Mental Welfare Commission for Scotland

Report on unannounced visit to: Hermitage Ward, Royal Edinburgh Hospital, Morningside Terrace, Edinburgh EH10 5HF

Date of visit: 5 April 2017

Where we visited

Hermitage ward is an acute psychiatric admission unit within the Royal Edinburgh Hospital campus. It is a mixed sex ward with 20 beds for patients from the East and Midlothian areas. We last visited this service on 6 July 2016 as part of the Commission's themed visit programme to acute adult wards. We last did a local visit to this ward on 2 December 2015. The recommendations made during the December 2015 visit related to care plans, MDT recording, activities, a family friendly visiting room, improvement to shower facilities for females and the process for entering and leaving the ward which was at that time problematic. During the themed visit in July 2016, we were made aware of the environmental changes to the ward which included reallocating a room as a family friendly visiting space, and there were improvements to the female shower facilities.

On the day of this visit we wanted to follow up on the other recommendations and specifically speak to patients from the East Lothian catchment area to hear of their experiences on the ward, as there had been a significant number of changes of consultant within the last two years for some of these patients.

Who we met with

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

We spoke to the senior charge nurse, acting charge nurse and other members of nursing and medical staff.

Commission visitors

Moira Healy, Social Work Officer and visit co-ordinator

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

We were pleased to see that whilst there was an overall improvement in the care plans, which were much more person centred, some of the nursing care plans and reviews did not contain the detail we would have expected and this was disappointing. We were told that this was perhaps as a result of a significant turnover of staff in recent months. The patient participation section of the care plans was disappointing and also need to be reviewed as some of these were aspirational and detail the persons plans post discharge and not their goals towards recovery whilst on the ward. This may require training for staff.

The multidisciplinary team (MDT) notes using the Structured Review of Patient Care (SCAMPER) paperwork was clear, however, some of the psychiatrists wrote up their reviews in the continuous case recording notes rather than on the SCAMPER paperwork. We recommend that all review notes are written on the SCAMPER paperwork, as it is then easier to see a summary of each person's progress and plans for their future whilst on the ward. SCAMPER paperwork is written on different coloured paper and is easy to locate within the continuous care notes and then track the patients' progress during their stay.

The continuous case recording notes were generally of a high standard and give good information regarding a patient's mood and behaviour each day.

Most patients told us that nurses were always available when they needed to talk and that they highly valued the one to one time given to them. One patient was of the opinion that they had not enough one to one time. This one to one time with nursing staff was often not highlighted in the continuation notes. We suggest this is a practice that would benefit from being introduced.

Recommendation 1:

The ward manager should conduct an audit of all care plans and reviews and the progress that has been made following our visit in December 2015 so that progress can be consolidated and sustained.

Ward culture

During our visit in 2015, two patients informed us of instances when specific individual members of staff did not meet the high standards expected of them and we heard one member of staff talking disrespectfully about one patient. We were assured this had been addressed by the ward manager and the patients we met with on the day spoke positively of the nursing input towards them.

Environment

Unfortunately, we identified a problem with regular access and egress on the ward in 2015 and this was still a problem on the day of this visit. Most of the safeguards which we were assured had been put in place, i.e. a member of staff allocated to either observe the door or carry a bleep which indicated when the doorbell rang, did not seem to be in place at the time of our visit. We were kept outside the ward waiting for some considerable time without knowing whether somebody had heard the doorbell or not. The ward manager should review systems in place and ensure all staff are aware of their responsibilities attached to welcoming visitors on the ward.

Provision of psychiatric cover

We were pleased to hear that the East Lothian consultant post has now been filled and most of the patients who we spoke to reported to us that they were appreciative of the support given to them by their new consultant.

Access to psychology

We were pleased to hear that there were three patients who were currently seeing a psychologist during their inpatient stay.

Use of mental health and incapacity legislation

Eleven of the 20 patients on the ward on the day of the visit were subject to detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 (The Act). Legal documentation was held electronically, and in all but two cases we found the relevant legal documentation easily. One document, which relates to legal authorisation for treatment under Part 16 of The Act, was out of date and this was rectified on the day. Another, in relation to cross border transfer, was not easy to find.

Activity and occupation

During our visits in December 2015 and July 2016 we were told by several patients that there was not enough ward based activities. Unfortunately, we heard the same on the day of this visit. We were told that since the December 2015 visit, the OT department now have an input to the ward and that there has been a welcome introduction of arts and crafts activities and a community coffee morning arranged for once a week. However, most patients said this was not enough and they would prefer to have more ward based activities held on a regular basis on the ward.

Recommendation 2:

The ward manager should, in consultation with patients, audit the provision of activities on the ward and ensure that staffing levels reflect the needs of this particular group of patients.

Summary of recommendations

1. The ward manager should conduct an audit of all care plans and reviews and the progress that has been made following our visit in December 2015 so that progress can be consolidated and sustained.

2. The ward manager should, in consultation with patients, audit the provision of activities on the ward and ensure that staffing levels reflect the needs of this particular group of patients.

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.

Contact details:

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

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk