



## **Mental Welfare Commission for Scotland**

**Report on virtual visit to:** IPCU, Blackford Ward, Royal Edinburgh Building, Royal Edinburgh Hospital, Morningside Place, Edinburgh EH10 5HF

**Date of visit:** 23 April 2021

## **Where we visited (virtually)**

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Routemap (May 2020). There have been periods during the pandemic where we have been able to conduct our face to face visits; however, the reinstatement of lockdown has required us to review this, and we are presently undertaking virtual visits.

We were keen to conduct a virtual visit to Blackford Ward as we have been unable to arrange a face-to-face visit and wanted to find out what the impact of the pandemic has had on patient care and staffing. This visit was undertaken using a combination of data and information gathered prior to and after the visit, telephone interviews and assisted technology for virtual interviews.

Blackford Ward is the intensive psychiatric care unit (IPCU) for the City of Edinburgh, including East Lothian and Midlothian. It is a 10-bedded mixed-sex unit with a separate high dependency suite. IPCU's provide intensive treatment and interventions to patients who present an increased level of risk and require a more individualised, intensive level of observation. This type of unit generally has a high ratio of staff to patients and a locked door. It would be expected that staff working in IPCU's have particular skills and experience caring for acutely ill and often distressed patients.

We last visited this service on 22 October 2019 and made recommendations regarding relevant, detailed and person-centred care plans, and where there should be a regular audit cycle for these.

For this virtual visit, we were not able to follow up on the previous recommendations to the same extent as with a face-to-face visit, although we did discuss what developments in these areas have taken place since our last visit. We were also given an update on the use of restraint, numbers of patients who were admitted to IPCU due to bed shortages, transfer times to other wards, and progress on upgrading the ward decor and furnishings.

## **Who we spoke with**

We spoke with six patients and one carer via the telephone. We also spoke with the senior charge nurse (SCN), members of the nursing team, the consultant psychiatrist for the Unit, and the clinical nurse manager (CNM).

## **Commission visitors**

Claire Lamza, Senior Manager (Practitioners)  
Alyson Paterson, Social Work Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

Those that we spoke to told us the staff on Blackford Ward listened to them and treated them with respect. The carer that we spoke with told us that staff were informative, kind and compassionate. However, we also heard from patients that they thought there were not enough staff available on the ward.

We heard from patients that they were aware of who their key nurse was and had regular one-to-one sessions with them. They knew who their consultant psychiatrist was and were aware of the meetings that had been set up to review their care. Individuals that we spoke with told us about discharge pathway plans that included being transferred to other wards and plans to return to their community with support. We heard that this information was contained in the patient's care plan, which they were aware of, although the patients did not have a copy of this.

### **Impact of pandemic**

In meeting with the SCN, the CNM and consultant psychiatrist for Blackford Ward, we were able to get a better understanding of the impact of Covid-19 in the ward. On the day of the visit, we were advised that there were no issues with patients being transferred out of the IPCU and that there were no delays for those patients being transferred or discharged.

We did hear from those individuals that we spoke to about their dissatisfaction regarding the current visiting policy. Due to the pandemic, patients had been unable to see family members which they found very upsetting. We were told of feelings of social isolation as a result of being cut off from loved ones and that this was impacting negatively on mental health and recovery. This was echoed by the carer that we spoke to.

The CNM updated us of the NHS Lothian policy in relation to visiting during the pandemic. We were advised that if there is a clinical need then a visit can take place. Staff on Blackford Ward have attempted to facilitate such visits; for example, visits have taken place in hospital grounds. We were pleased to hear that this policy has now been revised and a personalised visiting plan will be implemented, which should enable those patients who have a designated visitor to pre-book their visit.

In relation to Covid-19 cases, the SCN told us that there have been no positive cases in the IPCU until very recently when a patient transferred into the ward tested positive. All new patients are swabbed on admission with all other patients being swabbed every four days. No members of staff have tested positive for Covid-19. The SCN told us that staff had worked really well together during the pandemic, supporting both each other and patients.

### **Care Plans**

A recommendation from our last visit related to the detail and person-centred focus of care plans, and that these should be regularly audited. During this visit, we were advised that care plans are now reviewed on a weekly basis, and cover mental state, physical health and goals,

strengths and needs assessment; patients can request a copy. We heard that care plans are peer reviewed and audited on a fortnightly basis by the SCN from another acute mental health ward. We were told that this method of feedback provides a consistent approach, which is then supported by the use of a formal audit tool (PCAT) used in the Royal Edinburgh's mental health services. The SCN advised us that there are plans for future work with a dedicated nursing team member who is involved in quality improvement projects.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

[https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans\\_GoodPracticeGuide\\_August2019\\_0.pdf](https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

## **Use of mental health and incapacity legislation**

On the day of our visit, all of the patients on the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The patients we spoke to were aware of their legal status, of their rights in relation to their detention, and had access to legal representation and an advocacy worker. We were advised that the appropriate paperwork related to authorising treatment under part 16 of the Mental Health Act (T3) had been completed. Due to the virtual visit, we were unable to review these forms on site, although reviewed our electronic system for those patient that we spoke with and found the documentation on our system.

One patient required restrictions to be placed upon them under sections 281-286 of the Mental Health Act. We were advised that the appropriate form had been completed and on checking our electronic system, found that the Commission had been notified of this.

At the time of the virtual visit, there were no patients subject to the Adults with Incapacity (Scotland) 2000 Act.

## **Rights and restrictions**

When we last visited Blackford Ward, we were pleased to hear that the number of admissions of patients who were not detained had reduced. For this visit we were advised that occasionally patients are admitted to the ward who don't require an IPCU but this has occurred due to bed shortages across Scotland; this has happened twice since the start of the pandemic. The Commission does recognise that there are risks associated with moving patients out with NHS Lothian for care and treatment and that the use an IPCU bed is a last resort and only required in an emergency situation. However the admission of an informal patient to an IPCU should only happen in exceptional circumstances and where the patient provides valid consent to this; we are aware that Blackford Ward has a monitoring process in place when these admissions are required.

We were pleased to hear that NHS Lothian have developed and implemented a continuous intervention policy to support those individuals who require more intensive input and increased contact and observation from nursing staff as a result of their mental health. We

were advised that Blackford Ward has an evaluation programme linked to this, and other ongoing work in the ward to embed a culture of change and quality improvement, led by the consultant psychiatrist and clinical team.

For those individuals that may require seclusion when in the IPCU, there is a high dependency unit available. Blackford has developed a Standard Operating Procedure, along with an associated care plan and checklist. We were advised that if required, the patient would have a person-centred care plan which assesses individual risk and determines any restriction required; for example, if any belongings have to be removed from the patient when they require seclusion. We were pleased to hear that that risks are assessed on a case by case basis rather than a one size fits all approach. We heard that there has been no increase of numbers of those requiring seclusion throughout the Covid-19 period.

From those individuals that we spoke with, they raised issues around the smoking policy on the ward which has been introduced as a result of the pandemic. As with some of our previous visits and recommendations around a smoke-free environment, the Royal Edinburgh Building had made progress in moving towards being a smoke free environment. However, during the pandemic, and in order to minimise the risk of infection, smoking zones and times were allocated for those patients who wished to smoke. In discussion with the CNM, we heard that the move towards returning to non-smoking environment had not yet been agreed by NHS Lothian and there was no time-scale or planned process as to how it would happen.

#### **Recommendation 1:**

Managers should develop an action plan to support a smoke-free environment at the Royal Edinburgh Hospital.

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/law-and-rights/rights-mind>

#### **Activity and occupation**

We heard from both patients and staff about activities that are held on the ward. These included music and art therapy, both of which patients were very positive about. As a result of social distancing measures during the pandemic, the art room in the ward has had to be used as a meeting room; however, meetings now take place elsewhere.

We were pleased to hear that there is a recreational nurse in post who has established an activity timetable that includes one-to-one support with a patient's key nurse. We heard that arts and crafts are on offer on a daily basis, in addition to access to the games room which is regularly used by patients. The CNM advised that a proposal has been put forward for a dedicated art therapist for the ward, and we look forward to hearing the outcome of this proposal.

We heard that presently there is no dedicated occupational therapist (OT) for the ward and a referral is required for OT input. The consultant psychiatrist for the ward raised some of the

challenges faced during lockdown relating to patients, who are more restricted in an IPCU setting, being supported to do activities on and off the ward.

### **Recommendation 2:**

Managers should consider developing the multi-professional team to include regular access to occupational therapy.

### **The physical environment**

During our previous visit, we noted that the ward required upgrading in terms of furnishing and decor. Although we were unable to visit the ward in person, we were pleased to hear from staff that the walls have been brightened and there is now appropriate furniture in place. There are plans for other work to take place such as the creation of a female sitting room.

Those individuals that we spoke with were complimentary about the ward environment, stating that it was clean and that the food was of a good quality.

### **Any other comments**

We were advised that Blackford Ward has experienced staff shortages recently. The SCN has been recently appointed, and has already made positive progress with this. Further improvement to the staffing establishment is expected over the next few months.

We also heard that there has been more joined up working with other services such as the Intensive Home Treatment Team (IHTT) and with other services to improve and support the discharge process for patients.

### **Summary of recommendations**

1. Managers should develop an action plan to support a smoke-free environment at the Royal Edinburgh Hospital.
2. Managers should consider developing the multi-professional team to include regular access to occupational therapy.

### **Service response to recommendations**

The Commission requires a response to these recommendations within three months of receiving this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

ALISON THOMASON  
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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