Mental Welfare Commission for Scotland

Report on announced visit to:

Spey Ward, Rohallion Secure Care Centre, Muirhall Road, Perth PH2 7BH

Date of visit: 21 November 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.

Rohallion Clinic is a forensic in-patient unit incorporating both low secure and medium secure services based at Murray Royal Hospital, Perth, which provides forensic care for patients from the North of Scotland. Spey Ward is a seven-bedded medium secure assessment ward. On the day of our visit there were no vacant beds.

The unit has a multidisciplinary team (MDT) comprising of nursing staff, psychiatrists, psychology, dietetics, occupational therapy (OT) staff and allied health professional staff.

We last visited this service on 9 September 2019 and made a recommendation regarding a review of the seclusion suite, however we note that this recommendation was not actioned.

During our visit we wanted to follow up on the previous recommendation and hear how patients, staff and relatives have managed throughout the Covid-19 pandemic.

Who we met with

We met with and reviewed the care and treatment of six patients.

We spoke with the senior charge nurse (SCN) and the head of nursing and, at the end of the day, we met with psychiatrist and the general manager.

Commission visitors

Alyson Paterson, social work officer

Lesley Paterson, senior manager

What people told us and what we found

Care, treatment, support and participation

The patients we met with during our visit were mostly positive about the staff on the ward. They were described as kind and made time to listen to patients.

Feedback from patients regarding food on the ward was very positive.

Many of the issues raised by patients were in relation to their personal concerns. We provided advice on the day of our visit and, where appropriate, fed back any concerns to staff.

Care plans

Care plans describe the detailed interventions to be undertaken that then ensures consistency and continuity of care and treatment. They should be regularly reviewed to provide a record of progress being made. NHS Tayside has produced a set of standards, Mental Health Nursing: Standards for Person Centred Planning. We were advised that the service undertook a care plan audit in July 2022 and identified significant concerns in relation to care plans being updated, reviewed and individualised. As such, a quality improvement plan is in place looking specifically at care plan structure, review and patient involvement.

During our visit, we reviewed patients' care plans on the electronic patient record system, EMIS. The care plans we saw were split into an initial care plan and a review document. We found that the initial care plan was detailed. We saw evidence of care plans being shared with patients and this was confirmed by those that we spoke with. The review document, however, was difficult to read and would be benefit from being amalgamated into the initial care plan document, as is the practice in other in-patient wards in Tayside. Care plans would benefit from having a detailed summative review that outlined nursing interventions and patient's progress in meeting specific goals. There were too many separate care plans on file and it was difficult to get a sense of the individual, their background, needs, outcomes and interventions required. Overall the quality of the care plans we saw was inconsistent.

Recommendation 1:
Managers should ensure that care plans are person-centred and detail clear interventions and outcomes. They should evidence patient participation, be regularly reviewed and their quality audited.

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

Multidisciplinary team (MDT)

A range of professionals were involved in the provision of care and treatment in the wards. This included nursing staff, psychiatrists, psychology, dietetics, occupational therapy (OT) staff and allied health professional staff. There was no on-site pharmacist; pharmacy input was provided from Murray Royal Hospital. Psychology provision is formulation driven with all new patients undergoing an initial psychological brief screen.

We were told that staff vacancies were a concern for the service. This included both nursing and psychiatry. Staffing was at a more critical point a year ago, and agency staff were being employed for six-month blocks. We were also told that occupational therapy continued to experience difficulty recruiting. This meant that they were carrying vacancies which had a significant impact on service provision.

We heard that clinical team meetings were held on a weekly basis. Care and treatment was also reviewed under the Care Programme Approach (CPA). The CPA is a framework used to plan and co-ordinate mental health care and treatment, with a particular focus on planning the provision of care and treatment by involvement of a range of different people and by keeping the individual and their recovery at the centre. We were pleased to see CPA used on the ward and found the information contained in this document was accessible, detailed and contained clear evidence of patient participation.

Care records

Information on patients' care and treatment is held on the EMIS system. Some information was difficult to locate, for example the name of the patient's doctor or social work mental health officer (MHO). The daily progress notes regarding patient care and treatment lacked detail and tended to be descriptive; an example of this was in the description of the patient as having a 'low profile on the ward'. There was inconsistent evidence of specific interventions, however we did see good evidence of one-to-one support.

Progress notes showed input from other disciplines, such as psychology. Daily progress notes contained information regarding clinical team meetings (CTM). We saw that these meetings took place on a regular basis.

On file we found inconsistent recording of the CTM that was confusing. Some CTM records did not note which members of the team had attended the meeting, or their job title. It was not always clear if the patient had been invited to the meeting, if they attended and if not, then why not. There was no record of feedback to the patient after the meeting. We fed this back to the service at our end of day meeting and we were advised that this would reviewed.

Use of mental health and incapacity legislation

Patients on Spey ward were subject to restrictions of medium security and all patients were detained either under the Mental Health Care and Treatment (Scotland) Act 2003 (Mental Health Act) or the Criminal Procedure (Scotland) Act 1995 (CPSA).

When a patient is subject to compulsory measures under the Mental Health Act, we would expect to see copies of all legal paperwork in the patient files. Part 16, in sections 235 to 248 of the Mental Health Act sets out the conditions under which treatment may be given to those patients who are subject to compulsory measures, who are either capable or incapable of consenting to specific treatments. We found no issues regarding the legal paperwork required to detain patients and all certificates authorising treatment under the Mental Health Act (T2 and T3 certificates) were present. We had a query regarding a T3 form which had been amended and we raised this on the day with medical staff. We were told this matter would be rectified immediately.

Any patient who receives treatment under the Mental Health Act 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.

We were advised that patients in Spey ward had no regular suspension of detention built into their care plan, meaning they would have no time out of the clinic, except for clinical appointments. We conveyed our concerns regarding these 'blanket policies' as they do not take into account the individual needs of each patient. We were advised that the remit of the ward was for assessment and that the usual expectation would be that patients would not remain in Spey ward longer term. However the service acknowledged that due to delays moving on, the average length of patient stay had increased, so managers agreed to review this policy.

Recommendation 2:
Managers should ensure that all staff are fully aware of the suspension of detention policy and how it's applied in all wards.

Rights and restrictions

Spey Ward is a medium secure unit, with locked doors which was proportionate to the needs of the patients. Visiting restrictions have eased since the pandemic, however visits must be pre-arranged and were accommodated in a visitor's room at the entrance to the ward. Visits could also be facilitated in Scapa Café and there was a family visiting room if any of the visitors were children.

On the day of our visit, we were told that there were two patients on the ward whose first language was not English. An interpreting service provided good input into the ward; some signage in the ward has also been translated. We heard that for one patient, whose first language was not English, that staff regularly facilitated video calls with friends and family.

When we are reviewing patient files we look for copies of advance statements. The term 'advance statement' refers to written statements made under sections 274 and 276 of the Mental Health Act, and they are written when a person has capacity to make decisions on the treatments they want or do not want in the future. Health boards have a responsibility to promote advance statements. We were pleased to see that many of the patients had an advance statement. However if a patient chose not to complete an advance statement we would like to see the reason recorded.

We were advised that advocacy services were based on-site at the hospital. Most of the patients we spoke to were aware of their rights and many of them had involvement from the advocacy service.

When patients who are detained under the Mental Health Act require restrictions to be placed on them, section 281-286 of the Mental Health Act provides the framework for these restrictions to be put in place. All patients in medium secure facilities are automatically 'specified persons' in respect of section 286, which is in relation to safety and security in hospital. For any other restrictions, patients must be individually specified. We found that all restrictions were legally authorised.

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

On our last visit to the wards in 2019, we raised the issue of patients who were experiencing high levels of stress and distress and were having to be transferred to the State Hospital. During our visits to Spey Ward we were told that patients were, on occasion, made subject to seclusion on the ward. At times they may have to be nursed in the crisis suite which is located in Spey Ward. The practice of transferring patients to the State Hospital was in place if an individual could not be safely cared for in the crisis suite. We were told that the plan is to re-design the crisis suite to make it an appropriate environment to nurse patients who are experiencing high levels of stress and distress. NHS Tayside estates are considering plans for this. We look forward to hearing how these developments are progressing.

Activity and occupation

During our visit, we saw that the ward had an activity timetable on the wall. This included attending the on-site gym, education and the library. We were told that there was a tai chi class being held later in the day; unfortunately this information was not on the board. Patients had the opportunity to cook in the self-catering kitchen, attend the café and play video games on the ward. There was a pool table, a table tennis table and a number of board games which patients could play in the ward.

From the majority of the patients that we spoke with, we heard from them that there was not enough to do on the ward and that they were bored. There was a large gym hall which patients could use to play football, basketball or badminton, however patients told us they were unable to use the gym hall in the summer months due to the poor ventilation making it far too warm and uncomfortable. The lack of meaningful activity was especially difficult for patients in Spey Ward as they have no regular suspension of detention. We heard that for a number of years, the service received funding from Perth & Kinross Council for adult literacy. However, due to changes in the council's funding criteria, this funding is no longer provided. We saw that the clinic had a workshop which patients could use based on their interests. There was also an art room which was bookable and nurses could take patients into it on a one-to-one basis.

When reviewing patients' files, we saw little evidence of person-centred activities on offer; we found that there appeared to be an over-reliance on the use of internet access as a form of meaningful activity. We were made aware that the ward has a daily allocated activity nurse whose role it is to organise activities. The ward records patient engagement in activities and what is offered, accepted or declined. We look forward to following this up on our next visit.

Recommendation 3:
Managers should ensure that there are a range of person-centred activities on offer to patients and should give consideration to appointing a dedicated activity co-ordinator.

Recommendation 4:
Managers should arrange for a review of the ventilation in the gym hall to be undertaken.

The physical environment

The layout of Spey ward consists of single en-suite single rooms. The ward benefitted from a number of pleasant outdoor courtyard areas which patients had access to during the day. The ward had a lounge area, a day room, a pool table and a table tennis table. The laundry rooms and self-catering kitchens were locked but could be accessed by patients throughout the day on request. There was a medium secure garden which was accessed by steep steps and was surrounded by a high fence.

On the day of our visits, the ward felt calm, light and airy. New furniture had been ordered for the dining room and a plan was in place to make one of the rooms into a relaxation room.

Any other comments

We heard how challenging the last 18 months had been since the start of the Covid-19 pandemic. To support staff, the senior leadership team created well-being rooms where staff could spend time off the ward. Feedback from staff had been very positive.

Summary of recommendations

Recommendation 1:
Managers should ensure that care plans are person-centred and detail clear interventions and outcomes. They should evidence patient participation, be regularly reviewed and their quality audited.

Recommendation 2:
Managers should ensure that all staff are fully aware of the suspension of detention policy and how it's applied in all wards.

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Good practice

We also heard about the 'Super Spey' initiative which involved staff completing a weekly questionnaire nominating a colleague for a special mention for something positive they had done or contribution they had made. This initiative allowed the staff to highlight the good work of their colleagues and ensured they were recognised for it across the staff team.

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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