

Mental Welfare Commission for Scotland

Report on announced visit to: Dudhope Young People's
Inpatient Unit, 17 Dudhope Terrace, Dundee DD3 6HH

Date of visit: 29 May 2018

Where we visited

Dudhope Young People's Inpatient Unit is a mental health facility with 12 inpatient beds for young people of both sexes, aged 12-18 years, who require a period of inpatient assessment or treatment. It is a regional unit, primarily providing inpatient services for Tayside, Grampian, Highland (excluding Argyll and Bute), Orkney or Shetland areas, although it will accept referrals from across Scotland.

We last visited this service on 15 March 2016, and made recommendations about arrangements for administering medication, about the use of physical interventions, and about providing feedback to young people when they raised issues within the unit.

We received an action plan from the service since we made these recommendations, telling us about the specific actions which had been taken in response to these recommendations. We were also pleased to note that the last Commission report, and the action plan response prepared by the service, were both published on the young person's unit website, in a section on useful information relating to the unit.

On the day of this visit, we wanted to look generally at the provision of care and treatment in the unit, because it had been over two years since our previous visit.

Who we met with

We met with and/or reviewed the care and treatment of six patients, and met one relative.

We spoke with the service manager and senior nurse in the unit, and met other members of the multidisciplinary team during the time we spent in the unit.

Commission visitors

Ian Cairns, Social Work Officer

Natalie Jeffrey, Temporary Medical Officer

What people told us and what we found

Care, treatment, support and participation

Care planning and participation

Young people we met on the visit were generally positive about their experience of care and treatment within the unit. We did hear a few comments about the number of bank staff who could be working in the unit, but all the young people we spoke to said clearly that they feel they do participate fully in decisions about their care and treatment. We were told that they have regular time, either with their key nurse, or one of the nurses in their team. Young people also told us about the regular multidisciplinary (MDT) review meetings, and about how they participate in these

meetings. Again we heard that they all have a one-to-one discussion with a nurse before the meeting and that they can attend the meetings, but if they choose not to go to an MDT meeting, they do get feedback about any decisions made at the meeting. We also heard that young people are aware about the content of their care plans, and that the care plans and care goals identified in plans are very much part of the discussions young people have during one-to-one time with nursing staff.

A traffic light system is used within the unit, so that young people can let staff know by using a green, amber or red symbol, using the amber or red symbols if they need to discuss issues with staff when staff are available, or urgently. One young person told us that they find this system very helpful, and that staff will respond very quickly and will spend time with the young person if they have used the red symbol. However, this young person did say that the staff response to an amber symbol can be variable, and that this may lead to young people using the red symbols because they know that this will prompt staff to respond very quickly, when the issues the young person needs to discuss are perhaps not immediately urgent. We fed this comment back to the managers at the end of the visit, with the suggestion that they could monitor how quickly nursing staff will pick up and respond when young people have used the amber traffic light symbol to indicate that they want to speak to a nurse about some issue that is important, but not urgent.

The one relative we met on the visit did have a number of issues about the care and treatment provided in the unit and we discussed these further with staff. We reviewed the care plans for about half of the young people in the unit on the day of our visit. Care plans were person centred and comprehensive, with evidence of regular reviews. Records were easy to navigate round and to follow, and it was also easy to identify the input from different professionals involved in the provision of care and treatment in each individual case. MDT meetings were well recorded, and any changes to care plans or identified care goals, were readily found.

Multidisciplinary input in the unit

We saw that there is good multidisciplinary input to the provision of care and treatment within the unit. As mentioned above two psychiatrists are now in post on a permanent basis, and we saw evidence in files of good input from psychology, from occupational therapy, physiotherapy, dietetics, family therapy, pharmacy, and from education and social work.

Use of mental health and incapacity legislation

A number of young people on the unit were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). When young people detained under the MHA were receiving treatment which required to be covered by a certificate authorising this, either a consent to treatment certificate (T2) or a certificate authorising treatment (T3) form were in place, and there were no issues about medication prescribed not being authorised.

We did notice in two cases that the forms authorising treatment were not filed with the drug prescription sheets. The Commission's view is that a copy of these forms should be with drug prescription sheets, as part of the process for making sure that medication administered by nursing staff is authorised.

Recommendation 1:

Managers should ensure that copies of T2 or T3 forms are filed with drug prescription sheets.

Rights and restrictions

There continues to be good advocacy input into the unit.

When detention under the MHA is felt to be appropriate and necessary, young people in the unit are subject to compulsory measures. This does ensure that the safeguards which the MHA provides are in place, and it was clear from the conversations we had with young people that they were fully aware of their legal rights, and had access to legal representation.

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/rights-in-mind/>

Activity and occupation

Activities relating to education are an important element of daily timetables when most of the young people are in the unit. A number of young people are sitting Scottish Qualifications Authority (SQA) exams while they are in the unit, and good arrangements seem to be in place to enable young people to continue school work and to sit exams while they are inpatients.

Within the rest of the unit there are a good range of facilities and spaces available for activities, including physical activities, and recreational and therapeutic activities. The comments we heard from young people during the visit about the activities that are available were all positive.

The physical environment

The unit is in a new purpose built building, with all young people having single en-suite rooms. They also have access to the secure garden space in the courtyard of the building. We saw how young people can personalise their rooms during a period of inpatient care and treatment, and we also saw that the building has a lot of artwork displayed on the walls, so that it does not feel clinical.

The building also includes a flat which is available for families who are visiting and are travelling from a distance, and need accommodation to maintain contact with young people in the unit. We heard that this facility is well used, and that families can stay for several days in the flat to have extended contacts with a young person who is in the unit. One young person we met whose parents use this facility spoke very positively about how family contacts are encouraged.

Any other comments

During the visit we spoke to managers and to members of staff, and we heard about some of the work which has been taken forward within the unit, as part of the Scottish Patient Safety Programme (SPSP). This is a national programme which aims to improve healthcare experiences for people using services, and we heard that within the young person unit staff have been involved in taking forward work around the five SPSP work streams. The Commission was pleased to see a strong focus on staff development, with someone identified to take the lead in each of the five work stream areas, and with staff development days having taken place, with more planned for the future.

We were told about work which has been taken forward by the unit with accident and emergency services at Ninewells Hospital, to improve processes when young people have to access accident and emergency services. We also heard that a significant amount of work has been undertaken to develop relationships with the police, with an identified police liaison officer, and with regular meetings with a local sergeant, to make sure that if police are called to help with an incident in the unit, individual police officers have a better understanding of the function of the unit and of the complex needs young people in the unit may have.

Summary of recommendations

1. Managers should ensure that copies of T2 or T3 forms are filed with drug prescription sheets.

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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