Mental Welfare Commission for Scotland

Report on announced visit to: Balcarres, Craiglockhart, Merchiston and Meadows wards at the Royal Edinburgh Hospital, Edinburgh EH10 5HF

Date of visit: 9 November 2017

Where we visited

The adult acute admission wards covering the north and south sectors of Edinburgh have been reconfigured as follows:

- Balcarres, a 16-bedded ward for men; admissions are from the north of Edinburgh
- Craiglockhart, a 16-bedded ward for women; admissions are from the north of Edinburgh
- Merchiston, a 16-bedded unit for men; admissions are from the south of Edinburgh
- Meadows, a 16 -bedded unit for women; admissions are from the south of Edinburgh

Each ward has two 0.5 WTE consultant psychiatrists, with junior doctor support. There is a senior charge nurse (SCN), supported by two deputy charge nurses (DCN) and a team of registered nurses and nursing assistants. There is dedicated time from clinical psychology, recreation assistants, occupational therapy, art therapy, music therapy and regular input from the clinical nurse specialist for self-harm.

This is the first time the Mental Welfare Commission has visited the new wards, which have been open for approximately four months.

This was an announced visit, the last local visit being on 4 February 2016. Although, all of the admission wards were visited as part of the Commission's adult acute themed visit report in 2016/2017.

www.mwcscot.org.uk/media/356615/adult_acute_report.pdf

Recommendations from the last visit were on: the development of collaborative care planning; nursing staff training in the management of people with autism spectrum disorders; senior nursing and medical staff to be clear about specified persons procedures; intramuscular 'if required' medication was not to be prescribed for informal patients, and for the refurbishment of areas to provide acceptable facilities for patients. A service response to the recommendations was received on the 6 May 2016.

Who we met with

On the day of our visit, we met with 17 patients, reviewed their care plans and those of a further five patients. We also met three relatives and had contact with one further relative after the visit.

Prior to visiting the wards, we met with the clinical nurse manager (CNM), and throughout the day we had an opportunity to talk to members of the nursing team, including all of the SCNs, who were available throughout the day.

Commission visitors

Claire Lamza, Nursing Officer (visit coordinator)

Ian Cairns, Social Work Officer

Paula John, Social Work Officer

Mary Leroy, Nursing Officer

Colin McKay, Chief Executive

Douglas Seath, Nursing Officer

Dr Mike Warwick, Medical Officer

What people told us and what we found?

Care, treatment, support and participation

In all of the wards where we were able to speak to patients and their carers, we were advised that staff were approachable, would engage with patients, were supportive and that the patients felt able to talk to them. The relatives and carers we spoke to that spoke to us told us that they were happy with medical care provided for members of their family, noting that they felt their relative was listened to by their consultant.

While the comments about the care patients received were very positive, we were also advised of some of the significant challenges for staff in managing the bed occupancy situation. We spoke to one patient who had been 'boarded out' in NHS Fife for over two weeks; they described the situation as unhelpful. A member of staff advised us that patients are reluctant to go out on pass, as there may not be a bed for them when they return to their ward. We were also made aware that staff are required to review their patients and identify who would be able to board out of the ward.

We recognise that while there has been work done by the senior management and clinical teams to reduce any delayed discharges; patients who are boarded out, either from the admitting ward to another ward on the Royal Edinburgh Hospital (REH) site, or out of area, is a concern, particularly in terms of offering care that is consistent. We recommend that the number of patients that are boarded out is monitored closely.

Recommendation 1:

Managers should continue to monitor the situation with patients who are unable to be admitted due to a lack of beds, and the number of patients who are placed in other wards – in REH and out of area.

When reviewing the patients' care plans across the four wards, we found variation in terms of the quality and the completion of the documentation. We had previously commented on the useful and detailed senior medical staff reviews that are completed within 24 hours of admission – these continue to be of a high standard.

However, in all four wards, the actual care plans varied in terms of the amount of information detailed in them. We found that there was no care plan on file for a patient who had been in for three weeks. We found this same situation in another ward, where the patient was a specified person. Although, we did come across some care plans that were typed and person-centred.

It was a similar outcome in the remaining two wards. There was evidence of one-to-one sessions, but not at regular intervals. Some care plans had generic and perfunctory goals, others were very detailed, describing interventions in the first person and having a clear recovery focus. In a few care plans, we found reviews of the care goals but again, this varied across all four wards.

SCAMPER (a mnemonic derived from the section headings of the form) provides some of the detail that is not being documented either in the care plan, or in the evaluation of goals, or in the risk assessment. While we can see the benefits of this form, the other documents in the care plan should still be completed and updated.

We were advised that the clinical governance (CG) department is about to develop a process that will support the evaluation of care planning in a more robust, rigorous way and we welcome this development

Recommendation 2*:*

Managers should develop a systematic process for the review of patients' care plans, ensuring that improvements in quality and completion is achieved across all four wards*.*

Use of mental health and incapacity legislation

In two of the wards, there were issues in relation to the consent to treatment forms (T2) and the certificate authorising treatment forms (T3).

In one ward we found that these forms were not kept with the patient's medication recording sheet. In another of the wards we found three patients all prescribed medication not covered by a T2 or T3 form.

We advised both SCNs on the day of the visit, but responsible medical officers (RMO) need to ensure that medications prescribed are always covered by a T2 or T3 form where required.

Recommendation 3*:*

RMOs should review prescriptions to ensure T2/3s are in place as required. SCNs should ensure that T2/T3 forms are kept with the medication prescription and recording sheet.

Rights and Restrictions

Patients we spoke to were aware of their right to access advocacy, and there was information available in the wards, with contact details for the service.

We were also pleased to see the documentation and implementation of our recently published 'Rights in Mind pathway and the accompanying guidance.

www.mwcscot.org.uk/rights-in-mind/

Where patients had restrictions in place, we found variations in practice. In two wards, the specified person's paperwork was available, although this is kept on the electronic system and there is still a live, hard copy of each patient's care plan that is used daily. While both systems are in place, we recommend that a hard copy of any form is kept. We were pleased to note that patients who were restricted were advised of this in writing, and made aware of their rights, but could find no copy of this in the patient's notes.

In one of the wards, there was an issue with a patient being restricted in terms of access to phones, but there was no up-to-date form. The SCN was made aware and asked to inform the consultant psychiatrist, and the patient that the restrictions had not been authorised.

We note that this was a previous recommendation in our visit report on 4 February 2016 and the service response was for a reminder of the specified persons procedure to be shared with senior nursing and medical staff. This response may need to be revisited and further action taken.

Recommendation 4:

Managers should ensure that specified persons procedures are being implemented correctly.

We found the recording and detail associated with pass plans and time off ward to be detailed and helpful, as was the daily noting of the patient's level of observation. What was less consistently recorded was a review of the risk assessment noted in patients' care plans. We found all risk assessments were at level 1 and there were incomplete sections on this form. In some case there had been no review of the risk updated on this form, although we were advised that this is managed through SCAMPER.

Recommendation 5:

Managers should audit level 1 risk assessment to ensure that they reflect current risk status.

Physical Environment

We were pleased to see such a marked improvement with the new wards. The environment has significantly improved. We were told by both patients and staff that the bedrooms, quiet areas, garden space and bathrooms were pleasant areas to spend time in, and that the general ambience of the ward had a positive effect. Access and egress to the wards is locked, although we noted that there were members of staff available to assist patients who were permitted to leave the ward.

All patients have their own en-suite rooms and access to large bathrooms, main day areas, a quieter seating area and courtyard gardens. The environment has used colour and artwork to add to the visual impact of the unit, and the large windows and seats that overlook the garden add to the light and bright feel of the wards.

All patients that we spoke to commented positively about the improvement to the accommodation, however we were made aware of the following issues in the wards by patients, advocacy and staff:

- There is limited access to interview rooms.
- The sound of the personal attack alarms and the sound of the doorbell are similar and cause confusion for staff.
- There are no public phones for patients to use.
- There is no access to Wi-Fi in any area of the wards.
- There is no dedicated visitor area for the wards.
- There is a lack of facilities (e.g. vending machines) for visitors and patients in the REH building.
- There is a lack of private space for individuals who are distressed and waiting to be seen by the mental health assessment service (MHAS).
- Family rooms are not based on the ward and a booking system makes accessing these facilities inconvenient.

Recommendation 6:

Managers should develop an action plan, with support from the relevant departments, such as Estates and IT, to address the environmental issues raised**.**

We were also aware and observed that smoking in the grounds, particularly the new garden areas continues to be an issue*.* We would like to note that in our previous visit report from 4 February 2016, we suggested that managers at NHS Lothian contact other hospitals about how they manage smoking, as there are comparable services that have now managed to move to a smoke free environment.

Recommendation 7:

Managers should liaise with the other health board areas and identify actions that need to be taken to move towards a smoke free service in these wards.

Activity and occupation

Of the patients we spoke to, and in the notes that we reviewed, there was good evidence of a range of different activities that were on offer. We noted that patients have access to music therapy, mindfulness, mentalisation based therapy, psychology and the gym, all of which are recorded in the care plans.

We were impressed with the variety of activities available for patients in each ward. On the day of our visit, we found that there were patients engaging in the art groups, and other patients commented positively about their opportunity to attend this service. Others spoke positively about activities that they did with the recreation nurse on and off the ward, during week days and at the weekend.

Summary of recommendations

1. Managers should continue to monitor the situation with patients who are unable to be admitted due to a lack of beds, and the number of patients who are placed in other wards – in REH and out of area.

2. Managers, with the support of CG, should develop a systematic process for the review of patients' care plans, ensuring that improvements in quality and completion is achieved across all four wards.

3. All RMOs should review all of the prescriptions for those patients who are detained to make sure that all forms authorising treatment cover all prescribed medication. All SCNs should ensure that T2/T3 forms are kept with the medication recording sheet.

4. Managers will devise a method which evaluates the use of specified persons procedures, demonstrating that this is being managed effectively.

5. Managers should conduct an audit of the level 1 risk assessment to ensure that they reflect current risk status.

6. Managers should develop an action plan, with support from the relevant departments, such as Estates and IT, to address the environmental issues raised.

7. Managers should liaise with the other health board areas and identify actions that need to be taken to move towards a smoke-free service in these wards.

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.

Alison Thomson
Executive Director (nursing)

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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