



## **Mental Welfare Commission for Scotland**

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

**Date of visit:** 31 August 2021

## **Where we visited**

Dudhope Young People's Unit (YPU) is a mental health facility with twelve in-patient beds for young people aged 12 to 18 years who require a period of in-patient assessment and treatment. It is a regional unit, primarily providing in-patient services for Grampian, Highland, Orkney, Shetland and Tayside. At the time of our visit, only eight of the beds in the unit were open due to on-going anti-ligature refurbishment work (replacement of bedroom doors).

Within the unit, there is input from a multidisciplinary team comprising of psychiatrists, psychologists, nurses, family therapist, social worker, dietitian, occupational therapist, physiotherapist and speech and language therapist. Education for the young people in the unit is provided by a team of teachers.

We last visited the service in July 2019. No recommendations were made as a result of that visit.

On the day of our visit we wanted to meet with patients and look generally at the provision of the care and treatment in the unit because it had been over two years since we last visited. We also wanted to know the impact of COVID-19 and how staff, young people and their carers had coped during this time. This visit was a combination of in person interviews on site along with telephone interviews with carers.

## **Who we met with**

We met with and/or reviewed the care and treatment of five patients and spoke with five relatives.

We spoke with the service manager, psychologist, psychiatrists, nursing staff, family therapist and dietitian.

## **Commission visitors**

Alyson Paterson, Social Work Officer

Margo Fyfe, Senior Manager

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

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

On this visit we talked to two young people and reviewed five individual patient files. The young people we spoke to talked highly of the staff and were happy with the amount of time staff are able to spend with them. One young person spoke of wanting more support around mealtimes. We are aware that pre-pandemic staff were able to eat with the young people on the unit. During the pandemic, this practice was not permitted (due to requirements for staff to wear masks at all times in clinical areas) but staff are hopeful that this can start again.

The young people we spoke to were aware of their detention status and of their rights. They spoke of the activities that were on offer in the unit and the opportunities staff provide for getting into the local community.

No concerns were raised by the young people regarding family visiting. Families are able to stay overnight in a flat which is located on the grounds of the unit. Carers spoke very highly of this resource, especially those who had to travel a long distance.

The carers that we talked to mostly spoke highly of staff. Carers mostly felt involved with decisions regarding the care and treatment of the young person they cared for and were kept informed by regular telephone calls or attendance at meetings. Carers mostly described being able to contact the unit at any time, with staff being friendly and approachable.

Staff always state their name when they answer the telephone and carers found this helpful.

However, we were told that during mealtimes the telephone on the unit is not always answered. This has proved challenging for carers, especially in an emergency situation. Carers also suggested that staff could have their names on their uniform. We will feed both of these issues back to the service.

We will be following up separately any issues raised by carers regarding the care and treatment of individual patients.

The issue of staff shortages was brought up by carers and the difficulties of building relationships when there are frequent staff changes due to shift patterns. The service manager we spoke to acknowledged the issue of staffing difficulties and how challenging this has been for the unit. There are a number of different reasons for vacancies/gaps, including requirements for staff to isolate due to Covid-19, high numbers of maternity leave, increased numbers of new CAMHS posts in the community and difficulties in recruiting staff. However, the service manager confirmed that bank and agency staff are utilised as and when required and support is requested from the CAMHS outpatient team and adult mental health teams if required. The service had also been able to recruit six clinical support workers on temporary contracts using emergency Covid-19 funding from Spring 2021.

The Commission would like to be kept informed on how the service is reviewing the staffing situation.

The carers that we spoke to advised us that they felt the facilities at Dudhope YPU were of a good standard with the unit having been recently refurbished. The environment was described as really good, homely, warm and welcoming especially in the reception area. The family flat was described as superb. Visits have been well supported during the pandemic. The service manager for the unit advised that visits were stopped for the first six weeks of the pandemic but were gradually reintroduced. All young people can have two named visitors and visits are promoted outside as much as possible, for example in the new summer house on the grounds on the unit.

The carers we spoke to mostly felt involved with the care and treatment of the young person they cared for. We were advised that they had been given copies of care plans and were offered opportunities to input into care plans. Concerns were raised by carers regarding the lack of contingency planning around young people going home for short periods in the event that there was a crisis situation. The Commission has raised this with the service.

We reviewed notes including care plans and risk assessments held both electronically and in paper copy. The continuation notes were very informative with clear evidence of progress. The notes that we reviewed showed contact with family/carers and the wider multi-disciplinary team. The care planning documentation was of a very good standard, being outcome focussed and person-centred and showing evidence of regular review.

We were pleased to see care plan updated by staff which began by 'Dear name of patient' and then went on to address current issues and outline future goals. These plans were written in a way that was accessible to the young person. The care plans although informative would benefit from being separated out to show clear pathways and goals around diagnosis and other aspects of care needs.

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/sites/default/files/2019-08/PersonCentredCarePlans\\_GoodPracticeGuide\\_August2019\\_0.pdf](https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf)

Multidisciplinary team (MDT) meetings are held every two weeks and care and treatment is also regularly reviewed under the Care Programme Approach (CPA). The CPA is a framework used to plan and co-ordinate mental health care and treatment, with a particular focus on planning the provision of care and treatment by involvement of a range of different people and by keeping the individual and their recovery at the centre. We were pleased to see CPA meetings being held on the ward. In the main, most carers felt these meetings to be beneficial however not everyone we spoke with held the same view.

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

On the day of our visit, young people were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). When an individual is detained under the Mental Health Act, treatment must be authorised by an appropriate T2, T3 or T4 certificate. On reviewing the electronic and paper files, all appropriate forms were in place and medication

prescribed was authorised. Some of the young people were considered to be a specified person and as such can have specific restrictions placed upon them, for example monitoring their telephone use. All appropriate paperwork authorising this was in place.

## **Rights and restrictions**

On reviewing electronic and paper files, we saw that young people were accessing legal representation and support from independent advocacy. The young people who we spoke to were aware of their legal rights including their right to appeal against compulsory measures.

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**

We were advised that the unit provides a range of different activities including: an art group which runs once a week, this is a well-established group run by occupational therapy and social work; a music group which is held once a week; weekly visits from a therapy dog; action therapy group which runs once a week led by speech and language; decider skills group led by mixed staff team and runs once a week; relaxation groups, yoga and mindfulness groups run by physiotherapy; twice weekly community meeting; daily planning meeting. YPU also worked alongside Scottish ballet on a 6 week project in Spring 2021 (involving movement classes over zoom) and hope to work on a further project in Autumn 2021. The young people that we spoke to, and their carers, felt that there was a reasonable range of activities available on the unit. We heard one comment from a young person who sometimes feels bored especially at the weekend. The Commission are keen to hear of any plans to ensure activities are available over weekends once the pandemic restrictions are lifted. All young people on the unit have access to education and this is provided by three on site teachers. The unit has a good range of space available for physical, recreational and therapeutic activities. There are plans in place to turn one of the bathrooms into a sensory room and we look forward to seeing this at our next visit.

## **The physical environment**

The unit is relatively new, purpose built and all bedrooms are en-suite. There is a secure garden space in the courtyard of the building. The unit is bright and welcoming with examples of artwork on the walls as wells as a board identifying staff.

## **Summary of recommendations**

There are no recommendations in this report.

### **Any other comments**

We heard from staff how difficult the last 18 months have been. Staff shortages continue to be a real challenge in the unit with 19 members of the team absent from work at the time of our visit. We were pleased to hear that no positive cases of Covid-19 had been identified within the patient group at the time of visiting. During our visit we had the opportunity to meet with the multi-disciplinary team and hear how the team is working in a cohesive and supportive way. There was evidence of a real team spirit which is important given that the unit is stand alone. We also heard about the learning and improvement culture where the team continue to ask what could be done differently or better. We were pleased to hear about the focus on staff well-being and that staff have a number of opportunities to be supported in a safe space including a well-being nurses group, a values based reflective practice group and mindfulness groups that staff can attend.

We heard about the pressure that the unit faces in managing referrals/admissions of young people from local areas, e.g. from general adult wards and paediatric wards; and the challenges of ensuring that the regional process for referral and admission is followed whilst always keeping the needs of the young person at the centre. The Commission are keen to hear more about this issue on future visits.

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

SUZANNE MCGUINNESS  
Executive Director (Social Work)

## 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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