

Mental Welfare Commission for Scotland

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

Date of visit: 29 November 2017

Where we visited

The National Child Inpatient Unit is the nationally commissioned child psychiatry unit for Scotland. The 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 26 October 2016 and made recommendations about ward accommodation and the units' doors.

On the day of this visit we wanted to follow up on previous recommendations and also look at care planning. This is because the unit has had high standards of care planning in the past, and we wanted to explore how recent changes in the electronic case record system, EMIS, had impacted on this aspect of the documentation of care.

Who we met with

We met with and/or reviewed the care and treatment of six patients and met with four carers/relatives.

We spoke with a consultant child and adolescent psychiatrist, the charge nurse and staff nurses within the unit.

Commission visitors

Dr Helen Dawson, Medical Officer

Dr Ritchie Scott, Medical Officer

Dr Ayesha Afzal, Higher Trainee in Child and Adolescent Psychiatry

What people told us and what we found

Care, treatment, support and participation

When we spoke with the young people and their relatives or carers, all commended the unit staff for their caring attitude, their commitment to collaboration and inclusion, and the high standards of communication about the young person's care. 'More than good' was how one family member described the clinical team and their experience of the young person's care. There are a number of systems in place to promote participation, and we were told that these are working effectively. Carers and relatives told us they felt actively involved in the management of the young people on the ward.

When reviewing the electronic case notes for the current inpatients on the ward, we were impressed by the high standards of record keeping. Care plans were person centred and comprehensive. Records were easy to navigate and follow. We were told

that a request has been made by the ward's senior charge nurse for ongoing improvements to the care planning part of EMIS, the electronic case record system in use. We were told that at present this is not 'printer-friendly' and that this limits its usefulness at times of nursing handover, especially when bank staff (who do not have access to an EMIS password) are on shift. At present the clinical team have found a temporary way around this obstacle, by using paper copies of the existing care plans, but it is hoped that this difficulty will be resolved in the near future.

Use of mental health and incapacity legislation

We had no concerns about the use of mental health legislation in relation to the young people who are presently in the unit.

Rights and restrictions

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

In last year's report, we recommended a review of the unit's doors to be undertaken, and it was good to hear that this has happened. The magnetic system on the external doors has been reviewed and upgraded. We were told that this is now more suitable for the patient population which the unit serves. We were told that there have been no further incidents of young people being able to bypass the security mechanism of the external doors. Additionally, the doors within the unit have been reviewed to ensure the correct balance has been struck between doors providing necessary barriers to access, and the doors providing unnecessary obstacles to appropriate movement.

Activity and occupation

Patients within the unit access school facilities. The activities relating to education form an important aspect of most patient's daily timetables. Within the ward there are a range of rooms available for recreation, and a room in which patients can watch television together. An indoor sensory room and soft play area is available and acts as a valuable resource when patients are unable to go outside. There is also an art room available, which some of the patients can use, although this is not large enough to cater for the full complement of the ward's inpatients. There is an outside play area on the same floor as the ward, which is available for the patients to use. In addition, there is an outdoor play park at ground level which is adjacent to the hospital building, and young people can access this with ward staff.

In last year's report, we raised the issue that much of the ward's accommodation is largely made up of small to medium-sized rooms, and that there is a noticeable lack of room space that is large enough to cater for the entire ward population of young people at once. This is an unfortunate oversight as it limits the opportunities available for group activities, including therapeutic group intervention, and means that the inpatient group is unnecessarily fragmented at times. During our visit we were told that

plans are in the very early stages of exploring whether one of the en-suite bedrooms can be converted into a room for larger group activities. The art room would in turn become a single bedroom. We welcome this line of enquiry and look forward to hearing of developments in future visits.

The physical environment

The ward is located on the top floor of the Children's Hospital. It is clean, bright and well maintained, and decorated sensitively with murals and wall art. The walls at the entrance have recently been developed to provide information about the ward and helpful governance information for visitors.

The issues relating to the ward's environment raised in our first visit to the ward in 2015 have all been addressed apart from the concerns about the sprinkler system. Last year, we were told that there was going to be work on the sprinkler system to minimise the risk of the whole sprinkler system in the ward being activated by physical contact with one fitting (as designed). At our visit this year, we were told that this work was not able to take place and it would have involved significant disruption to the working of the unit. . The risk to the ward due to the sprinkler system remains recognised but we were told that, as no such risk to the ward has materialised since its opening, there are no plans to introduce any alterations to mitigate this risk.

Summary of recommendations

No recommendations have been made.

Good practice

The standard of record keeping in the unit is exemplary and a significant achievement for the staff of the unit.

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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