Mental Welfare Commission for Scotland

Report on unannounced visit to: The Orchard Clinic, Redwood Ward, Royal Edinburgh Hospital, Edinburgh EH10 5HF

Date of visit: 27 June 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-bed medium secure forensic unit on the Royal Edinburgh Hospital site. Redwood is a 15-bed acute admission ward in the clinic 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 12 April 2021 and made recommendations about improving care plans, reviewing DNA CPR directives, obtaining patient feedback – particularly from female patients – and making improvements to the environment, including works required to address ligature risks identified in previous environmental risk assessments carried out by the service.

The Commission had planned to visit Redwood Ward in August 2022 to follow up on these recommendations and to hear from patients, carers and staff about their experiences as the easing of restrictions in relation to Covid-19 continued. This visit was to be announced and the service had been notified in advance.

On 17 June 2022, the Commission was alerted by managers at the Royal Edinburgh Hospital to complaints in relation to Redwood ward. After speaking with senior managers and receiving details of the alleged concerns, we carried out an unannounced visit to the ward at the earliest opportunity. An independent investigation into the complaints was being arranged by the health board and the Director of Public Protection in NHS Lothian was also looking into the issue. The purpose of the Commission's urgent visit was to ensure the safeguarding of patients whilst these parallel processes were put in place.

We carried out this unannounced visit on 27 June. We wanted to meet with as many patients on the ward as possible to hear about their experiences and any concerns they had about their care and treatment. A brief follow up visit (arranged with the service) was then carried out one week later, for the purpose of reviewing a selection of patient records.

Who we met with

On the day of our unannounced visit we spoke with all twelve patients on the ward. Six patients joined us for a group discussion and we met with nine patients individually (including three of the group attendees).

We met with the senior charge nurse and spoke with both charge nurses during the visit. On the day of the follow up visit, the Commission representative also met with the clinical nurse manager and clinical director at the clinic. We also spoke with the local individual and group advocacy services that provide input to the ward and across the clinic.

Commission visitors

Dr Juliet Brock, medical officer

Graham Morgan, engagement and participation officer (lived experience)

Lesley Paterson, senior manager (practitioners)

What people told us and what we found

Care, treatment, support and participation

Patients described mixed experiences of care on the ward.

Many were positive about the care and support they received. Comments shared by patients included *"The staff are easy to approach and have a lot of time for you even if they are busy, you can talk to whoever is on the floor"* and "*I get treated well.*"

When we asked about staff attitudes, again many commented positively, saying staff were *"nice"* and *"respectful."*

A number of patients described staff support as being *"mostly"* positive, but appeared reticent to share any negative experiences. A few patients used the word "*jaded*" when referring to some of the staff.

When we asked about being treated with dignity and respect, a few patients voiced concerns about the attitude of some staff. One patient said "*Sometimes the way they speak is a bit aggressive or rude… some of it can be to have a go at you and can be a bit nasty*". Another said staff could be *"disrespectful."* We heard specific concerns about individual members of staff. This included serious allegations about unacceptable comments and abusive language directed towards patients by one member of staff. We reported these allegations directly to the senior charge nurse and to managers. We were assured that these concerns were already being addressed.

When we asked patients if they felt safe on the ward, most said they did. One patient told us *"When people have an episode it can be disturbing – the staff are very fast to react… I have seen it three times – they help the person afterwards."*

In the group discussion, a number of patients voiced concerns about depot medication and specifically how the administration of injections was managed. One person suggested that nursing staff "*could have been more talkative about it and could have explained it… they could put you at ease more";* another added "*there is little explanation except that you have no choice."*

We asked patients if they would feel able to raise concerns if they had any and many said they would. Comments included "*I have spoken to staff*"; "*if I had concerns I would be happy to speak to people"* and *"if I had concerns I would approach people – I would speak to one of the doctors."* Not all patients shared this view however, one person told us "*I wouldn't feel awkward raising concerns with staff but I wouldn't go to them with concerns either."*

A number of patients raised general issues about staff conduct on the ward. The main complaint was being disturbed by staff speaking loudly in the nursing station beside the bedroom corridors: *"staff are incredibly loud when they talk to each other at the night station."* In the group we were told *"you can hear them talking at the night station",* with one patient adding *"the staff station is noisy at night and keeps me awake but I don't know what they talk about*."

Our impression as visitors was that, despite recent attempts to prevent staff from congregating at the night station (the senior charge nurse had already removed some seating

for this purpose), this remained evident on our daytime visit. We repeatedly saw groups of three to four staff sitting talking in this space whilst patients were present in other areas of the ward.

We discussed these issues with the senior charge nurse on the day and with senior managers following the visit.

One patient claimed that certain members of staff vape at the night station (both during the day and at night). We understand that the hospital smoking policy prohibits vaping in the hospital. The Commission has been advised that similar statements have been made by others since our visit and that the matter is being addressed by managers.

Our experience as Commission visitors to the ward was that some of the staff were very friendly and helpful on approach and as we spent time on the ward, whilst the attitude of others appeared somewhat negative in contrast. We did not observe any interactions between staff and patients that caused concern on the day of the visit.

Given the concerns raised by individual patients, the Commission provided written details of specific allegations to senior managers the following day. This information was also shared with the director of public protection in NHS Lothian. To ensure the safeguarding of patients whilst the investigation into reported complaints is carried out, managers have already put arrangements in place to increase senior staff presence on the ward.

Patient records

The main focus of this visit was to meet with patients. We did however view a number of individual patient records and all care plans that were filed collectively in a ward folder.

Patient records are held mainly on TRAK, the electronic health record management system used by NHS Lothian. Additional documents continue to be collated in paper files, including nursing care plans.

We have made previous recommendations to improve nursing care plans. The action plan received from the service in 2021 confirmed that training and audits would be implemented to raise standards. It was disappointing therefore to find that the quality of care plans we reviewed on this visit remained poor.

Most care plans on file related to observation or seclusion and lacked a therapeutic or recovery focus. The care plans also, with a few exceptions, lacked person-centred detail. We saw repeated generic phrases that appeared to have been copied and pasted between care plans for different patients, with many appearing to lack detail as a result.

There was evidence that many care plans were being reviewed on a regular (monthly) basis, however these reviews were often brief and lacking in meaningful clinical update. In some cases, care plans had not been reviewed for over six months, despite relevant information being available in patient files to inform important updates.

We discussed these issues with charge nurses and senior charge nurses on the day and were advised of ongoing work in this area. We will look at this again, and make further recommendations as required, after reviewing progress in August.

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

In the electronic records we viewed we found a good level of detail in the clinical team meeting notes, in individual entries by members of the multidisciplinary team, and, as on previous visits, a consistently high standard and level of detail in care programme approach (CPA) reviews.

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

We will review the legal aspects of care and authority for treatment for each patient more fully during our forthcoming visit in August 2022.

Rights and restrictions

Significant restrictions across the clinic in relation to Covid-19 have been easing since our last visit. Despite this a number of patients remained unhappy with the level of restriction they were subject to. This was particularly in relation to passes, which are authorised following detailed risk assessment and multidisciplinary discussion by the clinical team, and in some cases, require permission from Scottish ministers.

We encouraged individuals to raise these concerns with their clinical team, and to seek advice and support from advocacy and their legal representative as appropriate.

Patients on Redwood Ward have previously been very positive about the availability of both individual and group advocacy support. On this visit feedback was mixed, with some individuals reporting a good level of input whilst others gave a different view, for example, "*there is little help from advocacy.*"

Following the visit we spoke both with Advocard, the independent advocacy service offering individual support, and the Patients Council, which provides group advocacy. We were aware that both services had experienced challenges in providing support during the pandemic due to restrictions reducing access to wards, but that this has been improving.

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, their input to the clinic had not yet fully returned to pre-pandemic levels. We were aware that the clinic manager was working to improve this. We raised specific ongoing challenges, which Advocard shared with us, with the clinic manager to assist with further improvement.

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

Recommendation 1:
Managers should consider offering regular forums to consult with both individual and group advocacy services, to ensure that patient access to both services across the Orchard Clinic is optimised and that any concerns (from patients or advocacy services) can be swiftly addressed.

Activity and occupation

We are aware that restrictions put in place during the pandemic had meant that many activities – both in the clinic and across the hospital site and wider community - had to be put on hold. This had been challenging for many patients in the Orchard Clinic.

When we last visited Redwood Ward in April 2021, patients complained of limited availability of activities and that those available on the ward were not happening often enough. At that time, restrictions due to Covid-19 were easing and small group activities had re-commenced in the clinic, mainly facilitated by the occupational therapy (OT) team.

On this visit, we heard mixed views about the activities on offer. Some patients spoke positively "*there is plenty to do – there are art classes*"; "*I play badminton and do yoga in my room – I was given a book and a mat for it*". However, the response from many, was that they felt "*bored*" with "*not enough to do*" and that there was "*not much to do*" on offer.

We observed that the ward had a weekly activity timetable on display. This was blank on the day of our visit (a Monday), except for a take away night later in the week.

Both staff and patients said that there were occasional activities happening on the ward. These included a weekly art therapy session on a Tuesday (co-facilitated by a student from a local university) and a discussion group on Thursdays. One patient said that sometimes there was bingo or karaoke on the ward.

A programme of activities is available on Cypress Unit in the clinic, with physical activities available in the gym hall, outdoor courts and the small shared gym. Some patients were accessing OT groups such as cooking and others talked about the Recovery Group, run by psychology. Patients were positive about these sessions.

Individual patients who had passes to access the hospital grounds spoke of using the main hospital gym or attending the Cyrenians garden project. Those with least restriction enjoyed passes to the wider community. One patient reported that staff shortages sometimes meant their escorted passes had to be cancelled.

Many patients however reported having little to do. This remains a particular concern for the most restricted patients, who are limited to the ward environment and unable to access OT sessions and other groups in the wider clinic. This has been a continued concern raised by the Commission on previous visits to the ward and was the subject of a recommendation we made in 2019, prior to the pandemic: *"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 raised this issue with the senior charge nurse on the visit. We understand that staffing challenges have made it difficult to optimise therapeutic activities on the ward and there remains no appointment of an activity co-ordinator. We will discuss with the team and managers when we visit again in August 2022 to see how this issue can be addressed going forward.

The physical environment

Given the nature of this unannounced visit, we did not specifically focus on the ward environment and will do so when we return to the ward in August 2022. We did receive an update on recommendations made about the environment following our last visit. We will address these in more detail in our next visit report.

However, we would wish to note that it was a concern that an upgrade of the anti-ligature specifications to en-suite bathrooms across the clinic – something which has been in planning by NHS Lothian for a number of years – had still not begun, with no start date for works yet imminent. In response to our last recommendations about this issue, in June 2021 the service noted that the "*delay to this upgrade is not appropriate and needs to be managed urgently*." In our subsequent visit to the rehabilitation wards Cedar and Hawthorn in 2021, we were advised that hospital managers had agreed funding some time ago, but the process had stalled at the procurement stage. An action plan was then provided by the service with a timescale for steps in the process. We will liaise with the Orchard Clinic Management Team for a detailed progress update in this regard and will report on this again during our scheduled visit in August 2022**.**

Any other comments

We are maintaining regular contact with clinic and hospital managers for updates in the interim, pending the investigation into complaints reported to us by managers on 17 June 2022 and its outcome. The Commission will also provide input to related public protection and/or adult protection processes within NHS Lothian as appropriate.

Summary of recommendations

1. Managers should consider offering regular forums to consult with both individual and group advocacy services, to ensure that patient access to both services across the Orchard Clinic is optimised and that any concerns (from patients or advocacy services) can be swiftly addressed

Service response to recommendations

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.

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.

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