

Mental Welfare Commission for Scotland

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

Date of visit: 22 October 2018

Where we visited

Balcarres is a 16-bedded adult acute male admission ward with a catchment area that includes the northwest and northeast areas of NHS Lothian. We last visited this service in November 2017, along with the other three acute admission wards for the city of Edinburgh, and made recommendations relating to bed management, care planning, consent to treatment, restrictions, and the physical environment.

On the day of this visit we wanted to follow up on the previous recommendations and also look at the experience of patients receiving care in Balcarres, specifically in relation to their stay in the ward, and being given information on their rights. This is because we had received information from patients and carers about these issues.

Who we met with

We met with, and reviewed the care and treatment of, eight patients and had contact with two relatives.

We spoke with members of the nursing team, the charge nurse, senior charge nurse and two consultant psychiatrists.

Commission visitors

Claire Lamza, Nursing Officer

Dr Stephen Anderson, Consultant Psychiatrist

What people told us and what we found

Care, treatment, support and participation

Those we spoke to told us that staff were helpful, supportive, and met with them regularly for one-to-one sessions. The patients said that they could see that staff were busy, and at times had to ask if there was someone available to help them. We heard that communication could be contradictory, and that what they are advised by one member of staff was different to other members of staff. We were told that more one-to-one sessions would be helpful, and that meeting with their consultant psychiatrist earlier in the admission process would be preferable.

Relatives said that clinical staff did involve them and kept them updated. We were told there was a lack of off-ward places to meet with their relatives, and no refreshment facilities for carers in the Royal Edinburgh building. We raised the issue about the lack of facilities in the last report, and will follow up further with local managers for a progress update.

On the day of our visit, we were aware of the diversity of the patient group. There was a broad age range in the patient group, with some patients who had challenging physical health care needs, some with substance misuse problems, and patients who

had complex mental health issues. We found the staff to be responsive and skilled in meeting the varied needs of the patients. We were advised that there has recently been training provided for the nursing assistants in the unit, and staff have access to reflective practice.

Care Plans

Balcarres is moving towards being paper-light, with progress notes, reviews, adverse incidents and all legal documentation being kept on the electronic record system, TrakCare. However, the patients' pass plans, care plans, and risk assessments are still in a paper-based care file.

We found the progress notes on TrakCare to be detailed, and they gave a comprehensive overview of the needs and strengths of patients. One-to-one sessions were clearly identified, and there was evidence of engagement from all members of the clinical team. There were assessments by dieticians, occupational therapists, and psychology. Access to interpreters and support workers was also continued where it had been an established part of a patient's care and treatment. We found that SCAMPER reviews had been completed regularly on the electronic system, with evidence of patient and carer views.

There were up-to-date pass plans and risk assessments in the care files, along with identified goals in the 'my care plan' document. In all of the care plans we reviewed, most patients had a single care goal, and the style of writing in these was inconsistent. We found there to be a lack of definition in terms of patients' goals, in the interventions that were prescribed in support of achieving the goal, and with the evaluation. While there was evidence on TrakCare of staff working with patients to achieve their goals, this was not evident in the 'my care plan' document.

Some of the patients that we spoke to were unclear, or could not recall, interventions or actions that the clinical team had undertaken as part of their care and treatment. We were able to find evidence of discussions and subsequent actions in the progress notes and reviews. We would recommend that the clinical team consider providing a review that can be given to patients which keeps them informed of their care.

Recommendation 1:

Managers should ensure that patient goals are individualised, linked with the care and treatment that is being delivered, and evaluated.

Recommendation 2:

Managers should develop a document that provides patients with an update of actions taken in relation to their care and treatment.

Use of mental health and incapacity legislation

On the day of our visit, most patients in the ward were detained under the Mental Health (Care and Treatment Act) (Scotland) 2003 (MHA). For those that we reviewed, the relevant paperwork relating to the MHA, along with reports from Mental Health Tribunal for Scotland (MHTS) hearings, were available on the electronic system.

We found forms for consent to treatment under the Act (T2) and forms authorising treatment (T3) were available on the electronic system, and a copy was kept with the medication prescription sheet. There was a query with one T3 that was discussed with medical staff during our visit. We were also made aware that, at present, there is a locum pharmacist providing input to the ward, and there have been some delays with T3 forms being made available to the clinical team, but this is in the process of being resolved.

Rights and restrictions

The main door in and out of Balcarres is kept locked, although there was always a member of staff to assist patients who were requesting to enter or leave the ward. We found pass plans in the care file that gave clear information about patients' time off ward, whether this was escorted or unescorted, and the areas they were able to access. For those patients who needed to be escorted off ward, there was evidence of this being regularly supported by nursing and occupational therapy staff. There was also open access to the courtyard garden that is directly off the main day area.

We noted that, for those patients that requested it, there was involvement with advocacy and legal representation. There was also a record of patients being provided with their rights of appeal, and of being kept informed of changes in their status under the MHA. While there were no patients with advance statements, we found that the admission process prompted staff to ask patients about this routinely at the time of admission. On the day of our visit, we discussed the use of advance statements with patients that we met, some of whom requested further information regarding their own statement.

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/>

Recommendation 3:

Managers should ensure that patients are asked, and supported, to complete an advance statement where appropriate.

Activity and occupation

On the day of our visit, patients that we spoke to were positive about the range of activities that they could access.

We were pleased to find evidence of a broad range of activities on offer, both on and off ward. Patients told us that they enjoyed attending the open music group, going to the gym, the art group, and accessing the Hive, a day service based in the grounds of the Royal Edinburgh Hospital. We found evidence of patients' engagement in outings with the ward-based recreation nurse, and support for other services to maintain their contact with patients while they were in hospital.

We noted that the occupational therapy service provides a range of opportunities. There were comprehensive assessments, on-ward activities such as creative packs that could be left for patients to complete, cooking, gardening and groups for drawing and brunch.

There is also access to psychology, although the number of sessions are limited as this resource is shared with all of the admission wards. There have been other developments with low-intensity psychological interventions. There has recently been training for nursing assistants to support the delivery of relaxation-based techniques for patients in the ward.

The physical environment

The general environment is modern and fresh, with spacious day areas and direct access onto a courtyard garden. There have been developments to personalise the main corridors with art work, and in the main dining area, and there is a wall mural of a recovery tree. Nearly all areas were well maintained and clean. There was a bit of graffiti on the wall of the interview room, although plans were in place to rectify this.

Patients have their own rooms with en-suite facilities, with an additional bathroom for patients who prefer this option. There is access to tea and coffee making amenities and an alternative quiet space. Patients are encouraged to leave the ward to smoke if they wish, although we were advised that patients smoking in the ward and garden areas required to be constantly managed. We were informed that the smoking-cessation team are planning to attend the ward community meeting to support the non-smoking policy for the hospital.

Summary of recommendations amend as above

1. Managers should ensure that patient goals are individualised, linked with the care and treatment that is being delivered, and evaluated.
2. Managers should develop a document that provides patients with an update of actions taken in relation to their care and treatment.
3. Managers should ensure that patients are asked, and supported, to complete an advance statement where appropriate.

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@mwscot.org.uk

website: www.mwscot.org.uk

