

Mental Welfare Commission for Scotland

Report on unannounced visit to:

Bellsdyke Hospital, Russell Park Unit, Stirling Rd, Larbert, FK5
4WR

Date of visit: 7 December 2016

Where we visited

Russell Park is an 18 bedded adult mental health rehabilitation unit consisting of 11 beds in the main ward, three flats on site and four offsite flats about a mile away from the hospital. There were four empty beds on the day of our visit. We last visited this service on 14 October 2015 and made recommendations about nursing care plans, risk assessments and consent to treatment forms (T2).

On the day of this visit we wanted to follow up on these recommendations.

Who we met with

We met with and/or reviewed the care and treatment of four patients/residents.

We spoke with the senior charge nurse and the clinical nurse manager.

In addition, we met with the consultant psychiatrist.

Commission visitors

David Barclay, Nursing Officer and area co-ordinator

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

The patients we met with commented positively on the care they received. They always felt able to approach and speak with the nursing team in Russell Park. There was a calm and relaxed atmosphere in the ward and the nurses we spoke with were all very knowledgeable about the patients. We met with one patient who was very apprehensive about the plan to move to a supported tenancy. We spoke with the consultant psychiatrist about this persons concerns; there has been a great deal of preparatory work taking place around this move. The supported accommodation providers are planning to do in-reach work with this person, which should hopefully aid the transition.

Psychology input

Russell Park benefitted from sessional psychology input over the last year, though currently the post is vacant. Patients had been able to have psychology assessment and formulation. The post is being advertised and we look forward to seeing how this develops at our next visit.

Physical healthcare

There are a number of registered and unregistered nurses who had undertaken phlebotomy training and a number of registered staff with ECG training which ensures physical health monitoring is able to be done regularly. A local GP also visits three times per week, the GP carries out the annual full physical as well as any routine issues that arise. The women were encouraged to access local well women clinics, this helped to ensure routine screening was in place. All of the patients we reviewed had current physical health monitoring forms in their care files and these were up to date.

Recordkeeping

The multidisciplinary team (MDT) meeting record keeping was improved and showed who participated in the meeting and the content of the discussion. This also helped to update and develop the risk management plans, an improvement since the last time we visited. All patients in Russell Park have their care managed through the Care Programme Approach (CPA) or Enhanced CPA for those who have a forensic history. These multiagency meetings take place at least six monthly or more frequently if required. We did, however, feel that the nursing care plans were too basic and did not contain enough detailed information about the various interventions necessary to aid individual recovery. Also, the care plan reviews did not give enough detail of what interventions were tried and what did or did not work.

Recommendation 1:

Managers to audit nursing care plans to ensure they contain enough detailed information about the interventions to be used. Care plan reviews should be meaningful, include the effectiveness of interventions and reflect any changes in the individuals care needs.

Use of mental health and incapacity legislation

All patients reviewed had the correct legal documents in care files if they consented (T2) or did not consent (T3) to their medical treatment. This was an improvement on last year's visit. We saw that copies of Commission guidance on consent to treatment were available on the ward.

Rights and restrictions

Russell Park is an open rehab ward and the doors are only locked at night for patient safety, though they can go out if they want to for fresh air. NHS Forth Valley has a no smoking policy, so patients that wish to smoke have to leave the building to do so. This does not appear to cause any difficulties.

Activity and occupation

Patients in Russell Park participate in a behavioural activation programme. The activities are chosen by the patients based on their interests. The patients spoke positively of the activities on offer. They also remarked on how helpful the input was from the occupational therapy department.

This was particularly commendable as one of the patients struggled to develop meaningful relationships with other staff, but the OT assistant had built a great rapport with them.

The physical environment

The main ward has 11 bedrooms, all of which are single rooms with en suite toilet facilities i.e. sink, showers/bath. The ward was clean, comfortable and had Christmas decorations in the entrance foyer and patient sitting and dining areas. The ward was well maintained and homely, with pictures on walls in corridors and in the entrance area. There was a tropical fish tank in the foyer. There were quiet sitting areas with no TV, and a shared TV room next to communal dining area. The garden area was well used and had some raised flowerbeds, which the patients are encouraged to maintain by the OT assistant.

Summary of recommendations

Managers to audit nursing care plans to ensure they contain enough detailed information about the interventions to be used. Care plan reviews should be meaningful, include the effectiveness of interventions and reflect any changes in the individuals care needs.

Good practice

There is joint management of both the inpatient and community rehabilitation services. We think this a good way to aid the transition between inpatient and community living as the community team develop their therapeutic relationship with inpatients as they are preparing for discharge. We felt that the senior charge nurse displayed excellent leadership skills and had been working hard to develop the skill base of the nursing team in Russell Park and in the community team.

Service response to recommendations

The Commission requires a response to this recommendation 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
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777

e-mail: enquiries@mwscot.org.uk

website: www.mwscot.org.uk

