



Mental Welfare Commission for Scotland

Report on announced visit to: Redwood Ward, Orchard Clinic,
Royal Edinburgh Hospital

Date of visit: 12 April 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with the Scottish Government's Route map (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 required us to review this, and when required, we undertake a virtual visit. This local visit was able to be carried out face-to-face.

The Orchard Clinic is a 40-bed medium secure forensic unit on the Royal Edinburgh Hospital site. Redwood is a 15-bed acute admission ward within the clinic for both men and women.

There are two forensic rehabilitation wards within the clinic: Cedar, a 14-bed rehabilitation ward for men, and Hawthorn, a 13-bed mixed-sex rehabilitation ward. The Commission visit and report on the rehabilitation wards separately.

We last visited Redwood ward on 11 September 2019 and made recommendations for regular audits to be carried out to ensure prescribed medication was properly authorised, for improved activity provision and for urgent repairs to be carried out, including addressing concerns highlighted in environmental risk assessments. We also reiterated ongoing concerns about the lack of female provision and asked that this was raised with the Senior Management Working Group.

On the day of this visit we wanted to follow up on the previous recommendations and to meet with patients to hear their experiences, particularly during Covid-19

Who we met with

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

We spoke with the service manager, senior charge nurse, members of the ward team and the occupational therapist.

Commission visitors

Juliet Brock, Medical Officer

Moira Healy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

There were 13 inpatients on Redwood ward at the time of our visit, with new admissions pending.

The patients we met with were positive about the care they were receiving. All said that the staff were accessible, approachable and easy to talk to.

Individual patients knew about the reason for their detention in hospital and were aware of the treatment they were receiving and the reasons for this. People told us that there were efforts to involve family members in discussions about their care when they consented to this.

Patient records

Clinical notes were available through the online TRAK system (the electronic patient information records used by NHS Lothian) and documents held on paper files, such as patient care plans.

Paper files were well organised and easy to navigate. Searching through the chronological records on TRAK was more problematic, and continues to present challenges for staff, and for us as visitors, in navigating certain records. We were advised that a proposal had been put forward by the Royal Edinburgh Associated Hospitals (REAS) to have a digital space introduced on TRAK for mental health records and that funding was being discussed. We welcome efforts to make TRAK more tailored to maintaining essential clinical records for this patient group.

At our last visit to the ward, new care planning documents had been introduced. These were designed to encourage patient involvement in the care planning process and to focus on individual support needs and recovery goals. The individual care plans we reviewed on this visit appeared fairly basic in content and lacked meaningful person-centred detail and recovery goals. We were told that care plan reviews were now being carried out by senior nursing staff. We suggest this is an area that requires further improvement work.

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

In the TRAK records we reviewed, daily clinical entries were detailed and there was good evidence of multidisciplinary input, with clear records of clinical team meeting (CTM) discussions, decision making and evidence of discussion with patients about their care and treatment.

Care programme approach (CPA) documents were detailed and completed to a high standard.

We were surprised and concerned to find a DNACPR form in one patient's record, which had been completed at the start of the pandemic and was of 'indefinite' duration. The staff we spoke with were unable to provide further information on this DNA CPR directive. We raised

this urgently with senior staff on the visit and were advised the matter would be discussed directly with the patient's consultant. We were told that DNA CPR status would not have been appropriate for patients on the ward at the time of our visit and that all patient records would be screened to ensure no other forms were in existence.

Recommendation 1:

Managers should ensure that care plans are person-centred and are regularly reviewed and audited.

Recommendation 2:

Manager should ensure that if DNA CPR directives are considered for any patient, current guidelines should be followed:

<https://www.gov.scot/publications/decisions-cardiopulmonary-resuscitation-integrated-adult-policy/>

Waiting lists, duration of patient admissions and delayed discharges

At the time of the last visit seven patients were on the waiting list for admission to Redwood Ward, including five patients waiting to move from high secure care.

We were pleased to hear on this visit that the waiting list had recently reduced to nil.

We were told that the duration of patients' admissions on the ward had reduced and that despite the delays many patients experienced during their discharge in the latter half of the 2020 (mainly due to Covid restrictions impacting on transition planning), 35 patients had been discharged from the ward last year. Patients had been transferred to the rehabilitation wards in the clinic, to low secure care or discharged to the community.

Covid-19

The Orchard Clinic had remained free of Covid-19 since the onset of the pandemic. During the Commission's regular contact during 2020/21, we noted the steps taken to reduce the risk of infection to patients and staff and how well the patient group were said to have coped with the increased and prolonged restrictions. The level of support provided by staff to patients across all ward in the clinic, during this challenging time, appeared to have been key.

Patients we spoke with on this visit were generally understanding about restrictions due to Covid-19. These restrictions have included social distancing requirements, wearing masks around the ward and visiting restrictions. No visits from family members were allowed at the time, in line with Scottish Government guidelines and local NHS policy, but patients were being supported with maintaining virtual contact with family.

We heard that patients had received their first vaccinations and their second doses in early May. First doses would then be arranged for new patients. The staff team had all been invited to have Covid-19 vaccinations and most had been vaccinated.

We heard from managers that there continues to be regular virtual meetings for key staff to share Covid updates and discuss any concerns; email updates are regularly circulated to

inform all staff across the clinic about issues relating to Covid. We heard that this had enabled good communication and swift responses.

We were told that Covid restrictions had impacted on practical aspects of staff training (e.g. management of violence and aggression) due to limited numbers safely able to attend training sessions, although training opportunities had resumed in late 2020.

Use of mental health and incapacity legislation

All patients in the Clinic are subject to the Criminal Procedures (Scotland) Act 1995 or Mental Health (Care and Treatment) (Scotland) Act 2003.

Authorising treatment

Electronic prescribing had recently been introduced in the clinic. All prescriptions and dispensing records were accessed online via the Hospital Electronic Prescribing and Medicines Administration system (HEPMA) on this visit.

Previously, copies of consent to treatment forms (T2) and certificates authorising treatment (T3) under the Mental Health Act were filed alongside prescription sheets, enabling staff to easily check that any treatment dispensed was properly authorised.

As prescribing records were held electronically on HEPMA and T2/T3 forms were on TRAK, staff told us it was no longer possible to cross check these simultaneously. We were also unable to check the legal authority for individual prescribing on this visit.

We have since been advised that a number of safeguards are currently in place on the ward to monitor this:

- HEPMA prescribing is reviewed by the consultant psychiatrist at clinical team meetings.
- Clinical team meetings are also attended by the pharmacist, who regularly reviews T2 & T3 forms.
- 'Random' weekly audits are carried out by the ward charge nurses, who cross check T2/T3 forms with HEPMA prescriptions. We were told they also ensure that no injectable, as required (prn) medication is authorised on T2 forms.

Tribunals

We heard that patients had been participating in Mental Health Act tribunals either virtually or by phone during the pandemic. Feedback to the staff team from Advocacy was that patients had experienced this positively and in many cases had preferred this way of attending.

Due to Covid-19, patients' attendances at court were also being carried out remotely via video link and we were told that advocacy support was also offered to patients to support this.

Rights and restrictions

At the time of this visit, Covid restrictions on the Royal Edinburgh Hospital site had eased to the extent that patients in the Orchard Clinic were able to have escorted or unescorted passes in the hospital grounds/local area, dependent on individual clinical risk assessment.

Advocacy

We were told that individual advocacy support from Advocard continued to be available to patients. Face to face meetings had been replaced via telephone support due to Covid.

Group advocacy meetings, facilitated by the Patients Council, were discontinued during the early stages of the pandemic. The Commission had been contacted about delays in reintroducing these meetings during 2020 and we contacted the clinic to enquire about arrangements being made to enable group advocacy to continue in a Covid-secure way. On this visit, we were pleased to hear that Patient Council groups were again being offered to patients, although the requirement for these meetings to be ward-based rather than clinic-wide meant meetings were less frequent and fewer patients on Redwood had participated than in the past.

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.mwscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

The patients we met with told us that there was not much to do in the way of activities. They said when activities were available, including those facilitated on the ward by nursing staff, these were good, but they weren't happening often enough.

We heard from managers, nursing staff and occupational therapy that that the activity programme across the clinic had been significantly impacted by Covid-19. Due to there being no mixing or social contact between patients from across the three wards, clinic-wide activities/groups run by occupational therapy (OT) could not take place as normal. At the start of the pandemic, no groups were possible and activities took place on a one-to-one basis. Individual activity packs were created by OTs at that point to support patients during lockdown/quarantine after admission.

As restrictions have eased, small groups have been possible, such as art therapy and yoga. These were organised either in the large gym hall, on the ward or at times outdoors, weather permitting. A temporary 'art studio' was set up in part of the gym hall and we heard this had worked well. Patient feedback on activities had been sought and gathered by the OT group and certain changes to activities have taken place as a result of this. Some of this feedback was shared with us and demonstrated that patients had valued activities such as yoga, which offered a quiet space out with the ward environment.

For physical exercise, we were told that small groups were being held in the large gym hall in the clinic, offering table tennis, basketball and football for patients in each ward. A weekly badminton session was also being run by a former staff member, who had provided volunteer support to the patient group during Covid. Patients were able to book a session in the physiotherapy gym in the main hospital, as well as the gym room in the Orchard clinic, or use the small gym on the ward, although this was not available on the day of our visit.

The OTs were also running small cooking groups of 3-4 people. The OT kitchen was being upgraded on the week of our visit. It was hoped that the new design would allow more accessibility whilst maintaining social distancing.

All the staff we spoke with acknowledged that activities were not taking place as frequently as they should be and the programme was limited due to current restrictions.

The physical environment

We were pleased to note that repairs to the communal areas of the ward had been carried out since our last visit. The walls appeared freshly painted and the overall impressions was of a more pleasant and cared for environment. All floors throughout the ward had also been upgraded and no carpeted areas remained.

We had previously noted concerns about noise levels on the ward. On this visit the ward was calm and noise disturbance was not an issue. Due to social distancing requirements, only a small number of patients were in the communal lounge at one time watching TV. Other patients were either in their room or on pass out with the ward.

The dining room had been arranged with small circular tables to enable patients to have their meals together while at their own table, in a socially distanced way.

The bedrooms on Redwood are arranged across three corridors, radiating from a central hub, with a self-contained high dependency suite at the end of each corridor. All bedrooms are en-suite. We viewed one bedroom that was not in use and had concerns about the en-suite shower room. This was in a poor state of repair and looked old and tired. Of serious concern were the outdated fixtures and fittings and potential ligature points on the toilet and taps. We were advised that these bathrooms had not been upgraded since the clinic was built and were awaiting refurbishment, including ligature-proof replacement fittings. Given the safety concerns we advised this work should be urgently prioritised.

On our last visit we noted that the fitness room on the ward appeared a neglected and rather uninviting space. There was a cycling and rowing machine but the cross trainer had recently broken. At that time, we recommended that improvements to this space were included in an action plan. This was important as some restricted patients had limited other opportunities for exercise.

On this visit we were disappointed to note that this space had not improved, and indeed we were informed that the fitness room had been out of use for several months. The rowing machine had broken and the exercise bike had also broken. The estates department had been contacted about replacing equipment.

We raised concerns with senior management about this issue on the visit and recommended that the patient group be consulted about how they would like this space to be used and what equipment they would prefer on the ward.

Recommendation 3:

Managers must complete an environmental risk assessment and develop an action plan that addresses anti-ligature requirements and on-ward access to the gym.

Female Accommodation

In previous reports, we have consistently raised concerns about the lack of gender-sensitive accommodation in the Orchard Clinic, with lack of female designated areas in the two mixed wards.

In Redwood, one of the bedroom corridors continues to be used as a female-only space where possible, which is welcomed. But this is not always possible due to patient numbers. In the months prior to this visit, of the maximum 15 patients on the ward, only one or two had been women.

We heard that women often chose to spend time in their own room or the high dependency suite space, when available, rather than in the mixed communal spaces on the ward.

We were pleased to see that the room allocated as a lounge for women admitted to the clinic had been refurbished to make it a more homely and inviting space, with comfortable seating and thoughtful additions of fixtures and fittings. We noted that the room was located in the middle of the communal space on the ward and raised the issue about the impact this may have on the women's needs for safety and privacy.

We asked if feedback had been sought from women who had received care in the ward, to understand more about their experience. This had not been specifically done and we discussed this with managers on the day. We were advised the day after the visit that enquiries were being raised with hospital estates management to move the women's sitting room to the 'female' corridor.

We note that the wider issue of appropriate accommodation for women requiring forensic secure care had been highlighted in the recent report from the Independent Forensic Review, and we await the response of Scottish Government to its recommendations.

Outdoor area

We made recommendation in our last two reports that the garden environment be improved. We noted on this visit that the enclosed courtyard had been tidied and appeared somewhat more inviting, with fixed seating, raised beds, grass and planting between the paved areas. In comparison with other patient gardens on the hospital site, however, those available for patients at the Orchard Clinic (who are generally a more restricted population), still do not appear to be a similar standard. We welcomed that the Cyrenians were being invited to help improve the space and that funding was being sought for further development of the outdoor area.

Recommendation 4:

Managers should ensure that women who receive care on Redwood ward provide feedback about their experience of care, particularly in relation to being on a mixed ward.

We suggest that patient consultation should also be carried out regularly among the inpatient group to gather views, including issues relating to the ward environment, such as

improvements to the ward gym and the outdoor courtyard space, to inform further improvement work.

Summary of recommendations

Recommendation 1:

Managers should ensure that care plans are person-centred and are regularly reviewed and audited.

Recommendation 2:

Managers should ensure that if DNA CPR directives are considered for any patient, current guidelines should be followed:

<https://www.gov.scot/publications/decisions-cardiopulmonary-resuscitation-integrated-adult-policy/>

Recommendation 3:

Managers must complete an environmental risk assessment and develop an action plan that addresses anti-ligature requirements and on-ward access to the gym.

Recommendation 4:

Managers should ensure that women who receive care on Redwood ward provide feedback about their experience of care, particularly in relation to being on a mixed ward.

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.

THOMSON ALISON
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@mwscot.org.uk

website: www.mwscot.org.uk

