Mental Welfare Commission for Scotland

Report on announced visit to:

Rowanbank Clinic, 133c Balornock Road Glasgow G21 3UW

Date of visit: 24 August 2022

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.

Elm is an 11-bedded facility that supplies admissions for males. Hazel is a 10-bedded facility that supplies rehabilitation for males. Elder is a four-bedded facility, Sycamore is a six-bedded facility; jointly these wards host the national medium secure service for females with learning disabilities and mental illnesses. Larch is a 10-bedded facility that supplies rehabilitation for males. Pine is a 12-bedded facility that supplies rehabilitation for males. Cedar is a 12- bedded facility that supplies rehabilitation for males. Holly is an eight-bedded facility that supplies the national medium secure service for males with learning disabilities.

We last visited this service on 9 December 2021; we made recommendations on the review of records, including those of the multidisciplinary team meeting and the medication prescription system to improve functionality. We also recommended that completing an audit of consent to treatment forms was completed and that there was improvements made to food provision for the wards.

For this visit we wanted to follow up on our previous recommendations and to look at general issues important for patient care such as treatment, support and participation. We also wanted to offer patients and their relatives the opportunity to speak with the Commission visitors regarding their care and treatment.

Who we met with

We met with, and reviewed the care and treatment of 22 patients. We spoke with patients and staff in each of the wards. This local visit was undertaken using a combination of telephone contact with staff and senior managers prior to the visit and interviews, and in-person meetings with patients, ward staff, managers and medical staff at Rowanbank on the day of the visit.

As part of our visit we held telephone meetings with families of patients and had one face-to-face meeting with a patient's family. We were also able to have a video conference meeting prior to the visit with Circles Advocacy, to discuss any feedback on the service and to give them the opportunity to highlight any areas for improvement.

Commission visitors

Justin McNicholl, social work officer
Mary Leroy, nursing officer
Anne Craig, social work officer
Kathleen Taylor, engagement and participation officer
Margo Fyfe, senior manager (practitioners) west team
Andrew Jarvie, engagement and participation officer
Mary Hattie, nursing officer
Douglas Seath, nursing officer

What people told us and what we found

Care, treatment, support and participation

At the time of our visit the wards were almost at full capacity with 68 patients admitted across the medium secure estate that can accommodate 72 patients. Since our last visit in 2021, the staff vacancies throughout the service remains one of the key factors that has an impact on the care and treatment of some patients. We heard from some patients that their ability to have time out of the Rowanbank Clinic has been affected by the lack of staff availability to undertake rehabilitation activities in the community. This has been further compounded by the Covid-19 pandemic, which has had a negative impact on staffing levels.

To address this issue, we heard from senior management that an ongoing recruitment drive has been used to address the number of nursing vacancies across all wards. Despite the vacancies, we heard from a number of patients who told us that compared to other hospitals that they had been in, the nursing staff were "a better quality of staff and who can talk you down when you are struggling." We heard that staff "don't automatically jump to medication as way to help." Another comment regarding staff was that "they are brilliant, absolutely great, every one of them."

We were advised of vacancies in psychology posts that is being addressed with a new lead psychologist, who aims to address the gap in the service. Again, despite these vacancies, we heard from several patients about the positive impact psychology input has had for them during their time in Rowanbank. We noted that there was one psychiatry vacancy in the hospital, which the management aim to recruit to in the coming month. The majority of allied health professional (AHP) posts were noted to be filled which was reflected in the positive feedback we received from patients and families when it came to discussing therapy input and activities. Patient feedback to us what that individuals found that their care and treatment continues to be prioritised by all staff. It was positive to note that no agency staff have been deployed in the medium secure setting, which has helped to ensure consistency of care for most patients.

We were able to visit patients on all the wards. Patients on Elm (the assessment ward) spoke highly of the wide range of occupational therapy activities available on site, which had been helping to improve their mental health. We heard directly from patients about the various recreational groups, including exercise and sports that patients enjoy and benefit from. There were issues raised in Elm regarding patients having time in their rooms during the day; however, the rational for this restriction was fully explained and appeared to reassure the patients that their rights were not being infringed.

Patients in Larch, Hazel, Cedar, Pine and Sycamore were positive about the care on offer to them. Patients commented to us that "the care is excellent" and "the staff are absolutely great". Patients with unescorted leave reported that they have been able to engage in community outings, which they said helped to improve their mental health and ensured that moving on from the hospital environment was achievable.

There were particular issues raised by patients regarding consenting relationships with fellow patients. Advocacy and management are helping patients to address these issues so that all

patient needs and supports are clear on these matters. The Commission has published a good practice guide on consenting adult relationships. It is designed to help a variety of staff in mental health services to ensure that patients have their rights respected and it can be found at: https://www.mwcscot.org.uk/node/514

We found good evidence that all physical health care was being delivered and that there was easy access for patients to the local General Practitioner (GP) who is responsible for the hospital.

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. We were able to observe detailed CPA records, where we found good evidence relating to individual patient rights regarding advanced statements.

During our last visit we found that the system of recording information to be somewhat muddled; some information was held electronically whilst other information was stored in paper format. The management previously acknowledged that the system was in a stage of transition. We heard from management that the new HEPMA medication prescription system will be introduced shortly to address some of this and increasing use of EMIS will aim to minimise duplication of patient information.

Multidisciplinary team (MDT)

The use of regular multidisciplinary team meetings (MDT) is vital to ensure that all professionals, patients and named persons are aware of care planning for patient care. During our visit we found a note of MDT meetings in all patient records for all of the wards. We found that the records detailed who attended and what the agreed outcomes were.

Numerous patients raised with us that they would like to attend their MDT meeting but were not included. General practice appears to be for the RMO to meet with the patient before and/or after the meeting. If patients and/or their named persons wish to attend the MDT we would expect these requests to be facilitated, unless there were exceptional circumstances. There remains ongoing issues with the attendance of psychology and pharmacy staff across the MDT, due to demands on these professionals and vacancies. Despite this, we heard that both professions will attend when and where they can, to ensure that informed decisions are made swiftly and to minimise delays in patient care.

Recommendation 1:
Managers should review patient attendance at MDT meetings across the wards to improve ease of access for all patients who wish to participate.

Care records

When we last visited the service, we found examples of detailed and person-centred care plans which addressed the full range of care for mental health, physical health, and the more general health and wellbeing of the individual. On this visit we again found detailed person-centred care plans that evidenced patient involvement and that helped patients to understand their care in a meaningful way. We found some evidence of good one-to-one discussions for patients with their named nurse. However, the recording of one-to-one discussions were not consistent documented across the various wards. In discussion with management, we heard

that there are considerations for a consistent recording template to be used that would set out the one-to-one work undertaken by nursing staff.

The vast majority of care planning was completed to a high standard which we noted helped inform risk assessments and management plans. We had sight of clear, easy-to-read care plans for patients which we thought helped to ensure patient participation. Unfortunately, we discovered a significant number of care plans had not been reviewed in a consistent manner for considerable periods of time which we considered would have been helpful to inform future recovery planning for all.

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

Recommendation 2:
Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patient's progress towards stated care goals and that recording of reviews are consistent across all care plans.

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 the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) or the Criminal Procedure (Scotland) Act 1995 (CPSA). The patients we met with during our visit had a good understanding of their detained status. All patients that we met with reported that they had advocacy support and legal representation.

All documentation pertaining to the Mental Health Act, the CPSA and Adults with Incapacity (Scotland) Act 200 (AWI), including certificates around capacity to consent to treatment, were in place in the paper files and were up to date. Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. 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 found that all T3s had been completed by the responsible medical officer (RMO) to record non-consent; they were available and up-to-date.

Any patient who receives treatment under the Mental Health Act or CPSA can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

Where we found patients that were subject to a guardianship under AWI we found that staff had a clear understanding of these orders.

Rights and restrictions

Rowanbank Clinic is a medium secure, locked unit (one of three medium security facilities in Scotland). One of the key issues noted by most patients, their nearest relatives and management surrounded the high numbers who are awaiting a low secure forensic

placement. On the day of our visit we were advised that 24 patients are on the waiting list to move onto a lower level of security.

The delay in finding appropriate low secure beds significantly impacts upon patient and staff morale, recovery and the goal that all patients will return fully to the community. We heard from a number of patients regarding their excessive security appeals and the fact that despite being deemed fit for a move to a lower level of security they were "stuck in the system", with no timescale for when they will be allowed to leave the excessive confines of a medium secure hospital. The Commission has seen an increase in the number of judicial review applications for patients held in excessive security and continues to monitor delays in patients being able to move to lower levels of security; this issue affects the rights of patients and has been highlighted to Scottish Government.

The Commission has published a good practice guide on appeals against detention in conditions of excessive security. This can be found at:

https://www.mwcscot.org.uk/node/1674
We noted that all patients that we spoke with had good access to advocacy services which ensured that their rights in relation to appeals against their detentions, excessive security and complaints were well supported whilst they remained in a medium secure setting.

All patients in Rowanbank are subject to specified person restrictions under the MHA. Our specified persons good practice guidance is available on our website at:
https://www.mwcscot.org.uk/node/512

When we are reviewing patient files we looked for copies of advanced statements. The term 'advance statement' refers to written statements made under ss274 and 276 of the Mental Health Act, and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. On the day of the visit we found that where advance statements had been made this was noted in the patient's record.

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

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 in 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

The clinic is a purpose-built medium secure 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. The subject of not being able to access bedrooms during the day was raised by at least one patient as an issue of concern to them. We were informed by staff that the policy of patients generally not being able to access bedrooms during the day is to encourage participation in activities, and to achieve engagement with staff and other patients.

We received some feedback from staff who advised us that they were finding it difficult to access dedicated lunch breaks in the Hospital due to the demands on the service.

Some relatives told us that they were unhappy with challenges they faced in accessing the Hospital due to the medium secure environment and the impact that Covid-19 has had with wards requiring to be closed, depending on the numbers of cases.

Summary of recommendations

Recommendation 1:
Managers should review patient attendance at MDT meetings across the wards to improve ease of access for all patients who wish to participate.

Recommendation 2:
Managers should carry out an audit of the nursing care plan reviews to ensure they fully reflect the patient's progress towards stated care goals and that recording of reviews are consistent across all care plans.

Any other comments

Since our last visit the issue of food has started to be addressed by catering staff, management and patients. We heard of that action is being taken to address the longstanding issues of portions sizes and variety of meal options. We heard that a meeting between all parties has been held as there is a new catering manager in place who aims to address the frustration that patients and their relatives have regarding food. We spoke to a number of patients who have specific dietary requirements due to their cultural needs or personal choice. The feedback on these matters was positive with patients noting, "they are doing their best with what is available."

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.

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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