

Mental Welfare Commission for Scotland

Report on announced visit to: Trystview Ward, Bellsdyke Hospital, Stirling Road, Larbert, FK5 4WR

Date of visit: 31 October 2016

Where we visited

Trystview is a 20-bedded mental health ward for patients aged 18-65 who require intermediate care or more intensive slow stream rehabilitation. We last visited this service on 8 May 2016 and made recommendations around the following: review of the population mix and age range, adequate staff numbers, psychology, occupational therapy and physiotherapy input, consent to treatment and specified person documentation and review of annual physical health and national screening checks.

On the day of this visit, we wanted to follow up on the previous recommendations and also look at how the reduction to 20 beds from 30 has affected the organisation and management of Trystview.

Who we met with

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

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

Commission visitors

David Barclay, Nursing Officer

Margo Fyfe, Nursing Officer

Moira Healy, Social Work Officer

What people told us and what we found

Trystview is now a 20-bedded unit in the grounds of Bellsdyke Hospital. There were 19 patients in the ward on the day of our visit. The bed numbers have been reduced in the last few months as patients have moved on to more suitable non-clinical long term placements in care homes and supported accommodation. The numbers of nursing staff have remained the same and there will be some redesigning of the ward to create accommodation for women with mental illness who require higher levels of support and supervision in a low secure environment. These redesigned facilities will allow women who are currently cared for in other parts of the country to be cared for closer to home in line with national best practice and guidance. Currently a number of women from Forth Valley are cared for in Glasgow and in the past have had to travel to England to access the care and treatment they require.

Care, treatment, support and participation

We were pleased to hear that staff numbers have not been reduced since the ward occupancy reduced, as last year there were issues with low staffing levels in Trystview. As the ward is redeveloped to offer low secure care and treatment for up to six women, the need for a well-trained and stable group of staff will be essential.

The senior charge nurse told us that there are plans for additional training for all staff around the care management of patients that will require this type of low secure care environment.

We were pleased to see the ongoing work around care plans. These were recovery focussed and person-centred, looking to the patients moving on from hospital to non-clinical care. We were told that there are plans to transfer patients care plans in Trystview on to the care partner's care planning electronic system from the wholly paper based system in the next 18 months. This system is used in other parts of NHS Forth Valley mental health services. However, it was noted that the goals identified in the care plans viewed were too large and needed to be broken down into more specific smaller goals that would be more meaningful and easier to measure progress in the review process. We also saw some occupational therapy (OT) care plans in the clinical records which were outdated and needed to be reviewed, discontinued or rewritten.

Recommendation 1:

Managers should review nursing care plans to ensure care plan goals are broken down into smaller more measurable goals.

Recommendation 2:

Managers need to audit OT care plans so that outdated care plans are noted and reviewed or replaced.

Multidisciplinary Input

We were glad to hear that Trystview has benefitted from having a psychologist in post over the last year. This was helpful in developing psychological formulations for all patients and assisted in the review of behavioural management plans that we felt needed psychology input. They were also working with the nursing team on a consultancy basis. However, there is currently no psychology input as the post holder left, though the service are advertising for a replacement. We look forward to seeing how this post develops at future visits.

We were disappointed to note that OT input has not increased since our last visit, though this seems to be partly due to some of the men being reluctant to engage with a female OT. Staff thought that this situation might improve as there has recently been a male OT join the team. We will be keen to hear if the male OT improves patient engagement with the service.

Physiotherapy input to Trystview patients does happen, though there also seems to be difficulties in engaging all of the patients in physical exercise.

We will be interested to hear how the service tries to resolve physiotherapy and OT engagement and will review these issues at our next visit.

GP input

We were pleased to see that there is now a local GP who visits the ward each weekday morning in order to see any patients who need a general medical assessment. This is an improvement from our last visit where we recommended that all patients should be able to access annual physical health checks and national health screening programmes. Unfortunately, the time the GP arrives is very early and usually before any patients are out of bed. This service is currently being reviewed as staff feel that there probably isn't a need for a daily visit, but perhaps a weekly visit or clinic one afternoon a week would be more beneficial for this patient group. We will review this at our next visit.

Use of mental health and incapacity legislation

During the case file reviews we noticed that the paperwork for patients who are specified for hospital safety and security was present, but it was not always clear what the reasons were for the person to be specified. The responsible medical officer (RMO) has to record a reasoned opinion that sets out the risk to the patient or to others if these restrictions were not in place. The Commission published good practice guidance for specified persons in 2015 which can be accessed here:

http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

Recommendation 3:

Managers and medical staff should review specified person documentation to ensure that it is fully completed and gives a reasoned opinion for the use of specified person status.

Suspension of detention

We noticed that there did not appear to be an accurate system in place for recording detained patients time out of hospital. This is necessary to calculate accumulated time out in order to determine if this should be notified to the Mental Health Officer (MHO) and GP. Guidance on this can be found here:

<http://www.mwcscot.org.uk/media/51870/Suspension%20of%20detention.pdf>

Recommendation 4:

Hospital managers need to establish a system of logging time out for detained patients for suspension of detention purposes.

Rights and restrictions

There is currently only one patient who is identified as delayed discharge as they wait for a nursing home placement. This is an improvement from last year's visit.

Activity and occupation

We saw patients participating in the daily activity programme, often this required the assistance and encouragement of the ward nurses. The programme was varied and patients were involved in choosing the activities they wanted to participate in. The staff team highlighted the challenges of engagement in the rehabilitation process that the other professional groups also find difficult to achieve for this patient group. Most of the patients we spoke with were happy with their care and treatment and said that they enjoyed the various activities available.

The physical environment

The ward consists of six small linked houses which creates a home like environment with four or five patients in each house. The first two houses are currently empty and it is these that will be renovated to create the new low secure female unit. The ward was clean and well maintained in most of the living areas, there was new furniture in each of the sitting rooms and it had been recently decorated. There were pictures on the walls in each of the sitting areas which created a more homely atmosphere. Unfortunately, all of the shower rooms, whilst still functional, seemed to be lacking in ventilation causing damp and damage to walls and floor coverings and were in need of upgrading.

Recommendation 5:

Hospital managers should upgrade the shower rooms as part of the overall renovation works.

Summary of recommendations

1. Care plan goals need to be broken down to smaller more measurable goals in nursing care plans.
2. Managers need to audit all care plans including OT care plans so that outdated care plans are noted and reviewed or replaced.
3. Managers and medical staff should review specified person documentation to ensure that it is fully completed and gives a reasoned opinion for the use of specified person status.
4. Hospital managers need to establish a system of logging time out for detained patients for suspension of detention purposes.

5. Hospital managers should upgrade the shower rooms as part of the overall renovation works.

Service response to recommendations

The Commission requires a response to these recommendations 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.

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