resilient team \(staff experiences from Strathbeg Ward, NHS Grampian\)](#)

# Conclusion



Staff

The programme empowered staff to make improvements to their own practice.

Staff report that their experience at work has improved, and they feel more resilient. Three sites report that sickness absence rates significantly reduced during the improvement programme (74% reduction at one site).

The sites report improved teamwork in their areas, and improved connections with other units supported by our network.

The programme led to investment in skills, staffing and other resources.

The Mental Welfare Commission for Scotland commended the site's improvement work in their inspection reports.



Relatives and carers

Our demonstrators sites used innovative ways to understand the views and experiences of relatives and carers.

Relatives, carers and carer representatives joined local delivery groups and worked with units to identify areas for improvement.

The sites made improvements to their communications with relatives and carers, and relatives and carers have worked alongside the units to make these changes.



People with dementia

Our work demonstrates that people living with dementia in SDUs who might not be able to easily communicate **can** successfully engage in service improvement work through structured observation approaches.

Teams made a number of changes to prevent and manage stress and distress for people living with dementia in SDUs. This is demonstrated by reductions in:

- the numbers of episodes of violence and aggression (by 33% in one site)
- the number of falls (by 54% in one site), and
- the use of antipsychotic medication.



# Next steps

## Next steps

1. We launched our Dementia in Hospitals improvement collaborative, where we will support teams across three settings (Specialist Dementia Unit, acute and community hospitals) to improve outcomes for people with dementia in hospitals.
2. We will continue to support the Focus on Dementia learning and improvement network to facilitate the sharing of information, resources and ideas. The network remains open to new members, visit our [web pages](#) to find out more and to join.
3. We will publish an online toolkit sharing further learning from this work. To find out more about the toolkit, [join our network](#).

## Interested in finding out more?

- Visit our [Specialist Dementia Unit web pages](#) which includes our [film case studies](#) and other resources
- Find out more about our [Dementia in Hospitals Collaborative](#).
- Join our [network](#) and received our newsletter, and invitations to future events.

## Acknowledgements

Thanks to everyone who contributed to this work including our demonstrator sites, network members, other organisations, people living with dementia, relatives and carers and our national partners.



Specialist Dementia Unit staff receive their Playlist for Life certificates, pictured with Sally Magnusson (Chair of Playlist for Life) and staff from Playlist for Life and Healthcare Improvement Scotland



# Further information

## Specialist Dementia Unit Improvement Programme

[Film case studies](#)

[Webpage](#)

[Join our network](#)

## Improvement tools

[Model for improvement](#)  
(link to Institute for  
Healthcare Improvement)

[Experience-based  
co-design toolkit](#)  
(The Point of Care  
Foundation)

[Participation toolkit](#)  
(The Scottish Health  
Council)

[Workplace Culture Critical  
Analysis Tool](#)

## Resilience

[Joy in work](#)  
(Institute for Healthcare  
Improvement)

[Values based  
reflective practice](#)  
(link to NHS Knowledge  
Network)

[What matters to you](#)  
(Healthcare Improvement  
Scotland)

## Specialist Dementia Unit tools

[Pool activity levels](#)

[Newcastle model](#)  
(link to NHS Education for  
Scotland)

[ABC charts](#)  
(link to NHS Knowledge  
Network)

[Getting to know me](#)  
Alzheimer Scotland

## Information on Dementia for professionals

[Managed knowledge  
network](#)

## Third sector partners

[Artlink](#)

[Care for Carers](#)

[Food for life](#)

[Mental Health Network](#)

[National Dementia Carers  
Action Network](#)

[Playlist for life](#)

## References

1. Mental Welfare Commission for Scotland. Dignity and respect: dementia continuing care visits. 2014 [cited 2020 Jan 08]; Available from: [https://www.mwcscot.org.uk/sites/default/files/2019-06/dignity\\_and\\_respect\\_-\\_final\\_approved.pdf](https://www.mwcscot.org.uk/sites/default/files/2019-06/dignity_and_respect_-_final_approved.pdf).
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5. Mental Welfare Commission for Scotland. Report on unannounced visit to: Strathbeg Ward, Royal Cornhill Hospital, Cornhill Road, Aberdeen, AB25 2ZH 2019 [cited 2020 Jan 08]; Available from: [https://www.mwcscot.org.uk/sites/default/files/2019-06/for\\_print\\_strathbeg\\_final\\_report.pdf](https://www.mwcscot.org.uk/sites/default/files/2019-06/for_print_strathbeg_final_report.pdf).

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