**Mental Welfare Commission for Scotland**

**Report on announced visit to:**

Redwood Ward, The Orchard Clinic, Royal Edinburgh Hospital, Edinburgh EH10 5HF

**Date of visit:** 18 August 2022

## Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their 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 carried out face-to-face.

The Orchard Clinic is a 40-bedded medium secure forensic unit on the Royal Edinburgh Hospital site. Redwood Ward is an acute admission ward with 15 beds for both men and women. There are two forensic rehabilitation wards in the clinic: Cedar, a 14-bed rehabilitation ward for men, and Hawthorn, an 11-bed mixed-sex rehabilitation ward. The Commission visits and reports on the rehabilitation wards separately.

We last visited Redwood Ward on 27 June 2022. The visit at that time was unannounced, and was carried out for safeguarding reasons based on concerns raised with the Commission. We had been notified of complaints made about the ward, for which the health board had commissioned an independent investigation. On the visit, we focussed on patients first-hand experiences and spoke with all twelve patients in the ward at the time. We received mixed feedback about individual experiences of care and provided details of concerns shared with us on the day to senior managers. We made a recommendation about ensuring ease of access to independent advocacy across the clinic.

When the unannounced visit was undertaken in June, the Commission had already planned an announced, annual visit Redwood Ward and had notified the service of this in advance. We decided to proceed with the pre-planned visit, in order to hear more from patients, carers and staff about their continued experiences and to follow up on all previous recommendations.

## Who we met with

We reviewed the care of seven patients, four of whom we met with in person.

We met with the clinical nurse manager, the senior charge nurse, and head of clinical psychology. We also spoke with ward staff and one of the consultant psychiatrists.

## Commission visitors

Dr Juliet Brock, medical officer

Lesley Paterson, senior manager (practitioners)

# What people told us and what we found

## Care, treatment, support and participation

There were 15 patients on the ward at the time of our visit.

The patients we spoke with were generally very positive about staff and the care they were receiving. Some patients commented about a lack of staff on the ward and said that this was sometimes having an impact on activities and escorted passes.

We were aware from our contact with the senior charge nurse, clinical nurse manager and the medical director that staffing has been a considerable challenge across the clinic. The problem was reported to be most acute in Redwood Ward, where staff numbers were significantly diminished. In addition to underlying widespread (local and national) nursing staff shortages, we understood that the ongoing investigation was also having an impact, with some members of staff absent and high sickness levels.

Managers had also informed us that recently, and for the first time in the clinic's history, it had been necessary at times to request staff support from acute mental health wards on the hospital site, to provide assistance to cover shifts. There was concern that external staff often did not have experience in providing forensic mental health care and had not worked in a specialist forensic setting, such as a medium secure unit. We were told this situation had left permanent staff feeling under significant stress. There had also been periods where several patients required to be cared for in seclusion in the high dependency suites, due to their heightened level of risk. In the week prior to our visit, three of the four high dependency suites on the ward were in use. The clinical nurse manager and senior nurses told us that ward staff had reported not feeling safe at times and that staff morale was low.

Throughout the visit, we were mindful of the context in which care was being carried out and the significant challenges the team were experiencing.

### Multidisciplinary team (MDT)

The unit has a broad range of disciplines based in the clinic. In addition to nursing and healthcare support staff on the ward, each team has input from consultant psychiatrist, psychology, occupational therapy and social work.

The occupational therapy team run a wide programme of activities from the Cypress Unit in the clinic, and work both individually with patients, including carrying out assessments, and in groups.

We also heard about the ways in which psychologists in the clinic support the wards and teams. In addition to individual patient work, psychology have facilitated 'CAT chats' (cognitive analytic therapy) on the ward that supports discussion of complex cases with staff. Clinic-wide reflective practice sessions are also offered (currently online) and psychology deliver trauma-informed training to staff. We heard that the number of psychology staff had depleted, and the clinic were short of two full-time members of staff at the time of our visit. Despite this, we heard very positive feedback from ward staff about psychology support.

Physical healthcare on the ward had normally been provided by a visiting GP, who offered regular sessions for clinic patients. At the time of this visit there had been no-one in this role for a number months, after the previous doctor had left unexpectedly. We were advised that, as an interim measure, junior doctors on the wards were overseeing patients' physical health care needs.

### Care records

As detailed in our previous report, patient records are held mainly on TRAKcare, the electronic health record management system used by NHS Lothian. Additional documents continue to be collated in paper files, including nursing care plans.

As previously noted, we found a good level of detail in the day-to-day recording in the patient records we viewed. There was clear involvement from multiple disciplines in individual patient care, clinical team meeting notes were clear and well-recorded and care programme approach (CPA) reviews were highly detailed.

### Nursing care plans

The Commission has made previous recommendations to improve nursing care plans on Redwood Ward. As mentioned in our last report, the action plan we received from the service in 2021 confirmed that training and audits would be implemented to raise standards. We were pleased that improvement work was planned.

However, as was noted from our June 2022 visit, the quality of care plans on this visit remained poor. This was particularly concerning as we were told regular audits were being carried out by charge nurses on the ward. We acknowledge the pressure the staff team are under, but this is an essential aspect of patient care.

As copies of all patient care plans were held centrally in a single folder, we were able to view the nursing care plans for all patients on the ward easily. In general the care plans were very basic and contained little person-centred detail. There was also a lack of detail on the assessment of need. We found some patients had 'live' care plans that related both to seclusion and to general nursing observations that we found confusing. Care plan reviews were mostly either absent, or lacked meaningful detail. There also did not always appear to be consistency in the format used or in whether care plans were recorded electronically or in paper files. This is an area that needs considerable 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/node/1203

**Recommendation 1:**
Managers should carry out a review of care planning practice on the ward. Training and guidance should be implemented where required and a robust system of audit should be developed to ensure progress and a consistent process of improvement.

## Use of mental health and incapacity legislation

All patients are detained under the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment) (Scotland) Act 2003 (The Mental Health Act).

In the case notes we reviewed, documents relating to detention were available and clearly filed.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) were not always up-to-date. We found that one T2 certificate, completed the day prior to our visit, was three months late, and so the patient's treatment had not been lawfully authorised during this time. Another patient's T2 had been completed a few months late.

We also found that as required intramuscular medication (IM) had been authorised on a T2 form. We do not consider it appropriate to include the prescribing of as required IM medication on a consent to treatment certificate, as it is unlikely that a patient would consent to this treatment at the time where it may be required to be given urgently. We advised staff on the day about these discrepancies and asked that they be urgently addressed.

**Recommendation 2:**
Responsible medical officers must ensure that all medication prescribed for the treatment of mental disorder is properly authorised. Managers should arrange for regular audits to be carried out to check all treatment given under part 16 of the Mental Health Act.

## Rights and restrictions

Where specified person restrictions were in place under the Mental Health Act, we found that up-to-date documentation was not always in place to authorise this. For example, we found that the required documentation, for one patient who had continued to have their phone calls restricted, had not been renewed.

We were concerned about the ward practice of handling patient correspondence and opening packages. We were advised this was done according to local policy. The policy we were shown did not appear to mention specified persons. Sections 281 to 286 of the Mental Health Act provides a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person, and where restrictions are introduced, it is important that the principle of least restriction is applied.

Our specified persons good practice guidance is available on our website:
https://www.mwcscot.org.uk/node/512

**Recommendation 3:**
We recommend that managers review local policy on handling mail for patients in accordance with the Commission's good practice guidance, to ensure it reflects least restrictive practice.

As reported in our last visit in June 2022 we said:

> "*following the visit we spoke both with Advocard, the independent advocacy service offering individual support, and the Patients Council, which provides group advocacy. Both services had maintained contact with patients on Redwood Ward and advised us that no specific issues of concern had been raised with them in regard to patient experiences of care. However, the input to the clinic from these services had not yet fully returned to pre-pandemic levels*."

We made a recommendation that managers should consider offering regular forums to consult with both individual and group advocacy services.

We were told on this visit that work was underway to develop better communication to consult with advocacy services. We will continue to follow up progress on future visits with the ward, and with patient advocacy services.

One patient complained to us on this visit that they were not allowed to vape on the ward. We discussed the hospital policy on smoking and our understanding that vaping was included in this. We agreed to pass on a letter from the patient about this to clinic managers, which we did on the day.

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

The feedback we received from patients about activities on this visit was similar to what we heard in June 2022.

Some patients told us about occupational therapy groups and activities they participated in, in the clinic on Cypress Unit, or opportunities available for activities on the hospital grounds, such as the community gardens or those at the Hive centre. Patients who were restricted on the ward however, reported having very little to do.

The weekly activity timetable displayed on the ward remained largely blank of information on the day of this visit.

Staff we spoke with acknowledged the lack of ward-based activities was a concern. There was no activity co-ordinator on the ward, so apart from a weekly art therapy session and a discussion group facilitated by external staff, activities on the ward tended to happen on an ad-hoc basis, when staffing levels allow. Given the staffing challenges, we were told that other members of the MDT, including staff from social worker and psychology, had been supporting the ward staff by engaging patients in activities.

The senior charge nurse told us that no funding had been made available to progress an activity programme on the ward.

The Commission has repeatedly raised concerns about the lack of activity provision for patients on Redwood Ward, who are restricted to the ward environment and, therefore, unable to participate in the wealth of therapeutic activity provision on offer either in the clinic, or on Cypress, or in the hospital grounds. As stated in our last visit report, a previous recommendation by the Commission in 2019, prior to the pandemic, was:

> *"Managers should review activity provision on Redwood Ward and make steps to improve the availability of activity and meaningful occupation for patients within the ward environment. The appointment of an activity co-ordinator should be considered."*

We discussed this issue again with senior staff on the visit. We were told that managers are looking at activity groups for all three wards. The detail or timescale of this was not yet clear.

**Recommendation 4:**
Managers must urgently review activity provision on Redwood Ward and provide the Commission with an action plan to improve the availability of activity and meaningful occupation for patients who are restricted to the ward environment.

## The physical environment

We were pleased to note that there had been some general improvements to the ward environment for this visit. The décor in the main TV lounge area was improved, with the space appearing freshly painted and new sofas in situ.

Overall the main communal spaces on the ward were very clean and in a good state of repair. We were pleased to note the addition of pictures on the walls.

There was an activities room with a TV, music and games. We were told this was well used.

The separate female-only sitting room offered comfortable seating and had games available. Although not well used at the time of the visit due to the patient mix on the ward, we were told this space was generally well used when there were female in-patients.

We were also very pleased to note that the ward gym was now usable, having been out of action due to broken equipment on previous visits. The small room was freshly painted and had a new running machine and cycling machine installed. We were told it was used frequently by a number of patients on the ward at the time. Staff were also looking to arrange fitness sessions to encourage patients to use the space, if these could be facilitated.

The ward has an enclosed courtyard garden. The garden appeared overgrown and slightly neglected on this visit. There were also long grasses visibly growing from gutters in the roof. We were told that the hospital estates department were responsible for general maintenance of the space. The garden had planters and seating. The charge nurse told us they were trying to secure funding to install an outdoor gym. For those patients restricted to the ward, this is the only accessible outdoor space. We would support all efforts to optimise this space for patients to use.

It was noticeable that the windows throughout the ward appeared not to have been cleaned for some time. One of the patients also remarked to us that "the windows don't get cleaned

outside". When we discussed this with managers at the end of the visit we were told that this maintenance is again organised by the hospital estates team. We were assured that this issue would be raised with this department as a priority, as would the need for the gutters to be cleaned that surround the courtyard garden.

Patient bedrooms in Redwood Ward are arranged across three corridors, with a high dependency suite at the end of each. We have previously highlighted concerns about patient en-suite shower rooms across the clinic, where routine environmental risk assessments have consistently highlighted concerns about ligature risks. For a number of years, upgrades have been requested and the Commission has made repeated recommendations on this issue. In June 2021, the service noted that the "delay to this upgrade is not appropriate and needs to be managed urgently." Managers had informed us that funding had been agreed for some time, but there had been repeated delays at the tendering and procurement stage. We were advised by managers on this visit, and on updates since, that progress had been made by the health board. At the latest update, contractors had been appointed and work was underway. A schedule of work was being devised to safely manage the logistics of upgrading all patient en-suite shower rooms across the three wards in the clinic. We look forward to seeing the outcome of this improvement work when we next visit.

**Recommendation 5:**
Managers should ensure that there is an agreed programme of maintenance work with the estates department to ensure that the general upkeep of the clinic environment is maintained. This should include the cleaning of windows and guttering and the maintenance of outdoor spaces utilised by patients.

## Summary of recommendations

**Recommendation 1:**
Managers should carry out a review of care planning practice on the ward. Training and guidance should be implemented where required and a robust system of audit should be developed to ensure progress and a consistent process of improvement.

**Recommendation 2:**
Responsible medical officers must ensure that all medication prescribed for the treatment of mental disorder is properly authorised. Managers should arrange for regular audits to be carried out to check all treatment given under part 16 of the Mental Health Act.

**Recommendation 3:**
We recommend that managers review local policy on handling mail for patients in accordance with the Commission's good practice guidance, to ensure it reflects least restrictive practice.

**Recommendation 4:**
Managers must urgently review activity provision on Redwood Ward and provide the Commission with an action plan to improve the availability of activity and meaningful occupation for patients who are restricted to the ward environment.

**Recommendation 5:**
Managers should ensure that there is an agreed programme of maintenance work with the estates department to ensure that the general upkeep of the clinic environment is maintained. This should include the cleaning of windows and guttering and the maintenance of outdoor spaces utilised by patients.

## Service response to recommendations

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

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

Claire Lamza
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 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.

## Contact details

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

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk