

Mental Welfare Commission for Scotland

Report on announced visit to: Russell Park, Bellsdyke
Hospital, Larbert FK5 4SF

Date of visit: 20 February 2018

Where we visited

Russell Park is an 18-bedded mental health rehabilitation unit. There is an 11-bedded main unit with three supported living flats on site, and four independent flats on Bellsdyke Road, approximately half a mile from the main unit. On the day of our visit there were eight patients in the main unit and five patients accommodated in the flats.

We last visited this service on 7 December 2016 and made recommendations about improving the detail in the nursing care plans.

On the day of this visit, we wanted to follow up on the previous recommendation.

Who we met with

We met with or reviewed the care and treatment of seven patients.

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

Commission visitors

Yvonne Bennett, Social Work Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Patients we spoke to offered very positive feedback about their experience within Russell Park. Examples of this were that they felt included in any discussions about their care, they knew who to speak to if they felt they required additional support and they knew what they were working towards and had agreed the way ahead.

We heard that multidisciplinary team meetings (MDTs) take place weekly, with each patient being reviewed in depth every three to four weeks. New patients are reviewed weekly until care formulations have been considered and agreed. In addition, the consultant psychiatrist offers a weekly drop-in session for patients and/or carers to discuss any particular issues in relation to their care and treatment.

MDTs include the full range of professionals involved in the individual's care, and are comprehensively documented within the care partner electronic system. At our last visit, psychology were in the process of recruitment to a vacant post. We heard that this post had since been filled and that Russell Park had two sessions of psychology input per week, plus access to low-intensity psychological therapies across the wider Bellsdyke site.

We heard that following our last visit, there had been significant activity around improving nursing care plans, which included regular audit by senior managers, as well as peer review amongst the nursing team.

There was evidence of significant improvement in nursing care plans. During the file reviews we conducted, we saw care plans which were detailed, reviewed on a regular basis, person-centred and fully involved patients in the process.

One patient we met with showed us copies of his care plans and how they had changed over the last few months. He told us that having these was a useful reminder of his progress over this period and he referred to them if he was feeling 'a bit stuck'.

Use of mental health and incapacity legislation

Patients within Russell Park are subject to a range of mental health legislation. In all of the files we reviewed, we saw up to date legal documentation with detailed review dates.

In addition, there were a number of patients whose care is delivered on an informal basis. A number of patients were designated as specified persons and where these additional safeguards were in place, they were appropriately authorised with established review dates planned.

Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health (Care and Treatment) (Scotland) Act 2003 were also in place where required.

Rights and restrictions

The unit operates an open door policy with patients able to leave the ward freely, depending on assessed needs and risks.

We also heard that patients had good access to advocacy services and that there were good links between the ward and these services.

Activity and occupation

The ward operates a behavioural activation model in relation to activity and occupation. Behavioural activation aims to increase engagement in activities we value, which boosts our chances of deriving pleasure and a sense of achievement from life.

We saw that each patient had an individual activity timetable which had been drawn up in conjunction with key nursing and occupational therapy staff. Patients are supported to engage and participate in a wide range of activities available within the ward, on site or in the wider community.

In addition, the ward is run on a home-style model with patients planning and preparing their own meals, doing laundry and maintaining their own living space, either

independently or with the support of staff, depending on need. This daily routine, coupled with involvement in therapeutic, educational, volunteering or recreational activity, offers a defined structure to the day and supports preparation for a return to the community.

During our visit we were aware of patients having a clear purpose and schedule. We also heard of the close links between the ward and the community rehabilitation team, which offered a continuity and consistency of support when approaching discharge.

The physical environment

The ward was bright and clean, and offered single room accommodation with en-suite toilet/shower rooms. The communal areas are homely and comfortable. We saw the independent flats on site which were compact and comfortable, and we heard how patients valued this first step to a more independent lifestyle.

The ward has access to an enclosed garden, as well as the wider hospital grounds which include a small shop and gym facility.

Good practice

During the visit we saw good examples of collaborative working which involved a wide range of disciplines and fully included patients, families and carers.

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.

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