Mental Welfare Commission for Scotland

Report on announced visit to: Hermitage ward, Royal Edinburgh Hospital, Edinburgh EH10 5HF

Date of visit: 17 December 2020

Where we visited

Due to the Covid-19 pandemic, the Commission postponed all scheduled local visits in March 2020. From August 2020, the Commission has followed a phased return to our visit programme applying the recommendations in the Scottish Government's roadmap to recovery.

We were keen to visit this ward as the visit scheduled for March 2020 had to be postponed due to the pandemic and, as an adult acute admission unit, we wanted to hear about patients' experience of care throughout this period of time. The visit was undertaken using a combination of in-person interviews on the ward and post-visit telephone interviews.

Hermitage ward is the adult acute admission ward for patients residing in East Lothian and Midlothian areas of NHS Lothian. The ward has 16 beds, for both male and female patients.

We last visited this service on the 26 March 2019 and recommended that there was a regular system to audit care plans, that there was training on AWI legislation, and that information on patient's rights were documented in the care file.

On the day of this visit we wanted to follow up on the previous recommendations and also look at individuals' care and treatment prior to admission and their access to activities and interventions during their admission. This is because we were aware from local intelligence gathered during the pandemic that community based mental health services had adapted their support of individuals during the pandemic, and we were aware that there had been an impact on staffing during Covid.

Who we met with

We met with and reviewed the care and treatment of seven patients; we spoke to one carer after the visit.

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

Commission visitors

Claire Lamza, Interim Executive Director

Alyson Paterson, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Those that we spoke on the day of the visit were able to describe their experiences prior to coming into hospital, and during their stay in the ward. We heard from some that they had been trying to get help while in their own communities, but had found it difficult to get the level of input they needed and the frequency of contact that they thought they required. A few of the patients described experiencing significant stressors prior to admission, and explained that they were still troubled by these symptoms while in the ward. We heard that for some, self-medication and the use of substances had contributed to their difficulties, and the inability to routinely access primary care services, such as GP and podiatry services, had not been possible.

We heard that since admission, for most there had been a benefit. We were told that having a routine, having access to staff who they could discuss their difficulties with, being able to engage in activities and therapies such as art therapy and psychology, was supportive and helpful. We also heard that for some, it was relief to see their family member being able to access the support they needed.

There were some points raised with us, where those that we spoke to thought that it would be better if there were more activities on offer throughout the day and if there could be an improvement in the food that was offered. We discussed these with staff on the day of our visit; we were advised that at the beginning of the pandemic, there had been opportunities for ward staff to develop and provide a range of activities in the ward, such as board game tournaments, social groups, quizzes and one-to-one sessions. However, as the restrictions associated with Covid-19 lessened, and there was a return to patients engaging with other services such as occupational therapy (OT)and psychology, as well as being able to leave the ward, activities provided by the nursing team decreased.

In discussion with the SCN, we heard that are likely to be developments in the coming months regarding the activity co-ordinator role in Hermitage Ward, along with the re-establishing of off-ward services such as the Hive, a resource that patients can attend on the Royal Edinburgh Hospital site. This has been closed due to the pandemic.

In our previous report, we commented that while the remit for Hermitage Ward is for East Lothian and Midlothian admissions, it accepts patients from across the Lothian area when bed capacity issues are a priority. Patients from this geographical area are routinely placed in the other adult acute admission wards in the Royal Edinburgh Hospital (REH) and patients from the City of Edinburgh receive their care and treatment in Hermitage Ward. We discussed whether there were any implications with this way of working, and heard that arranging a time for patients to have contact with their responsible medical officer (RMO)/consultant psychiatrist can be challenging for the ward nursing team, who have to make arrangements for the East Lothian and Midlothian patients to be reviewed.

Recommendation 1:

Managers should review the current arrangements for East Lothian and Midlothian patients to ensure there is equitable access to their RMO/consultant psychiatrist.

Care Plans

Hermitage Ward has changed to a fully electronic patient record since our last visit. We discussed whether there had been any issues with the transition and what options were in place should there be any problems with accessing TrakCare; we suggested that there may be a benefit in having a safeguard in place where the key information about the patient is readily available.

We reviewed the electronic care records for the patients that we spoke with on the day and found these provided a comprehensive account of the patient, their mental health and the contact the staff have had with them on a shift by shift basis.

There was clear evidence that care is formally reviewed by the multidisciplinary team (MDT), with associated outcomes and actions noted. We also noted that the electronic care plans better reflected the goals of each patient, and while the care plans primarily focused on the acuteness of the patient's mental health, these were reviewed regularly, with information about what had worked and what the next stages of the care plan would be. We suggest that the care plans could be further developed, to include more information about other aspects of the patient's care and treatment such as activities and therapies available, and the outcome of these in relation to the patient's mental state.

We were pleased to hear that there is ongoing audit of care plans, and that this is reported back to the CNM who continues to monitor this.

The Commission has produced Good Practice Guidance on person-centred care plans which can be found at:

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 there were a number of patients in the ward that were detained under the Mental Health (Care and Treatment Act) (Scotland) 2003 ('the Mental Health Act') and where there were specified restrictions. For those that we reviewed, the relevant paperwork relating to the Mental Health Act was available on the electronic system, along with forms for consent to treatment under the Mental Health Act (T2 and T3 forms).

We noted that in some cases the certificates authorising treatment (T3) under the Mental Health Act were not accurate and did not align with the medication that was being administered. We discussed this with the SCN on the day, who explained that the interface between the new Hospital Electronic Prescribing and Medicines Administration (HEPMA) system and TrakCare was not fully operational. We suggested that contact with NHS Lothian's IT department would be required to ensure that the T3 accurately reflects what has been

administered, or that an alternative system be put in place while the electronic records are updated.

Sections 281 to 286 of the Mental Health Act 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 Mental Health Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. All of the required documentation in relation to the specified person measures was accessible and up to date on TrakCare.

There were patients who were being treated under section 47 of the Adults with Incapacity (Scotland) (2000) Act ('the AWI Act'), and who had a Power of Attorney in place. In a previous visit, we made a recommendation about training for staff in relation to AWI legislation. As it was applicable in the care of some of the patients that we reviewed, we still found there to be a lack of understanding of the parts of the AWI Act that were applicable to patients, and what staff were required to undertake when there were delegated powers.

Recommendation 2:

Managers should ensure that staff are trained in AWI legislation.

Rights and restrictions

The main entrance/exit door to Hermitage Ward is locked, although staff respond quickly to assist those patients who were able to, and request to, leave the ward. Pass plans and risk assessments are now stored electronically, and evaluated at regular intervals, and routinely through the MDT meetings. The pandemic has had an impact on individuals being able to leave the ward on pass; however, where possible, this has been supported, and on the day of our visit, we observed staff providing escorted passes for patients who wanted to access the grounds of the hospital.

On the day of our visit, there were no patients who required increased levels of observation, and we were pleased to note that there is a standard operating procedure (SOP) in relation to this restrictive practice. The SOP provides a detailed outline of the procedures to be carried out when continuous intervention is required, in accordance with Health Improvement Scotland's (HIS) 'From Observation to Intervention' framework.

All patients continue to have access to advocacy, albeit this has had to be adapted due to Covid-19 restrictions, and has not been through the usual face-to-face contact. Those that we spoke to who had requested input from advocacy had been able to do so either through the ward electronic device or via telephone.

On our previous visit we noted that there was a proforma for advance statements, named persons, and whether the patient had been provided details about their rights, although details on these were not always provided. We were pleased to hear that a rights-based care project, specifically focusing on advance statements and named person has been commenced, led by one of the nursing team; we look forward to hearing how this progresses.

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/

Activity and occupation

While we heard that the impact of the Covid-19 pandemic has affected activities that have been available in the unit, across the hospital site and in the local community, we were made aware that nursing, OT and psychology have continued to try and offer opportunities for patients to engage with them.
We were pleased to hear that there is now dedicated time from psychology and had positive feedback about the developments that have been made in relation to one-to-one therapy, psychological assessment and formulation. We would hope that there could be further opportunities to develop psychological interventions more widely in the ward. We also heard that involvement of the art therapist has been beneficial and enjoyable and that input from other disciplines such as podiatry has been valued by patients. At the time of our visit, there were still limitations on available activities and occupation for those in the REH, and we would suggest that while the situation is ongoing, continuing to have a programme of ward based activities will be helpful to the patients in Hermitage Ward.

The physical environment

As the only mixed-sex admission ward in REH, Hermitage Ward has to manage the physical environment differently from the other admission wards on site. However, feedback from patients is that they find the ambiance and opportunities to mix with different people helpful.

There is a dividing section to the male and female bedroom area, where staff are able to observe from, when required. All patients have their own en-suite rooms, and can access these throughout the day. There is a separate bathroom facility for those that prefer this.

There are a range of different spaces for patients to use such as the open plan day area/dining room and multipurpose interview/recreational rooms; these are well used and on the day of our visit, we observed that the spacious layout of the ward provided people opportunities to meet in small groups, or to sit quietly while in the company of others, without intrusion. We did hear that when someone is acutely unwell, it can have an impact on the environment, but were also told that staff manage these situations quickly.

There is an easy-to-access large courtyard garden; all of these spaces offer different environments for the patients. This space has been useful particularly during the pandemic, with the opportunity for outdoor activities and games. We were advised that during the COVID period, the non-smoking policy was more difficult to implement, however, staff have been monitoring the situation since lockdown measures have lifted.

Summary of recommendations

1. Managers should review the current arrangements for East Lothian and Midlothian patients to ensure there is equitable access to their RMO/consultant psychiatrist.

2. Managers should ensure that staff are trained in AWI legislation.

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.

CLAIRE LAMZA
Interim Executive Director (Practitioners)

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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