



## **Mental Welfare Commission for Scotland**

**Report on announced visit to:** Spey, Vaara & Ythan Wards,  
Rohallion Secure Care Centre, Muirhall Road, Perth PH2 7BH

**Date of visit:** 9 September 2019

## **Where we visited**

We last visited Rohallion Secure Care Centre, looking at both low and medium secure wards, on 10 July 2018. A recommendation was made in relation to social work provision on this visit.

Rohallion provides secure hospital care for men. The three medium secure units we visited on 9 September were Spey, an eight-bedded admission ward, and Vaara and Ythan, both 12-bedded rehabilitation wards.

On the day of this visit we wanted to meet with patients and staff throughout the multidisciplinary team, and look generally at how care and treatment is being provided within this service.

## **Who we met with**

We met with and/or reviewed the care and treatment of 12 patients.

We spoke with senior nurses in each of the three wards, the social work manager, the advocate and, at the end of the day, we met with the clinical nurse manager, clinical team Leader, senior nurses, psychiatrists, psychologist and other allied health professionals.

## **Commission visitors**

Moira Healy, Social Work Officer

Ian Cairns, Social Work Officer

Graham Morgan, Engagement and Participation Officer

Susan Tait, Nursing Officer

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

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

The patients we met with were generally positive about the care and support they receive.

When we spoke to staff it was clear that they knew patients well and delivered person-centred care. On Spey Ward, we noted that the traffic light risk management plans gave patients a clear indication of progress towards recovery and included reducing restrictions based on individual risk. Electronic records were easy to follow. Care plans were clearly person-centred with the involvement of the individual patient. When speaking to patients who were able to tell us of their experiences, there was clear evidence that the patients were knowledgeable about their illness, why they were admitted to Rohallion, and possible plans for the future. Not every patient had a clear pathway to move on from medium secure care and we will write under separate cover about any individual cases.

Care Programme Approach (CPA) documentation we reviewed was detailed with evidence of weekly reviews. Input from a range of allied health professionals was evident and it was clear from discussions that patients were fully aware of the content of reports prepared for the CPA meetings.

There were good links with advocacy services throughout the three wards and feedback from staff and patients about advocacy provision was positive. We met with the advocacy worker for Rohallion and he was clearly committed to representing the patients' wishes at Tribunal hearings, CPA meetings, and meetings with consultants.

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

All patients were detained under the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care & Treatment) (Scotland) Act 2003.

The patients whose prescriptions we reviewed on Ythan and Vaara wards, had the treatment form (T2) where appropriate, or a certificate authorising treatment (T3) in place where this was required.

### **Rights and restrictions**

We were asked on Spey Ward to look at the 'crisis suite'. This comprised of a lounge, an ensuite bedroom and a seclusion room. Our visitors did not consider these rooms were suitable to ensure the safe and comfortable management of patients who were experiencing high levels of distress and we discussed this with staff. Staff advised that the room is currently not being used for seclusion. We were told that patients who require seclusion are transferred to the State Hospital. This was acknowledged as not in keeping with the principle of least restrictive practice.

#### **Recommendation 1:**

Managers should ensure an urgent review of the seclusion suite and arrange for adaptations so patients who require seclusion can remain in Rohallion where appropriate.

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-mind/>

### **Activity and occupation**

There is a strong emphasis on provision of individual and group therapeutic activities and the promotion of physical health and healthy eating. There is also collaboration with Perth College to offer educational courses which patients commented on positively. Placements that are available in the Occupational therapy (OT) hub included woodwork, art, library, furniture restoration and in the games hall carpet bowls, short tennis, badminton and five-a-side football. There is a small outdoor soccer pitch which is used throughout the week including evenings and weekends. There is also a gym. Patients we spoke to were positive about their individual programmes and were clear about what they could get involved in and were willing to try new ventures.

### **The physical environment**

Each of the wards were bright and had their own garden and courtyard. Vaara Ward in particular has an extensive safe garden. However, the lounge within Vaara was quite dark and the furniture was badly marked and required replacing.

### **Any other comments**

During the day we met with the social work lead for Rohallion and the clinical nursing officer regarding social work provision within Rohallion. Plans to develop the social work service are currently ongoing and we look forward to hearing of the progress of these discussions.

## **Summary of recommendations**

1. Managers should ensure an urgent review of the seclusion suite and arrange for adaptations so patients who require seclusion can remain in Rohallion where appropriate.

## **Service response to recommendations**

The Commission requires a response to this recommendation 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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