mentalwelfare commission for scotland

Mental Welfare Commission for Scotland

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

Date of visit: 24 September 2018

Where we visited

Skye House is the West of Scotland's regional adolescent inpatient unit for young people aged 12-17 years old with a serious mental illness 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. We last visited this service on 20 November 2017 and made recommendations regarding care planning, staffing levels and activity.

On the day of this visit we wanted to follow up on the previous recommendations and also look at the use of mental health and incapacity legislation. This is because the population of patients who are looked after in Skye House has changed in recent years and we had been told that there are a higher number of patients now who are detained inpatients. As a consequence we wanted to explore whether the processes to identify activity required under legislation relating to treatment are working well.

Who we met with

We reviewed the care and treatment of 14 young people and met with most of these. We had also been in contact with relatives and carers prior to the visit.

We spoke with the acting nurse in charge of the unit and some of the other nursing staff. We briefly met one of the members of the specialist children's advocacy service, Partners in Advocacy, prior to seeing a young person.

Commission visitors

Dr Helen Dawson, Medical Officer

Mary Leroy, Nursing Officer

Dr Ritchie Scott, Medical Officer

Mike Diamond, Executive Director (Social Work)

What people told us and what we found

Care, treatment, support and participation

Overall the feedback we received from young people shared similar themes in that the nursing staff were helpful but extremely busy on the ward. Their perception was that there were insufficient numbers of staff to fulfil the functions of the unit and staffing levels were maintained by using high numbers of bank staff on a regular basis.

On the day of our visit there were only two permanent members of nursing staff on duty and the remainder were bank staff. We understand that there have been nursing vacancies and elevated levels of sickness absence. We were told by staff that the unit tries to use a reasonably stable pool of bank staff, and some permanent members of staff work bank shifts to support the working of the unit.

On the day of the visit many young people told us that they felt unsettled by the number of bank staff and reported that they would avoid contacting bank staff when distressed, despite encouragement to do so, because of the lack of opportunity to develop reliable relationships with the bank staff.

A key development over recent years has been the change of function of Skye House such that it now admits more young people in the early phases of their difficulties and admissions are for much shorter periods. This, in addition to a change in profile of patients cared for in Skye House, has resulted in higher levels of nursing observations required on an ongoing basis. We were told a formal review of staffing levels was now ongoing.

There appears to be an ongoing shortage of availability of Speech and Language Therapy (SALT) input for the unit. In recent years we had been told there had been a sharp increase in the number of young people either with diagnosed or suspected Autism Spectrum Disorders looked after by the unit and that the lack of availability of SALT for the unit has been impacting on the care and treatment of young people within the unit.

In recent years during visits we have had concerns about the record keeping within the unit at times, especially around the navigability and comprehensiveness of note keeping in the electronic system EMIS. It was good to see during our visit that the use of care planning features within EMIS is now available and used. Although there were still a couple of issues, these were minor and we found the quality of documentation had improved.

There are currently no intensive psychiatric care unit (IPCU) beds in Scotland designed for the under 18s. Last year when we visited Skye House we were told that the service was exploring whether parts of Mull Ward (which was under occupied for a period) could be developed into regional IPCU facilities. This has not developed further, however, and we were told that this reflected fuller occupancy of the unit's beds thereby negating any opportunity to explore conversion into IPCU use.

Skye House does not have clear access to IPCU beds and we are aware from our work during the year that older male adolescents may sometimes be accommodated within an IPCU setting, but that it is less likely for females and any under 16s despite the clinical needs of the individual. The Mental Health (Care and Treatment) (Scotland) Act 2003 ('The Mental Health Act') places a requirement on health boards to provide appropriate services for the under 18s admitted to hospital and this lack of a suitable facility remains an ongoing cause for concern. The Commission will raise this issue further with the regional West of Scotland CAMHS consortium and at our end-of-year meeting with NHS Greater Glasgow and Clyde.

Recommendation 1:

Managers should ensure Skye House is appropriately resourced in relation to nursing staff and also Speech and Language Therapy provision.

Use of mental health and incapacity legislation

There were a number of omissions relating to authorisation of treatment relating to medication for detained patients under part 16 of the Mental Health Act. This was highlighted to the nurse in charge at the end of the visit. It was not altogether clear why these omissions occurred since we were told that this part of a young person's treatment was reviewed at each business meeting each week.

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 was locked, as was the door to Mull Ward. 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 were not allowed access to their bathrooms which remained locked at all times unless the young person requested access as appropriate. All young people were also subject to 15-minute checks within the unit as standard policy. During our visit the members of nursing staff who had keys were interrupted on many occasions by young people wanting to access their bathroom.

The Commission has developed *Rights in Mind*. Although designed for adult acute wards, 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/rights-in-mind/

Activity and occupation

Many young people access educational facilities that are provided by the unit's school and educational activities for these young people form an important part of their daily timetable. Activity and occupation for the young people in the unit has been a focus of concern for some time. In the summer of 2017 the activities room within the therapies block (a separate building to the wards) was converted into a cinema room, and the occupational therapy room, with the benefit of charitable donations, was altered to create a multi-purpose room that could benefit a range of young people. In addition to these rooms in the therapies block, each ward has a sitting room for its young people that has a range of equipment including DVDs, TV, and games consoles.

Despite the development of the rooms in the therapies block we were told that many young people do not use them on a regular basis and the lack of staff available to escort them appears to be important in this regard. There has been an absence for some time of the unit's twilight workers who historically have played an important role in promoting and organising activities within the unit.

Again on this visit most of the young people we spoke to told us that they often felt that had little to do while in the unit especially at the weekends and in the evenings. Most relied on watching television or DVDs in order to pass the time and try and distract themselves from their difficulties, but many still felt bored. This issue was said to be most problematic for those young people whose families or carers had difficulties visiting the unit or whose levels of difficulties prevented them from going out on pass and who therefore had little external support to help them pass the time as an inpatient.

It was good to see the minutes of a recent monthly meeting between staff and young people in which young people were able to feedback their views. The minutes highlighted a number of items that were damaged and therefore out of commission and these included the unit's trampoline and one of the ward's DVD player. There was a recent purchase of craft materials for the unit but a number of young people told us that they also brought in their own supplies.

Recommendation 3:

Managers should ensure additional resources to counteract the reduction in activity due to absence of the unit's twilight workers.

The physical environment

The unit is comprised of three 8-bedded wards. In 2017 two of the wards, Harris and Lewis, were re-decorated and appeared fresh and clean. We were told in 2017 that the third ward, Mull, was subject to plans to determine whether it could be modified to support the provision of IPCU facilities in the under-18-year-old age group. This work has not progressed, however, for reasons described above. As a result Mull has not been redecorated but remains fairly well decorated and maintained. Unfortunately the central garden area of the unit looked rather untended which was brought up at the young people's monthly meeting as described above.

Summary of recommendations

1. Managers should ensure Skye House is appropriately resourced in relation to nursing staff and also Speech and Language Therapy provision.

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

3. Managers should ensure additional resources to counteract the reduction in activity due to absence of the unit's twilight workers.

Good practice

We were told that the newly developed role of physical health nurse has been working well in the unit and improving standards of physical health care monitoring of young people in the unit. This role was developed about a year ago and involves a nurse trained to undertake many of the routine monitoring activities that young people especially with eating disorders require.

We were also interested to hear about the activities of two working groups that have recently been set up in the unit to try and develop care pathways for young people either with developing personality disorder or young people with Autistic Spectrum Disorder in the unit. These working groups are in their infancy at the moment and we will be interested to hear of their progress when we next the unit.

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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