Mental Welfare Commission for Scotland

Report on announced visit to: Hermitage Ward, Royal Edinburgh Hospital, Edinburgh EH10 5HF

Date of visit: 2 December 2015

Date sent to service: 20 January 2016

Where we visited

Hermitage Ward is an acute psychiatric admission unit on the Royal Edinburgh site. It cares for up to 20 patients from East and Midlothian and is mixed sex. The ward has three lounges; one male, one female and one mixed. There is a separate dining room where patients can make drinks and snacks throughout the day. There are four single rooms on the ward, one twin room and the remaining bedrooms are multiple occupancy. There are two separate laundries one for male and one for female patients. All patients are encouraged where possible to care for their own laundry.

On the day of this visit the ward was full, with one patient placed outwith Lothian and was waiting for an empty bed before being transferred over. We were aware of at least one patient boarding out on another ward.

We last visited this service on 27 November 2014. Recommendations following this visit concerned East Lothian consultant cover, environment issues, care planning, activity provision and the enforcement of the smoking policy on the ward. Our reasons for visiting on this occasion were to follow up recommendations and actions from that visit.

Who we met with

We met with seven patients, one relative and reviewed the files of three other patients. We also met three advocacy workers, (two of whom supported patients during their contact with us) and spoke with the lead nurse, service manager, senior charge nurse, nursing staff and had a telephone call with one of the consultant psychiatrists attached to the ward**.**

Commission visitors

Moira Healy, Social Work Officer and visit coordinator

Margo Fyfe, Nursing Officer

Dr. Gary Morrison, Executive Director (Medical)

What people told us and what we found

Care, treatment, support and participation

Care plans

We looked at care plans, daily progress notes and Multi Disciplinary Team (MDT) reviews. We expect these to give a good overview of what is happening for the patient and the support, care and treatment that they are receiving. We also look for evidence of participation from the patient, their named person and any other involved relatives or carers. If the patient has made an advance statement, we expect to see that due regard has been given to any wishes regarding treatment contained in it.

In response to our report from December 2014, we were advised that there was recruitment to a new band six nurse to this ward and that this person would audit all care plans. We saw little evidence that this had happened. Of case records we reviewed, care plans were not present in most of them. Of those that did have care plans, they were not individualised, neither did they reflect the standards we would expect to see. We did not see evidence of robust evaluations. This was disappointing as little progress appears to have been made in the 12 months.

Multi Disciplinary Team (MDT) input to the ward

MDT recording sheets were completed on a weekly basis. However, completion of these was variable in standard.

Consultant psychiatric cover for patients on Hermitage

There are three whole time consultant psychiatrists for Midlothian and 3.5 whole time equivalents for East Lothian. We spoke to one consultant psychiatrist for East Lothian by telephone and heard of the difficulties the ward has experienced with two consultant psychiatrists retiring in the last 12 months. One newly appointed psychiatrist moved to a post elsewhere in Lothian within weeks of starting his new post and there is now a locum in this post. The second newly appointed permanent psychiatrist started in October this year. We were told that these changes have had a major impact on the cover for the particular areas of East Lothian. Two patients raised their concerns that the numerous changes of consultant had a negative impact on their care. One patient told us that in a six month period they had seven changes of consultant. If this is correct, we find this unacceptable.

There has been a change in the senior charge nurse. A new senior charge nurse had been in post for three weeks and should expect the support of hospital managers to effect the changes required which will be embedded in practice.

Recommendation 1

As a matter of urgency, hospital managers should take action to ensure all trained staff understand and put into place comprehensive personalised care plans which are recovery focussed and enable people to take more control over their lives. These should be audited on a regular basis to maintain consistency and to ensure evaluations are meaningful.

Recommendation 2

Managers should ensure MDT recording consistently reflects goals and recommendations of the care plans as detailed above.

Use of mental health and incapacity legislation

Consent to treatment

We reviewed the legal documentation for the patients who were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). We found legal paperwork in relation to consent under part 16 of the Act easy to locate in the files for detained patients and all were up to date.

Rights and restrictions

During our visit, two patients raised their concerns about the imposition of escorts being insisted upon when they had passes outwith the ward. This was against their wishes. As both patients were voluntary patients and not subject to detention, we discussed the issue of possible unauthorised detention with the senior charge nurse and we will be raising this separately in correspondence with the two consultants of the two patients who raised this issue with us.

Recommendation 3

Medical staff and senior charge nurse should review the practice of imposing restrictions on escorts for patients who are not detained when they wish to leave the ward even if this is considered to be necessary for their own safety. If restrictions are required, and voluntary patients are unhappy with these restrictions, then the legal basis for these restrictions must be in place.

Activity and occupation

We met two people who said they were bored whilst on the ward. There did not appear to be any ward based activity going on during the day we visited. There is a full time recreation assistant. Patients commented positively on his input. His input is included in the patient's notes. However, this post seems focussed on involving patients in activities off the ward. In addition to this post, there is a clinical support activity post however, this person is sometimes called upon to respond to clinical needs of the patients on the ward and this takes away from her time to support

activities on the ward. This creates a gap in service provision for those patients unable to leave the ward. For some patients on close observations, getting involved in ward based activities and getting off the ward into a safe space and in fresh air was at times difficult.

Recommendation 4

Managers should audit provision of activities on the ward and ensure that staffing levels reflect the needs of this particular group of patients making sure that opportunities for those not wishing or not able to leave the ward to pursue activities off site are not diminished.

The physical environment

The Commission has long expressed concerns regarding the poor physical environment of the Royal Edinburgh Hospital. We are aware that the move to the newly built hospital will be taking place in 2017. However, the environment on this ward is gloomy, stark, poorly laid out and lacks a homely atmosphere. Although there are three lounges and a dining room, there was no family friendly area which was appropriately equipped for children and young teenagers who may wish to visit their parents. This was raised following last year's visit. We were assured this would be addressed but this has not happened. This is very disappointing and should be addressed as soon as possible.

Recommendation 5

Managers should make provision for a safe and appropriate place for patients to meet with their children.

Any other comments

Bathroom and shower facilities

Females within Hermitage ward have only one shower between 12 women. This is sited in a cubicle which holds one of the two toilets for women on the ward. On the day of the visit this cubicle smelled of smoke.

There is one bath on the ward and this is located in the male corridor.

We find these arrangements unacceptable.

Smoking

The Royal Edinburgh Hospital has been a smoke free environment since 2015 however there was a smell of smoke on the ward and we are aware that there is an ongoing culture within the ward that poses a real challenge for nursing staff. We were told that some patients openly challenge nurses when asked to stop smoking and continue to smoke in public areas. We were told by one advocacy worker that

the no smoking policy is a recurrent complaint, particularly for patients who are on close observations and who are restricted to the ward. However, it is and will remain hospital policy and has significant implications for nurses who are attempting to impose these restrictions on patients. It has implications for other patients who do not smoke and those who do not like the smoky atmosphere. We look forward to hearing how a multi disciplinary approach, as suggested by the lead nurse to support the enforcement of the hospital policy works in practice. We have visited other acute wards, with policies in operation with regard to no smoking, and urge managers to visit the hospitals who have resolved the difficulties of implementation of these policies.

Entrance and exit from the ward

Due to the layout of the ward, and to ensure that staff are clear who is entering and leaving the ward, the main door to the ward is locked. We were informed that on the day of the visit the two bells which were meant to alert staff that somebody wishes to enter or leave the ward were not working. This was problematic as it involved people being kept waiting for quite some time before a member of staff spotted them and opened the door.

We were told that a member of staff should be allocated to observing the door to allow easy access but when the ward became very busy this was difficult to do. The ward had a feeling of a locked door and we found this unacceptable.

Staff culture

We were told by the patients we interviewed that most of the nurses were very kind, respectful and helpful towards them. However we were also told by two patients that there were instances when specific individual members of staff did not meet the high standards expected of them. We witnessed one member of staff talking disrespectfully about an individual patient. These matters were raised with the senior charge nurse on the day. We were assured that they would be dealt with immediately and we will follow this up.

Recommendation 6

Managers should address the poor shower facilities for females as soon as possible, and look again at the provision of the bath within the male corridor.

Recommendation 7

The service manager and senior charge nurse should review the process for those entering and leaving the ward.

Summary of recommendations

1. As a matter of urgency, hospital managers should take action to ensure all trained staff understand and put into place comprehensive personalised care plans which are recovery focussed and enable people to take more control over their lives. These should be audited on a regular basis to maintain consistency and to ensure evaluations are meaningful.
2. Managers should ensure MDT recording consistently reflects goals and recommendations of the care plans as detailed above.
3. Medical staff and senior charge nurse should review the practice of imposing restrictions on escorts for patients who are not detained when they wish to leave the ward even if this is considered to be necessary for their own safety. If restrictions are required and voluntary patients are unhappy with these restrictions then the legal basis for these restrictions must be in place.
4. Managers should audit provision of activities on the ward and ensure that staffing levels reflect the needs of this particular group of patients making sure that opportunities for those not wishing or not able to leave the ward to pursue activities off site are not diminished.
5. Service and ward managers should make provision for a safe and appropriate place for patients to meet with their children.
6. Managers should address the poor shower facilities for females as soon as possible, and look again at the provision of the bath within the male corridor.
7. The service manager and senior charge nurse should review the process for those entering and leaving the ward.

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)

20 January 2016

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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