Mental Welfare Commission for Scotland

Report on unannounced visit to: Young People's Unit, Dudhope House, 17 Dudhope Terrace, Dundee, DD3 6HH

Date of visit: 15 March 2016

Where we visited

When the Mental Welfare Commission (the Commission) last visited the young person's unit in November 2014 the unit was in an older building, with 6 beds for regional specialist use. Since then a new unit has been purpose built to provide 12 places for young people of both sexes, aged 12 to 18 years, who require a period of inpatient assessment or treatment. It is a regional unit, primarily providing inpatient services for the north of Scotland, although it will accept referrals from across Scotland.

Although the unit is built to provide 12 inpatient beds, the Commission was aware before the visit that there have been problems filling all the staff posts within the unit and until the staffing level is at its full compliment, only 8 beds in the unit are currently being used.

On the day of this visit we wanted to look generally at how care and treatment is being provided within the new unit, given the difficulties recruiting permanent staff. After the previous visit in November 2014 we had made a recommendation about care planning in relation to restrictions.

Who we met with

All 8 beds being used in the unit were full on the day of our visit. We met with 4 young people who wanted to speak to us as a group, and we also met 1 young person individually.

We spoke with one of the regional service managers, with the inpatient consultant psychiatrist, and also with various members of nursing staff.

Commission visitors

Ian Cairns, social work officer and visit co-ordinator

Margo Fyfe, nursing officer

What people told us and what we found

Care, treatment, support and participation

The 4 young people we met in a group spoke freely about their experience of care and treatment within the unit. We heard a number of positive comments about support provided by nursing staff in the unit and about the relationships young people had with permanent staff, which they generally described as very good.

The young people were all aware that there were staffing issues in the unit and they did raise a number of concerns, which related mainly to staffing levels and to the number of agency and bank staff who have been covering shifts in the unit until permanent posts are filled. The young people said that they felt there were not

always enough staff in the unit, and that they were concerned when agency or bank staff on shifts, were unfamiliar with the young people or of their care and treatment needs. They said specifically that at times a young person may be on constant observations with a bank nurse, who would find it difficult to engage with them because they do not know them, and that at times when on constant observation with a new member of staff this can feel intrusive. They said that sometimes planned activities have had to be cancelled because of staffing issues. They also said that their experience was that sometimes bank staff did not seem to be fully aware of the contents of their specific care plans, which could lead the young person to feel uncertain about how they would be supported or how stressed or agitated behaviours would be managed.

The young people we met were positive about specific aspects of their care and treatment within the unit. Many of the young people in the unit were from outside the NHS Tayside area and they all said that while there are set visiting times' visits by families can be arranged very flexibly. They also said that the availability of a flat attached to the unit, where families can stay overnight, is very helpful. They all said that they knew what was in their individual care plans, and that they contributed to developing these care plans with their key nurses. They also said that they were given good information about medication prescribed, and that they understood why specific medication was prescribed. They also said that they feel they can contribute views to multidisciplinary meetings, and that these views are recorded, although they were aware there were times in the multidisciplinary meetings when professionals would have discussions which they could not participate in.

With regard to medication the young people did say that they felt the arrangements for administering medication could be improved, to make sure that information about specific medication a young person was taking was kept confidential, and could not be overheard by other young people in the unit.

Recommendation 1:

Managers should review arrangements for administering medication, to ensure that confidentiality is maintained within the unit.

We reviewed the personal files for all the young people in the unit. Care plans overall were detailed and person-centred, with evidence of regular reviews being undertaken. Paperwork was being filed in different folders, which could be better organised and maintained. We heard from managers that a clerical worker is now based in the ward, which should help with the organisation of the files. We also suggested to managers that personal details, and Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA) information, be held at the front of files for ease of access. The recording of care plan evaluations varied, with some evaluations having review dates clearly entered, and the Commission feels that it would be good practice for this to be done consistently. There are a range of different disciplines

working within the unit, and it was clear from the file reviews that they are all contributing to the care planning process. Important guidance is also readily identifiable within files, and as an example we saw specific guidance prepared by the dietician which had been laminated and placed at the very front of an individual file. The multidisciplinary team (MDT) meetings are well recorded, and we saw examples of the views of individual young people being clearly recorded within the MDT minute. The treatment and support provided in the unit is also regularly reviewed within a care programme approach (CPA) framework, with detailed reports and minutes for CPA meetings easily found in files. We also heard on the day of the visit that several members of staff in the unit have completed training on wellness recovery action plans (WRAPS), and we would encourage the unit to develop this approach, so the young people who are inpatients in the unit can produce their own WRAPS, with the focus on recovery.

Use of mental health and incapacity legislation

Six of the eight young people in the unit were subject to compulsory measures, authorising their detention in hospital. All relevant mental health forms were in place, and prescribed medication was authorised appropriately on the relevant consent to treatment certificate (T2) and certificate authorising treatment (T3) forms.

One young person in the unit is a specified person. Where a patient is specified in relation to s281-s286 of the MHA, certain restrictions can be applied. Responsible medical officers (RMOs) have to complete certain forms in relation to specified persons, and within the unit we saw that necessary forms were in place, and that the reasons for the specific restrictions were well documented.

Rights and restrictions

After the new unit opened in May 2015 there was a period when a number of young people who were receiving inpatient care and treatment were displaying very stressed and distressed and agitated behaviours. As a response to this, unit managers created a small 4 bedded area in the unit, where more intensive nursing care could be provided. This unit was blocked off from the rest of the inpatient unit.

When we spoke to the young people as a group they talked about the period when restrictions had been put in place within the unit because of the creation of this small 4 bedded area, and young people on occasions not being able to access their bedrooms at any point during the day. Several young people said that they actually felt less secure when these restrictions were in place because they couldn't get away from other patients when they felt they needed to, and they felt more exposed to stressed or distressed behaviour displayed by other young people. This issue was discussed with managers at the end of the visit, and they said that the creation of the 4 bedded area had been a temporary move because of the number of young people at one stage displaying stressed or agitated behaviours, but they recognised that the

creation of this small area at the time did have an impact on all the young people in the unit.

On occasions when a young person is stressed/distressed or agitated, staff may use physical interventions. The young people acknowledged themselves that this can be necessary to keep them safe. Where restraints have been used the Commission would expect that staff always sit down with the individual patient afterwards, to talk about what had happened, and about whether the use of restraint could have been avoided. The young people did tell us though that they feel staff often don't have time for a debriefing discussion after any incident involving restraint, and that this does not always happen.

There is good advocacy input into the unit, and the young people told us how the advocacy has helped them to bring up issues with managers.

Recommendation 2:

Managers should ensure that staff record incidents involving the use of physical interventions in detail, and record that debriefing, involving the young person, has taken place.

Activity and occupation

As mentioned above the young people did talk about some planned activities being cancelled because of staffing issues. However they also spoke positively about the range of activities which are available within the unit, and they seemed to particularly enjoy using the gym, and participating in music activities. They also told us how they can make suggestions about the activity programme, and they gave an example of yoga being available within the unit now, after this was put forward as a suggestion.

The physical environment

The unit is in a new purpose built building, with all young people having single en suite rooms. Young people have access to a secure outside space in the courtyard of the building. Young people can personalise their rooms, and artwork is displayed throughout the building, so that the building does not feel overly clinical.

Any other comments

Managers acknowledged that staffing has been an issue in the new unit since the unit opened. We heard on the day that new nurses started in February, and other nurses were about to start, and that posts were still being advertised. We also heard about progress being made to fill other posts, with a physiotherapist just being appointed, and with a clinical psychologist due to come into post later this year. The biggest issue the unit has though is with recruiting nursing and medical staff. It is hoped that vacant nursing posts will be filled as a result of a new advert. There are significant issues though recruiting psychiatrists and the Commission recognises that

this is an issue across Scotland in Child and Adolescent Mental Health (CAMH) services, and is not an issue unique to Dundee. The Commission feels it is important for vacant medical posts, both within the unit and within the wider north of Scotland network, to be filled as soon as possible to ensure the development of this new service and to make sure that all 12 beds in the unit can be used as soon as possible, as there is a waiting list for beds in the unit.

When we interviewed the young people as a group they told us that they did have a meeting with managers in the unit a number of months ago, to discuss issues they wanted to raise about the care and treatment in the unit. They had been supported to raise these issues by the local advocacy service, and an advocate attended this meeting. The young people said that they had been able to put their views across to managers, and to tell them about issues they had. They also said that at this meeting it had been agreed that unit managers would deal with the issues. The young people said though that their view was that they only got feedback afterwards about how one of the issues they raised had been dealt with. They felt that they were not clear how some of the other issues were being taken forward, and they would want more feedback about how managers are dealing with issues raised.

Recommendation 3:

Mangers should ensure, when young people raise issues either individually or collectively, that they are given appropriate feedback about any action to be taken to address issues.

Summary of recommendations

Recommendation 1:

Managers should review arrangements for administering medication, to ensure that confidentiality is maintained within the unit.

Recommendation 2:

Managers should ensure that staff record incidents involving the use of physical interventions in detail, and record that debriefing, involving the young person, has taken place.

Recommendation 3:

Mangers should ensure, when young people raise issues either individually or collectively, that they are given appropriate feedback about any action to be taken to address issues.

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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