Mental Welfare Commission for Scotland

Report on announced visit to: Trystpark, Bellsdyke Road Larbert, FK5 4WS

Date of visit: 27 February 2020

Where we visited

Trystpark is an 18-bedded low secure male in patient ward based within the Bellsdyke site. On the day of our visit there were 12 patients on the ward. Trystpark also has access to three on site supported living flats and four offsite independent flats for the purpose of assessment of independent living. Other wards on the Bellsdyke site have access to these flats. On the day of our visit Trystpark had one patient who was being supported to live in one of the flats. We last visited this service for a local visit on 14 January 2015 and made recommendations around multidisciplinary team (MDT) meeting minutes, locked room policy and catering.

On the day of this visit we wanted to meet with patients and relatives and follow up on the previous recommendations

Who we met with

We met with and/or reviewed the care and treatment of eight patients and three relatives/friends

We spoke with interim senior charge nurse, depute charge nurse, and other ward staff.

Commission visitors

Tracey Ferguson, Social Work Officer

Anne Buchanan, Nursing Officer

Yvonne Bennett, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Most patients we spoke to on the day were positive in regards to their care and treatment that they received on the ward. Patients told us that staff were approachable and caring whilst other patients told us that they felt frustrated at being on the ward, particularly if their time out had been suspended. Some patients told us that they felt involved in the discussions about their care and were able to tell us about their care plans goals and their active plans for discharge back to the community.

Care partner is the electronic system that the ward uses to store and record information about each patient. On reviewing the patient files we found care plans that were detailed, person centred, and reviewed regularly. However, there were care plans that were lacking in detail and required evidence of patient participation. A number of care plans were written in a way that would not be considered encouraging therefore may impact in a collaborative approach to care and treatment between the patient and keyworker. We discussed this further with the managers on the day.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

We wanted to follow up on the recommendation from our last visit around ensuring that the minute taker recorded who was present at MDT meetings. We were told that the consultant psychiatrist holds weekly MDT meetings and patients can chose whether to attend this meeting.

Minutes of these meetings are now recorded on the electronic system. Minutes were detailed with recorded actions/outcomes, and who attended these meetings. It was not always clear from the minute who would feedback to the patient, if they did not attend. We discussed this further with the manager on the day and felt the minute should record who was responsible for this action.

We saw from file reviews that the ward has good access to pharmacy input at the MDT meetings and out with the meeting if staff required. The ward has access to psychology input two days per week. However, we were told that occupational therapy (OT) input is not currently available. OTs have an important role in supporting patients to prepare for discharge from hospital back into the community. This lack of provision is concerning and we were told this is having an adverse effect for patients. We look forward to receiving an update from managers when OT provision has re-commenced into this ward.

All patients continue to be managed using the Care Programme Approach (CPA) and this provides a robust framework for managing patient care particular in relation to the management of risk. Furthermore, some patients are subject to Multi Agency Public Protection Arrangements (MAPPA). All risk assessment and risk management paperwork appeared thorough, detailed, and highlighted relevant risk areas. We saw detailed minutes of CPA meetings in patients file and it was clearly recorded who attended these meetings along with clearly recorded actions and outcomes. We were able to view that the CPA documentation was recorded in an outcome focussed model in that it identified patient's strengths and abilities along with the protective factors as part of their recovery.

The manager told us that some patients were currently working towards their discharge from hospital and that there were no delayed discharges on the ward. We were told that there had been recent discharges from the ward, where patients had managed to be supported back to their tenancies, which was seen as a positive outcome for the patient. Managers across the Bellsdyke site continue to have monthly delayed discharge meetings as a means to identify issues that may be pertinent to patients discharge along with the impact of any delays on bed pressure. We were told that if a patient is referred to Trystpark then a joint assessment will be carried out to see what facility in the Bellsdyke site may be best option for the patient.

Anyone who receives treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') can choose someone to help protect their interests and that

person is called a named person. Some patients had nominated a named person and a copy of this was found in their electronic file.

An advance statement is written by someone who has been mentally unwell. It sets out the care and treatment they would like, or would not like, if they become ill again in future. Where a patient had made an advance statement we found a copy of this in their electronic record.

Recommendation 1:

Managers should ensure that patients on the ward have access to OT for purposes of assessment, rehabilitation and input towards discharge planning.

Use of mental health and incapacity legislation

On the day of our visit all patients were detained under the Mental Health Act or the Criminal Procedure (Scotland) Act 1995. For each patient's electronic file that we reviewed, we saw up to date appropriate legal documentation.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Patients' electronic records contained the appropriate legal paperwork. The authorising treatment forms (T2/T3) completed by the responsible medical officer to record consent or non-consent were all in order as appropriate.

Where a patient's finances were being managed under Part 4 of the Adults with Incapacity (Scotland) Act 2000 we saw the appropriate legal certificate in the patient's record.

Rights and restrictions

We were told that the ward has good links with the local advocacy service, and the advocacy workers attend the ward regularly and meets with patients.

We wanted to follow up on the recommendation following last visit regarding the locking of bedrooms during the day. We were told that the policy was reviewed and that patients' rooms are now open at all times.

Sections 281 to 286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied.

The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed. When the responsible medical officer (RMO) has determined that room searches are required for this purpose, they should make the patient a specified person for safety and security in hospitals under s286 of the Mental Health Act. This is necessary to provide legislative authority for this restriction. It also provides the appropriate framework for review of the restrictions and the patient with their right to appeal against these.

All patients were subject to specified person status for safety and security. For files that we reviewed all paperwork was in order and reasoned opinions were documented for each patient.

Some patients told us that they did not like to have their rooms searched, particularly if they abide with the ward's guidance in relation to illicit or recreational substances We were told that there has been significant illicit drug issue within the Bellsdyke site in recent months, including Trystpark. NHS Forth Valley has a search policy in place and senior managers are currently continuing to review this policy with Police Scotland in order to address the issue of illicit substances, to ensure patient safety.

We discussed using the least restrictive ways to ensure safety and security and projecting a more positive view for patients and visitors to the ward, whilst ensuring policy.

We found that the current policy in relation to searching and the use of illicit drug/alcohol appeared restrictive particularly in relation to breaches of the policy.

We are aware of considerable variations across low security facilities in the way restrictions are applied and this was as highlighted in our medium and low secure forensic wards report. This can be found at: https://www.mwcscot.org.uk/sites/default/files/2019-06/medium_and_low_secure_forensic_wards.pdf

Recommendation 2:

Managers should ensure that any restrictions are the least restrictive necessary in order to keep the patients and others safe.

Recommendation 3:

Managers should ensure that illicit drug use or suspected illicit drug use, is considered in an individualised way and is part of a person centred care plan.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points in their treatment. This can be found at:
https://www.mwcscot.org.uk/law-and-rights/rights-mind

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. We were told that every Monday a patients meeting takes place, facilitated by ward staff, to discuss activities for the week. The ward has a weekly planner in place and we saw this displayed during our visit. Individuals have their own weekly timetable in place and attend on site groups and/or community outings. The patients have access to gym equipment which is on site, staff or physio support patients to access this.

Patients were able to tell us about their agreed suspension plans to allow time out of the ward to the community as part of their rehabilitation and preparation for discharge. From reviewing files we felt that the absence of OT input to the ward impacted on the development of

activities. We were told that patients have access to kitchen facilities, either at Russell Park unit or the onsite self-contained flats for assessment purposes. This would usually be done with the OT; however, due to the ward having no OT input, we were told that this was having an impact on patients rehabilitation planning.

The physical environment

Patients have their own bedrooms with shared toilet facilities. The shower and bathing areas are shared. We were told that there is an ongoing programme for maintenance to the ward and that the ward has recently undergone some decoration. The ward has a plan in place to replace windows which have been broken with toughened glass as part of overall improvement work for the ward.

Forth Valley Health Board operates a non-smoking policy. Some patients we spoke with told us about the non-smoking policy that was in place and how they had to go outside hospital grounds in order to smoke. Some patients told us that patients and staff continue to smoke in the grounds.

We were told that signage regarding the no smoking policy is due soon in the grounds.We were disappointed to see many discarded cigarette ends at the entrance to the ward. This gave the impression of individuals still smoking in light of this hospital operating a no-smoking policy. We were told that this was due to be cleaned the day before our visit.

Recommendation 4:

Managers should ensure that the cigarette ends are cleaned up from the garden and ward entrance areas.

Any other comments

Since our last visit to Trystpark there have been a number of changes with the senior nursing team in all of the wards across the Bellsdyke site. We were pleased to hear that the service has recently recruited to the senior charge nurse post at Trystpark. Managers told us that the Bellsdkye site is currently being reviewed. A steering group has been set up and ongoing meetings have taken place to look at the future needs of the patient group and identify any service provision gaps across the Forth Valley area. We are interested to hear about the future recommendations for the site and will write to the managers for an update.

Summary of recommendations

1. Managers should ensure that patients on the ward have access to OT for purposes of assessment, rehabilitation and input towards discharge planning.

2. Managers should ensure that any restrictions are the least restrictive necessary in order to keep the patients and others safe.

3. Managers should ensure that illicit drug use or suspected illicit drug use, is considered in an individualised way and is part of a person-centred care plan.

4. Managers should ensure that the cigarette ends are cleaned up from the garden and ward entrance areas.

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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