



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Tipperlinn Young People's Unit,  
Royal Edinburgh Hospital, Tipperlinn Road, Edinburgh EH10  
5HF

**Date of visit:** 25 May 2017

## **Where we visited**

The Tipperlinn Young People's Unit has 12 inpatient places for adolescents with mental health problems. It is a specialist tier four service designed for young people aged 12 to 17 years (inclusive). The beds are primarily intended for Lothian patients, with specific agreements to take patients from Fife and the Scottish Borders. There is also a more general agreement to take patients from other Scottish Health Boards on an emergency basis. At the time of our visit the unit was full.

We last visited this service on 7 July 2016 and made recommendations in regard to nursing care plans and activities.

On the day of this visit we wanted to follow up on the previous recommendations and also look at staffing levels. This is because concerns regarding staffing had been brought to the attention of the Commission by relatives and patients.

## **Who we met with**

We met with, and reviewed the care and treatment, of five patients. We spoke with relatives of one inpatient.

We spoke with the lead nurse, the senior charge nurse for the service as well as several of the nursing staff on duty and one of the consultant child and adolescent psychiatrists attached to the unit.

## **Commission visitors**

Margo Fyfe, Nursing Officer

Ian Cairns, Social Work Officer

## **What people told us and what we found**

### **Care, treatment, support and participation**

#### **Care Plans**

When we last visited the unit we were concerned about the quality of the nursing care plans. We found that they lacked detail and that reviews had no detail. We were also concerned that there appeared to be no link between the care plans and the multidisciplinary reviews.

On this occasion the patients we spoke to were aware of their care plans. However, we found that there had been little improvement made in the nursing care plan documentation. Although the individual care plans do focus on care needs, the plans themselves were basic with no clear goals or actions attached. Again we found that reviews did not have any detail on how the person had progressed since the last review.

It was explained to us that work had started on improving the written care plans following the last Commission visit but this had been postponed due to several staff changes including the senior charge nurse post. We also heard that staffing had been stretched due to having to provide cover to the sick children's hospital for several months. We discussed the importance of written care plans and the need to address this issue promptly. We suggested contacting other services to look at their care plans for assistance in taking this issue forward.

### **Recommendation 1:**

As a matter of urgency the service manager and senior charge nurse should audit nursing care plans. They should also ensure all staff are fully aware of the importance of keeping clear, person-centred care plans that reflect the individuals care needs and link to the multidisciplinary reviews. We will raise this with senior management as this was also identified at our last meeting.

### **Multidisciplinary input, reviews and records**

We were pleased to see that there continues to be good multidisciplinary input to the young people's care and treatment. This consists of psychiatry, psychology, nurses, occupational therapy (OT), dieticians, physiotherapist, family therapist and education staff.

Young people are encouraged to attend their weekly multidisciplinary review meetings, and are encouraged to complete sheets with feedback and issues that they would like to discuss. It was good to see that parents are invited to attend, and parents we spoke to told us that they do attend and participate in any way they can. We also noted that the minute from these meetings is typed up and given to the young person and their parents as well as included in the care file.

We noted that professionals from different disciplines continue to write in the same multidisciplinary records. At the time of our last visit we found care files somewhat cumbersome and difficult to navigate however this was much improved with files being much easier to look through and find specific information. We had previously suggested the inclusion of a summary sheet that would give brief details about the individual young person such as their diagnosis, daily routines and any management concerns. We were pleased to see there was a front sheet with this detail in place. Unfortunately we found the 'detailed assessment and management plan' forms and risk assessment forms to be partially completed in care files, on or near admission, but no further information added to these forms. We were also unable to locate updated risk assessments in the care files.

### **Recommendation 2:**

Managers and senior charge nurse should audit the care files. They should ensure staff are aware of the importance of completing risk assessment, and assessment

and management plan paperwork, and ensure risk assessments are updated regularly.

### **Confidentiality**

We discussed the issue of confidentiality with managers as this had been raised by several of the patients we met. We understand this can be a difficult subject especially for parents to understand in relation to their child. However children have the right to confidentiality and we suggested this should be discussed with the child and the parents at the beginning of the admission. We also suggested it may be helpful to have information on confidentiality included in the unit information booklet for individuals and families to receive prior to admission. We look forward to seeing this progressed at future visits.

### **Staffing**

When we last visited the unit we had discussed staffing levels and morale as this had been an issue brought to our attention at that time. We heard that there were plans in place to increase the nursing staff within the unit and to introduce a rotational nursing pattern across the NHS Lothian CAMHS service to ensure there were always experienced staff available to the unit. It was clarified on the day of the current visit that the establishment numbers have already been increased within the last year. The rotational nursing pattern mentioned in the previous visit was in relation to nursing across two sites to include the Royal Hospital for Sick Children. Nursing staff had been used from across Tier 4 to ensure appropriately experienced staff were available as much as possible.

On this visit patients were complimentary about staff support and generally felt they were treated with respect by staff. However, there was a clear impression of staff being busy and not always able to ensure activities and support took place when they should.

On speaking to staff they agreed that they are busy with paperwork and covering the paediatric service need and that this along with the many staffing changes impacts on their availability to the young people in the unit at times.

We discussed this area of concern with managers and were informed that during the last year there have been many staff changes including the senior charge nurse post and that this along with the extra care duties on the service have put pressure on the nursing team. However, we were assured this is now beginning to settle as staffing changes are complete and the new senior charge nurse is beginning to bring support systems into place for the nursing staff. We understand that changes can be challenging in any service and look forward to seeing progress in this area on future visits.

## **Use of mental health and incapacity legislation**

All legal documentation for detained patients was found at the back section of the care files. Consent to treatment forms (T2) and forms authorising treatment (T3) were appropriately in place. At the time of the visit no patients were being treated under Adults with Incapacity Act (AWI) legislation.

## **Rights and restrictions**

As on previous visits we found the main entrance to the ward locked. There was a clear sign detailing this on the door and a policy in place. All patients are informed of the reasons for having the door locked. The fact that the door may be locked from time to time is detailed in the unit information booklet given to patients and their carers on admission. Patients who are not subject to compulsory detention are able to leave the ward on request.

All patients have access to an enclosed garden space via a door in the lounge area of the ward.

## **Activity and occupation**

When we last visited the unit we heard that there had been plans for the activity co-ordinators from the day service to inreach into the unit to provide some joint group activities and that it had been hoped the planned increase in staffing to the unit would ensure staff were able to offer a more consistent activity programme.

On this occasion we heard that the day programme activity co-ordinators had unfortunately not been able to offer a further service into the unit. However we heard that in spite of the staffing situation in the unit, nurses try to offer activities daily on an adhoc basis. We heard from the patients that we met with that they feel there is a reasonable variety of games and crafts to use in the unit as well as discussion groups and television/film nights. They also told us that OT runs some groups that everyone who attends enjoys. The only concern around activities that was brought to our attention was that off unit activity can often be cancelled due to nursing staff unavailability.

We discussed activity provision with managers who agreed that some off unit activity had been cancelled due to staffing. It was also agreed that there could be improvements providing a more structured activity plan and in the recording of activity participation in individuals' case notes. We praised the OT for ensuring participation in their groups are recorded in individual case records.

## **Recommendation 3:**

Managers and the senior charge nurse should encourage nurses to create a structured activity planner for the unit by including individuals in its development and should ensure staff record individuals activity participation in their case notes.

## **The physical environment**

The communal areas of the ward are small but each patient has their own bedroom. Patients also have access to an enclosed garden area.

At the time of the last visit we were informed that the ward was expected to move to the new children's hospital site in autumn 2017. This date has now moved to Spring 2018. There is information about the move and pictures of the new build in the reception area of the unit for everyone's information.

## **Any other comments**

It was good to note that patients and relatives we met with were happy with the care and support they receive from staff.

We heard that there is a plan to update the information booklet as the move to the new children's hospital approaches. We were told that as part of this process some of the ward policies will be reviewed including the use of mobile telephones. It is hoped this will be done in conjunction with the other two regional inpatient units. We noted that the current position is discussed with the young people on admission and that they are asked to sign that they understand this and will abide by the current policy. However, we recognise there are difficulties in ensuring the policy is adhered to. We look forward to hearing how discussions on this issue progress at future visits.

## **Summary of recommendations**

1. As a matter of urgency the service manager and senior charge nurse should audit nursing care plans. They should also ensure all staff are fully aware of the importance of keeping clear, person centred care plans that reflect the individuals care needs and link to the multidisciplinary reviews.
2. Managers and senior charge nurse should audit the care files. They should ensure staff are aware of the importance of completing risk assessment and assessment and management plan paperwork and ensure risk assessments are updated regularly.
3. Managers and the senior charge nurse should encourage nurses to create a structured activity planner for the unit by including individuals in its development and should ensure staff record individuals activity participation in their case notes.

## **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)**

## **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.

**Contact details:**

**The Mental Welfare Commission for Scotland**  
**Thistle House**  
**91 Haymarket Terrace**  
**Edinburgh**  
**EH12 5HE**

telephone: 0131 313 8777

e-mail: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

