

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** The Huntercombe Hospital  
Edinburgh, Binny Estate, Ecclesmachan Road, Uphall, West  
Lothian EH52 6NL

**Date of visit:** 4 December 2017

## **Where we visited**

The Huntercombe Hospital –is a 22-bedded independent hospital providing in-patient mental health assessment and treatment for young people aged 11 to 18 years. A dedicated programme for eating disorders is provided, as well as a generic child and adolescent mental health service (CAMHS). The service is provided by a multidisciplinary team consisting of psychiatry, nursing, psychology, family therapists, pharmacy, occupational therapist, social work and teachers. The school on site is registered as an independent school, and offers school work based on the Scottish and English school curriculum. On the day of our visit there were nine patients with an additional admission expected the following day. Of the nine patients only two were from Scotland, the rest were transferred from England. Five of the young people were detained under Scottish mental health legislation.

We last visited this service on 6 December 2016 and made recommendations in regard to care plans, medication prescription sheets and the development of policies around the possible use of mechanical restraint.

On the day of this visit, we wanted to follow up on the previous recommendations and look at changes that have been happening in the way the hospital delivers its service.

## **Who we met with**

We met with and/or reviewed the care and treatment of nine patients.

We spoke with the service director and the new interim director, the ward manager, and lead family therapist, as well as medical staff and the head teacher.

## **Commission visitors**

Margo Fyfe, Nursing Officer & visit co-ordinator

Dr Stephen Anderson, Commission Consultant Psychiatrist

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

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

#### **Patient feedback**

On the day of the visit, we met with seven of the young people together and saw the other two young people briefly on their own. In general the young people felt it was difficult being away from home. However, they were glad that family living further away were given financial assistance to visit twice a month. They commented on how difficult being in the unit had been during the summer months, when there had been a lot of difficulties in managing some patients and some staff had left post. All agreed that they felt things had improved and that they were being safely looked after. There was an agreement that the ethos of the young people being encouraged to drive their

recovery was to their benefit. They added that they generally found the psychology and family therapy work helpful. As a group they did, however, say that they found approaching busy and new staff difficult and would like the staff to seek them out more proactively. Although they said there was not enough to do in their spare time, they were unable to volunteer any suggestions of what they would like to be in place for them. They said they were getting to go on local outings at weekends, and were able to spend time in their rooms, or the communal areas when they had free time. They particularly liked getting out for regular walks in the grounds.

## **Care Plans**

During our last visit, we noted care plans to be person centred and that patients were involved in devising their care plans. We were pleased to see that this remains the case. Audits are being carried out to ensure that care plans remain meaningful and are regularly reviewed. We were pleased to see that the review information had improved, and in most cases, provided more detail regarding the young person's progress. We heard that staff have undergone training on how to use the electronic record system. However, with the high number of new staff in post we found some inconsistency in the detail provided in the care plans and reviews. We would therefore encourage another audit to ensure consistency in the detail within the care plans and reviews, as the new staff members will not be familiar with the electronic record system.

### **Recommendation 1:**

Managers should carry out an audit to ensure all staff are fully aware of the requirements in completing the electronic care plans, and that records and reviews are consistent.

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

### **Consent to treatment and medication prescribing**

Where required we found all legal documentation in place. Consent to treatment forms where necessary had been completed and were held with medication prescription sheets.

During our last visit, we had made a recommendation around ensuring that medication prescription sheets fully detailed the route of administration being prescribed. We were pleased to see this had been discussed with pharmacy, medical and nursing staff and was no longer an issue. We found prescription sheets to be appropriately detailed.

We discussed with managers and medical staff the giving of medication via nasogastric tube. We were assured that medication would not be given in this way without a patient's permission if they were being cared for on an informal basis.

## **Rights and restrictions**

We were informed that due to the difficulties encountered by the service during the last year, they will for the foreseeable future only look to fill 11 beds rather than the 22 beds they have. This is in part due to having reduced psychiatry input to one consultant and specialty doctor. It will also ensure safety for patients and staff as staff numbers are re-established and essential training is carried out.

We were pleased to see that the observation recording sheets in use has been completed with more information than found on our previous visit. We were also pleased to see the continued use of the risk assessment review template, which is completed for each patient.

The unit use the Protecting Rights in a Caring Environment (PRICE) model of restraint. All staff are trained in the use of this model, and as new staff arrive, this training is put in place to ensure no one without training carried out any form of restraint. We saw no evidence of mechanical restraint in use and were assured that this is not used, or planned for use, in the hospital.

We heard that the advocacy service in place at the time of our last visit is still available to the young people and will attend on referral. The young people spoken with were aware of this service should they wish to access it.

## **Activity and occupation**

It was good to hear more about the planned therapeutic activity for the hospital. We were informed of the move to adopting a dialectical behaviour therapy informed model of care. Staff have begun training in this model and are planning on how to role this out across the service. We look forward to hearing how this has progressed at future visits.

The young people told us that they would like more to do in their spare time, but were unable to say what they would like to do. We heard that, at present, the occupational therapist and social worker both facilitate groups for social activity and that Christmas craft groups are planned. There is also pet therapy available weekly along with a music group. There had been yoga available, but the instructor has been absent. They are due to return in February. We were told that staff have been trying to source another instructor in the meantime.

We were interested to hear about the woodland conservation volunteer group who are interested in creating a project with the young people, and look forward to hearing how this has progressed at future visits.

## **The physical environment**

Although the hospital is set over two floors, all of the patients are currently on the ground floor. This has been in place since the restructuring of the service in the last

few months. There is a high dependency unit, but this is not currently in use. The current use of the hospital lends itself to safe care for both patients and staff. We heard that there will be ongoing discussions around how to best use the whole facility, and look forward to hearing more about this at future visits.

### **Any other comments**

There have been a lot of changes to staffing and the use of the environment since our last visit. We heard this had been due to a period earlier in the year where they had a large number of complex young people from England, who did not settle within the environment. As a result there were high levels of stress for both patients and staff. Healthcare Improvement Scotland were involved in assisting the service to examine how best to move forward and provide appropriate care for the young people with complex needs. Several of these young people were transferred to facilities in England.

Currently, staffing levels are continuing to improve and we are pleased to hear that there is a focus on training to ensure a clear structured approach to the care provided to the young people. We are keen to hear more about the progress of the new approach at future visits.

### **Summary of recommendations**

1. Managers should carry out an audit to ensure all staff are fully aware of the requirements in completing the electronic care plans and that records and reviews are consistent

### **Service response to recommendations**

The Commission requires a response to this recommendation 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 Directors (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)

