

Mental Welfare Commission for Scotland

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

Date of visit: 23 March 2022

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

Skye House adolescent in-patient unit is the specialist adolescent psychiatric unit receiving admissions of young people aged between 12 and 18 years old from the West of Scotland Health Board areas, including Dumfries and Galloway, Ayrshire and Arran, Lanarkshire, Greater Glasgow and Clyde and Forth Valley. We last visited this service on 3 June 2019 and made recommendations about named person notifications, medical treatment and the temperature of the environment.

On the day of this visit we wanted to follow up on the previous recommendations and also look at young people's awareness of choice regarding the self-isolation and testing policy that Skye House follows as part of NHS Greater Glasgow and Clyde's (NHSGGC) Covid 19 Infection measures. We also wanted to learn about the young people's experience of staffing levels within the unit and their experience of the unit's physical environment following recent redecoration and upgrading of fixtures and fittings. This focus relates to concerns we have received from a number of different sources since our last visit and we are aware from contact with other inpatient wards across the country that staffing levels within mental health inpatient services have been negatively impacted by the Covid 19 pandemic at times.

Who we met with

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

We spoke with senior charge nurse (SCN) Ruth Macharia, project manager Suzanne McRae, and nursing staff on the wards of the day of our visit. We also met with nursing students and junior medical staff and prior to our visit met with Partners in Advocacy, the specialist advocacy service that supports young people in Skye House.

In addition, at the end of our visit, we met with Andrea Blair, service manager for specialist children services, for the preliminary feedback session of our findings

Commission visitors

Ms Margo Fyfe, senior practitioner manager

Dr Helen Dawson, medical officer,

Ms Kathleen Liddell, social work officer

What people told us and what we found

Care, treatment, support and participation

The young people we spoke to during our visit were very supportive of Skye House staff, describing feeling welcomed and supported and the atmosphere during our visit was friendly and contained. During our visit we consistently noted the high quality of the multidisciplinary team (MDT) notes which are produced following each weekly MDT meeting. These appear comprehensive and well-structured and are able to summarise a lot of information quickly into one document. We also noted the good standard of daily record keeping of patient care and it was evident that the clinicians we spoke with during our visit knew the young people well. We were disappointed, however, that the care planning elements of the clinical notes did not match the high standards seen elsewhere. We found that the care plans varied in detail, were often generic in content, often lacked an outcome focus and we noted that there was often a lack of synchrony between the MDT notes and care plan content. The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at: <https://www.mwcscot.org.uk/node/1203>

Recommendation 1:

We ask that Hospital Managers undertake a review of nursing care plans and implement changes to improve their content and their use to better reflect patient care and treatment overall with greater synchronicity between the weekly MDT notes and nursing care plans in particular.

Use of mental health and incapacity legislation

Although we did not find named person nomination forms in the Mental Health Act legislation section of EMIS, we were able to find them easily when looked for using EMIS's search functions of other areas of the system. As part of our visit we reviewed the authority for treatment of the treatment provided and found nothing of concern, all treatment we reviewed being authorised appropriately.

Designated medical practitioner (DMP) visits are important safeguards for treatment in individuals who are being treated on a compulsory basis. During the lockdown due to the Covid-19 pandemic many DMP visits across the country were undertaken remotely using video facilities provided by NHS Attend Anywhere platforms for example. We are aware that remote visits undertaken with access to video were difficult to achieve for patients in Skye House due to a number of technical difficulties and remote visits were undertaken by DMPs by telephone with support provided by the clinical teams instead. Given that at present face to face visits have once again resumed, and it is unclear whether remote visits will be needed in the future, we would like to highlight these difficulties in the use of Attend Anywhere to the management of Skye House, so that exploration of video communications can be prioritised should further lockdowns be required in the future and face to face DMP interviews be suspended once again.

Rights and restrictions

Like other health boards, NHSGGC has had a duty to respond to the significant challenges presented to patient care, and to the provision of services as a result of the Covid-19 pandemic

and ensuing national lockdowns. How best to deliver services in as patient centred a way as possible, and respecting individual rights, whilst at the same time safeguarding other patients and staff and protecting them from the risk of infection, has not been straightforward matter. Organisations have learned more about the virus over time and responded locally to guidance provided nationally on how services should best respond. During the lockdowns relating to the pandemic, we had been told that Skye House has followed NHS GGC testing and self-isolation guidance relating to Covid 19 and placed restrictions on both patients and staff at times in the unit environment.

During our visit we were told that the current self-isolation and testing policy following admission was voluntary and we were keen to find out whether the young people were aware of this. We received a mixed response on the day of our visit, with some young people telling us that they were aware that it was voluntary and others not. Similarly we were also interested to learn how young people with eating disorders, who would normally be supported at meal times and after meals by staff members, had been able to be supported while self-isolating in their bedrooms. Overall we gained a mixed picture and we became acutely aware of the particular demands placed on staffing levels when trying to support young people with eating disorders appropriately in the context of wards in which self-isolation practise was in place.

Recommendation 2:

We recommend that any infection control testing and isolation policy which might impact on self- isolation in bedroom spaces and/or the freedom of movement of young people around the ward be clearly discussed with each young person to ensure that young people are clear about its voluntary nature and of the alternatives available to them. We recommend any verbal discussion is supported by written documentation outlining the policy and entering a copy of this into patient records following the discussion, clearly documenting in the notes what has been discussed and what has been understood. Similar records reflecting the discussion of the impact of any infection control testing and isolation policy on the relationship between parents and their children should also be clearly documented.

The Commission has developed [*Rights in Mind*](#). This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment. This can be found at:

<https://www.mwcscot.org.uk/law-and-rights/rights-mind>

Activity and occupation

The young people we spoke to described a range of activities that they accessed on a regular basis in the unit. For many, school continues to provide an important structure to the day and we heard that many young people enjoyed and valued the range of activities provided in the evenings and weekend. When young people were asked to self-isolate in their bedrooms due to the infection control measures we heard that the occupational therapist provided activity packs to support their self-care during this time spent in their rooms. We also heard that many young people valued greater access to their mobile phones during this period which broadened out the range of leisure activities available.

The physical environment

Skye House is a 24-bed unit comprised of three eight-bedded wards, Harris, Lewis and Mull. In recent months there has been substantial redecoration and upgrading of fixtures and fittings in all three wards and also the dining room of the unit. Work undertaken has included the upgrading of bathroom fixtures to facilitate greater access for young people throughout the course of the day and none of the young people that we spoke with raised concerns about the impact or the outcome of the work on their care. The unit has a garden which few young people told us that they had used at the moment on account of the wintry weather but we noticed the unit's window boxes which brightened the reception area and entrance to the unit and helped to provide a welcoming and cared for impression for visitors and patients alike.

During the course of the year the Commission has been contacted regarding concerns relating to the range of food available in the unit and the response to the queries we made at that time satisfied out initial enquiries. For any unit caring for individuals with an eating disorder, the question about the range of food that should be available can be a complicated matter, due in part to the fact that sometimes factors relating to food preferences and requests may reflect the eating disorder itself as opposed to food choices based in health. How best to proportionately respond to dietary preferences can be a difficult balance to strike as part of the treatment for eating disorders involves the promotion of the ability to manage a normal diet and tolerate a broad range of foods. Nevertheless during our visit we did ask a range of young people about the food provided in the unit which obtains its meals from the provisions provided to Stobhill Hospital, unlike the Royal Hospital for Children which has its own kitchens and is therefore better equipped to respond to particular diets. Some young people were very negative about the quality and choice of food provided overall during their stay and a number of the young people we spoke to described a limited choice for the vegetarian option in particular. Importantly these were not necessarily young people with eating difficulties. We were told by staff of the attempts made to try and increase the range of food available for the young people and learned of the lunch time 'deli bar' in which young people can obtain sandwiches and we are aware there the unit's specialist dieticians can sometimes access additional funding to support young people who follow vegan diets, for example. However given the fact that food plays such an integral part of the treatment of individuals with eating disorders, that meal substitution by supplements or artificial nutrition should only ever be a last resort and that we were satisfied that the strength and consistency of the feedback we received was such that we are making a recommendation that the meal choice can be reviewed for the unit, with more choice provided particularly for the vegetarian option.

Recommendation 3:

Hospital managers should undertake a review of the available meal options for young people, eliciting the young persons, their families and staff feedback as part of that review and explore with catering managers whether there is scope to improve the meals provided, especially in relation to the nature and range of vegetarian options.

Any other comments

During our visit we were keen to find out more about the challenges that Skye House has faced and continues to face with respect to the staffing of the unit. We are aware from our discussions elsewhere with other services that staffing has remained a key area of

vulnerability for many services across the country and across the age range. While it may be that many of the contributing factors may be external and out-with the control of Skye House hospital managers, reflection of how best to support staff working in difficult circumstances is important on an ongoing basis to help oversee this period safely. It was good to hear that since our last visit the unit now has a speech and language therapist and we witnessed positive benefit to the documented care and treatment of the young people in the unit as a result. In recent years, however, the staffing of the unit has continued to appear fragile and this has particularly been the case during the Covid-19 pandemic. Vacancies for the case manager posts, which are key to the co-ordination and integration of care and support for communication between inpatient and community services, has been difficult and we heard that the difficulties in recruiting and retaining of ward nursing staff has had an impact on staff morale and the service overall at times. Due to these challenges in the unit, we are aware that, on occasion, other members of the multidisciplinary team have replaced nursing staff in supporting ward activities such as meal time management for the young people. The teamwork and collaborative attitude behind this practise is noteworthy and commendable, however we believe it is important that this practise is clearly tracked to ensure it is supported by proper governance and is monitored to ensure that this response by other colleagues is required only exceptionally. It may be that, at times, Skye House, like other units, has to make difficult decisions about the management of risk and patient safety within the unit which may impact on bed availability overall. We recently wrote to all three specialist adolescent units in Scotland to learn more about their admission policies and processes and we learned that the Skye House admission process involves discussion between senior charge nurse and consultant psychiatrist with involvement of the multidisciplinary team as necessary with consultant psychiatrist having final view in relation to the appropriateness of admissions to the unit overall.

Recommendation 4:

We recommend that on the occasions when multidisciplinary team staff are required to provide duties such as meal time management that would ordinarily be undertaken by ward nursing staff that these are clearly documented and audited to ensure oversight of this practise to support future planning of staff provision.

Good practice

We regard the quality of the note keeping for the multidisciplinary team meeting to be of a very high standard and found that it reflected areas of good practise in the service. We also recognise and respect the dedication and commitment of staff from all parts of the unit to support the young people's care during what has been very challenging times of the Covid-19 pandemic and lockdown.

Summary of recommendations

1. We ask that Hospital Managers undertake a review of nursing care plans and implement changes to improve their content and their use to better reflect patient care and treatment overall with greater synchronicity between the weekly MDT notes and nursing care plans in particular.
2. We recommend that any infection control testing and isolation policy which might impact on self-isolation within bedroom spaces and/or the freedom of movement of young people around the ward be clearly discussed with each young person to ensure that young people are clear about its voluntary nature and of the alternatives available to them. We recommend any verbal discussion is supported by written documentation outlining the policy and entering a copy of this into patient records following the discussion, clearly documenting in the notes what has been discussed and what has been understood. Similar records reflecting the discussion of the impact of any infection control testing and isolation policy on the relationship between parents and their children should also be clearly documented.
3. Hospital managers should undertake a review of the available meal options for young people, eliciting the young persons, their families and staff feedback as part of that review and explore with catering managers whether there is scope to improve the meals provided, especially in relation to the nature and range of vegetarian options.
4. We recommend that on the occasions when multidisciplinary team staff are required to provide duties such as meal time management that would ordinarily be undertaken by ward nursing staff that these are clearly documented and audited to ensure oversight of this practise to support future planning of staff provision.

Service response to recommendations

The Commission requires a response to these recommendations within three months of receiving this report.

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

Claire Lamza
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 Commission 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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