Mental Welfare Commission for Scotland

Report on unannounced visit to: Meadows Ward, Royal Edinburgh Hospital, Edinburgh, EH10 5HF

Date of visit: 20 September 2018

Where we visited

Meadows Ward is a 16-bedded adult acute female admission ward with a catchment area that includes the southwest and east areas of NHS Lothian. We last visited this service in November 2017, along with the other three acute admission wards for the city of Edinburgh, and made recommendations relating to bed management, care planning, consent to treatment, restrictions, and the physical environment.

On the day of this visit, we wanted to follow up on the previous recommendations and also look at the experience of patients receiving care in Meadows Ward, specifically in relation to medication they were prescribed and the discharge planning process. This is because we had received information from patients who had been admitted to Meadows Ward about these issues.

Who we met with

We met with and reviewed the care and treatment of seven patients. There were no carers/relatives/friends that wished to meet with us on the day of our visit.

We spoke with the clinical nurse manager (CNM), the senior charge nurse (SCN), and members of the nursing team.

Commission visitors

Claire Lamza, Nursing Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

From the patients that we spoke with, we were told that staff were helpful and available if patients needed them. There were a few issues raised with us about specific preferences that some patients had, such as being in a mixed-sex environment or receiving different medication to that which they had been prescribed. We discussed these with staff on the day. They explained the actions that had been taken to address the specific requests made by patients, and we found evidence of this in individual care plans.

From our previous visit, we were aware there had been a pressure on admission beds. The staff we spoke to commented that the focus on patient flow was presenting a challenge in terms of building positive therapeutic relationships. Staff described to us that they felt ‘stretched’ and not able to focus on patient care as fully as they would wish to. We were advised that there have been recent developments to address this. A patient flow co-ordinator and a co-ordinator to oversee multi-agency involvement in the discharge process for patients have recently been appointed.

Care Plans

On our last visit, we identified that a systematic process to review care plans should be developed to ensure improvements in quality and completion. While we found that action has been taken with this recommendation, there is still further work needed. Meadows Ward currently has both electronic and paper care plans. To fully review each patient access to both care plans is required. In the electronic version, TrakCare, the shift-by-shift progress notes, the outcomes of the multidisciplinary review meeting using SCAMPER, and the recording of one-to-one nurse sessions are all documented.

Legal documentation in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) is also stored on TrakCare. However, the care plan, patients' care goals, the risk assessment, the pass plan, and other documents are paper based.

We found the quality of the electronic recording to be more detailed, person centred, and up to date than the care plans and associated goals held in the paper documents. Links between the care goals, the interventions that staff were applying to support patients achieving their goals, and the evaluation of how and when the goal was achieved were not always easy to identify due to the use of both electronic and paper-based notes.

We discussed with the SCN plans for the ward to move to using only one system. We were told that a working group has been established to move forward with all acute wards using the electronic patient record.

Use of mental health and incapacity legislation

Of the 16 patients who were in the ward on the day of our visit, most were detained under the MHA. There were no patients under the Adults with Incapacity (Scotland) Act 2000 (AWI). In all of the care plans that we reviewed we found the relevant paperwork relating to the MHA, along with reports from Mental Health Tribunal hearings. We also found copies of advance statements where it was indicated that the patient had made one, and clear recordings of the named person details where one had been identified.

We were pleased to find that all 'consent to treatment' certificates (T2) and 'certificates authorising treatment' (T3) were available on both TrakCare, and a copy kept with the medication prescription sheet. All of the forms we reviewed were in date and covered the prescribed medication.

There was one patient who was subject to specified person regulations. Sections 281 to 286 of the MHA provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the MHA, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Commission would therefore expect

restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

Our specified persons good practice guidance is available on our website.

http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

A previous recommendation was to evaluate the process that is put in place when a patient is made a specified person. From the review of the patient's care plan, evidence of the reasoned opinion and the appeal process that should have been provided for the patient was not documented clearly in the patient's care plan.

Recommendation 1:

Managers should ensure specified persons procedures are followed.

Rights and restrictions

Access in and out of Meadows Ward is via a locked door, however we observed that there was always a member of staff in the immediate vicinity, enabling those patients who were able to leave the ward to do so without delay. On the day of our visit, all patients were on a general level of observation.

We found updated pass plans in all of the care plans that we reviewed, which clearly indicated the level of observation and the allocated time off ward. For those patients who had restrictions in place, there was clear evidence of staff supporting the patient to have access to off-ward activities. There was also open access to the courtyard garden so patients could have access to an outdoor space.

There was active involvement with advocacy and/or legal representation with the patients that we reviewed.

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

In discussion with the SCN, we were informed that staff have been made aware of the guidance, and we found copies of the pathway available for both staff and patients to access.

Activity and occupation

Meadows Ward is similar to the other adult acute admission wards at the Royal Edinburgh Hospital. It has a dedicated recreational nurse who is available to support patients accessing activities in and outwith the ward. We found evidence of patients being able to attend a range of different types of planned activities. These included

groups and one-to-one sessions that focused on patients' social, recreational, vocational, psychological, and physical health and wellbeing.

With those patients whose care we reviewed, we found evidence documented in their care goals and progress notes to indicate the frequency of, and outcomes from, the patient's engagement in activities.

We noted opportunities for patients to attend the Hive, an activity centre based in the grounds of the hospital. The patients that we spoke to were very positive about this resource. We were also pleased to see that for patients who required to be escorted outwith the ward, there was support to do this from the recreational nurse and the occupational therapy service.

The physical environment

The ward environment is modern and fresh, with patients having their own rooms with en-suite facilities. There is an open lounge/dining room area which has direct access to a courtyard garden that patients can easily use. There is also an alternative quiet lounge area for patients.

In our last report we highlighted the issue of smoking in the garden area of the ward. We were pleased to note that this was being more actively managed and that patients are encouraged to go outside of the ward environment if they wished to smoke.

However, we note that there continue to be limited options in terms of interview/meeting areas to see patients. In our previous report we made a recommendation about this and were advised that 'consideration of any variations and associated work/costs would be proposed to senior managers'. This remains an ongoing concern and we would expect that there is further progress with the associated work to increase interview/meeting rooms.

Summary of recommendations

1. Managers should ensure specified persons procedures are followed.

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 THOMON
Executive Director

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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