Mental Welfare Commission for Scotland

Report on announced visit to:

Royal Hospital for Children, Ward 4, National Child Inpatient Unit, 1345 Govan Road, Glasgow G51 4TF

Date of visit: 29 November 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.

The national child in-patient unit is the nationally commissioned child psychiatry unit for Scotland. The ward has six beds, and admits children who have significant mental health difficulties from all over Scotland and who are aged between five and 12 years. There is some flexibility at either end of the age range based on clinical need. The service is located on the top floor of the Royal Hospital for Children building on the South Glasgow University campus. On the day of our visit the ward had one vacant bed.

We last visited this service on 16 November 2021 and made a recommendation about cover arrangements for MHOs for the unit. The response we received from the service clarified that cover for the unit is provided by the MHO based at Skye House, Stobhill Hospital, Glasgow; this is the regional specialist adolescent unit for the West of Scotland. When this MHO is not at work, cover for the unit has been agreed with the South Glasgow MHO team.

On the day of this visit we wanted to follow up on the previous recommendation and also to hear how patients and staff have managed throughout the current pandemic.

Who we met with

We met with, and reviewed the care of five patients, meeting them all individually and then reviewing their care notes. We also spoke with three relatives.

We also spoke with the service manager, the senior charge nurse, and one of the consultant psychiatrists.

Commission visitors

Dr Helen Dawson, medical officer

Margo Fyfe, senior manager (practitioners)

What people told us and what we found

Care, treatment, support and participation

When we spoke with the children, all were very positive about the staff in the unit. The children described the caring attitude of the staff and felt the staff were available and easy to speak to when required. The children described feeling listened to and, even though one child told us that they sometimes became frustrated when not able to do whatever they wanted to do, they agreed that their requests were taken into consideration by the staff caring for them and that staff were trying to help them with their mental health difficulties. We saw multiple examples of ways in which a child's treatment was supported with written materials and presented in various formats including wall-mounted materials that reflected the particular interests and preferences of the individual child.

The parents and carers we spoke to were supportive of the staff and were confident that their children were being well looked after. Some parents described the difficulties in the journey of their child prior to admission, and how this had had an impact on how they experienced the ward initially. Parents told us that they welcomed the materials provided to support family and carers of children in the unit, and one or two made some suggestions of how the materials might be further improved, and what had been particularly helpful for them.

Throughout the visit we saw kind and caring interactions between staff and patients. Staff we spoke with clearly knew the patient group well and the staff appeared thoughtful and holistic in their communication about patients, demonstrating a trauma–informed perspective that was integrated into their approach to patient care.

We heard about the work that had gone into supporting carers/families during the Covid-19 restrictions. It was good to hear that families and carers have benefitted from the Young Patients Families Fund; this provides practical support to parents, primary carers or siblings of children who are in-patients in a hospital.

Once again we found the care records to be of a very high standard. In reviewing the notes we found examples of detailed, person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the child. We welcome the embedded practise of providing easy read versions of the care plans, which are used in patient discussions; it was good to see the use of pass plans provided for each child that supported communication with the child about their leave from the unit. We recognised the work and effort that has been put into supporting the high standard of care plans in the unit and the ways in which some of the limitations of the electronic recording system has been adapted in order to support the integration of care records. During our visit we saw that the review of care plans was taking place regularly and contained good quality information. However, we thought these could be further improved upon by providing more specific information about progress towards treatment goals.

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

Multidisciplinary team (MDT)

The unit has a multidisciplinary team (MDT) consisting of psychiatrists, nursing staff, occupational therapy, physiotherapy and speech and language therapy staff, systemic and family therapy staff and psychology staff. This broad range of disciplines were either based in the unit or accessible. It was clear from the detailed MDT meeting notes that everyone involved in an individual's care and treatment was invited to attend the meetings and update their views. Every four weeks meetings were arranged and also included the child's family and/or carers and also the child's community Child and Adolescent Mental Health Service (CAMHS). It was clear to see from these notes that when a child moved towards discharge, community services were extensively involved in preparatory meetings. After each weekly multidisciplinary team meeting, the unit's care manager communicated the findings and decisions made in the meeting with the child's family and carers, and with the community CAMHS service.

We heard that meetings had been held online during the restrictions and that this had enabled more professionals to attend; consideration has been given to continue to hold these meetings in this way. We were assured that family members that wished to attend but who were not keen on using the online facility would continue to be given the opportunity to attend in person.

Use of mental health and incapacity legislation

On the day of our visit, most of the patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). Those that we met with had a good understanding of their detained status, where they were subject to detention under the Mental Health Act.

All documentation pertaining to the Mental Health Act was in place in the paper files and was up-to-date. Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3s had been completed by the responsible medical officer to record non-consent; they were available and up to date.

Rights and restrictions

The ward had a number of areas that were locked and prevented entry onto and egress from the ward without appropriate permission. Several years ago the ward experienced difficulties with some of its doors. It was good to hear that the unit has had no further incidents of a child being able to bypass the security system of the external doors and staff told us that they felt a balance had been achieved with the current system.

Activity and occupation

The unit had a number of rooms available for recreation and a room where a number of children could watch television together. An indoor soft play and sensory room was available and both of these rooms were a valuable resources for when the children were unable to go

outside. An art room is available, which many of the children could use, although unfortunately it was not large enough to cater for the full complement of the ward's in-patients at the same time. When we visited, we saw a number of children using this room at different times and the children were keen to show us the art work they had made and how it was being used to decorate the unit's walls. On the same floor as the unit is an outside play area which appears popular and well maintained; in addition, there is an outdoor play park at ground level adjacent to the hospital building that the children can access with ward staff. When we visited it was good to hear from the children about their regular use of this area. Also many of the children we spoke to had a care plan relating to appropriate use of exercise that had been developed with them and with the ward's physiotherapist. Some of the children we spoke to were keen dancers and it was good to observe staff members regularly supporting children in this activity in a collaborative and inclusive way. The children in the unit access school facilities; the activities relating to education form an important aspect of most children's daily timetables.

The physical environment

The ward was arc-shaped with all rooms, including children's bedrooms, off to one side. During our visit, we found that the ward was bright and airy, clean and well-decorated. The entrance to the unit has a reception area with noticeboards providing information about the ward, including governance information relating to the ward's quality assurance processes. In the unit itself, the communal wall space is used creatively to support individual patient care, with timetables of the day in easy read, attractively decorated versions presented on the walls, to help orientate and act as a reference point for both children and staff. Additionally, many of the unit's walls carry a range of artworks developed by the children who are currently in-patients. These were attractive, personalised and well-considered. The communal wall artworks are refreshed regularly to reflect the turnover of patients in the unit, and to try and ensure that all children are provided with an opportunity to collaboratively decorate the unit's walls.

A number of the children's rooms are en-suite and the bedrooms we saw appeared well-lit, clean and tidy. Again all rooms were personalised to reflect the interests and preferences of the child and many had materials on the wall, reflective of, and supportive of, particular treatment goals for the child.

In previous years work had been identified in the unit to reconfigure some of the ward accommodation so that there could be a room large enough to cater for all the ward population at the same time. Unfortunately the current layout provides a number of small and medium sized rooms in the ward, which precludes larger group activities for the unit, including therapeutic group intervention. This means that the in-patient group is unnecessarily fragmented at times. Given the number of in-patients that can have neurodevelopmental difficulties, and the importance of interpersonal interactions for many children on the ward, this lack of larger accommodation can be problematic at times. During our visit we were told that unfortunately due to the architectural constraints of the current building, work to try and develop a large group space would not be possible. As a consequence, staff in the unit continued to use the space available and work round the constraints provided by the present accommodation as best as they can.

Summary of recommendations

During this visit we made no recommendations.

Service response to recommendations

The Commission made no recommendations, therefore no response is required.

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.

Contact details

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk

Mental Welfare Commission 2023