

Mental Welfare Commission for Scotland

Report on unannounced visit to:

Dudhope Young People's Inpatient Unit, 17 Dudhope Terrace,
Dundee, DD3 6HH

Date of visit: 16 November 2023

Where we visited

Dudhope Young People's Inpatient Unit (YPU) is a mental health facility with 12 inpatient beds for young people, aged 12 to 18 years, who require a period of inpatient assessment and treatment.

It is a regional unit, primarily providing inpatient services for Tayside, Grampian, Highland, Orkney, Shetland and the Western Isles. At the time of our visit, there were 11 young people in the unit.

We last visited this service in September 2022 and made recommendations around ensuring young people were involved in goal setting in care planning, and in deciding on activities that were available to ensure that these were based on individual preferences. The response we received from the service was that the recommendations had been taken forward with the staff and patient group, and that these had been fully addressed by January 2023.

On the day of this visit we wanted to follow up on the previous recommendations.

As at the time of our last visit to the service we also wanted to find out if there had been progress made towards launching PADLETs, an online method for presenting information and resources to young people, their families and staff. This was to be accessible via QR codes, covering a variety of topics from preadmission through admission to the unit and discharge, information around mental illness and treatments etc.

Who we met with

We met with one young person face-to-face and reviewed their notes and the notes of a further four patients. Unfortunately, none of the other young people wished to speak with the Commission visitors and there were no parents on the ward during the visit for us to speak with.

We spoke with the service manager, the senior nurse, the lead nurse, the senior charge nurse, the carer support worker, one of the liaison nurses and the unit social worker.

Commission visitors

Margo Fyfe, senior manager (West Team)

Gemma Maguire, social work practitioner

What people told us and what we found

Care, treatment, support and participation

From our conversation, and from notes it was clear that staff spent time getting to know the young people in their care, and that the young people saw the staff as approachable and on the whole, supportive.

On a previous visit we were informed that the pre-pandemic practice of staff eating with the young people had been halted, as staff were required to wear masks at all times. We were pleased to see during this visit that this had reverted back to the original practice and were informed that the young people preferred this.

We had the opportunity to speak with the carer support worker and the senior charge nurse to find out more about this role and the impact it was having. We heard that the role has created important links with third sector and voluntary services across communities served by Dudhope YPU, sharing contacts with parents and carers to support discharge. This has been especially important since Covid-19, where many services are now no longer available due to staffing and/or funding issues. We also heard how vital the role is for those who live in more rural areas where services are extremely limited. The role facilitates monthly 'coffee sessions' for parents and carers. The carer support worker also meets with parents and carers on a one-to-one basis, if required. We heard an example of the carer support worker liaising with the multidisciplinary team (MDT) in relation to issues that a carer felt unable to express, which helped improve communication and empowered the carer to engage in the young person's care and treatment. We also heard about the carer support worker assisting in arranging accommodation for parents and carers from further away areas when visiting their young person on the unit.

When we last visited, we heard about the difficulties that had been encountered regarding staffing. On this occasion we were very pleased to hear that all vacancies have now been filled and that the unit is now fully staffed. We note this is quite a contrast to other in-patient services across Scotland.

Nursing care plans

When we last visited the service we made a recommendation around involving young people in the goal setting when developing care plans, to ensure meaningful inclusion in care and treatment. When we visited this time we found a new structure to the care plans which covered both mental and physical health care needs. We found the care plans to be comprehensive and person-centred, with good attention to including the young person in the development of their care plan and clear inclusion of their views. When we reviewed the care plans, we were unable to locate robust reviews which targeted nursing intervention and individuals' progress. We discussed this at the meeting at the end of visit. There was a clear awareness of reviews happening. We discussed the need for the reviews of care plans to more fully reflect interventions and progress in the care record, and to link these to the MDT meetings, with decisions showing changes to care plans following reviews.

We were informed of the audit process, and recommended that audits of the care plan reviews should ensure that the reviews reflect the work being done with individuals towards their care goals, and that the reviews are consistent across all care plans.

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 an audit of the nursing reviews of care plans. Reviews should fully reflect the patients' progress towards stated care goals, reflected in care plan updates. Recording of reviews to be consistent across all care plans.

Multidisciplinary team (MDT)

The unit has input from a multidisciplinary team (MDT) comprising of a service manager, administration staff, psychiatrists, psychologists, nurses, health care support workers, family therapist, dietitian, occupational therapist, physiotherapist, speech and language therapist, allied health professional assistant practitioners and social worker. Education for the young people in the unit school is provided by a team of teachers able to cover a broad range of disciplines.

It was clear from the detailed MDT meeting notes that everyone involved in an individual's care and treatment is invited to attend the meetings, and update on their views. This also includes the patient and their families should they wish to attend. MDT meetings are held every two weeks, care and treatment is also regularly reviewed under the Care Programme Approach (CPA). The CPA is a framework used to plan and co-ordinate mental health care and treatment, with a particular focus on planning the provision of care and treatment by involvement of a range of different people and by keeping the individual and their recovery at the centre. As we noted when we last visited, CPA meetings continue to be held on the ward.

Care records

Information on the young person's care and treatment is held in two ways; there is a paper file and an electronic record system held on EMIS. We were told that the paper file is a copy of the EMIS file and is used should the electronic system fail. We found this easy to navigate.

The notes that we reviewed showed contact with family/carers, and the wider multidisciplinary team. The chronology notes and one-to-one support notes on the whole, provided good detail of the young people's day and how they were managing in the hospital situation. We discussed with managers the benefit of adding detail around activity participation in these notes, and look forward to seeing this addition when we next visit.

Use of mental health and incapacity legislation

On the day of our visit, eight of the 11 patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). There was evidence in the care files that the young people had a good understanding of their detained status where they were subject to detention under the Mental Health Act.

All documentation relating to the Mental Health Act and the Adults with Incapacity (Scotland) 2000 (the AWI Act), including certificates around capacity to consent to treatment, were in place in the paper files and were up-to-date.

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), certificates authorising treatment (T3) and forms required for urgent medical treatment (T4) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3s had been completed by the responsible medical officer to record non-consent; they were available and up-to-date.

Rights and restrictions

Dudhope YPU continues to operate a locked door policy which can be implemented as needed. We were satisfied that this is proportionate to the needs of the patients.

At the time of our last visit, we noted that some of the young people had restrictions placed on them as specified persons. None of the current patients were subject to this level of restriction.

Our specified persons good practice guidance is available on our website:

<https://www.mwcscot.org.uk/node/512>

It was good to see that the young people in the unit continue to access legal representation and support from independent advocacy as required.

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

As we noted on previous visits, there is a school on-site and all young people are encouraged to attend. If young people are unable to attend school, teaching staff will provide input on the unit.

We saw evidence of a range of different activities that are available to the young people in the unit. These range from therapeutic groups, community meeting groups to social and recreational groups. When we last visited, we made a recommendation around ensuring the involvement of the young people in devising and planning the activities available. At the time we were told about the 'TQUIP', a short-life quality improvement project which ran in 2022-23. The aim of the project was to encourage and measure young people's engagement in groups on the unit and to explore reasons for non-engagement.

On this visit, we saw a poster describing the project and the outcomes of this; this is on display in the corridor. Young people have their own activity planners and input to the community and planning meetings, which ensure a wide range of activity is based on young peoples'

preferences and therapeutic needs, both during the week and at weekends, on a social/recreational basis, in and out with the unit.

The physical environment

The unit is purpose built and all bedrooms are en-suite. There is a secure garden space in the courtyard of the building which has an array of garden furniture. We heard that the furniture is locked away when not in use, and consideration is being given to purchasing furniture that can be fixed in place, so could always be available. We heard that use of the garden by young people is facilitated through individual risk assessment.

The unit is bright and welcoming with examples of artwork on the walls, as well as a board that identifies the staff, and a notice board identifying staff on duty for the young people to write upon each day. There is a large, light and airy gym that can be used for basketball, yoga and trampolining and a sensory room.

There is an adjoining flat to the unit that is used for visiting families to stay in. This is an important resource that is used to enhance the therapeutic interventions for the young people, for example, family meals and overnight stays can be accommodated for a young person, to support them working on their family relationships and move towards discharge. Unfortunately, we heard that the flat is currently out of use due to a leak from the flat roof during recent storms. We were concerned that this has not been prioritised for repair. In discussion with managers, they informed us this is currently sitting with the estates department and there is an issue around responsibility for completing the repairs. We would hope this issue is resolved quickly to ensure there is as little disruption to treatment and patient and family support as possible.

We noted that the anti-ligature doors on the en-suite shower rooms are ones that are held on with magnets. These doors replaced previous hinged doors, at the request of NHS Tayside Mental Health Directorate [request made to all mental health inpatient sites]. Although we had no comments about the doors during the visit we spoke with managers about the possible lack of privacy and the risk of the doors falling off, as we had found this to be the case in hospitals in other health boards. We suggested to the manager that they may wish to discuss this further with colleagues in the other board areas that are currently reviewing the risks around these doors. It may be beneficial at some point to consider stronger magnets to ensure the doors do not pose any risk to the patient group.

Any other comments

We were told that often a young person can be “afraid” moving far from family when they have to be admitted to the unit, but the young person we spoke with told us that they felt the care and treatment that Dudhope has provided had enabled them to interact with peers and they now have ‘friends here’ and have ‘trust and freedom’ from staff.

We were keen to hear more about the admission pack for young people and their parents/carers that was in development when we last visited. This was being done digitally using the Padlet virtual post boards. We were impressed by the range of information on the Padlets, which included admission information, settling in, important information, patients’

rights and useful resources. We found the format to be accessible and liked the use of QR codes for all to access the information available.

Summary of recommendations

Recommendation 1:

Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patients' progress towards stated care goals, reflected in care plan updates and that recording of reviews are consistent across all care plans.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the publication 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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