Mental Welfare Commission for Scotland

Report on announced visit to: Skye House, Regional Adolescent Unit, Stobhill Hospital, 133 Balornock Road, Glasgow G21 3UW

Date of visit: 3 June 2019

Where we visited

Skye House is the West of Scotland's regional adolescent inpatient unit for young people aged 12-17 years old (inclusive) with a mental health disorder requiring inpatient care. It is a unit located within the grounds of Stobhill Hospital in Glasgow and has 24 beds arranged in three eight-bedded wards: Mull, Harris and Lewis. We last visited this service on 24 September 2018 and made recommendations regarding care planning, the authorisation of medical treatment for detained patients, staffing levels, and activity.

On the day of this visit we wanted to follow up on the previous recommendations and explore how the service response to these recommendations was working in practice.

Who we met with

We reviewed the care and treatment of nine young people and met with a number of these. We also met with carers, when available on the ward.

We spoke with the acting nurse in charge of the unit and some of the other nursing staff.

On the day of our visit, of the 24 young people who were inpatients in the unit, seven were identified as being Looked After and Accommodated by the local authority.

Commission visitors

Dr Helen Dawson, Medical Officer

Margo Fyfe, Nursing Officer

Anne Buchanan, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Overall the feedback we received from young people was positive about their experience of care on the wards. Their feedback was that they felt safe and supported during their admission, and that staff were friendly and available to talk to when required. The atmosphere of the unit was welcoming and calm during our visit and staff were able to respond to our unannounced presence without evident difficulty.

In recent years we have expressed concerns about difficulties in staffing of the unit in relation to staff of various disciplines. We have been told that a review of staffing at Skye House has been undertaken and there have been some changes implemented in terms of reorganisation of posts to create additional band three nursing posts. During our visit we were told that retention of nursing staff has improved and there is now greater stability in nursing staff levels with a more established pool of experienced staff. At present there is a job vacancy for a speech and language therapist within the unit.

During our visit we found that record-keeping with the use of the electronic EMIS system was of an overall high standard. On the day of our visit we made some suggestions as to how care plan reviews might be further improved but we found the quality of documentation to be good and EMIS easy to navigate

The care team structure operating within the unit remains clear, with young people each assigned a named nurse and two associated named nurses together with a case manager. This ensures that knowledge about the young person's difficulties and needs remains active within the staff group and serve as key points of contact for the young person and their families or carers during their stay. Communication with community CAMHS and other agencies is supported through a programme of regular meetings and the unit recently held a referrers day to update referrers on developments within the unit.

From our review of case notes and discussion with staff, we were aware of difficulties for a number of young people in being discharged from Skye House due to difficulties identifying suitable placements for them in the community.

We remain interested in cases where discharge from hospital has been delayed.

Use of mental health and incapacity legislation

Since our visit last year, Skye House has introduced a process whereby the ward pharmacist reviews the drug prescription sheet every 14 days to ensure compliance with part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). However, during our visit we identified a small number of omissions relating to authorisation of treatment relating to medication for patients and highlighted these to the nurse in charge at the end of the visit.

Since the introduction of the 2015 amendments to the Mental Health (Care and Treatment) (Scotland) Act 2003 there have been some important changes to the role of the named person.

As a consequence of these changes, we suggested that the unit develops a system to ensure that detained young people approaching 16 should be identified to ensure they may make a named person nomination, if they so choose, in a timely manner so that this aspect of their compulsory treatment is not overlooked once they turn 16.

During our visit there was some uncertainty in a small number of cases as to whether the young person had nominated a named person since the documentation relating to this was not stored under the relevant legislation tab on EMIS. We were told that this was a due to a time lag in the development of this tab function on EMIS and the date of the documentation and that going forward all young people aged 16 years and over who have a named person will have the relevant documentation stored under the legislation tab on EMIS.

Recommendation 1:

Managers should develop a system to ensure that Named Person nomination when appropriate occurs in a timely fashion and relevant documentation is properly stored in the legislation tab of EMIS.

Recommendation 2:

Managers should ensure medical treatment under Part 16 of the Mental Health Act is properly authorised and monitored.

Rights and restrictions

The main door to the accommodation wings of Skye House is locked and the door to Mull Ward remains locked. We were told that this was for the safety of the young people looked after in the unit and that, should an informal patient request to leave, they would be able to do so.

In all wings of Skye House, young people are not allowed access to their bathrooms which remained locked at all times unless the young person requests access as appropriate. During our visit we were told that a trial is taking place on Harris ward of a bathroom design that minimises potential ligature risk.

Activity and occupation

For many young people within the Unit, the Unit's school provides an important component of their daily timetable and key educational activities. During our visit we spoke with one of the senior charge nurses who has an active role in developing and promoting group activity alongside the occupational therapy (OT) staff within the unit. It was good to hear about the range of group activity on offer in the Unit which includes Bodywise, DBT skills, mindfulness, relaxation, life skills, art and activity groups. We were told that the OT room in the Therapies Block is frequently used for young people, and at the time of our visit we were told that the unit was preparing the activities that will take place for the young people during the summer holidays. The monthly meeting between staff and young people which provides an opportunity for the young people to feedback their views remains ongoing.

The young people told us that they regularly use the TV and games consoles, jigsaws and other recreational materials available in the sitting room of each ward. We were told that since our last visit Lewis Ward has a new television and that new games consoles have replaced older versions within the unit.

The physical environment

The unit is comprised of three eight-bedded ward. In 2017 two of the wards, Harris and Lewis, were re-decorated, and since our last visit Mull ward has been re-painted and appears fresh and clean in appearance. During our visit we were told that work is underway to try and improve the garden area of the Unit and increase its capacity to be used by young people.

During our visit one of the bedroom doors on Mull Ward was without an observation panel following damage to the door that occurred before Christmas 2018. The delay in providing the bedroom with an appropriate door has impacted on how the bedroom can be used.

We were concerned at the elevated temperature within the treatment rooms in Harris, and during our visit the temperature of the room was uncomfortably hot.

Recommendation 3:

Managers should address the concerns about the temperature in the treatment room and the bedroom door panel.

Summary of recommendations

1. Managers should develop a system to ensure that Named Person nomination when appropriate occurs in a timely fashion and relevant documentation is properly stored in the legislation tab of EMIS.

2. Managers should ensure medical treatment under Part 16 of the Mental Health Act is properly authorised and monitored.

3. Managers should address the concerns about the temperature in the treatment room and the bedroom door panel.

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.

Mike Diamond

Executive Director (Social Work)

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.

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