mental welfare
commission for scotland

Mental Welfare Commission for Scotland

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

Date of visit: 9 December 2021

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

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.

On the day we visited all eight wards in the Rowanbank Clinic, which are: Elm – acute male admissions; Hazel – male rehabilitation; Elder – female intellectual disability; Sycamore – female mental illness; Larch – male rehabilitation; Pine – male rehabilitation; Cedar – male rehabilitation, and Holly – male intellectual disability wards. We spoke to patients and staff in each ward.

This local visit was undertaken using a combination of telephone contact with staff and managers prior to the visit and interviews, in person with patients, ward staff and managers at Rowanbank on the day of the visit. We were also able to have a video conference meeting prior to the visit with Circles Advocacy to discuss patient concerns and issues.

The visit is part of our regular visits to medium secure services. The Commission normally visits the Rowanbank annually but the Covid-19 pandemic has impacted on the Commission's visit programme with our last visit to Rowanbank being in November 2019.

The purpose of the visit was to give patients on the wards at Rowanbank the opportunity to speak with Commission visitors regarding their care and treatment; particularly in relation to how they have been affected by the enduring Covid-19 situation. We also wanted to ensure that care and treatment was being provided in line with mental health legislation and within a human rights compliant model.

Recommendations from the last visit report were in relation to improving visiting areas and also highlighting concerns expressed by patients about their food at the clinic.

Who we met with

We met with and reviewed the care and treatment of 21 patients and saw patients in all of the wards we visited; we also reviewed the care and treatment of an additional three patients who were not interviewed. A number of patients had advocacy support during their interviews.

We also met with senior managers of the Clinic and the senior charge nurses on the wards. There were no approaches from carers for interview in relation to this visit, however from time to time carers for patients at the clinic contact the Commission for advice.

Commission visitors

Paul Noyes, Social Work Officer
Mary Leroy, Nursing Officer
Margo Fyfe, Nursing Officer
Yvonne Bennett, Social Work Officer
Justin McNicholl, Social Work Officer
Dr Gordon Skilling, Psychiatrist
Dr Alexandra Pittock, Psychiatrist

What people told us and what we found

The Covid-19 pandemic has been the dominant issue of concern in terms of providing care and treatment for patients throughout most of the time since our last visit. It has specifically impacted on patient life at Rowanbank, affecting patients' ability to mix with each other, affected time out of the wards and activity and most specifically their time away from the wards and rehabilitation activities in the community. It has also had an impact on staffing levels and patient care. We heard that patients and staff have been affected by Covid-19 and we were told, sadly, that a small number Rowanbank patients died of Covid-19 during general hospital inpatient stays. All had underlying health conditions.

While managing the multiple impacts of Covid-19, the clinic has also been running at full capacity with a waiting list and continuing demand for beds. We are also aware of a high level of clinical demands from very unwell patients, placing additional pressures on staffing and other patients on the wards. The enduring nature of the pandemic has made life particularly difficult for patients, as many of the community placements and activities they valued have not been available for them for a long time. We heard that in many ways the second phase of the pandemic earlier this year was harder for staff and patients than the first and the situation has only recently begun to improve.

We were able to speak to patients on all the wards. Patients on Elm (the assessment ward) reported restrictions around activity were gradually improving and staff have been looking for opportunities to improve activity on the ward by improving access to games consoles and allowing patients more time in their rooms. The hospital shop is now open again and there is improved access to the gym and opportunities to play pool with other players. The use of iPads has helped patients maintain contact with relatives. Lack of staffing had been an issue but we heard that this seems to be improving.

Feedback from patients on the rehabilitation wards Hazel, Larch, Pine and Cedar focused mainly on concerns about rehabilitation visits, outings and placements in the community. Prior to the pandemic patients said they were having far more time out of the clinic, which is very important for them in terms of their wellbeing and rehabilitation opportunities. There were concerns this may result in them spending longer in hospital and delay their progress. It was acknowledged that providing staff for escorted outings is a challenge and there are also reduced opportunities at the present time in the community due to Covid-19 and services running at reduced capacity. Managers advised that they need to be more creative in providing

community activity in groups and not always one-to-one. Patients with unescorted leave have been more able to engage in the community. On Hazel Ward we heard there was a rota for escorted time out for patients to ensure all patients were getting time in the community fairly.

We also heard of difficulties in accessing support workers in the community to enable some discharges from hospital to progress. Generally patients spoke very favourably about staff and their care, they also said that activity provision in the hospital was generally improving and were pleased to see sport activity time-tabled again.

There were particular issues raised by patients on Holly Ward about feeling safe on the ward due the clinical needs of another patient. Advocacy are helping patients raise this with hospital managers so that all patient needs can be addressed appropriately. There were also a number of patients on this ward ready to move on to other hospitals; we heard the lack of availability of beds in low security units is causing ongoing frustration.

Patients on Sycamore Ward were generally very positive about their care with the women feeling well supported. A trauma informed practice model operates within the ward, in recognition of patient experiences. We heard of particular efforts made by staff to support contact for one patient with her child utilising appropriate visiting space outside the clinic. We also heard patients appreciated the activities on offer including education groups. The ward was relaxed and comfortable and patients proudly showed our visitor how they had decorated the ward for Christmas. We also noted good care on Elder Ward the other female ward where there are currently only two patients. We were only able to have a limited conversation with one resident as the other patient was in isolation awaiting PCR test results.

Many of the other issues raised by patients were in relation to their personal issues and appropriate advice was given on the day of our visit.

Patients in Rowanbank continue to be managed using the Care Programme Approach (CPA) with risk assessment forming an essential component of all care plans. We were pleased to see CPA meetings had resumed for patients and we saw evidence of these meetings in patient records. Care plans were comprehensive, focused on individual patient need and regularly updated.

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/node/1203

Most patient records are now on the electronic EMIS records system though some records are still in paper from. We found the current system to be somewhat muddled but acknowledge the system is in a stage of transition. The older style Kardex system would benefit from being updated as it has been in some other hospitals.

Recommendation 1:

Managers should review records and Kardex system to improve functionality and clarity with records management.

We were pleased to see notes of regular multidisciplinary team meetings (MDT) in the patient records on all of the wards. We found that the records lacked the necessary detail required, such as no record of who had attended the meeting. One patient raised with us that they would like to be at their MDT meeting but were not included. General practice seems to be for the RMO to meet with the patient before and after the meeting, which most patients seemed to prefer. If patients wish to attend their MDT we would expect this request to be facilitated, unless there were exceptional circumstances.

Recommendation 2:

Managers should review recording and practice of MDT meetings across the wards to improve consistency, recording and patient participation.

We noted twice weekly GP ward visits for physical health check-ups and regular monitoring for antipsychotic side effects and found good attention being given to physical health care.

In general we noted good multidisciplinary input into patient care, for example we found that patients had good support from OTs, dieticians and in most cases, psychology. We were informed that there is currently a psychologist vacancy, which is affecting psychology provision to patients on Pine, Cedar and Hazel wards. Managers informed us they are trying to recruit to this post but there is a shortage of psychologists.

Advocacy is provided to patients at Rowanbank by Circles Advocacy, a forensic advocacy service based at Rowanbank. Patients have continued to have good input from the advocacy service throughout the pandemic. We were able to meet with advocacy before our visit which was very helpful to inform the Commission prior to the visit of current issues coming to their attention.

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 (‘the CPSA’) or the Mental Health Care and Treatment (Scotland) Act 2003 (‘the Mental Health Act’).

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

We found no issues regarding the legal paperwork required to detain patients. However, for a small number of patients there were some concerns regarding paperwork relating to treatment under part 16 of the Mental Health Act and the relevant forms authorising medication being prescribed. These issues have been addressed but we would recommend an internal audit of these forms for all detained patients requiring such authorisation; issues identified were mainly in relation to T2 where medication is given with patient consent.

Recommendation 3:

Managers should carry out an audit of consent to treatment forms to ensure these are up to date and cover all prescribed medication.

Rights and restrictions

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

A significant issue continues to be availability of low security beds and community resources to move on to from Rowanbank. Patients are able to appeal against being held in conditions of medium security, however patients with successful appeals continue to face considerable delays in moving on. We were aware of 8 patients who were significantly overdue excessive security moves at the time of our visit.

The Commission continues to monitor delays in patients being able to move to lower levels of security; this is a very serious issue affecting the rights of patients and has been highlighted to Scottish Government. The Commission has seen an increase in patient judicial review applications for patients held in excessive security.

The Commission has published a good practice guide on appeals against detention in conditions of excessive security. This can be found here:
https://www.mwcscot.org.uk/node/1674

Activity and occupation

Activity provision for patients has been significantly impacted during the pandemic due to restrictions on patients being able to mix, social distancing and staffing pressures. Patients in the past have had lots of opportunities to attend a wide variety of activities either on the wards or in the grounds and community centre. We noted that activity provision within the hospital is now generally improving with an increase in off ward activity.

The situation for external outings and activities in the community as previously highlighted has been more difficult due to staffing pressures and available community opportunities during the pandemic. This is of significant concern to patients and needs to be kept under review in accordance with the function of the unit and reciprocity principles of mental health legislation. We are keen to hear more about how this review has been carried out when we next visit.

The physical environment

Rowanbank 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.

One change during the pandemic is that patients are being permitted more access to their rooms during the day which patients seem to have appreciated.

Our last visit highlighted concerns regarding family visiting facilities. We were informed that funding has been made available for this but work, which has been delayed during the pandemic. We look forward to seeing these improvements on future visits.

Any other comments

Food

The issue of food was again raised by patients and advocacy on this visit. We heard the food is not good, portions are too small and lack of variety. In a restricted setting, the patients have few choices or alternative food from what the hospital provides. We expect managers to address this issue urgently as it has been raised again with us. We would like to have an early feedback on this issue.

Recommendation 4:

Managers should discuss with catering managers the issues raised in regard to the food provision as a matter of urgency and report back progress to the Commission within two months of publication of this report.

Summary of recommendations

1. Mangers should review records and Kardex system to improve functionality.

2. Managers should review recording and practice of MDT meetings across the wards to improve consistency, recording and patient participation.

3. Managers should carry out an audit of consent to treatment forms to ensure these are up to date and cover all prescribed medication.

4. Managers should discuss with catering managers the issues raised in regard to the food provision as a matter of urgency and report back progress to the Commission within two months of publication of this report.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report with the exception of recommendation 4 which we would require a response for in two months.

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 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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: mwc.enquiries@nhs.scot
website: www.mwcscot.org.uk