Mental Welfare Commission for Scotland

Report on announced visit to: Rowanbank Clinic, 133c Balornock Road Glasgow, G21 3UW

Date of visits: 11 & 12 November 2019

Where we visited

Rowanbank Clinic is a medium secure facility, providing forensic services to the west of Scotland. It also provides the national medium secure service for patients with learning disability.

We visited all eight wards in the Rowanbank Clinic over two days; Elm, Hazel, Elder and Sycamore wards on day one, and Larch, Pine, Cedar, Holly wards on the second day.

The visit was part of our regular visits to medium secure services. The main reason for our visit was to give patients at Rowanbank an opportunity to speak with Commission visitors and also to look at general issues important for patient care. We also wanted to follow up on the issues identified from our previous visits. At our last visit we recommended managers review patient care plans to improve consistency, and also continued to raise concerns regarding delays in moving patients to lower levels of security.

Who we met with

We met with and reviewed the care and treatment of 31 patients across all the wards visited; many of these patients had advocacy support during their interviews. In addition we met with relatives of three patients.

We also spoke with the clinical director, service managers, the senior charge nurses on the wards, psychology and advocacy during the visit.

Commission visitors

Paul Noyes, Social Work Officer

Mary Leroy, Nursing Officer

Mary Hattie, Nursing Officer

Anne Buchanan, Nursing Officer

Tracy Ferguson, Social Work Officer

Margo Fyfe, Nursing Officer

What people told us and what we found

Managers informed us that the clinic is continuing to run at full capacity with a waiting list for beds. Staffing on the wards is reported to be fairly consistent, with several vacant posts recently being filled, bring staffing up to complement.

There are, however, considerable pressures on staffing due to a high number of patients requiring high level enhanced observation. We heard of encouraging developments on Sycamore Ward with increased occupational therapy input (providing one-to-one sessions and groups) along with a more trauma approach to care, resulting in a decrease in enhanced observations and improved relationships between patients and staff.

We spoke with and reviewed the care of patients from all wards in the clinic. The wards are relatively small and we found that staff knew the patients on their wards well. Most patients said that they found staff to be helpful and approachable.

As with previous visits, the issues raised by patients and their relatives were mainly personal matters regarding their care and particularly in relation to progressing to lower levels of security. The wards appeared calm and patients generally reported being happy with the care they were receiving.

All patients in Rowanbank continue to be managed using the Care Programme Approach (CPA) with risk assessment forming an essential component of all care plans. Our practitioners reported care plans to be clear and were focussed on individual patient needs; plans were regularly reviewed and evaluated.

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

The clinic has recently moved to the electronic EMIS records system. Staff are becoming increasingly familiar with the system but are still in an early stage of transition from paper files.

We were pleased to see that the EMIS notes included notes from the wider multidisciplinary team (MDT) but we felt the EMIS notes lacked the detail of the previous paper notes. This was particularly evident in relation to the weekly MDT meeting notes.

We did however note that the EMIS system was less clear in relation to patient involvement as they are no longer able to countersign care plans.

We noted good engagement with relatives and carers and good recording of relative/carer contact.

We saw a number of patients with significant physical health care needs in addition to their mental health care needs. We found very good attention being given to physical health care and good input from physiotherapy in relation to patient recovery.

Patients continue to have good input from advocacy, with an on-site service provided by Circles Network and most patients have regular contact with an advocacy worker. Several patients were supported by advocacy during our interviews.

Use of mental health and incapacity legislation

Patients at Rowanbank Clinic are subject to restrictions of medium security. All patients require to be detained either under provisions from the Criminal Procedure (Scotland) Act 1995 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

We found no issues regarding the required legal paperwork or the legislative authority for treatment; all the patients had up to date consent to treatment certificates to authorise medication.

Patients we spoke to have a good knowledge of their legal status and rights; they also had advocacy support and legal representation.

For patients assessed as lacking capacity, a section 47 Certificate under Adults with Incapacity (Scotland) Act 2000 is required to authorise their medical treatment. There are only a small number of such patients at Rowanbank. We noted one situation where the certificate required to be renewed and also required a treatment plan; this was addressed on the day.

Rights and restrictions

Rowanbank Clinic is a medium secure locked unit (one of three medium security facilities in Scotland).

Patients are able to appeal against being held in conditions of medium security. The large number of successful appeals has put considerable pressure on lower level provisions. The Commission continues to monitor delays in patients being able to move to lower levels of security but this is becoming a very serious issue with a number of patients now initiating court proceedings seeking redress for failures to progress their care. Having beds for patients to move on to was the main issue that advocacy wanted to raise with the Commission.

The issue of capacity in the forensic system is an issue being addressed by the current Scottish Government commissioned Independent Review into the Delivery of Forensic Mental Health Services.

Activity and occupation

Given the nature of Rowanbank Clinic as a medium security facility, most of the activity for patients is within the clinic. Most patients reported having lots of opportunities to attend a wide variety of activities either on the wards or in the grounds and community centre. Most patients we saw had free access to the enclosed clinic grounds and were able join in activities such as football and attend the community centre where they had access to activities such as pool, the gym, and craft activities. On-ward activities were mainly led by occupational therapists and nursing staff, and were a mixture of one-to-one and small group activities.

A number of Rowanbank patients progress to external outings and activities in the community as part of their care plans. This is becoming increasingly important given the increase in

patients successfully appealing their level of security. Patients greatly value activities in the wider community and in most cases these patients require to be escorted by staff. Given current staffing pressures outings are occasionally cancelled, they are generally rescheduled soon after but when this happens patients can be upset; this issue was also raised by the advocacy service.

The physical environment

Rowanbank Clinic is a purpose-built medium security forensic facility. The physical environment is largely unchanged from that detailed in previous visits.

We did not hear of any particular concerns regarding the environment from patients or staff but the Commission did recently receive concerns from a relative about poor facilities for visitors at Rowanbank.

We specifically asked to see the family visiting room and asked staff and patients about visiting arrangements. We are aware of the potential security and risk concerns associated with visits but maintaining relationships with friends and families is important in terms of longer term recovery.

Most visiting takes place within the wards, mainly in the dining room areas. We heard that there are also options to use some of the smaller interview rooms if more privacy is required, though patients seemed less aware of this option. There is also potentially an option for visits to take place in the community centre. The designated family visit room (mainly used when visits involve children) is not a pleasant visiting space. It is adjacent to the vehicle bay and is also used as an admission facility for the clinic.

Recommendation 1:
Managers should seek feedback from patients and visitors with regard to visits. In the light of this, visits arrangements should be reviewed to improve the visiting experience for both patients and visitors.

There are still plans to build an additional unit at Rowanbank to accommodate an additional 18 beds, but this is on hold pending the outcome of the Independent Review into the Delivery of Forensic Mental Health Services.

Any other comments

Several patients raised the issue of the food at Rowanbank. We heard the food is not good, portions are too small, and patients regularly do not get what they ordered. One of the particular difficulties in a restricted setting is that patients have little in the way of alternative to what the hospital provides.

Recommendation 2:
Managers should address patient concerns with regard to food.

Summary of recommendations

1. Managers should seek feedback from patients and visitors with regard to visits. In the light of this, visits arrangements should be reviewed to improve the visiting experience for both patients and visitors.
2. Managers should address patient concerns with regard to food.

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)

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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