Mental Welfare Commission for Scotland

Report on announced visit to:

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

Date of visit: 24 August 2023

Where we visited

The Orchard Clinic is a 40-bed medium secure forensic unit on the Royal Edinburgh Hospital site. Redwood Ward is the acute admission ward, with 15 beds for both men and women. There are also 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 in August 2022. This had been a planned announced visit. It closely followed an unannounced visit in June 2022, which had been carried out for safeguarding purposes, after the Commission was notified of complaints made about the ward, for which the health board had commissioned an independent investigation.

Following our last visit in 2022 we made five recommendations to the service; these included carrying out a review of care planning, establishing a regular audit of nursing care plans and ensuring all medication prescribed for mental illness was properly authorised under the Mental Health Act. We also recommended that managers carried out an urgent review of activity provision on the ward, that the handling of mail was reviewed to ensure least restrictive practices, and that a programme of maintenance work was agreed with the estates department, to ensure that general upkeep of the clinic environment was maintained. We received an action plan responding to these recommendations.

Since the last visit, we had been advised that renovation works across the clinic were due to commence. These upgrades, in particular of all en-suite shower rooms to reduce potential ligature risks, had been planned for a number of years. As these works were due to begin in Redwood Ward, bed capacity had been reduced from fifteen to eight beds in preparation.

On this visit we wanted to hear from patients, carers and staff about their continued experiences on the ward, and to follow up on all previous recommendations.

Who we met with

We met with and reviewed the care notes of six of the eight patients on the ward during this visit.

We spoke with the service manager, clinical nurse manager, senior charge nurse and a number of ward staff.

Commission visitors

Dr Juliet Brock, medical officer

Kathleen Liddell, social work officer

What people told us and what we found

Care, treatment, support and participation

The individuals we spoke with were generally positive about staff and the care they were receiving. They spoke of staff being supportive and of there being good communication about their care, for example when attending ward rounds.

One person raised concerns about staff that we discussed with senior members of the team on the day.

Multidisciplinary team (MDT)

The ward continued to have access to a broad range of professionals based in the clinic, from across multiple disciplines.

Post-pandemic, Redwood Ward had reverted to a system where the care of each patient was assigned to a specific clinical team. Each team had a nominated consultant psychiatrist, additional medical support and input from occupational therapy (OT), psychology and social work. We also heard about the benefit to clinical teams in having a dedicated mental health pharmacist attached to the clinic.

At the time of this visit, the ward had input from five clinical teams, each requiring a separate weekly ward round (known as a clinical team meeting or CTM). We were told this was sometimes a challenge for the nursing team to support.

We had been aware of significant staffing challenges across the Orchard Clinic over the last few years (echoing wider workforce challenges across Scotland) and were mindful that staff shortages had particularly affected Redwood Ward. At the time of this visit, eight members of the staff team had been absent from work for an extended period. Some absences related to the independent investigation that had been carried out, which had concluded just before this visit.

We heard that the temporary reduction of beds on the ward had eased some pressure on nursing staff, but as the clinical acuity of the patient group had increased, this had had an impact on the level of nursing intervention that was required to provide individual support. At the time of our visit, two people were being nursed in the high dependency suites on the ward, with a third requiring continuous interventions.

As well as a reduction in the number of staff, we heard concerns about a loss of experience in the team, with skilled staff, including band 5 nurses, having left. Recruitment initiatives were underway, with a number of newly qualified nurses due to join the team.

Care records

Patient records are held mainly on TRAK, the electronic health record management system used by NHS Lothian. Additional documents, including nursing care plans and care programme approach (CPA) records, continued to be held on the clinic's shared drive, with copies of some documents held in paper files. We discussed this with managers at the end of the visit, given potential issues with individual records being held across more than one electronic system. We were advised that this was an area currently being looked at by

managers in the clinic, along with information governance and digital mental health teams in NHS Lothian, through a staged process.

In the patient records we viewed on TRAK, we found a good level of detail in day-to-day recording, with a positive strengths-based focus. There was clear evidence of involvement from a range of professionals in individual patient care, with records showing comprehensive updates from OT, music therapy and art psychotherapy, as well as medical entries with regular consultant review.

Clinical team meeting (CTM) notes were well-recorded, with detailed nursing updates, records of attendance, multidisciplinary discussion and clear action points. CPA reviews were also highly detailed.

Nursing care plans

The Commission has made previous recommendations to improve nursing care plans on Redwood Ward, following on from our last visit. Although the quality of care plans we reviewed on this visit was mixed, we were pleased to see evidence of some progress in this area, with some examples of highly detailed and individualised care plans, such as a person-centred reintegration care plan for a person held in seclusion, with regular updates and meaningful reviews. We were also pleased to hear from some of the individuals we met with that they knew about their care plans and had been involved in developing these.

We recognise the positive progress made and look forward to further development and improvement in this area on future visits.

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

Use of mental health and incapacity legislation

All patients in the clinic are detained under the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment) (Scotland) Act 2003 (The Mental Health Act). We found copies of legal documentation in place in the electronic records.

Part 16 of the Mental Health Act sets out the conditions under which medical treatment may be given to detained patients who are either capable or incapable of consenting to specific treatments. On this visit we found that T2 and T3 certificates were in place for all patients and authorised the medication being prescribed.

We noted the positive impact from the involvement of the pharmacist in regularly reviewing prescribing for individual patients who had complex treatment plans, with clear evidence of pharmacy reviews in the clinical records. This was a welcome intervention that we had not noted on previous visits.

Rights and restrictions

Ward staff told us that most patients, at the point of admission, were referred to the hospital-based advocacy service, Advocard, and that they provided regular individual advocacy support

on the ward. Group advocacy sessions, facilitated by the Patients' Council, had also been re-started.

In general, the patients we spoke with had knowledge of their rights and spoke of positive engagement with individual advocacy, with some having attended occasional group advocacy meetings.

We thought that there could have been more of a focus on patient rights in the weekly CTM documentation and we spoke with managers about whether a prompt to discuss aspects of patient rights could be added to this format.

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

In previous visits, the Commission had repeatedly raised concerns about the lack of activity provision for patients on Redwood Ward, particularly for those restricted to the ward environment and, who are therefore unable to participate in the wealth of therapeutic activity provision on offer either in the clinic, or in the hospital grounds. We made a recommendation to managers following the last visit to urgently review activity provision on the ward and to put an action plan in place to improve this.

We were pleased to find that on this visit, there had been significant improvement in this area of patients' care. Several of the individuals we spoke with commented on the range of activities they were participating in, both in and out with the clinic. Those subject to increased restrictions, who were unable to leave the ward, also spoke of individual activities with staff and we saw evidence of this specifically for those being held in seclusion.

We heard from ward staff that in-reach from occupational therapy had increased, with OT professionals becoming more integrated in the ward and supporting group activities. The staff told us that OT support workers were also engaging individuals in one-to-one work and tailoring this to each person's interests (examples included art, games and Lego).

We saw evidence of individual participation in activities recorded in clinical records, with a focus on activities that were therapeutic and skill-building. Information was displayed in the corridor about activities on offer, both on the ward and in hospital grounds.

The ward staff and OT team are to be commended for making positive improvements in activity provision on the ward, particularly during a time when staffing has remained a significant challenge.

We look forward to seeing this work continuing and being further developed in the future.

The physical environment

The general environment on the ward was clean and in a good state of repair.

On the last visit we had noted issues with general maintenance around the clinic, such as gutters and windows that required cleaning. We were told that immediate issues were addressed following the last visit and also that a programme of maintenance had been agreed with the hospital estates department and that regular meetings had been established between clinic managers and estates to identify and address any ongoing issues. We were pleased to see some improvement in areas of general upkeep on this visit.

The main TV lounge area and dining rooms were well furnished, with the latter space often being used by ward staff and OTs for art and other groups. The separate activities room provided a TV, a collection of DVDs and a Wii, which some patients used for fitness activities. We were pleased to see that the ward gym, which had been supplied with new equipment just prior to our last visit, remained in a good state of repair, with a functioning running machine and exercise bike. We were told this continued to be well used by some of the patients.

There remained a separate female sitting room on the ward, which was sometimes used as a quiet space by female patients.

Patients' bedrooms in Redwood Ward are set out across three corridors, with a high dependency suite at the end of each. We were pleased to learn that renovation work to upgrade all en-suite bathrooms across the clinic was soon to get underway. In preparation for this, a prototype shower room had been installed in Redwood Ward, for clinic staff and managers to view before agreeing final specifications. We were able to view, and we look forward to seeing the finished works completed across the clinic on future visits.

Any other comments

We heard that there continued to be a waiting list for admissions to the clinic, particularly for individuals requiring a period of assessment on Redwood Ward. At the time of our visit, six people were on the waiting list for admission to a medium secure bed in the clinic, with the majority awaiting transfer from the State Hospital following successful appeals against excessive security under the Mental Health Act. A number of individuals who were acutely unwell in prison were also awaiting transfer to the clinic for inpatient care. One person had been waiting for a month for a bed, another had waited for two months.

The Commission is aware of continued problems across Scotland with the delayed transfer of mentally unwell prisoners for hospital care and treatment. Bed shortages across the forensic estate remain a factor in these delays. This area of concern was previously highlighted in the February 2021 report of the Independent Forensic Mental Health Review, commissioned by the Scottish Government. The Mental Welfare Commission continues to raise concerns about this issue, through the shared forum of the National Preventive Mechanism, and with the Scottish Government. We would advise that managers keep the Commission updated on the status of waiting list for admissions to the Orchard Clinic and specifically, when cases of individual prison transfers are delayed beyond four weeks.

Summary of recommendations

The Commission made no recommendations, therefore no response is required.

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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