

## **Mental Welfare Commission for Scotland**

### **Report on announced visit to:**

Dudhope Young Peoples Unit, 17 Dudhope Terrace, Dundee DD3  
6HH

**Date of visit:** 9 July 2019

## **Where we visited**

Dudhope Young Peoples Unit is a mental health facility with twelve in-patient beds for young people aged 12 to 18 years, who require a period of in-patient assessment or treatment. It is a regional unit, primarily providing in-patient services for Tayside, Grampian, Highland (excluding Argyll & Bute), Orkney and Shetland, although it will accept referrals from across Scotland. At the time of this visit only nine of the beds in the unit were open, due to a temporary issue with consultant psychiatrist cover.

We last visited this service on 29 May 2018 and made one recommendation about filing information with drug prescription sheets. We received a response from the service telling us about action taken to address this recommendation.

On the day of this visit we wanted to meet with patients and look generally at the provision of care and treatment in the unit because it had been over a year since our previous visit.

## **Who we met with**

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

We spoke with the service manager and senior nurse on the unit and met other members of the multi-disciplinary team during the time we spent there.

## **Commission visitors**

Ian Cairns, Social Work Officer and visit co-ordinator

Dr Juliet Brock, Medical Officer

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

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

On this visit we talked with two young people and reviewed seven of the individual patient files. The young people we met raised no concerns about their care and treatment on the unit, apart from making a comment that there could be more things to do in the unit. One young person we met had recently been transferred to the unit from an adult ward. They said they felt much happier in the specialist unit, and confirmed that when they first came into the unit staff spent a lot of time with them introducing them to the unit and helping them settle in.

### **Care Planning and participation**

The care planning documentation we saw in files was overall of a very good standard, and files were well organised and maintained. Care plans were person centred and comprehensive, reflecting the assessed needs of each individual young person and we saw safety plans which addressed identified risks and were meaningful and thorough. We saw good clear descriptions of specific interventions in care plans. As an example one plan referred to distraction techniques the young person could be encouraged to use if they were experiencing distressing thoughts or symptoms, and the specific techniques which helped that young person were detailed in the plan. One or two elements of individual plans could have had more particular information, and as an example one plan referred to helping the young person to use positive coping strategies, with no details about strategies which could help. Overall though the care plans were completed to a very good standard and it was also clear when reviewing the files that plans are evaluated regularly and that the process of review looks at how effective planned interventions have been and at whether plans should be changed to meet changing needs and changing care goals.

There was clear evidence in files of how young people are participating in the development of their own care plans and in decisions about their care and treatment. We saw that young people were either signing their individual care plans, or that it was recorded why the young person was choosing not to sign certain care plans. In one file we saw for example that a young person had signed several of their care plans but did not sign other ones because they wanted to talk to a parent about certain parts of the plans for their care. In another file we saw that there had been a recent change in a young person's mental health diagnosis. Written information about the new diagnosis was on file and had been shared with the young person and parent, and this was confirmed in a recent report prepared by the young person's mental health officer which was also on file. As well as participating in decisions about their own treatment, young people also contribute to community meetings held in the unit twice weekly, which enable any of the young people to raise issues about the unit for discussion.

It was evident in files that there is a strong emphasis in the unit on communicating with families and encouraging families to participate in discussions about care and treatment. The unit has a link charge nurse whose role is to facilitate communication with families, and we saw examples in files of letters from the link charge nurse to parents. The letters we saw were all meticulous and thorough, providing parents with detailed and meaningful information about the young person's care and treatment, and we feel from the letters we saw that the establishment of this link nurse role will help parents feel involved in the care and treatment being provided in the unit.

Multi-disciplinary input within the unit is good. A physiotherapist and a social work post have been vacant but a new physiotherapist has been appointed and the social work post will be filled in the near future. Multi-disciplinary team (MDT) reviews are well recorded and as we noted on our last visit it was easy in files to identify the input from different professionals involved in the provision of care and treatment in each individual case. MDT meetings are held

every two weeks within the unit, and care and treatment is also reviewed regularly in Care Programme Approach (CPA) meetings. (The CPA is a framework used to plan and co-ordinate mental health care and treatment, which has a particular focus on planning the provision of care and treatment which involves a range of different people, with a focus on patient involvement and recovery.) As mentioned above in relation to individual care plans we saw in the MDT and CPA reviews on file how young people in the unit are encouraged to participate in these multi-disciplinary reviews. We saw for example 'my space' sections in review forms which recorded the views of the young person and issues they wanted to raise and talk about in a review meeting. We also heard how young people are given a range of different ways they can participate in the MDT and CPA review meetings. Young people can attend meetings themselves or can participate in meetings using video or tele conferencing facilities. Video conferencing facilities are increasingly used to allow family members who may live some distance from Dundee to participate in reviews, or to review with a young person and their family and their home support team how a period of leave from the unit is going. We also heard that sometimes young people who are still on the unit may choose not to attend a review meeting in person but to use technology to link in to the meeting from within the unit.

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

Most young people on the unit were detained under the Mental Health (Care & Treatment) (Scotland) Act 2003 (MHA). When young people detained under the MHA are receiving treatment which requires to be covered by a certificate authorising this, appropriate T2 or T3 forms were in place and we saw no issues about medication prescribed not being authorised.

### **Rights and restrictions**

Because most of the young people in the unit were subject to compulsory measures under the MHA at the time of our visit the safeguards which the MHA provides were in place. From file reviews we saw that young people seemed to be accessing legal representation when they wished to do this, and that they seemed to be aware of their legal rights, including their right to appeal against compulsory measures. We could also see that there continues to be good advocacy input into the unit and it was clearly recorded in files when a young person was accessing support from an independent advocate.

### **Activity and occupation**

This visit to the unit was during the school holiday period, and during school term times activities relating to education are an important element of daily timetables for young people.

We did hear one comment about limited activity provision at weekends. There is a specific timetable for structured activities during the school holiday period and each young person on the unit has their own activity timetable. We did see an example of several of those timetables and saw that a range of therapeutic and structured activities were available. The unit also has a good range of space available for activities, including physical activities and recreational and therapeutic activities.

### **The physical environment**

The unit is in a new purpose built building and bedrooms are single and en-suite. There is also a secure garden space in the courtyard of the building. The young people can personalise their rooms and the building has a lot of artwork and photography displayed on the walls so that it does not feel overly clinical.

Although the unit is in a new building, staff are looking with young people in the unit at how parts of the building can be developed and adapted, and one of the rooms in the building is to be converted into a sensory room. The unit also has a flat which is used by relatives who may be visiting a young person on the unit from some distance away, and this flat is well used.

## **Any other comments**

It was clear to Commission visitors during the time we spent on the unit that there is a strong focus on staff training and development. We heard about how a value based, reflective practice approach is in place. We saw how staff are participating in an approach they are developing in the unit, 'stories of dissent', as a way for staff to constructively explore differences and to encourage respectful debate within the staff team in the unit. We also had brief discussions with staff during the visit, which confirmed that staff do feel that there is good support within the unit for staff development and for taking advantage of training opportunities.

During the visit we also heard about specific actions which have been taken since the unit opened to develop good links with the local police. There is an identified liaison officer within Police Scotland and police visit the unit regularly to speak to young people at a community meeting. This has helped local police to develop their understanding of the role of the unit, and of the mental health needs young people in the unit may have. It has also allowed the police to discuss specific issues with the young people as a group, so the young people for example have been given information about keeping themselves safe using social media. Development of closer working relationships with Police Scotland seems to be an example of a mutually beneficial collaborative approach, which helps police officers have a better understanding of mental health issues and provides opportunities for young people to understand the police role, and how this can be supportive.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

ALISON THOMSON  
Executive Director, Nursing

23 July 2019

## **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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