



mental welfare
commission for scotland

Mental Welfare Commission for Scotland

Report on announced visit to: Skye House, Stobhill Hospital, 133
Balornock Road, Glasgow, G21 3UW

Date of visit: 26 March 2024

Where we visited

Skye House is a 24-bedded unit that provides specialist inpatient mental health care for young people aged between 12 and 18 years from the West of Scotland health board areas. The West of Scotland region includes Dumfries and Galloway, Ayrshire and Arran, Lanarkshire, Greater Glasgow and Clyde, and Forth Valley health boards.

On the day of our visit, there were 21 young people on the ward and three vacant beds.

Skye House comprises of three, eight-bedded wards, Harris, Lewis, and Mull, and provides assessment and treatment for young people with mental illness.

We last visited this service in March 2023 on an announced basis and made recommendations for managers to undertake a review of nursing care plans to improve their content and ensure synchronicity between the regular MDT notes and nursing care plans, and to carry out an audit of the nursing care plan reviews, to audit practise to ensure that relevant forms providing legal authority for treatment were routinely available, to consider multidisciplinary training in the application and use of specified person's regulations, and the last recommendation was a review of the available meal options for young people.

We received a response from the service on each of these recommendations.

On this visit, we wanted to follow up on last year's recommendations and to hear more about whether there were any staffing difficulties in the service and to explore the availability of activities for young people who were inpatients.

Who we met with

We met with, and reviewed the care of 10 young people, seven of whom we met in person and three of whom we reviewed their case notes. We also met with three relatives.

We spoke with the service manager (SM), the senior charge nurse (SCN), and various members of ward staff during our visit.

Commission visitors

Dr Helen Dawson, medical officer

Margo Fyfe, senior manager

Gemma Maguire, social work officer

What people told us and what we found

During our visit, we were told that the Skye House team has been continuing to focus on increasing the involvement and participation of young people in their treatment, and their care planning. This work began last year and has continued with multidisciplinary meetings that alternate with young person's meetings every other week; these have now been fully embedded into practise. The young person's meeting has more of a focus on their views and perspectives, and takes place in a smaller, more supportive setting with the young person deciding, amongst other things, who should attend from the clinical team. The views of young people are also gathered for discussion at each multidisciplinary meeting, and we saw evidence of this being clearly documented in the care plans.

We welcome initiatives that promote inclusion and support young people to participate and contribute to their care and are keen to hear how this work progresses.

Community meetings continue to take place on a regular basis in Skye House, where questions or concerns relating to the service can be raised and discussed by young people in a group setting. These meetings are supported by staff from the clinical team, and we saw evidence of the areas of discussion in the form of a "You said: we did" format on noticeboards in the unit. There were also noticeboards displaying feedback from young people about what they thought of the care they received, and any areas they did not like, or thought could be improved.

Care, treatment, support and participation

Over the past year, the work undertaken by the service in improving their care plans was evident. As described in one of last year's recommendations, in recent years the care plans were sometimes confusing to read and not always synchronised with decisions made at the multidisciplinary meetings (MDT). We were told that a designated nurse now takes part in the MDT meetings, and they have responsibility to update the care plans as changes are made. The changes are then taken forward into discussions held with the young people at regular intervals throughout the week.

The care plans remain on a paper format, supported by information on the electronic system, EMIS. We found the care plans to be accessible, with information that was well structured and easy to find. We thought the level of detail was good and covered a range of areas, including physical health needs, when appropriate. We saw evidence of the views of young people with each care plan and it was clear when these were reviewed and updated. We did note that the level of detail for the updates varied, and at times, the detail about what had changed in the care plan included with the date of review; at other times, it did not. We asked the senior charge nurse to review this, but overall we were pleased with the quality of the care plans we reviewed.

We found the more general care records held in EMIS to be of a good standard, and the records relating to each multidisciplinary meeting were helpful in being able to track progress in a young person's care.

Multidisciplinary team (MDT)

Skye House has a large multidisciplinary team based on site who are available to support the needs of the young people; the team consists of psychiatrists, nursing staff, occupational

therapy staff, speech and language therapy staff, pharmacy staff, physiotherapy staff, an activity coordinator, specialist dietetics staff, social work staff, systemic therapy and psychology staff.

We were pleased to hear that there have been no waiting lists for either assessment, or treatment, in recent months.

Similar to other services in recent years, Skye House has experienced challenges in maintaining its staffing complement at times. There has been a variety of reasons for this, many of which have not been within the services control. It was good to hear that, over the past year, stability with staffing has much improved and the service is no longer having to rely on a pool of bank staff to support regular activity. We were informed that a number of the former bank staff were successful in obtaining permanent posts in the unit, which has been welcomed. We were told that managers in Skye House continue to support the staff group, and provide regular staff meetings to enable discussions on any matters arising in the unit, as well as being able to support staff wellbeing in what can, at times, be a challenging place to work.

We were told that Partners in Advocacy continue to provide an important role in the service in providing specialist advocacy support for young people. The unit's social worker is highly valued in supporting liaison with community services, especially around planning for discharge.

Use of mental health and incapacity legislation

On the day of our visit, 17 of the 21 individuals in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act). The young people we met with during our visit had a good understanding of their detained status where they were subject to detention under the Mental Health Act.

All documentation relating to the Mental Health Act and the AWI Act, including certificates around capacity to consent to treatment was in a separate section of EMIS, and was available for all staff to access; this was easy to find.

Part 16 of the Mental Health Act describes the conditions under which treatment such as medication may be given to people who are detained, and who might agree, or not agree, with these treatments. Safeguards exist around the use of treatment in people who are being treated on a compulsory basis and last year we recommended that the service review how it ensured that all treatments were appropriately authorised.

We were pleased to hear that the ward's pharmacist, who is now involved at various points in supporting the authorisation process, was included at each MDT meeting as well as a separate pharmacy meeting. We also noted that in each person's care plan, it was highlighted when authority for treatment was required. We saw the work of the team in making an adaptation to the electronic prescribing system, HEPMA, so that a copy of the consent to treatment certificates (T2) or the certificates authorising treatment (T3) 'pop up' when opening a person's drug treatment records. This both alerts and serves as a record so that nursing staff can easily cross check that any medication they dispense is lawfully authorised.

During our visit we found that 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 did however note that improvements could have been made to the T2 forms in several cases. T2 forms should clearly describe the name of the medication, its purpose, its route of administration, and its maximum daily dose and whether it is being prescribed for something that it was not licensed for ("off license"). In several cases, the T2 forms we reviewed omitted some of this information. The Commission has produced a [good practice guide: Consent to treatment](#) which contains guidance about the completion of T2 forms for medication.

Any person over the age of 16 years who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. For people who are 15 years and younger, the person's parents are automatically the named person. Where a patient had nominated a named person, we found the relevant forms stored on EMIS.

Recommendation 1:

Clinical staff should ensure that consent to treatment forms (T2) for medication contain all the necessary information required to ensure that the treatment to which consent has been granted is clearly detailed and follows the good practice guidance produced by the Commission. Audit of T2 forms against these good practice standards should be used to support this improvement activity.

Rights and restrictions

Although Skye House is an open unit, there are times when the level of risk of harm, or people running away from the unit, increases to such an extent that after an appropriate review, a decision is made by senior staff to secure exit and entry to the unit. Skye House currently operates a locked door policy both at the entrance to the unit and in relation to access via Mull Ward. This is supported by a relevant policy and is reviewed on a regular basis (every 24 hours). Clear signage is provided to ensure that informal patients can leave, whenever appropriate, during these times.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. Last year we made a recommendation about training in the use of specified persons regulations for Skye House staff. We were pleased to hear that training has since been made available to staff. For this visit, there were no young people placed under specified persons regulations; this meant that we could not review any specified persons' care plan. However, we were pleased to see copies of guidance on the use of specified persons on the nursing station noticeboards for ease of reference.

Activity and occupation

As in previous years, a number of the young people and their families told us that at times, there was not enough to do on the ward. This was particularly the case in the evenings and weekends when organised activities were fewer, and when it was the school holidays. Many young people used their smart phones for entertainment; many of the young people we spoke

with valued being able to access their phones during weekday evenings and at two-hour intervals throughout the weekend.

We noted timetables of organised group activity were provided to support engagement and social interaction for young people. These were advertised at the unit's entrance, visible in the corridor and on the window of each of the ward's nursing stations. The timetable we saw included group craft activities, groups focussing on bodywise and mindfulness-based practise, art therapy, board games, and quizzes and that were held during office hours, from Monday to Friday. A movie night was provided one evening during the week. In addition, the unit is supported by Projectability, a third sector organisation that supports activities with children and young people. Some of the young people we spoke with told us that they received input from occupational therapy, which the young people found enjoyable and beneficial. This was especially true of the lunch club, which some young people were able to access as part of their ongoing care and treatment.

Each of the three wards in the unit has its own lounge area with access to several activities, including card and board games. A number of young people told us that they would like the lights to be dimmable in the evening, to provide a cosier atmosphere in the lounge area. However, it was acknowledged that Skye House is a hospital, and not home, and so allowances might need to be made. Families are encouraged to visit whenever possible, and walks can be taken in the grounds. For many young people, school continues to provide an important structure to their day, and we heard that many young people enjoy and value the range of activities school provides.

The physical environment

The layout of each ward consists of individual bedrooms accessed from three corridors and a communal lounge area with large windows and good levels of daylight. In recent years, there has been substantial redecoration and upgrading of fixtures and fitments in all three wards of Skye House and in the dining room of the unit. During our visit, the environment appeared attractively decorated with several noticeboards where information was provided, and encouragement given to support young people as they worked towards their treatment goals.

Young people could personalise their rooms, and we saw a number of bedrooms with personal photos and fixtures in place. Each bedroom has an en-suite bathroom and young people are allowed access to their rooms and bathrooms throughout the course of the day. This is risk assessed and care planned for on an individual basis, to ensure that this meets the needs of the young person at all stages of their admission.

The unit has a garden which some young people told us that they enjoy using. Many told us that because of the weather, they were reluctant to go outside. It was early spring at the time of our visit and many of the garden plants were still in their winter appearance, however the window boxes at the front entrance brightened the entryway to the unit and helped to provide a welcoming impression for visitors and patients alike. Some of the people we spoke to on our visit expressed a desire to further improve the garden areas with suggestions that they might like to do some fundraising to help support this activity. The unit might wish to explore opportunities relating to this in the future.

One of the areas of development for the service in recent years has related to the food that is available and provided in the unit. The unit continues to be able to provide a range of menus (halal, vegan, vegetarian, for example) to introduce as much choice in meals as possible. However, there have been a few difficulties across the NHS as a whole in the choice and quality of the menus available to people. Given many young people in Skye House have eating difficulties and may be treated there for a number of months on a compulsory basis, the difficulty around food remains an area of concern.

We heard from the service that they are aware of these difficulties and that plans have now been put in place so that catering will be provided from the Stobhill Hospital site itself from the autumn of 2024. Electronic menus will be introduced to support the range and quality of the meals provided. In the meantime, the ward is undertaking a number of measures to try to improve the catering provision, including directly increasing the range of fresh fruits available to young people and learning from other wards about how they have maximised the catering options available. The unit continues to provide a deli cart at lunchtime to support the availability of fresh food, and several young people told us that they were enjoying the lunch club and the freedom to explore the planning and cooking meals that this involves. We acknowledge that improving the choice and availability of food remains an ongoing area of development and look forward to reviewing the impact that changes in the catering provision in Skye House. We will keep this area under review.

Summary of recommendations

Recommendation 1:

Clinical staff should ensure that consent to treatment forms (T2) for medication contain all the necessary information required to ensure that the medication to which consent has been granted is clearly detailed and follows the good practice guidance produced by the Commission. Audit of T2 forms against good practice standards should be used to support this improvement activity.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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.

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