

**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:** 20 November 2017

## **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 3 October 2016 and made the following recommendation:

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

On the day of this visit, we wanted to follow up on the previous recommendation and also look at care planning. This is because since the move to use electronic notes in the unit several years ago, the ability to organise documentation in the form of care plans has been problematic. At our visit last year, we were provided with a presentation of the work underway to adjust the electronic case note system in use, EMIS to enable care plans to be used. We were therefore interested in obtaining an update on how these developments had impacted on the electronic records system and record keeping in general.

## **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 the service manager, senior charge nurse (SCN) and several charge nurses and staff nurses in the unit. We were not able to meet with the specialist children's advocacy service, Partner's in Advocacy, on this occasion but received a helpful report prior to our visit.

## **Commission visitors**

Dr Helen Dawson, Medical Officer

Margo Fyfe, Nursing 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**

Overall the feedback we received regarding the majority of care that young people received from the unit was positive, from both carers and young people alike. We were told that, in most cases, communication between carers and staff was good and young

people were actively encouraged to engage with meetings regarding their care and often with the support of advocacy.

We were told of the development of specific nursing roles during the day throughout the week, to be responsible for the physical monitoring that many young people require during their inpatient stay. It is hoped that the focusing and streamlining of this role onto fewer individuals will promote the organisation and reliability of this monitoring, and so enhance patient care. As yet this role is early in its development and we look forward to hearing of its possible benefits at future visits.

In recent years during visits we have raised concerns about the standard of record keeping within the unit at times, especially around the navigability and comprehensiveness of note keeping. We have been told previously that since its introduction as the electronic record system, EMIS is subject to an ongoing process of modification and development to better meet the needs of the clinical team. At last year's visit, we were told about developments to address the lack of facility to use care plans within individual electronic case records. We were looking forward this year to see how these developments had borne out in practice. Overall, we found that the use of care plans within EMIS appeared still to be in its infancy.

At times we found the use of care plans within EMIS provided good elements of focus for care, with defined treatment goals clearly laid out. At others, we found the care plans lacked comprehensiveness and were surprised to find no care plan when there were clearly elements of an individual's care that would ordinarily merit one. This was especially true for care relating to physical consequences of mental disorder. Overall we thought that the unit would benefit from ongoing work into the use of care plans in an individual's case record with clear expectations and consensus on when care plans should be created for patients, and how they should be used to better the consistency in the use of record keeping across the unit.

### **Recommendation 1:**

SCN should undertake a review to explore how care plans should be used across the unit and establish clear expectations across the staff group regarding the use of care plans within EMIS.

### **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 that a number of young people also participate in yoga workshops provided by the school within school hours.

We were told that following our visit last year there has been a complete overhaul of the activities room, and its subsequent conversion into a cinema room in the summer of 2017. In addition, the occupational therapy room is currently undergoing an update with the benefit of charitable donations to create a multi-purpose room that can benefit a range of young people. It is hoped that sensory equipment will be replaced, along with the introduction of more comfortable seating, and the creation of a more restful atmosphere. In addition to these rooms, which are separate from the wards, each ward has a sitting room for its young people that has a range of equipment including DVDs, television and games consoles.

Unfortunately despite the development of the cinema room in the summer, none of the young people we spoke to knew of its existence. We were also told that the fortnightly feedback meeting where young people provide feedback to the unit have not been taking place. We were concerned to hear that there has been difficulty in retention and recruitment of the unit's Twilight workers, who played an important role in promoting and organising activities. Again this year, the young people who 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.

We understand that as the unit's model of care has changed over the past few years the numbers of young people passing through its doors has increased significantly and the average length of stay has substantially fallen. The range and type of mental disorders that the unit now cares for has altered and the roles of the nursing staff within the unit has changed. We understand that the unit now utilises higher rates of enhanced observation levels than previously, possibly due to more young people being cared for in the unit being in the more acute phase of their mental health difficulties at any one time. The increased use of enhanced observation requires more staff time, and we understand that this has occurred at the same time that there has been higher rates of sickness absence in the nursing staff group, with concomitant increased use of bank staff over time. As a result of these changes, it would appear that the opportunities that nursing staff have to encourage and engage young people in activities and the use of the facilities on site has significantly reduced to the detriment of the care of many within the unit.

### **Recommendation 2:**

SCN should explore the barriers to activity engagement within the unit and consider whether staffing levels within the unit remain appropriate given the change in service model.

### **The physical environment**

The unit is comprised of three 8-bedded wings. In recent months, two of the wards, Harris and Lewis, have been re-decorated and appear fresh and clean. The third ward, Mull, is currently subject to plans to determine whether it can be modified to support the provision of IPCU facilities in the under 18 year old age group. As a result, it has

not been redecorated, but remains reasonably decorated and well maintained. The central garden of the unit remains well kept and pleasant and each ward has a garden which young people can access in warmer weather.

## **Summary of recommendations**

1. SCN should undertake a review to explore how care plans should be used across the unit, and establish clear expectations across the staff group regarding the use of care plans within EMIS. This is with the aim of ensuring consistency and comprehensiveness of their use in patient record keeping.
2. SCN should explore the barriers to activity engagement within the unit and consider whether staffing levels within the unit remain appropriate given the change in service model.

## **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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