

Mental Welfare Commission for Scotland

Report on announced visit to: The National Child Inpatient Unit, Ward 4, Royal Hospital for Children, 1345 Govan Road, Govan, Glasgow, G51 4TF

Date of visit: 3 December 2018

Where we visited

The National Child Inpatient Unit is the nationally commissioned child psychiatry unit for Scotland. The ward provides six inpatient beds for children in the age range of 5-12 years, with some flexibility at either end of the age range according to clinical need. The service moved to the current purpose-built unit on 6 June 2015 and is located on the top floor of the new Royal Hospital for Children building on the South Glasgow University campus.

We last visited this service on 29 November 2017 and made no recommendations about the service. We commended the high standard of record keeping that was in action within the unit and noted this in our report.

Our reason for visiting on this occasion was to meet with the children and parents, obtain an update on the service, and any developments that had occurred since our last visit. On the day of this visit we also looked at the use of mental health legislation within the unit. We did this because application of the use of mental health law in the under-12-year-old age range can be complex and challenging at times, and we wanted to monitor how the legislation was being used in practice on the ward. We had also become aware, through our work during the year, that access to a mental health officer (MHO) can sometimes present challenges for the clinical team within the unit and we wanted to enquire further about this issue. An MHO is a social worker who has specialist training in the law and in working with people with mental ill health, a learning disability, or a related condition.

Who we met with

We reviewed the care of all four children who were inpatients at the time, and spoke with a number of parents or carers.

We spoke with the clinical project manager, service manager, consultant psychiatrist, and the charge nurses of the unit.

Commission visitors

Helen Dawson, Medical Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

When we spoke with the relatives or carers of the children who were inpatients in the unit, all were very positive about the staff within the unit. The caring attitude of the staff, the high standards of communication between staff and family members or

carers, and the genuine commitment to collaboration and inclusion were all noted. Carers and relatives told us they felt actively involved in the management of the young people on the ward, and felt staff were receptive to their comments and feedback.

Care records were once again of a high standard, with patient-centred and comprehensive care plans in evidence. Review of care plans occurred on a regular basis. The documentation of these reviews could be improved further to more fully reflect the activity that care plan reviews involve. The clinical team continue to use both paper and electronic notes for patients to ensure robust circulation of the material amongst the clinical team on duty, and it is hoped that future improvement of the electronic system may soon end the need for this dual system.

Recommendation 1:

Managers should ensure a review of the unit's clinical records standards to ensure that care plan review documentation more comprehensively reflects the process that care plan review entails.

Use of mental health and incapacity legislation

We had no concerns about the use of mental health legislation in relation to the young people who are presently inpatients in the unit. We are, though, aware there may be difficulties with the clinical team being able to access MHOs when consideration is being given to the use of compulsory mental health legislation for inpatients. The unit provides care and treatment for children from all over Scotland, and historically the use of mental health legislation in children under 12 years of age has been less common. A process to identify and source MHO input when required has not been developed, and local MHO teams have stepped in to provide cover for other MHO services located further away.

Recommendation 2:

Managers should ensure there is clarity and agreement regarding MHO provision, with cover arrangements in place when the respective MHO team may be too geographically distant to attend the ward in an appropriate time frame.

Rights and restrictions

The ward has a number of areas that are locked to prevent exit from, and entry onto, the ward without appropriate permission. In previous years the ward had experienced difficulties with some of the doors. The unit has experienced no further incidents of a child being able to bypass the security system of the external doors, and staff told us the correct balance has been achieved between providing necessary barriers to limit access, and removing unnecessary obstacles to appropriate movement.

The physical environment

The ward is located on the top floor of the children's hospital. It appears clean, bright, and well maintained, and decorated sensitively with murals and wall art. The walls at the entrance provide information about the ward and provide helpful information for visitors, including governance information about the ward and practical information about local places to visit for those visitors unfamiliar with the area.

Therapeutic activity

Within the ward there are a number of rooms available for recreation, and a room in which a number of children can watch television together. An indoor soft play and sensory room is available, and both of these rooms act as valuable resources when the children are unable to go outside. An art room is available, which many of the patients can use, although unfortunately this is not large enough to cater for the full complement of the ward's inpatients at the same time. On the same floor is an outside play area which appears popular and well maintained. There is an outdoor play park at ground level, adjacent to the hospital building, which the children can access with ward staff. The patients within the unit access school facilities, and the activities relating to education form an important aspect of most children's daily timetables.

Work remains at the early stages in trying to reconfigure some of the ward accommodation so that there is a room large enough to cater for all the ward population at the same time. Unfortunately the preponderance of small and medium sized rooms within the ward precludes opportunities being available for larger group activities for the unit, (including therapeutic group intervention). Given the high proportion of inpatients that can have neurodevelopmental difficulties, and the importance of interpersonal interactions for many children on the ward, this lack of accommodation can be problematic. We support the work underway to alter the accommodation and look forward to seeing developments in future visits.

Summary of recommendations:

1. Managers should ensure a review of the unit's clinical records standards to ensure that care plan review documentation more comprehensively reflects the process that care plan review entails.
2. Managers should ensure there is clarity and agreement regarding MHO provision, with cover arrangements in place when the respective MHO team may be too geographically distant to attend the ward in an appropriate time frame.

Good Practice

We were pleased to hear of the work undertaken by the unit with referrers to try and ensure that child and adolescent mental health services located far away from the unit remain in touch with the unit's activities, and are aware of the opportunities that the unit is able to provide to the children of their area.

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)

