



**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Tipperlinn Young People's Unit,  
Royal Edinburgh Hospital, Tipperlinn Road, Edinburgh, EH10  
5HF

**Date of visit:** 14 November 2018

## **Where we visited**

The Tipperlinn Young People's Unit has 12 inpatient places for adolescents with mental health problems. It is a specialist tier four service designed for young people aged 12 to 17 years (inclusive). The beds are primarily intended for Lothian patients, with specific agreements to take patients from Fife and the Scottish Borders. There is also a more general agreement to take patients from other Scottish health boards on an emergency basis. At the time of our visit the unit had nine patients, with a new patient expected the following day.

The unit has a multidisciplinary team comprising of a psychiatrist, psychologists, nurses, dietitians, and occupational therapists. There is a school based in the unit to provide education for the young people as required. There is also access to other professionals, as required, on referral.

We last visited this service on 25 May 2017 and made recommendations in regard to care plans, care files, and activities.

On the day of this visit we wanted to follow up on the previous recommendations, and also look at risk assessments and policies relating to the use of mobile phones and discharge planning. This is because we want to ensure young people are benefiting appropriately from the care provisions in place.

## **Who we met with**

We met with and/or reviewed the care and treatment of five patients. Patients we met with were complimentary of their care and support from ward staff.

We spoke with the clinical nurse manager, the senior charge nurse, a charge nurse, staff nurses, consultant psychiatrist, an occupational therapist, a dietitian, and the housekeeper.

## **Commission visitors**

Margo Fyfe, Nursing Officer

Dr Mike Warwick, Medical Officer

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

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

#### **Care files**

When we last visited we discussed the care files, specifically the navigation of these files and the difficulty in locating specific pieces of information easily. On this visit we were pleased to see that the care files had been audited and renewed. The new files are easy to navigate with marked sections. At the front of the files there is a short

description of the young person and what stage of their inpatient stay they are at. We found this informative and clear. We were pleased to find that all disciplines involved in a young person's care write their notes in the same file which prevents confusion, and ensures everyone is aware of what work the young person is engaging in as they progress towards their discharge.

Multidisciplinary meeting notes were in place in each file, and showed the young person's progress throughout their stay. There was a clear note of input to the meetings from the young people and their parents.

### **Care plans**

Following our last visit to the unit, we made recommendations relating to the need to improve care plans. We were pleased to see that these recommendations had been addressed. The case records viewed were person centred, and had clear goals and interventions. The care plans were regularly reviewed, and the young person was involved in compiling the care plan and their reviews. It was good to see that the young people could have a copy of their care plans if they wished.

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

#### **Consent to treatment documentation**

We took the opportunity to look at consent to treatment documentation (T2 certificate) in relation to the Mental Health (Care and Treatment) (Scotland) Act 2003. We found that one certificate authorising treatment (T3 certificate) was not on the ward, and a copy was obtained from medical records. It required updating to ensure all relevant medication was included. This was discussed with the consultant psychiatrist during the visit who arranged for the update to be done. We recommended to the consultant psychiatrist and the senior charge nurse that they ensure that copies of all T2 documentation are held with the patient's medication prescription sheet, and that this is reviewed at multidisciplinary meetings to ensure updates, when required, are not missed.

#### **Recommendation 1:**

Managers should ensure that a system is put in place to review consent to treatment documentation (T2) during multidisciplinary team reviews.

### **Rights and restrictions**

#### **Locked door**

During our visit we saw that the door to the unit was not locked as it had been on previous visits. We were informed that the door is only locked when there are young people in the unit that may put themselves at risk by leaving unaccompanied. There is a policy in place, and young people and parents are informed if the door is to be locked.

## **Documentation**

We found that legal documentation relating to detention was in place as necessary.

We took the opportunity to look over policies relating to the use of mobile phones and discharge. Young people and families are given a copy of the mobile phone policy on admission and sign their agreement to abide by this policy. We suggested that there could be an additional area put on the document to be kept updated regarding whether a young person has their phone with them in the ward.

We noted that discharge documentation including pass plans are now in use, however these are not always being completed. We suggested that the documentation was reviewed at multidisciplinary meetings to ensure it accurately detailed a young person's progress towards discharge, including time off the ward on pass. We look forward to seeing how this has progressed at future visits.

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**

When we visited the ward last year, we were concerned that activities were not being appropriately planned with, and organised for, the young people. We were pleased to see an improvement in this area during the visit. Activities are detailed clearly on a wipe board in the ward, and young people have individual activity plans in place. We saw several activities happening with young people and were told that the young people contribute to the activity agenda at weekly community meetings.

Young people we met with were happy with the activities on offer, but mentioned wanting to be able to participate in more activity off ward. The occupational therapist informed us of plans to introduce more off-ward activity, including visits to a city farm. We look forward to hearing more about activities on offer at future visits.

## **The physical environment**

The environment is clean and functional. The ward is due to move to the new childrens' hospital in 2019. Staff have been involved in the design of the new ward and we look forward to visiting on the new site following the move.

At present each young person has their own room. There are communal areas for activity, and an enclosed garden space for use when weather permits.

## **Any other comments**

Through leadership at senior charge nurse level, and support from the clinical nurse manager, there have been improvements in the ward in areas from documentation to nurse practice. Patients and families are included in care planning, and young people are supported to participate meaningfully in decision making around their care and treatment.

## **Staffing**

We were told about the changes in nursing staff, and of the new recruits about to start. We look forward to seeing the effect of a more stable staff group on future visits.

We noted that there was no family therapist on the staff group. This is an unusual situation in a young persons' inpatient unit. The other two regional units have family therapy on offer to patients. We discussed this with the manager at the end of the day, highlighting our concerns that this important therapeutic input should be available to patients and their families. We asked to be kept informed about this, and look forward to hearing from the manager in due course.

## **Summary of recommendations**

1. Managers should ensure that a system is put in place to review consent to treatment documentation (T2) during multidisciplinary team reviews.

## **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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