**Mental Welfare Commission for Scotland**

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

**Date of visit:** 9 January 2020

## Where we visited

Russell Park is an 11-bedded mental health rehabilitation ward. Russell Park also has access to three on-site supported living flats and four off-site 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 Russell Park did not have any patients in the flats. We last visited this service on 20 February 2018 and no recommendations were made.

## Who we met with

We met with and/or reviewed the care and treatment of seven patients and four carers/relatives.

We spoke with the clinical nurse manager, senior charge nurse, consultant psychiatrist, occupational therapist, and nursing staff.

## Commission visitors

Tracey Ferguson, Social Work Officer

Mary Leroy, Nursing Officer

Lesley Paterson, Nursing 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 how 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. Care plans were holistic, covering a wide range of needs for each patient. There was good recording of patient participation in developing these care plans, where some patients had signed their care plans and received a copy. Where patients had opted to not sign or receive a copy, this was fully recorded in their file. We saw good detailed assessments and activity care plans devised by the occupational therapist where patients were being supported to utilise and develop their skills as part of the rehabilitation process in preparation for discharge back to the community.

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 followed up on one individual case with the senior managers where we felt that the care plan was not as detailed and responsive to the needs of the patient as the others we had seen.

We heard that multidisciplinary team (MDT) meetings take place weekly and include the full range of professionals involved in the patients care. We also heard how each patient has a more in-depth review every three to four weeks and some patients care was reviewed via the Care Programme Approach (CPA). We found comprehensive recordings of regular MDT meetings with clearly recorded actions and outcomes of each meeting. We saw detailed minutes of CPA meetings in the patients file. We saw active discharge planning for patients who have been identified as no longer requiring inpatient hospital care.

During our visit we became aware of a patient who was on pass from the ward and, although active planning had been in place to prepare for discharge, we were aware of some outstanding issues that prevented the patient being formally discharged. We will follow this up further.

On our last visit to the ward in 2018 we heard that the vacant psychologist post has been filled and that Russell Park had two sessions of psychology sessions per week. Unfortunately there is no longer a psychologist in place and the senior managers are currently recruiting for the vacant post and reviewing cover arrangements across the Bellsdyke site.

## Use of mental health and incapacity legislation

Most patients were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedure (Scotland) Act 1995.

For each patients electronic file that we reviewed we saw up-to-date appropriate legal documentation. Where a patient had a welfare guardian appointed, we saw a copy of the order in the 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. We found that some patients had made an advance statement and a copy of this was uploaded onto their electronic file.

Where a patient had nominated a named person we saw a copy of this document also uploaded onto the electronic file.

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

Where a patient had been assessed as incapable to manage their money, we saw appropriate certificates in the patients file. This gave hospital managers the authority to manage the patient's money under Part 4 of the Adults with Incapacity (Scotland) Act 2000.

## Rights and restrictions

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

Sections 281 to 286 of the Mental Health Act provides 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.

We found that a number of patients on the ward had been made a specified persons and we saw relevant paperwork in place; however this was not the case for all patients. We found that some patients who had been made a specified person specifically for room searches, drug testing and telephones did not have the appropriate paperwork in place to authorise such measures.

Our specified persons good practice guidance is available on our website:
http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

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

### Recommendation 1:

Managers should ensure specified persons procedures are implemented for patients where this is required to authorise room searches, or other restrictions.

## 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 the ward had a scheduled timetable of activities that took place daily. We were told that there is patients meeting held regularly where the staff and patients get the opportunity to review the activity programme. On reviewing the files we saw that each patient had an individual activity timetable which was person-centred and had been drawn up in conjunction with key nursing and occupational therapy staff. We were able to see that many of the patients on the ward had been in hospital for a lengthy period and we saw good examples of graded exposure work that the occupational therapist was working alongside the individual as part of the rehabilitation model. 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.

Some patients were being supported to participate in activities and some were independently accessing community activities. Patients told us that they enjoyed the group activities that were on offer, but also valued the individual activities that helped to prepare them for discharge or re-integrate back into the community.

## The physical environment

The ward environment offers single room accommodation with en-suite facilities. The ward was bright, clean and spacious, and had ample communal areas for patients. The patients had access to laundry facilities and a full equipped kitchen to enable them to use the facilities independently or with staff support, depending on each patient needs. The ward has access to a large enclosed garden area as well as well as the hospital grounds.

## Any other comments

We were told that staff recruitment and retention continues to be an ongoing issue, due to staff retiring, staff moving onto promoted posts, and staff leaving. However, we were told that the service is currently actively recruiting and there is a regular group of bank staff who cover within the ward, and so the consistency and quality of care was unaffected.

On our previous visit the community rehabilitation team was in place however this team is no longer in place. We were told by some of the members of Russell Park staff that this resource is missed. We were told that the community team would have become actively involved as part of the patient's transition planning to the community upon discharge, whereas ward staff now refer the patient directly to the appropriate community team.

## Summary of recommendations

1. Managers should ensure specified persons procedures are implemented for patients where this is required to authorise room searches, or other restrictions.

## Service response to recommendations

The Commission requires a response to this 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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