

Mental Welfare Commission for Scotland

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

Date of visit: 25 April 2018

Where we visited

Redwood Ward is a mixed-sex 15 bed acute admission ward in the Orchard Clinic, a medium secure forensic unit on the Royal Edinburgh Hospital campus. We last visited this service on 16 June 2016 and made no recommendations at that time.

On the day of this visit, we wanted to review progress with the care plan initiatives and peer support worker roles introduced around the time of our last visit. We also wanted to find out about support for welfare rights issues, following recent cases raised with us about cuts to patient benefits. In addition, we wanted to look at environmental concerns that had recently been raised with us.

Who we met with

We met with and reviewed the care and treatment of five patients. No carers/relatives/friends asked to meet with us on the day.

We met with the deputy charge nurse, ward staff, social worker and one of the consultant psychiatrists. Prior to the visit we liaised with the hospital advocacy service and the patients' council for feedback on issues raised with them by the patient group.

Commission visitors

Juliet Brock, Medical Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Patients we met with spoke positively about the care they received from staff. They felt supported on the ward and no concerns were raised with us on the day.

The interactions we observed staff having with patients throughout the visit were warm, caring and respectful. Nursing staff we spoke with demonstrated a good knowledge of the patients under their care, with an understanding of each individual's strengths and challenges. The senior nurse in charge on the day of our visit was particularly well informed of issues affecting individual patients; providing detailed information about their care and treatment and also acting as a strong advocate on their behalf.

Since our last visit the peer support worker role has become well established and is valued by both patients and staff. In addition to offering individual support, peer support workers help patients develop their Wellness Recovery Action Plan (WRAP) and join clinical team meetings. Staff told us this input offers an added perspective to individual care, enhancing patient experiences and supporting a holistic team approach.

Other professions represented in the team include occupational therapy (OT), psychology and social work.

Staff told us that psychology are able to offer both individual and group therapy for patients on Redwood ward. The nursing staff are also trained in a range of therapeutic approaches, with individual nurses having particular skills. These include mindfulness, dialectic behavioural therapy, cognitive behavioural therapy and behavioural family therapy. Psychology provide supervision for staff. This allows the team to offer patients a range of therapeutic support tailored to their needs.

There are three social workers based at the Orchard Clinic, dedicated to the forensic service. All are trained mental health officers (MHOs). In addition to their Mental Health (Care and Treatment) (Scotland) Act 2003 role, they are able to offer patients support with welfare rights issues by helping them access specialist advice and gathering evidence for appeals. The MHO we spoke with did not raise any current welfare rights issues or concerns affecting patients. MHOs also assist with discharge planning for out-of-sector patients, liaising with colleagues in other local authority areas to support the discharge process.

Patient records

When we last visited, the computerised notes system had recently moved to TRAK. This system did not support care planning at the time, but it was hoped to develop this in the future.

Patient records are currently held either on TRAK or in paper files, depending on document type. TRAK does not currently support care planning. Daily notes on patient care, individual reviews and team meeting notes are recorded on TRAK by members of the multidisciplinary team. Care plans, legal, consent and other documents are held in the paper notes.

Staff told us the current system of mixing TRAK and paper notes presents a continued challenge. It was staff opinion that the current TRAK system does not represent a good fit with the clinical model of care for the forensic patient group. In addition, online navigation tools do not enable specific clinical entries to be swiftly and easily searched. We also experienced this when using the system during our visit; trying to locate specific information could be difficult and time consuming. If important clinical information is difficult to find, we would be concerned about potential impacts on patient care and safety, particularly in an emergency situation.

Recommendation 1:

Managers should review current systems for recording patient notes with the clinical team. The need for any modifications to TRAK should be identified and plans for further development accompanied by clear, achievable timescales.

When we did look at online care recording; nursing care reviews, clinical team meetings and chronological clinical entries were of a good standard. We found clinical team meetings were well documented, with a clear record of attendance, details of the discussion and the agreed treatment plan.

Weekly risk monitoring and supervision forms (WRMS) were completed in the files we reviewed. Clinical care plans were also detailed and individualised. Separate recovery care plans appeared person centred and collaborative. Patients told us that they had an understanding of their care plans, were involved in decision making and in the Care Programme Approach (CPA) process. The CPA documentation we reviewed was of a high quality.

Physical healthcare is provided by GP sessions, with annual physical health checks carried out for patients who have a longer stay. A new GP was due to take up post at the time of our visit.

Use of mental health and incapacity legislation

All patients are detained under the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment) (Scotland) Act 2003. In the case notes we reviewed, documents relating to detention were present and clearly filed. MHO reports were also thorough.

Section 47 certificates were present for those individuals requiring physical treatment under the Adults with Incapacity (Scotland) Act 2000.

We reviewed all patient prescription sheets on the ward. All were accompanied by a consent to treatment form (T2) or certificate authorising treatment form (T3), where this was required.

As on the previous visit, we found an instance where intramuscular (IM) 'as required' psychotropic medication was included in a T2 form. We have concerns about this due to the likelihood that the patient would not be consenting to receive treatment if it was later required. We discussed this with staff on the day.

All patients in the Orchard Clinic are automatically specified persons for safety and security in hospitals. This does not include restrictions to correspondence or telephone use. We reviewed one case in which the person's access to telephone calls was being restricted. Although a detailed and individualised care plan was in place, the patient had not been made a specified person in relation to use of telephones. We discussed this with staff who agreed to review this with the patient's consultant.

Rights and restrictions

There are three high dependency rooms on the ward for patients who require to be nursed in seclusion. One of these rooms was in use at the time of our visit. A seclusion policy is in place on the unit.

Advocacy support on the unit continues to be well provisioned. Advocard, the hospital advocacy service, provide individual independent advocacy and staff told us they visit the ward frequently. The hospital patients' council also run community meetings for patients. The patients' council advised us that the main issues raised at the last meeting were issues about benefits and finances - Personal Independence Payments (PIP) in particular – and cleaning standards on the ward. We discussed these with staff on the day.

Activity and occupation

The OT department in the Orchard Clinic offer a full and varied group activity programme for patients. This includes activities such as mindfulness, art and craft and cookery groups in addition to physical activities such as team games in the on-site sports hall and yoga.

Group outings are also organised and have included a recent visit to a football club. Individual activities are also supported by staff and peer support workers in accordance with individual interests.

The patients we met who were well enough to participate in the OT programme and chose to do so, spoke positively about this and enjoyed the range of activities on offer.

We felt that recording of individual engagement in activities could have been more clearly highlighted in patient notes.

The physical environment

The main concern highlighted to us prior to and during this visit was problems with the heating system on the ward. This was noted in our last visit in 2016.

We discussed this with the nursing and operations manager at the time and were advised this was a problem across the Orchard Clinic as a whole, and plans were in place to address this. The Estates Department were said to have rectified the problem with the individual bedroom at the time.

We were aware of a recent serious incident involving the heating system that resulted in a patient coming to serious harm. We were contacted immediately and advised that senior managers were implementing an urgent action plan to rectify the problem. We asked to be updated of the subsequent Critical Incident Review inquiry.

During this visit, staff advised that interim measures had been put in place to provide early warning if the situation recurred. The underlying heating problem had not however been resolved.

We were told by staff that over the 17 years since the clinic was built, in 2001, the heating system had gradually become less reliable and fit for purpose. Although the hospital estates team respond promptly when problems arise, we were told that it can take six to eight hours for the ambient temperature to adjust accordingly.

We noted on our visit that the 'female only' sitting room was unusable due to the low temperature. We were advised that the heating system in the room was broken and the sitting room had remained unused for some time. We had previously welcomed the provision of this space for female patients, which had been designated in response to past recommendations by the Mental Welfare Commission.

We are concerned by the environmental risk posed to patients by heating malfunctions on the ward. We have since been advised that work is currently underway by the Estates Department to rectify the problem. Any future issues with temperature regulation in the clinical environment of the Orchard Clinic should be recorded via the datix system. Senior managers should monitor for any problems and inform the Commission, and Health and Safety Executive if these arise.

Recommendation 2:

Hospital managers must ensure that all necessary heating repairs in the Orchard Clinic are completed as soon as possible.

We were advised by the patients' council that patients had raised concerns about the standard of cleanliness on Redwood ward. Patients felt this was 'substandard' and compared it unfavourably with the standards maintained on other wards in the Clinic. Although the level of cleanliness was good on the day of our visit, ward staff confirmed a general disparity in the thoroughness of cleaning on different wards. We suggested that managers addresses this with the domestic team to maintain standards across the Orchard Clinic.

We did notice that the décor appeared quite tired and in need of attention in some areas of the ward. The garden also appeared quite neglected and did not present as an inviting space for patients to use. For patients unable to have time out of the ward, the garden area may be the only outdoor space accessible to them. We discussed this with staff who agreed that improvements would be of benefit. At the time of our visit, the Cyrenians gardening project on the hospital site did not have input to the ward.

Recommendation 3:

Managers should review the garden environment and allocate resources as appropriate to improve this.

Any other comments

On the day of our visit the Minister for Mental Health was also visiting the Orchard Clinic. This was in connection with plans to re-configure the Orchard Clinic to provide a female-only ward.

Service developments

When we last visited the Orchard Clinic, we noted that managers hoped to reconfigure the service in the future to provide a female only ward. We learned that this remains

a high priority, alongside proposals to create a forensic pre-discharge inpatient service.

The provision of low secure care in NHS Lothian has also been a consideration for some time. We were advised however that there are no current plans to develop this, but that a pre-discharge service could bridge this gap. Our visits to forensic settings across Scotland have highlighted the absence of low secure care in NHS Lothian, as some individuals continue to receive care in other health boards due to a lack of local provision. This care can be long term and at a significant distance from friends and family.

We welcome updates from hospital managers on local plans to progress service changes and will review this in future visits.

Summary of recommendations

1. Managers should review current systems for recording patient notes with the clinical team. The need for any modifications to TRAK should be identified and plans for further development accompanied by clear, achievable timescales.
2. Hospital managers must ensure that all necessary heating repairs in the Orchard Clinic are completed as soon as possible.
3. Managers should review the garden environment and allocate resources as appropriate to improve this.

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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