Mental Welfare Commission for Scotland

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

Date of visit: 2 October 2019

Where we visited

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 clinical risk and require a more individualised, intensive level of observation. This type of unit generally has a higher ratio of staff to patients and a locked door. It would be expected that staff working in IPCUs have particular skills and experience in caring for acutely ill and often distressed patients.

We last visited this service on 22 January 2019 and made recommendations about the IPCU's admission criteria, auditing the documentation, the completion and updating of risk assessments, and making environmental changes to the High Dependency Unit (HDU).

On the day of this visit we wanted to meet with patients and follow up on the previous recommendations, and also look at the developments in relation to the admission criteria and patient's rights. This is because we were aware from our last visit that patients, who were informal at the time of admission, were receiving their care and treatment in the more restrictive environment of the IPCU; we were concerned that this may not be the appropriate setting for those individuals.

Who we met with

We met with and reviewed the care and treatment of five patients, and spoke to two carers. 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.

Commission visitors

Claire Lamza, Nursing Officer

Philip Grieve, Nursing Officer

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Those that we met with told us that the staff were always at hand and willing to help. They told us that staff talked to them about their problems and issues, and were supportive. We also heard from the carers that we spoke to who were appreciative and positive about the input that their family member had received, specifically from the clinical team members in Blackford Ward.

We did hear that patients found the environment restrictive and, for some, this appeared to increase their reactions to being in the IPCU. On the day of our visit, there were some patients who were very unwell, and evidently distressed. We observed the staff dealing with the difficulties presented in a calm, focused way, using de-escalation and distraction techniques, while offering the patients different coping strategies to manage their mental health issues.

In meeting with the SCN and the consultant psychiatrist for Blackford, we were able to get a better understanding of the progress with the role and remit of the unit since our last visit. Improvement methodology, led by the consultant, has been used to monitor and review the status of patients admitted to the IPCU, with delays in transferring patients out, for episodes of restraint and physical violence, and the duration of this. Delays in transfer of patients is an issue but there has been a reduction in the median length of time patients remain in IPCU after being declared 'fit for transfer' by the care team. It was 6 days and it has now reduced to 3 days and this reduction has been sustained. The data we were provided with indicated that in the last few months the majority of patients who are admitted to Blackford Ward are detained. There has also been a noticeable reduction in the reported use of restraint. The data highlighted that delays in patients moving on from IPCU and incidents of physical violence remain variable, but it was useful to see the monthly monitoring of this. We were made aware that the quality improvement work in Blackford Ward has extended to supporting the team to develop. We were pleased to see strategies such as 'talk down' from Safewards (www.safewards.net) being rolled out across the team, and the sense of cohesion and teamwork in the unit was evident on the day of the visit.

Care Plans

A recommendation from our last visit related to auditing the documentation in the care plans. Those that we reviewed on the day of this visit were variable in terms of the quality of the sections that were completed, were variable in terms of the personalisation of care goal, and in terms of patient engagement and audit.

As is the case with the other adult acute inpatient mental health assessment units in the Royal Edinburgh Hospital, both electronic and paper based patient records are in operation. With both systems still being actively used by clinical staff, we found that the electronic records were detailed, personalised, and provided a clear understanding of the ongoing care and treatment for the patient. Conversely, some of the paper records were disorganised, incomplete, and lacking in detail.

We found documentation that had come from other clinical areas (mainly the acute inpatient wards) that could have been filed, and in one care plan we found three different versions of

the care plan template. We found that not all documentation was fully completed especially in relation to named person, advance statements and patients being made aware of their rights.

At the feedback session for the visit, we discussed with the clinical team whether by developing a paper care plan that would work as an exemplar for staff, which is organised and with sections completed comprehensively, this may improve the quality of the paper based files.

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

Recommendation 1:
Managers should ensure that the quality of the information in a patient's care plan is detailed, person-centred and relevant to the individual.

Recommendation 2:
Managers should ensure that there is a regular audit cycle for all care plans.

Use of mental health and incapacity legislation

All of the patients in the ward on the day of our visit were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Paperwork relating to the Mental Health Act is stored electronically, and we found the documentation pertaining to the short term detention orders and the compulsory treatment orders located on the electronic system, TrakCare.

We reviewed forms for consent to treatment under part 16 of the Mental Health Act (T2) and forms authorising treatment (T3), and found these to be up to date, authorising medication appropriately. There is a consent form for patients to sign and all informal patients admitted since the last visit have given informed consent to admission to IPCU and completed the form.

There were no patients who required restrictions to be placed upon them under Sections 281-286 of the Mental Health Act, nor were any of the patient under the Adults with Incapacity (Scotland) 2000 Act at the time of our visit.

What we did find in the paper-based care files was a form for the named person and the personal details sheet has a section for next of kin, which identifies if they are the named person. In one care file, we found discrepancies in terms of who the named person was, and the named person form was not completed and signed. We raised this with staff at the time.

Rights and restrictions

Following on from a previous recommendation, we noted that the frequency of admissions of patients who were not subject to compulsory measures under the Mental Health Act, and who were not liable to be detained in hospital, has reduced since our last visit. This was because

all other admission wards in the Royal Edinburgh Hospital were full and the alternative would have been the patient being admitted to hospital in another health board area. It is not acceptable for informal patients to be admitted to an IPCU expect in exceptional circumstances and where they give valid consent to this.

As there remains considerable pressure on admission beds at the hospital, we would want to be informed by managers of occasions where informal patients are admitted to the ward.

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

We noted that for those patients that requested input from independent advocacy and for legal representation, we found evidence of this in their care file. We also found up-to-date risk assessments that were detailed in the paper based plan, and where the ongoing evaluation of risk was monitored through the reviews on the electronic system and through the weekly SCAMPER record. A similar process is in place for the patients pass plans and where there were increased levels of observation, these were fully documented in both paper and electronic versions, regularly reviewed and updated.

Activity and occupation

We heard about and found evidence of patients being encouraged to participate in the activities that were regularly scheduled on and off the ward. We were pleased to see that even when patients were finding it difficult to engage, that the offer of activities was still recorded in their care plan. There is an activity timetable displayed in one of the main patient day areas, and there is now a recreational assistant in post to support patients in participating in these.

We found that there were a range of activities available including games, art and music therapy, accessing the gym, escorted outings to the services in the hospital and in local community.

The physical environment

We noted that there continues to be improvements in the main areas of the ward. There is a newly-designed, colourful mural in the main corridor which focuses on recovery, and has brief biographies of the staff that work in the unit. Some of the other corridors would benefit from having more art work, particularly in the area of the male patient bedrooms, and we discussed this with the SCN at the time of the visit.

The internal courtyard garden is well used and maintained, and the general ambience of the ward is bright, spacious and pleasant. We made a recommendation at our last visit in relation to the environmental changes that are needed for this area of the ward. On the day of our visit, we were advised that costings have now been completed for the required improvements to the decor and furnishings, and are currently going through the relevant approval process. We look forward to seeing the changes in the HDU at our next visit.

Any other comments

We found that the new initiatives have supported the nursing team, and consequently the clinical team, in developing the culture and attitudes of the IPCU. We were pleased to hear about the use of reflective practice and clinical supervision sessions, and the team building opportunities that now take place on a regular basis.

We were also made aware that, while there are ongoing reviews and quality improvement process in terms of patient admissions and the use of the HDU, with revisions of the associated policies and paperwork, there are plans to look at the systems and process for patients in terms of their welfare advice standards.

Summary of recommendations

1. Managers should ensure that the quality of the information in a patient's care plan is detailed, person-centred and relevant to the individual.

2. Managers should ensure that there is a regular audit cycle for all care plans.

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk