Mental Welfare Commission for Scotland

Report on announced visit to: Robert Fergusson Unit, Royal Edinburgh Hospital, Morningside Place, Edinburgh, EH10 5HF

Date of visit: 8 March 2022

Where we visited

At the Commission, due to the Covid-19 pandemic, we have had to adapt our local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was able to be carried out face to face.

The Robert Fergusson Unit, the Scottish Neurobehavioural Rehabilitation Service, is a national inpatient unit providing rehabilitation for people with acquired brain injury whose symptoms include severe behavioural disturbance. The unit can also support patients with progressive neurological conditions, such as Huntington's disease, when specialist psychiatric care is required. The unit was initially designed to have capacity for 20 patients. Inpatient beds continue to be capped at 18 to ensure safety and adequate provision of staffing to meet the needs of patients.

We last visited the service on 31 July 2019 and made recommendations around carrying out audits to ensure that medication prescribed for detained patients is properly authorised, that copies of legal documents are available and accessible in patient files and that continued problems with noise levels in the communal area during mealtimes is addressed.

Since the onset of Covid-19 we had maintained contact with the service to monitor the impact of the pandemic and, on occasion, to offer advice on concerns such as visiting restrictions. On the day of this visit we wanted to hear the current experiences of patients, carers and staff and to follow up on the previous recommendations.

Who we met with

We met with and/or reviewed the care and treatment of seven patients and spoke with one carer.

We spoke with the senior charge nurse, charge nurse and other nursing staff and with all three members of the medical team.

Commission visitors

Juliet Brock, Medical Officer

Kathleen Liddell, Social Work officer

What people told us and what we found

Care, treatment, support and participation

On the day of the visit the unit had 16 inpatients. Seven patients were awaiting suitable accommodation in the community and their discharge was delayed. We discuss the issues around delayed discharges in more detail later in the report.

The feedback from patients about staff and the support they were receiving on the ward was generally positive. Interactions observed on the visit between staff and patients were warm, caring and respectful.

In our discussions with members of the clinical team, the staff had a detailed knowledge about the individual patients in their care.

Information

The staff team has developed a Patient Induction Booklet for new patients. Introduced in January 2022, this booklet is designed in an accessible format and provides helpful information about the staff team, the environment, ward routine and activities. Information about meetings and discharge is also included.

A more detailed information leaflet for patients and carers is also available. This includes colourful pictures of the environment, information about the unit and local facilities, travel and visiting information.

Participation

A few patients commented on not being involved in discussions about their care and treatment or receiving feedback following ward round meetings. We explored this with the clinical team and discussed whether written feedback may be helpful for patients who are able to participate in discussions about their care and treatment, but who may experience difficulties retaining information. The team were keen to look at the feedback process and how this might be improved for patients. Ensuring the participation of patients and their carers is important and we look forward to hearing how this area is being developed over the next few months.

We saw evidence of a patient feedback questionnaire having been used, with recent feedback from five patients, demonstrating positive experiences of the care they had received. We were also provided with copies of feedback collated by the occupational therapy (OT) team on recent sessions they had run.

The multidisciplinary team (MDT)

When the Commission visited the service in September 2018, our first visit after the unit had moved into its new purpose built facility, significant concerns were raised across the team about staffing levels and the impact this was having on patient care and safety. Problems of nursing recruitment and retention, low morale and a perceived lack of support at senior management level were all concerns raised with us at that time. NHS Lothian subsequently carried out a service review and we were pleased to note significant changes and

improvements during our next (unannounced) visit in July 2019. On that visit, we found improvements in staffing levels, morale across the team and positive impacts in patient care.

In our telephone contact with the service during Covid-19, we were pleased that improvements were ongoing and that staff continued to feel supported by new management structures.

On this most recent visit, we noted ongoing positive changes within the service and clear evidence of commitment to further improvement work. We heard that managers had supported senior nurses to maximise recruitment and retention processes and new staff had joined the clinical team. At a time when many mental health services across Scotland are struggling to maintain staffing levels, it was encouraging to hear that this was not a current concern.

The MDT included nursing staff, occupational therapy (OT), speech and language therapy (SALT) and social work in addition to the medical team; two consultant neuropsychiatrists and a full time associate specialist.

Patient records

Since our last visit there had been a switch to using electronic patient records, with the majority of clinical notes now held on TrakCare, the electronic patient management system used across NHS Lothian.

In the electronic notes we reviewed, the daily recording of patient contact and activities by nursing staff and other members of the clinical team was excellent, with frequent entries by occupational therapy, speech and language therapy and others. We note that the clinical team have carried out considerable quality improvement work in this area, including audits, since our last visit. We commend this work and the evident improvements that staff are making as a result.

We found good recording of weekly ward rounds, with updates from each discipline involved. There was clear documentation of decision making and ongoing treatment plans. Our only suggestion for improving ward round records would be to record attendees at the meeting and to implement patient feedback processes as discussed above, documenting these in the records.

We noted an absence of recording from social workers in the team on Trakcare, except in ward round updates. We discussed this during the feedback session with the service. We heard that social workers record notes on a separate electronic system and do not currently have access to TrakCare. The team will consider whether it would benefit the service to review this.

The care plan templates provided on TrakCare were not specifically designed to support mental health care planning. The care plans we reviewed on patients' electronic records appeared basic and somewhat generic. In contrast the rehabilitation support plans, which continue to be held and updated in the paper records, were highly individualised, detailed and demonstrated a high level of patient-centred care planning. We were advised that these records are not currently compatible with TrakCare and that some aspects of the electronic records do not easily meet the needs of the service or patient group. The clinical team shared

our concerns about information in patients' clinical records being divided in this way. The service is considering how this could be resolved.

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/node/1203

Recommendation 1:

Managers should consider how essential clinical information currently held in patients' paper records could be incorporated into the electronic patient management system.

Use of mental health and incapacity legislation

On this visit we saw marked improvement in the recording of aspects of care relating to the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') and the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act'). Copies of relevant legal paperwork were available in the electronic records in the patient files we reviewed.

The majority of patients on the unit (thirteen of sixteen) were detained under the Mental Health Act. We reviewed prescribing for all patients, in addition to the authorisation of treatment for those subject to the Mental Health Act.

Medication is now recorded on the electronic prescribing system HEPMA. The team have implemented a 'legal folder', kept in the treatment room. This has summary sheets for all patients with clear recording of details and dates of current Mental Health Act status, authority to treat (copy of T2/T3 certificate where applicable) and details of the section 47 certificate for patients with medical treatment authorised under the AWI Act.

The legal folder enabled the authority for patients' individual treatment to be cross-checked easily alongside HEMPA. We found just a few discrepancies, primarily two cases of unauthorised treatment with melatonin. In both cases this was due to DMP error; Melatonin had not been included in recent T3 certificates authorised by the DMP, despite this being requested by the treating team. Further DMP visits were arranged to rectify this issue. As errors such as this can occasionally happen, we encourage RMOs to review new T3's following a DMP visit so that any discrepancies can be swiftly corrected.

Rights and restrictions

Patients have access to advocacy support, with Partners in Advocacy providing one-to-one input on referral. Although contact was limited during the pandemic, we were told that this is again improving. Patients also had the opportunity to have their views heard at a weekly 'Points of view' group held on the unit. This group is jointly run by OT and SALT staff and we saw evidence of patient feedback from this group.

We saw information on the ward about spiritual care and staff confirmed the chaplaincy team were very accessible and supportive to those who wished to see them. We also heard some positive feedback from individuals in this regard.

A major concern for patients, carers and staff during Covid-19 has been the increased restriction on patients, with very limited access to passes or activities out with the ward and visiting from family being heavily curtailed. This was an area we had provided advice to staff about in the period since our last visit, in response to concerns in individual cases. We were aware that NHS Lothian guidance on hospital visiting during the pandemic had, at times, been particularly restrictive when compared with other health boards. Sometimes this conflicted with the individual needs of inpatients, particularly on mental health rehabilitation wards such as the RFU. We were pleased that the staff team had been supported by managers to implement a process which enabled individual risk assessments to inform activities and visiting, appropriate to each patient's needs. We received positive carer feedback in this regard and heard about the difference this had made to both the patient and their loved ones during this difficult period.

At the time of this visit, there had been no updates in the NHS Lothian hospital visiting policy since January 2022. Visiting had been increased to three named visitors per patient, visiting one at a time, at a maximum of one visit per day. We were told that walks in the grounds were not permitted, but that individual risk assessed visiting plans had been tailored as above.

Nursing staff also told us about changes to the observation policy within the ward, to enable continued monitoring of patient safety in the environment, in a more therapeutic and less restrictive way. This had involved the implementation of individual observation plans. We heard from staff that this was working well and they were seeing positive benefits for patients.

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 saw evidence of a variety of activities on offer both on the ward itself and in the wider hospital and community. We received mixed feedback from patients about the activities on offer. A few of those we met spoke of limited access to activities and of feeling "bored".

On reviewing individual records it was evident that some new patients were still undergoing a period of assessment and engagement with the OT team and therefore did not yet have fully developed activity plans. However for those who were not new to the unit, we saw evidence of individual timetables and OT planning. This was informed by risk assessments which supported community access and passes with family members where appropriate.

The unit benefits from a good level of OT involvement to support activities and there is additional input from art therapy and music therapy. We were advised that an application to fund permanent music therapy for the unit had recently been made and that there were also plans to allocate funding to employ of two full time activity co-ordinators for the unit. The introduction of activity coordinators was something the team had hoped to implement when we last visited, so we look forward to this being progressed.

There was a weekly activity timetable clearly visible in the main patient area and information about groups and activities on the ward.

We were pleased to hear that with the reduction in Covid-19 restrictions, opportunities for patients to join projects in the hospital grounds were again available. These included the Cyrenians gardening project, Artlink and various group activities taking place at the Hive centre. The service had also invested in an 'all abilities' bike to support patients who are less physically able to access the hospital grounds.

The team had recently re-started small group outings for patients in the ward minibus, with plans underway to recommence swimming and library trips as well as outings for lunch, shopping, hairdresser visits and other recreational activities.

The physical environment

The ward is light, bright and welcoming and the environment remains clean, and well maintained. There is interesting artwork on walls and clearly visible information for patients.

The main communal area has benefitted from the removal of a shelving partition, which previously caused limitations in the use of the space. Now it is a large open space allowing flexible use for patients to relax and watch television, engage in large group activities and have mealtimes. The area has large windows and direct access to the main central courtyard.

During our previous visits, staff had identified challenges with noise levels in the communal area. There were particular concerns about the impact this was having on patient mealtimes. We were pleased to hear on this visit that funding had been secured to install decorative noise reduction panels. The patient group had been invited to make the final choice of designs and it is hoped these panels will soon be in place. Nursing staff also told us that mealtimes had been adjusted to offer more structured support. We were advised that the change in regime, and in observation policy, had reduced the levels of distress that patients sometimes experienced at mealtimes.

There is a therapy kitchen on the unit, where the OT supports patients with individual and group sessions such as breakfast groups. There is a small games room adjacent to the communal area, with pool table/table tennis set up. This room also leads out to the main central courtyard, which offers an outdoor table tennis table, basketball hoop and space for outdoor exercise, as well as a seating area.

The decision has been taken during the pandemic to allow patients to smoke in part of this outdoor space. We were told this followed challenges of managing fire risks on the ward for patients who smoke, when time in the hospital grounds was restricted. We are aware this had also been a recent change in other wards on the hospital site (which was previously non-smoking).

The individual en-suite bedrooms remain in good decorative condition and we saw that patients can personalise these spaces.

A new change in the patient accommodation, was that one corridor had been designated for only female patients. This corridor included a small sitting room with adjoining courtyard garden exclusively for the use of female patients. This was a welcome inclusion and we heard that the small number of female patients on the unit appeared to value this and the opportunity to use this separate quiet space if they wished. Whilst the lounge space appeared somewhat

bare and sparse, we look forward to seeing this being made more inviting and comfortable over time.

Any other comments

Covid-19

During the pandemic no patients on the unit had so far tested positive for Covid-19. There had been no issues with access to PPE for staff. Patients had received the appropriate vaccinations and infection control measures continued to be in place on the ward and to facilitate visiting.

As noted earlier, restrictions around visiting and patient access to hospital grounds and the community have been challenging at times, but we were encouraged by the steps taken by the clinical team to safely minimise the individual impact of these restrictions wherever possible.

Delayed discharges

Following a twelve week assessment, the average inpatient stay on the unit is approximately six months. We were advised that delayed discharges have increased significantly during the pandemic. This has been partly impacted by the limited ability to support outreach and transitions from the ward to the community, particularly for patients whose home health board is at significant distance. However, the challenge has been further exacerbated by a reduction in the availability of appropriate placements.

We were advised that a number of major care facilities had closed during the past two years. These units were able to offer specialist provision to support adults under 65 years who experience complex needs as a result of brain injury. These facilities were privately run and we understand there is no national oversight body currently addressing gaps in specialist provision in this regard. We would encourage the service to raise these concerns at senior executive level within NHS Lothian and to keep the Commission updated in this regard.

For patients able to be discharged to the community with support packages, we heard that reduction in the availability of social care staff to support these packages had also led to delayed discharges. Regular multiagency delayed discharge meetings were taking place to continue to review progress in each of these cases and social workers in the team were liaising with their community counterparts to progress discharge wherever possible. The Commission is aware of the issues highlighted here and would encourage the service to continue raising these matters with the relevant bodies, keeping us appraised of their progress.

Summary of recommendations

1. Managers should consider how essential clinical information currently held in patients' paper records could be incorporated into the electronic patient management system.

Good practice

Quality improvement work

We wish to commend the team for their continued drive for service improvement. We saw ample evidence that quality improvement work has continued since our last visit, in spite of the immense challenges the service has faced due to Covid-19 during this time.

It is evident that the service is vastly improved in the three and a half years since our 2018 visit, when significant concerns were raised both by the team and by Commission visitors. Staffing levels, cohesion and morale appear transformed and patient care and rehabilitation has clearly benefitted as a result.

We are impressed by the scope and ambition of the current three year strategy (2021-24) developed by the service, and by the wide range of quality improvement work planned (including training, audit and research among many other goals). We look forward to seeing the outcomes on future visits.

Service response to recommendation

The Commission requires a response to this recommendation within three months of the date of this report.

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

Suzanne McGuinness
Executive director (social work)

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 Commission 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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