

Mental Welfare Commission for Scotland

Report on announced visit to: Eden Male and Female wards,
Royal Edinburgh Hospital, Morningside Terrace, Edinburgh,
EH10 5HF

Date of visit: 5 October 2016

Where we visited

Eden Male and Eden Female are acute assessment wards for older people with functional mental illness. The wards are next door to each other on the second floor of the Jardine Clinic.

Eden Female: 18 beds. There are 17 beds within dormitories and one single room. The ward was full on the day of our visit.

Eden Male: 14 beds, 13 within dormitories and one single room. The ward was full on the day of our visit.

There have been changes to the organisation of Eden Male and Female wards since the Commission last visited in October 2015. The male ward can be made mixed sex to deal with waiting times. Female patients are moved after assessing their suitability and in consultation with patients and carers.

We last visited this service on 18 October 2015 and made recommendations in regards to care plans, clinical psychology access, activities and filing of legal documentation.

On the day of this visit we wanted to follow up on the previous recommendations and also look at how the service was preparing for the move to the new wards on the Royal Edinburgh Hospital (REH) site in 2017.

Who we met with

We met with and reviewed the care and treatment of 5 male patients and 4 female patients.

We spoke with the Clinical Services Development Manager and the two senior charge nurses.

Commission visitors

Margo Fyfe, Nursing Officer

Moira Healy, Social Work Officer

David Barclay, Nursing Officer

What people told us and what we found

Both wards were calm, quiet and clean and we saw good staff/patient interactions. The patients that we spoke with praised the care they were given and the availability and approachability of the nursing staff. Group advocacy visit the wards regularly and there is also occasional input from the therapist service.

Care, treatment, support and participation

The patients we spoke with were complimentary of the care they received in Eden wards. Although there were one to one sessions being carried out by nursing staff, the care records did not reflect these taking place. We were unable to ascertain the one to one sessions from the routine information from the daily care notes.

Recommendation 1:

Managers should ensure staff accurately record one to one sessions in patients' care files, to ensure clear and accurate record keeping of nurse-patient interactions.

Care Plans

Eden wards are older adult acute mental health assessment wards, however, despite an improvement on the male ward, there continues to be a lack of detailed mental health focused care plans. These were often not person-centred and were not regularly updated in a meaningful way.

Recommendation 2:

Managers need to ensure that care plans have a clear mental health focus. They should be person-centred, actively reviewed and adapted to reflect the treatment decisions made at multidisciplinary team (MDT) meetings and following one to one sessions.

Access to Clinical Psychology

At our last visit, we recommended that there should be a review of clinical psychology input to support staff in the development and delivery of psychological interventions, and to ensure that the needs of patients are met. There has been no change in psychology provision for the wards. This is available on referral only basis. We do not think that this is sufficient input.

Recommendation 3:

Managers should review the need for dedicated clinical psychology input for the wards.

Use of mental health and incapacity legislation

Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA) legislation was easily found in care records and there was a helpful checklist completed for all patients that were treated under MHA. There were consent to treatment (T2) documents and certificate authorising treatment (T3) forms with medication prescription sheets for those patients that required them. There was one patient on covert medication and there was a care pathway in place for this with a treatment plan prepared by the pharmacist. This followed Commission guidance with a review date set.

Rights and restrictions

Locked doors

The ward doors are locked. There is a locked door policy. Patients who are able to leave the ward unescorted can ask staff who will then open the door for them.

We were pleased to note that there was new signage relating to the locked doors displayed at the front doors to the wards. This was a concern for us at our last visit as this information was not available until visitors approached staff or buzzed to gain entry. We were pleased to see progress in this area.

Activity and occupation

There continues to be good activity provision with an occupational therapy (OT) assistant employed for 2.5 days per week between the wards, to arrange group activity and one to one time where possible. We were pleased to see the OT assistant taking an art group with patients from both wards on the day of our visit. In addition to this, nurses also do activities such as games groups and taking people out for walks. These are often done when the ward is less busy so it is harder for them to programme regular nurse involvement in the activity programme. Whilst the OT assistant recorded some of the activity groups and people's level of participation and engagement in the patient's individual notes, the nurses did not routinely record their work in this area. We felt this was a missed opportunity to identify any progress in the patient's recovery, in line with previously identified care plan goals.

Recommendation 4:

Managers should ensure that nursing staff record details of their involvement in patient activity in the care file, so that any progress or change in presentation can be noted and measured against the care plan goals.

The physical environment

The ward was clean but in need of upgrading, and there are ongoing issues related to the bulk of the accommodation being in dormitory style rooms with only one single room available in the female ward. Eden is due to transfer to the new build on REH site early in 2017, and all of the patient beds will be single with ensuite shower rooms. The activity room is located in the male ward; this does not appear to cause any difficulties for patients from the female ward being able to participate.

Any other comments

There are three consultant psychiatrists providing input to the wards each with their own junior doctor. There is also a specialist registrar providing medical input. There are three MDT meetings each week.

We found that the recording of who was present, what was discussed and any outcomes and potential changes to treatment / care plans was not consistently written up in the day to day care file. This was disappointing as during last year's visit this was also identified. We were told that the SCAMPER (Structured Review of Patient Care with key categories under headings forming the acronym SCAMPER) system of MDT record keeping that is used elsewhere within the hospital, is to be introduced to Eden wards with some small changes to suit the service.

Specific mental health risk assessment and management were not used on a regular basis in Eden wards. This was concerning as patients can be at risk of suicide or self-harm as a result of their changing mental health, and there should be a way of routinely recording what, if any, risks are present.

Recommendation 5:

All patients on Eden should have a mental health focused risk assessment completed on admission and regularly reviewed and updated following MDT meetings and nurses one to one sessions.

Summary of recommendations

1. The nursing staff need to accurately record one to one sessions in patients' care files, to ensure clear and accurate record keeping of nurse patient interactions.
2. Nurses need to ensure that care plans have a clear mental health focus. They should be person-centred, actively reviewed and adapted to reflect the treatment decisions made at multidisciplinary team (MDT) meetings and following one to one sessions.
3. Managers should review the need for dedicated clinical psychology input for the wards.
4. Managers should ensure that nursing staff record details of their involvement in patient activity in the care file, so that any progress or change in presentation can be noted and measured against the care plan goals.
5. All patients on Eden should have a mental health focused risk assessment completed on admission and regularly reviewed and updated following MDT meetings and nurses one to one sessions.

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.

David Barclay
Nursing Officer

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@mwscot.org.uk

website: www.mwscot.org.uk

