

Mental Welfare Commission for Scotland

Report on unannounced visit to: Trystview, Bellsdyke
Hospital, Stirling Road, Larbert FK5 4SF

Date of visit: 22 February 2018

Where we visited

Trystview is a 20-bedded mental health ward for patients aged 18-65 years who require intermediate care of more intensive slow stream rehabilitation. We last visited this service on 31 October 2016 and made recommendations in relation to the need to include more detail in nursing care plans, and for managers to audit patients' care plans, including the occupational therapy plans, review documentation relating to specified persons and suspension of detention and to upgrade shower rooms within the ward.

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

Who we met with

Unfortunately on the day of our visit, none of the patients wanted to meet with us. We recognised that this was an unannounced visit and so patients had not been advised of our visit in advance. We reviewed the care and treatment of six patients. Similarly, family and carers were unaware of our visit in advance and we did not have an opportunity to meet with them. The ward have our contact details and we would be happy to speak to patients and carers at a later date.

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

We reviewed the records for a number of patients and found that nursing care plans continue to require attention to ensure that they offer a comprehensive and person-centred record of care. An example we saw in a number of care plans was in relation to the use of de-escalation techniques for patients who were stressed/distressed, but no record of what this might involve for any individual. We heard that the process of improving nursing care plans is underway with training across the site in the use of Care Partner, as well as manager and peer evaluation of care plans. We will be interested in seeing how effective this activity is in improving care plans within Trystview.

Occupational therapy (OT) care plans also continue to be outdated and did not evidence review or outcomes. We felt that ensuring these were current and reviewed was very important, given the rehabilitation remit for this ward.

During the visit we heard that Trystview benefits from psychological input for two sessions per week. The two sessions can involve formulation of care considerations, individual work with patients, group work supervision and attendance at multi-disciplinary team (MDT) meetings. Given the complexity of patient needs within the ward, we felt the level of this input would benefit from further review and managers should consider a review of psychology input to the ward.

We heard that the MDT meeting occurs weekly with each patient being reviewed every four to five weeks. For new admissions this is supplemented by weekly SBAR reports until care plans are finally agreed and can be reviewed more routinely. The MDT records were comprehensive and evidenced a clear direction of travel for individual patients and the associated care plans should reflect this.

Recommendation 1:

Managers should continue to audit nursing and OT care plans to ensure they are current, person-centred and regularly reviewed.

Use of mental health and incapacity legislation

Legal documentation is not as yet recorded on the electronic records but is filed separately in paper format. All documentation under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act) we reviewed was current, including a record of suspension of detention, which was a recommendation from our previous visit. Consent to treatment certificates (T2) and certificates authorising treatment (T3) were also in place where required.

A number of patients were supported to manage funds under Part 4 of the Adults with Incapacity (Scotland) Act 2000 and s47 certificates were in place to authorise medical treatment for those adults who lacked capacity to consent to this treatment.

Rights and restrictions

The ward operates an open door policy with risk assessments informing time out of the ward on an individual basis. Ten of the 17 patients on the ward are specified persons under the Act with appropriate documentation and reasoned opinions, including a review timescale.

NHS Forth Valley operates a no smoking policy. However, within Trystview, there are designated smoking times for patients. Smoking cessation support is offered routinely for all patients, but there is a recognition that for some patients smoking cessation is not an option at this time.

We heard that there is active involvement within the ward from the local advocacy project.

Activity and occupation

We heard that there was a range of activities available within the ward or on the wider hospital campus in which patients could participate. In addition there are some links to community-based activities as a means to building meaningful community connections for patients preparing for discharge.

Within the ward there is an activity board and this was supplemented in some instances by individual activity plans. Although, these were not evident in all the files we reviewed. Given the rehabilitation remit of this ward, we felt this was an area which could be significantly improved.

There was a recognition of the wide range and complexities of patient need within the ward, including different age ranges, a high level of physical need and considerable variations in levels of ability and disability. Levels of motivation to participate in activity and occupation were also hugely different and we felt that the role of OT within this setting was a vital one. The ward has a full time occupational therapist and assistant input, and we would like to see more involvement in planning and supporting individual activity plans as part of the ward team. A copy of this report will be forwarded to OT managers who are fundamental to any planned review of OT input to the ward.

Recommendation 2:

Managers should review the role of allied health professionals in the planning and delivery of person-centred activity plans.

The physical environment

The ward consists of four linked houses with six rooms in each house. The floor to ceiling window frames at the front of the houses are rotting and require remedial work. We heard that there is a programme of work scheduled to replace these, although no date for this has been clarified.

Following our visit in December 2016, we made a recommendation that the shower rooms within Trystview should be upgraded as part of overall renovation works, because we found them to be damp, with damage to the walls and floor coverings. While some remedial work has been carried out to replace flooring, the tiles remain cracked and the poor ventilation continues to result in a damp smell within the shower rooms. There are no en-suite shower rooms and so, because these showers are for communal use, we felt it was important that they were maintained to a decent standard.

There is access to outside secure garden space from the ward but we found this to be in a poor state of maintenance and covered in cigarette ends. This requires to be addressed as a matter of urgency.

Recommendation 3:

Managers should review the maintenance of the accommodation and outside space to ensure it is of an acceptable standard

Any other comments

Trystview appears to be in a period of transition, with a change in management and staff within the ward and we saw evidence of work underway to consider the model of care the unit is committed to offering. Staff consultation is underway in relation to this and this work will offer an opportunity to refocus aims and objectives and styles of intervention to achieve these. Part of this work is to consider criteria for admission, which will ensure that these objectives are meaningful and achievable and we will be interested in how this work develops.

Summary of recommendations

1. Managers should continue to audit nursing and OT care plans to ensure they are current, person-centred and regularly reviewed.
2. Managers should review the role of allied health professionals in the planning and delivery of person-centred activity plans.
3. Managers should progress the maintenance of the accommodation and outside space to ensure it is of an acceptable standard.

Good practice

We were pleased to see a high quality of leadership within the ward from a recently appointed management team who described a clarity of focus for how they want the service to develop and were clear about their plans for progress. They are working to establish admission criteria and a more focussed rehabilitation ethos within the ward so that both patients, and staff, are aware of expectations, aims and objectives of this service. We will be interested in how this develops.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report. As recommendations are similar to those we made in our last report, a copy of this report will be sent to senior managers.

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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