



Mental Welfare Commission for Scotland

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

Date of visit: 3 October 2016

Where we visited

Skye House is the regional adolescent inpatient unit for young people aged 12-17 years old (inclusive) with mental health problems requiring inpatient care and serves the West of Scotland. It is a unit which is located within the grounds of Stobhill Hospital, and has 24 beds arranged in three 8-bedded wings.

We last visited this service on 20 April 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 unit. In recent years there have been a number of changes to the service model implemented in the unit, and we were interested in obtaining an update on these developments and how they had impacted on patient care.

There were two recommendations relating to patient care made at our last visit that we wished to follow up on. One related to patient records, and the other related to patient security and safety.

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

- Consent to treatment and practise in relation to part 16 of the Mental Health Act
- Care planning
- Family and carer involvement

Who we met with

On the day of our visit, eight young people wished to speak to us and we were able to talk with several relatives.

We spoke with several members of child and adolescent mental health staff (CAMHS), including the clinical director of children's services, service manager, senior and charge nurses and nursing staff on duty.

Commission visitors

Dr Helen Dawson, Medical Officer

Mary Leroy, Nursing Officer

Jamie Aarons, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Concerns had been raised by our visitors in previous visits to Skye House that, at times, patient records and care plans were not always legible and compiled in a way that ensured easy navigability on the part of the reader. In the last few years, an electronic record system has been introduced (EMIS) to NHS Greater Glasgow & Clyde specialist children's services to replace the paper record system. We were told that EMIS is subject to an ongoing process of development and modification to better meet the needs of the clinical team's use of the system wherever practicable.

During our visit, it was very helpful to be able to speak with one of the staff members, who, as part of a wider team, has been tasked with improving EMIS to better reflect the needs of the users of the patient record system. It was useful to hear about the planned improvements in relation to the implementation of the care plan module within EMIS, and we look forward to reviewing these further developments at our next visit and experiencing the impact of these initiatives first hand on patient records.

In recent years, we have been told there has been significant activity to improve communication and gain feedback from young people and their families or carers. Feedback is obtained from young people via suggestion boxes and fortnightly meetings, where issues can be raised by young people with staff. The family link worker system is now said by staff to be fully embedded in the daily activity of the unit.

Young people and their family members are now routinely invited to the six weekly patient review meetings, and are no longer excluded from these meeting unless there is a clear clinical indication to do so or the individuals themselves decline. This is a positive development in promoting collaborative working with young people and their families and in assisting and supporting communication between everyone involved in a young person's care.

Use of mental health and incapacity legislation

We had no concerns regarding the use of mental health legislation for the young people we reviewed during our visits.

Activity and occupation

Some young people access educational facilities that are provided by the unit's school. Educational activities for these young people form an important part of their daily timetable.

We were told by various sources that some young people often feel as though there is not enough to do on the ward especially for those who do not attend school.

Some young people told us that some group activities had been cancelled recently. The unit has an activity room which is located separately from the wards in the Skye House therapies building. When we reviewed this facility, we were struck by the quality of items (and what appeared to be out of date items) available for young people's use.

Staff explained to us that the shift in service model towards shorter inpatient stays has had an impact on the activity opportunities available for inpatients, and that increased staff time spent on enhanced observation can have an impact on recreational opportunities. It might be timely therefore that activity opportunities for all young people (whether they attend school or not) within the unit be reviewed. Additionally, a review of the resources available within the activity room and the role of the room within the wider recreational resources of the unit should be undertaken.

Recommendation 1:

Managers should review the activity and recreational opportunities that are available within the unit including the resources and materials available within the activity room.

The physical environment

The unit has a central garden area which has been planted with shrubs as part of a project with the Royal Horticultural Society. This area is much more pleasant and a welcome addition to the physical environment of the unit.

Summary of recommendations

1. Managers should review the activity and recreational opportunities that are available within the unit including the resources and materials available within the activity room.

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.

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