Mental Welfare Commission for Scotland

Report on announced visit to: National Child Inpatient Unit, Ward 4, Royal Hospital for Children, 1345 Govan Road, Govan, Glasgow, G51 4TF

Date of visit: 26 October 2016

Where we visited

The National Child Inpatient Unit is the nationally commissioned child psychiatry unit for Scotland. This ward provides six inpatient beds for children in the age range of 5-12 years, with some flexibility at either end of the age range according to clinical need. The service moved to the current purpose built unit on 6 June 2015 and is now located on the top floor of the new Royal Hospital for Children building on the South Glasgow University campus.

We last visited this service on 25 October 2015.

Our reason for visiting on this occasion was to review the facilities provided by the unit, and to interview patients, carers and staff members to gain an overall impression of the care and treatment provided by the new unit and to explore any impact of the new facilities on patient care.

There were a number of recommendations relating to this ward made at our last visit that we wished to follow up on.

On the day of the visit we chose to review the following areas in particular:

- Environment
- Information and participation
- Care planning

We did this to obtain an update on the environmental issues that were evident in last year's visit and which, for a time, had had a significant impact on the ability of the unit to admit and manage young people with higher levels of risk. We received a written response to the concerns raised in our previous report's recommendations in February 2016 from the children services manager, and received an update on the recommendations at our visit this year.

We identified information and participation as being crucial for quality service provision by the unit, given its national catchment population and the age range of the children for which it caters.

Care plans had previously been commended in previous Commission visits as demonstrating a high standard of recording of the provision of holistic and comprehensive child-centred care. However, in last year's visit we expressed concerns about the consistency of some recording systems adopted by staff within EMIS, the electronic notes system for Child and Adolescent Mental Health Services (CAMHS) in NHS Greater Glasgow and Clyde, and wished to review the impact of the work undertaken by staff in the last year in relation to care planning documentation.

Who we met with

On the day of our visit, three children wished to speak to us and we were able to talk to several relatives.

We spoke with members of staff including the consultant child and adolescent psychiatrist, service manager, senior charge and charge nurses, occupational therapy and family therapy staff.

Commission visitors

Dr Helen Dawson, Medical Officer
Mary Leroy, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

We reviewed the case notes of three children currently receiving care from the unit. We found the content of the care plans to be high quality and comprehensive in nature, with a clear child-centred and family-orientated focus. We found navigation of the care planning documentation to be much improved from last year, with the result that it was easy for any reader to be able to follow the natural history and course of care plan development over the course of a child's care. We were told by staff that in addition to the work undertaken by ward staff to improve existing care planning documentation, developments in EMIS to develop care plan modules will shortly be implemented. We were told that this will further improve the quality and consistency of the electronic patient records in use and we look forward to reviewing this further development when we return at our next visit.

When we spoke with family members of children who are currently being cared for by the unit, all commended the unit staff for good communication and promoting a sense of collaboration and inclusion in their child's care. We were told by a number of different sources that family members are able to phone the ward twice daily for routine updates of their children's progress and speak to members of staff at visiting times. Family members are also free to phone the ward whatever the time of day or night. Family members told us that they thought their views were listened to by clinical staff and taken into account in relation to decisions made about their child's care.

A number of systems are in place to promote participation of children and their carer's in treatment. We were told by a number of different sources that contributions from the children or from family/carers are specifically fed into the weekly multidisciplinary meeting via the child's key-worker report or family worker report respectively.

Communication with community CAMHS services varies depending on clinical need and preference but includes as standard the six weekly review meetings of a child's progress.

Use of mental health and incapacity legislation

We had no concerns regarding the use of mental health legislation in relation to the young people we reviewed during our visit.

Rights and restrictions

The ward has a number of areas that are locked and prevent egress and entry onto the ward without permission.

There have been difficulties experienced relating to the doors that form the boundary of the unit and also doors within the unit such that at times children have been able to bypass the security measures in place to prevent their access to certain areas.

Whilst there is a balance to be struck between the outer doors providing easy egress in the case of fire or emergency, there is also a need to ensure children who might have problems with impulsivity and low frustration tolerance to be able to be contained safely within the unit. We were told by a number of different sources that there have been a small number of cases where children have been able to exit the ward via a closed door. Since this difficulty has been recognised, the situation is being managed by enhancing children's observations status when necessary. This is a temporary measure until the door situation has been remedied. We were told that staff have identified possible alterations that could be made to the outer doors, and it is important that appropriate work be undertaken without undue delay to ensure that young people's safety and the wards ability to function cohesively can continue.

We were told by staff that while the ward's outer doors can sometimes not function correctly in preventing inappropriate egress from the ward, the doors within the unit can on occasion provide unnecessary barriers to patients and their families in accessing appropriate resources. It is important that the whole question of security, boundaries, barriers and access within the unit is reviewed to ensure the most appropriate balance is achieved between safety and security and accessibility by patients and their families

Recommendation 1:

Hospital managers should undertake a review of the unit's doors and take action as required. It is important that this review reflects the specific characteristics of the patient population that the ward serves.

Activity and occupation

An outdoor play area at ground level has also been built adjacent to the hospital building and we were told that this resource is frequently used by patients accompanied by staff. An indoor sensory room and soft play area is available within the ward and acts as a valuable resource and alternative when children are unable to go outside.

Children in the unit access school facilities and activities relating to education form an important part of most children's daily timetable. Within the ward there are rooms available for recreation and a room for the children to watch TV together. An art room is available for some children, but is not large enough to cater for all six children at one time.

Although the ward has a number of small to medium sized rooms, there is a shortage of room space large enough for the young people to be able to come together as a group and engage in group activities when appropriate. This lack of resource has meant that at times the group of patients has to be unnecessarily fragmented, which can be unhelpful, and there are clear limitations on the availability of opportunities for therapeutic group intervention within the existing accommodation.

Given that it is common for children who use the unit to have difficulties with social interaction and that group activities would enable detailed assessment and possible intervention for these difficulties this lack of facility is significant.

The physical environment

The ward is located on the top floor of the Children's Hospital. Original signage has now been replaced and visitors are now able to negotiate the route to the ward without difficulty.

The issues relating to the ward's environment that were noted during last year's visit have now all been fully addressed with the exception of the sprinkler system. Last year we were told by staff that the ward's sprinkler system has fittings which protrude from every ceiling and are designed so that any physical contact with any one fitting will result in the whole sprinkler system being activated within the ward. There were concerns that children could throw shoes or other objects at the fittings and result in the activation of the sprinkler system throughout the entire ward. At this year's visit, we were told that the alternations to protect the sprinkler fittings have now been agreed and will occur over the coming months at a time when the ward is less busy to minimise the impact of the work on patients and staff.

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Recommendation 2:

Hospital managers should undertake a review of the ward accommodation to ascertain whether existing accommodation could be modified to better meet therapeutic needs.

Summary of recommendations

1. Hospital managers should undertake a review of the unit's doors. It is important that this review reflects the specific characteristics of the patient population that the ward serves.

2. Hospital managers should undertake a review of the ward accommodation to ascertain whether existing accommodation could be modified to improve the facilities available to meet therapeutic needs.

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.

Alison Thomson

Executive Director (Nursing)