



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Blythswood House, Fulbar Lane,  
Renfrew, PA4 8NT

**Date of visit:** 26 November 2021

## **Where we visited**

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's route map (May 2020). There have been periods during the pandemic where we have been able to conduct our face-to-face visits; however, the reinstatement of lockdown required us to review this, and for a time we were undertaking mainly virtual visits. This local visit was able to be carried out face-to-face.

Blythswood House is a 15-bedded unit divided into three five-bedded pods, and one self-contained flat. The unit provides assessment and treatment for adults who have a diagnosis of learning disability, mental illness and behavioural difficulties. On the day of our visit there were no vacant beds. The unit has a multidisciplinary team on site consisting of nursing staff, psychiatrists, occupational therapy staff, speech and language therapy staff and psychology staff. Referrals can be made to all other services as and when required.

We last visited this service on 11 December 2019 and made recommendations regarding the recording of nursing care plan reviews.

On the day of this visit we wanted to follow up on the previous recommendations and also hear how patients and staff have managed throughout the current pandemic. As at the time of our last visit to the service we also wanted to find out if there had been progress made towards discharge for some patients who had been in-patients for some time.

## **Who we met with**

We met with and or reviewed the care and treatment of eight patients and spoke with three relatives by telephone.

We spoke with the service manager, the senior charge nurse, the lead nurse and both consultant psychiatrists.

## **Commission visitors**

Margo Fyfe, Senior Manager (Practitioners) West Team

Mary Leroy, Nursing Officer

# What people told us and what we found

## Care, treatment, support and participation

### Nursing care plans

When we last visited the service we found examples of detailed and person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual. On this occasion we found detailed person centred care plans that evidenced patient involvement and were pleased to find easy read versions of the care plans which were used in patient discussions. It was good to see that discharge care plans were in place where appropriate. We also found a good deal of information contained in patient's one to one discussions with their named nurse.

We saw that physical health care needs were being addressed and followed up appropriately provision supported by the learning disability service.

When we reviewed the care plans we were unable to locate robust reviews which targeted nursing intervention and individuals' progress. We discussed this with the nurses on duty and the senior charge nurse. There was a clear awareness of reviews happening but not being reflected in the paperwork. We are aware that within the service as a whole that care plans and reviews are being worked on and suggested using the Commission guidance on our website to help in the process. We recommend that an audit of the care plan reviews is carried out to ensure that they reflect the work being done with individuals towards their care goals and that the reviews are consistent across all care plans.

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.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans\\_GoodPracticeGuide\\_August2019\\_0.pdf](https://www.mwscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

### Recommendation 1:

Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patients' progress towards stated care goals and that recording of reviews are consistent across all care plans.

### Multidisciplinary team (MDT)

The unit has a broad range of disciplines either based there or accessible to them. It was clear from the very detailed MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend the meetings and update on their views. This also includes the patient and their families should they wish to attend. It was clear to see from these notes that when the patient is moving towards discharge that community services also attend the meetings.

We heard that meetings had been held online during the restrictions and that this had enabled more professionals to attend. Continuing to hold these meetings in this way is being considered. We were assured that family members wishing to attend but not keen on using the online facility will continue to be given the opportunity to attend in person.

We were unable to find clear discharge planning information in the MDT meeting notes and spoke with staff on the day of the visit about ensuring this is added to all versions of the meeting note.

### **Care records**

Information on patients care and treatment is held in three ways, there is a paper file, the electronic record system EMIS and information is also stored on the S-drive of the electronic system. We found this cumbersome to navigate. There was no indication of where specific pieces of information were located. We are of the view that this leads to a risk of information going missing. We discussed this on the day of the visit and were assured that discussions are ongoing with the IT department to ensure that going forward most information can be saved to the EMIS system. We suggested in the interim having a list in the paper file detailing where specific information can be located.

### **Use of mental health and incapacity legislation**

The patients we met with during our visit had a good understanding of their detained status where they were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). If there was a guardianship under the Adults with Incapacity (Scotland) Act 2000 (AWI) they also knew what this meant for them.

All documentation pertaining to the MHA and AWI including certificates around capacity to consent to treatment were in place in the paper files and were up to date.

### **Rights and restrictions**

Blythswood House continues to operate a locked door, commensurate with the level of risk identified within the patient group.

Where specified person restrictions were in place under the MHA we found reasoned opinions in place. As stated in our last report Sections 281 to 286 of the MHA 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 this and where restrictions are introduced, it is important that the principle of least restriction is applied.

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.mwscot.org.uk/law-and-rights/rights-mind>

## **Activity and occupation**

We are aware that during the pandemic restrictions put in place had meant that various activities outwith the unit had to be put on hold and that some of the patient group had struggled with this change to their routine. However, we heard about the efforts of nursing staff to ensure there was always activity available on the unit for patients. We also heard that the art therapist and Music therapy continued online for patient participation and that this had been greatly received.

Now that restrictions are beginning to lift and patients are once again able to resume community activities they are having to again adapt and cope with the changes in routine this brings them. We heard that staff have gone the extra mile to facilitate activity and ensure patients' needs in this area are met.

## **The physical environment**

The unit is divided into three pods of five bedrooms with bathroom facilities en-suite, and one self-contained flat which can be used to finalise preparation for discharge.

The bedrooms are large and can accommodate any equipment assessed as necessary for individual patient care. Most of the patients have personalised their bedrooms to suit their personal needs and tastes and the rooms offer comfortable accommodation. Each room has a door to the outside of the building which has been useful for visitors rather than them having to enter the full building.

There are small lounge areas on each of the pods which are bright and comfortably furnished and a communal dining area for those who wish to or can tolerate eating with others. The dining area is also used for social activity and for visitors when they wish to use the space, there is an area with comfortable seating in a bay window that is designed for visitor use. The area is nicely decorated.

On the whole the unit is in need of redecoration and in discussions with staff on the day of the visit we were informed this is in hand. We look forward to seeing this completed when we next visit.

## **Any other comments**

Throughout the visit we saw kind and caring interactions between staff and patients. Staff spoken with knew the patient group well. It was good to note that patients met with highly praised the staff, one patient commented "This place has turned my life around."

During the pandemic restrictions staff are clear that the drop in footfall in the unit benefitted the patients as they had less people to cope with in their living space. Until recently there had been no cases of Covid-19 on the unit. The small outbreak that recently occurred had been contained to two patients. The staff worked hard supported by infection control guidance to contain the outbreak successfully.

We heard about the work that had gone into supporting carers/families during the restrictions. There had been additional iPads made available to the unit to encourage online contact

between patients and families as well as the erecting of a marquee in the garden and the building of a summer house to accommodate outdoor visits.

In the past we had been concerned about patients being on the ward for extended periods of time as delayed discharges. We were pleased to hear that at the time of our visit there were now nine patients awaiting a move to appropriate community living but six of these patients had identified plans and placements. We will write separately to the local authorities supporting the other three individuals.

## **Summary of recommendations**

1. Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patients' progress towards stated care goals and that recording of reviews are consistent across all care plans.

## **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.

SUZANNE MCGUINNESS  
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.

**Contact details:**

**The Mental Welfare Commission for Scotland**  
**Thistle House**  
**91 Haymarket Terrace**  
**Edinburgh**  
**EH12 5HE**

**telephone: 0131 313 8777**

**e-mail: [mwc.enquiries@nhs.scot](mailto:mwc.enquiries@nhs.scot)**

**website: [www.mwcscot.org.uk](http://www.mwcscot.org.uk)**

