Mental Welfare Commission for Scotland

Report on announced visit to: Royal Edinburgh Hospital, Orchard Clinic, Morningside Terrace, Edinburgh, EH10 5HF

Date of visit: 16 June 2016

Where we visited

The Orchard Clinic is a 40-bedded, medium secure forensic unit on the Royal Edinburgh Hospital campus. The Orchard Clinic includes:

Redwood - acute admission ward, 15 beds, mixed sex (on the day of the visit there were 11 patients - 10 men and one woman).

Cedar - rehabilitation ward for men, 14 beds.

Hawthorne – rehabilitation ward, mixed sex, 11 beds (currently six women and five men).

Cypress – day therapies and recreation unit.

We last visited the Orchard Clinic on 26 November 2015 and made recommendations about:

1. Developing collaborative care planning procedures to ensure that all patients have person-centred, recovery focussed care plans.
2. Ensuring that forms required to authorise treatment under the Mental Health Act are in place.
3. Specified persons procedures.
4. Considering creating a women-only sitting area in Redwood.

We routinely visit the Orchard Clinic twice per year. On the day of this visit we wanted to follow up on the previous recommendations, meet patients and staff, and hear from people about their experiences of care and treatment in the unit.

Who we met with

We met with and reviewed the care and treatment of 11 patients.

We spoke with the lead clinician, nursing and operations manager, consultant psychiatrist, acting consultant psychiatrist, lead nurse therapist, peer support worker, head occupational therapist, charge nurses and other members of the nursing staff on all the wards.

Commission visitors

Dr Mike Warwick, medical officer
Paul Noyes, social work officer
Jamie Aarons, social work officer

What people told us and what we found

Care, treatment, support and participation

Patients we met made positive comments about staff and the care and support they receive from them. Patients spoke of being involved in their care planning and in their care programme approach review meetings.

As on previous visits, all interactions we observed staff having with patients were caring and respectful. When we spoke to staff about patients it was clear that they know them well and deliver person-centred care.

One patient said that they found a nursing staff member unhelpful at times. We raised this on an individual basis with the charge nurse on the day. A patient expressed concerns about the willingness of some staff to respond to some of their requests, and said that there have been times when staff have been unwilling to escort people outside in the rain. The latter issue was also mentioned by one patient in another ward. We passed this feedback on to the nursing and operations manager, who said she would take this forward with the staff group. She encourages patients to inform her if such matters arise as she would wish to address these individually should they occur.

Since our last visit, two peer support workers have joined the team. The posts (1.6 whole time equivalent) have been funded via a successful bid to the Edinburgh and Lothian Health Foundation. This is an exciting development, and the peer support workers are already valued members of the team. They are the first to be employed in Scotland in a medium secure setting.

We had discussion with one of the peer support workers and the lead nurse therapist, who is their supervisor and the lead on recovery. They hold peer support group meetings and work with individuals to aid their recovery. They are involved in assisting patients to complete Wellness Recovery Action Plans (WRAPs). Around three patients so far have completed these.

A band 5 staff nurse is currently working full time for six months, leading a short life working group to redevelop patient documentation and care plans to be more person centred and recovery focussed. We saw new recovery plans in patients' notes. Developing this new care planning documentation is a work in progress. The new recovery plans are broader care plans, and care plans for observation and safety remain separate to these.

The computerised notes system has recently moved from Paragon to TRAK. We found it somewhat difficult to find some documentation for patients between Paragon, TRAK, paper notes and the Orchard Clinic shared drive. TRAK does not support care planning at present. It is hoped to develop this in the future. This will be a welcome development.

Clinical team meetings are held weekly or two weekly (weekly in Redwood) and patients have the opportunity to attend. Each patient has a 'pass programme' which the occupational therapist develops with them to progress time off the ward and suspension of detention as appropriate.

There continue to be good links with advocacy services. Individual independent patient advocacy is provided for patients by Advocard. Orchard Clinic collective advocacy meetings are held with the Royal Edinburgh Hospital Patients Council. There are also ward-based community meetings and patient representation on the Orchard Clinic Recovery Steering Group.

Physical healthcare

A GP holds clinics in the Orchard Clinic and provides physical healthcare. Annual physical health checks are undertaken for longer stay patients, which is good practice. We noted for two patients in Cedar that their annual physical due date, recorded on the weekly risk monitoring and supervision summary (WRMS), had passed. For one of these patients the health check was only just overdue and was to be arranged. The other had their health check in December 2015 but the record of this had not been returned to the notes in the ward. It should be ensured that the WRMS is used to prompt checks that annual physical health checks have taken place and kept up to date in respect of this.

Use of mental health and incapacity legislation

All patients are detained under the Criminal Procedures Act or the Mental Health Act.

All detained patients whose prescriptions we reviewed, had a consent to treatment form (T2) or certificate authorising treatment form (T3) in place where this was required.

One patient had 'as required' psychotropic medication prescribed with potential for this to be given outwith the authority of their T3, which specified that doses should be within British National Formulary (BNF) recommendations. It should be ensured that prescriptions are only made that are covered by the T2 or T3 in place. We raised this with the charge nurse on the day who said they would ask the consultant psychiatrist to review this.

One patient we met was prescribed intramuscular (IM) 'as required' psychotropic medication and this was included on a T2 form. The medication had not been given. We have concerns about IM 'as required' medication being covered by a T2. This is because it is likely that the patient would not be consenting to receive the treatment if it was later administered. We discussed this with medical staff on the day who agreed and said they would rectify this.

Specified persons

All patients in the Orchard Clinic are automatically specified persons for safety and security in hospitals, but not for correspondence or use of telephones.

After our last visit we made a recommendation that senior nursing and medical staff should ensure that they are clear about specified persons procedures. This has been addressed. A training session from one of the consultant forensic psychiatrist was shortly to take place.

Rights and restrictions

Information technology (IT) policy

In order to ensure internet safety, there is no internet access for patients within the Orchard Clinic. Patients can use IT devices within the unit that are not used to access the internet. Patients who are permitted to, can access the internet on other devices while out-with the unit on suspension of detention.

The team wish to develop internet access for patients in the clinic, that would be limited to approved sites only. It is hoped that the next bid for funding from the Edinburgh and Lothian Health Foundation will be successful. We are sure that this would be greatly valued and appreciated by patients.

Seclusion

There are three two-room high dependency units in Redwood for the care of patients who require to be in seclusion. There is a clear seclusion policy. We met with one patient who was in seclusion during our visit. There was good documentation of their care and observations while in seclusion.

Activity and occupation

There remains a strong emphasis on provision of individual and group therapeutic activities within the Orchard Clinic, in the community and outdoors. Patients spoke to us about activities they are involved in. We saw evidence that people were engaged in a range of appropriate and varied activities. The nursing and operations manager gave an example of the activities coordinator taking one man rock climbing, which he has very much enjoyed.

The physical environment

The Orchard Clinic is a well maintained unit which was built for its purpose.

The third high dependency unit in Redwood has been completed since our last visit.

On our last visit we recommended that managers consider creating a designated women-only sitting area in Redwood. This has been done. There is now a small ‘female only’ sitting room.

One patient, and staff, raised with us the fact that there had been a significant problem with his room being excessively hot. That day it had been necessary to turn the heating off in the whole area to reduce the temperature in that one room. The heating in individual bedrooms cannot be adjusted other than by maintenance staff.

We discussed the heating with the nursing and operations manager. There are problems with this across the whole of the Orchard Clinic and there are plans to address this. She contacted the estates department of the health board about this patient's bedroom in particular and they were able to rectify the problem.

Any other comments

Possible service developments

NHS Lothian is continuing to consider opening a low secure unit in Lothian. A small number of patients currently in the Orchard Clinic would be likely to move to that unit if this is progressed.

Managers discussed with us how it is still hoped in the future to reconfigure the Orchard Clinic to comprise: a women-only ward; Redwood for acute male admissions; and a male-only rehabilitation ward.

These proposals are linked with those to create a forensic pre-discharge inpatient service. Managers have updated the application for this.

We consider that it is necessary for NHS Lothian to develop local services to provide all patients with gender-appropriate care in the appropriate level of security. We wish to be kept updated on progress and will review this in future visits.

Summary of recommendations

We have made no specific recommendations in this report.

Good practice

The Orchard Clinic team now includes two peer support workers. Their role includes working with individuals in planning their recovery, including developing Wellness Recovery Action Plans.

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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