**Mental Welfare Commission for Scotland**

**Report on unannounced visit to:**

Rowanbank Clinic, 133c Balornock Road, Glasgow, G21 3UW

**Date of visit:** 24 August 2023

## Where we visited

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

We visited all eight wards in Rowanbank Clinic:

- Elm Ward is a 12-bedded ward that provides admissions for males.
- Hazel Ward is a 10-bedded rehabilitation ward for males.
- Elder Ward is a four-bedded ward and Sycamore Ward has six beds; jointly they provide the national medium secure service for females with learning disabilities and mental illnesses.
- Larch Ward is a 10-bedded ward, while Pine and Cedar Wards each have 12 beds. These three wards are rehabilitation wards for males.
- Holly is an eight-bedded ward that provides the national medium secure service for males with learning disabilities.

We last visited this service on 24 August 2022; we made recommendations regarding improving access for all patients to attend the multidisciplinary team meetings and for nursing care plan reviews to ensure consistency. In response to these recommendations, we received feedback from managers that these matters had been addressed and actioned by the service.

For this visit, we wanted to follow up on our previous recommendations and to look at the use of soft mechanical restraint in the clinic. We also wanted to meet with those individuals who were awaiting appeals against excessive security of security. Due to the unannounced nature of this visit, it was not possible to speak with relatives; however, we took into consideration the contact that we had had with relatives and individuals since our last visit. These communications had helped to inform the themes we focused on during this visit.

## Who we met with

We met with and reviewed the care and treatment of 28 patients. We met ward staff, managers, and medical staff at Rowanbank Clinic.

As part of our visit, we held several meetings with patients and their advocacy workers to ensure their views could be fully expressed.

## Commission visitors

Justin McNicholl, social work officer
Mary Leroy, nursing officer
Anne Craig, social work officer
Kathleen Taylor, engagement and participation officer
Mary Hattie, nursing officer
Gemma Maguire, social work officer
Susan Hynes, nursing officer

# What people told us and what we found

## Care, treatment, support, and participation

Although this visit was unannounced, Commission staff were given full access to the wards and the opportunity to meet with patients and staff.

Rowanbank Clinic can accommodate 74 patients and at the time of our visit there were 64 patients. During our meetings with individuals, we discussed a range of topics that included contact with staff, patients' participation in their care and treatment, activities that were available to them, and their views about the environment. We were also keen to hear from patients who had been admitted to Rowanbank before and what their current experience was like, compared to previous admissions.

Since our visits in 2021 and 2022, staffing pressures throughout the service continued to be one of the key issues that have had an impact on the care and treatment for some of the patients that we spoke with. We heard from several patients that their ability to have time out of the clinic had been affected by a lack of staff availability to undertake rehabilitation activities in the community, activities at the community centre, and in accommodating activities that were part of the patient's planned suspension of detention.

We heard from staff and patients that it was a common occurrence for staff to be called to other wards to provide support with incidents of restraint, to engage in the observation of patients who were subject to those measures, and to support wards that were short staffed. This was particularly an issue in Larch and Hazel wards. We heard from an individual, who told us "I should be getting out weekly as agreed with the government but instead they only get me out fortnightly." We were also informed that occasionally, bank staff had not attended for planned shifts and then staff were moved from their allocated wards to assist other wards who had gaps in their staff team for that day.

It was positive to note that there continues to be no agency staff deployed in Rowanbank Clinic, which is likely to have helped to ensure consistency of care for patients. The number of staff available to work in the clinic has continued to present a challenge since the Covid-19 pandemic, and we heard that this has had an impact on patient care and rehabilitation. Managers advised us that, similar to our previous visit, there has been an ongoing recruitment drive to address the number of vacancies across all wards, and the clinic continues to use bank staff across NHS Greater Glasgow and Clyde (NHS GGC) to support the service. We were advised that several new staff were expected to start working in the wards across the clinic in the coming months, which should ease the pressure on the service and help to mitigate the concerns raised by patients.

**Recommendation 1:**
Managers should address the ongoing staffing challenges in the clinic to minimise any impact upon patient care, suspension of detention, access to activities, to the community centre and the wider community.

From the many patients across the wards that we spoke with, we heard them praise the care they received from staff. Some of the comments we noted were "I don't know what I would do without him", "'people like me can recover with the support of the staff here", "they help me physically, emotionally, and psychologically" and "the OT is brilliant and really works hard for

everyone in here". We did hear from patients who expressed their frustration about the difference in their experience in the clinic, compared to before the pandemic. We heard "the difference in here is unreal. There used to be so many more trained staff about to help. Now you are lucky if there is two or three available for a ward this size".

An issue that was raised on our last visit related to the food that was available. We were pleased to hear that this has started to be addressed by catering staff, managers, and patients. We heard that action has been taken to address concerns that we previously heard about with portion sizes and variety of meal options that were available. We heard that a meeting between patients and relevant staff in the clinic had been held. A new catering manager is now in post who has been attempting to address the frustration that patients and their relatives have had regarding food. Several patients continue to highlight their experiences of the "bland" and "barely eatable" food in the clinic. We were informed by managers that work had been undertaken over the last year to improve the menu and food choices. We heard that a new menu is due to commence in the coming year and look forward to hearing if this has improved patient experiences. We did however speak to a number of patients who had specific dietary requirements due to their cultural needs or personal choice. Feedback on these matters was positive with patients noting, "they are doing their best with what is available."

We heard from patients, staff, and managers about ongoing difficulties with patients being able to attend court when planned. There were examples supplied of patients with learning disabilities and/or autism who had waited several hours to attend court, where the transport service provider, GEOAmey had not attended the clinic. We heard that this affected patient care with planned medication having been administered in a specific time frame and then the service provider not attending. This resulted in several hours of delay for the patient awaiting transport, that then had a significant impact on the patients' mental state, including heightened levels of anxiety. We heard from staff of the difficulties in attempting to manage a variety of symptoms and associated risks that previously had not been an issue, when attempting to safely support patients in travelling to a court hearing. We were advised that on occasion the Sheriff Court has had to become involved with instructing the service provider to attend and uplift patients, who they had failed to bring into the court in the agreed timescales. We believe that this matter needs to be addressed urgently by the Scottish Prison Service along with the Scottish Government, to avoid this having the impact that it has had on these individuals. As part of our publication process, this matter will be highlighted with His Majesty's Inspectorate of Prisons (HMIP), who can consider addressing this matter.

All of the staff members we spoke with knew the patients well and were able to comment on risk and risk management plans. This was further reflected in the interactions we observed and the daily notes we read. Many of the staff spoke of feeling supported and being provided sufficient rest periods to undertake their roles. Staff praised the opportunities to have reflective practice sessions.

Since our last visit, there had been vacancies in psychology posts that were being addressed by the lead psychologist. During this visit, we heard from staff and patients that psychology was supplying consistent input to the majority of the wards, with individual and group sessions being held regularly. We were advised of the appointment of a new psychologist,

who was expected to start at the clinic within a few weeks of our visit. We look forward to hearing of the impact this will have on patient care at our next visit.

We heard of the ongoing positive impact from the allied health professionals (AHP) input to the clinic, and there were a number of patients who spoke positively that the AHP's input was beneficial to their recovery. Patients in Elm Ward spoke of the wide range of occupational therapy activities available on site that had been helping to improve their mental health. We heard from patients about the various cooking sessions, access to the gym, and other recreational groups that they had found to be beneficial.

During our previous visit in 2022, patients had raised issues with having time in their rooms during the day. This was not raised as an issue during this visit and patients spoke of having regular access to their psychiatrist and the wider team.

Patients in Cedar, Pine and Sycamore Wards were positive about the care on offer to them. We heard comments such as "they respect my cultural and dietary needs" and "there are regular one-to-one meetings with the nurse". Patients with unescorted leave in Larch Ward spoke positively of the opportunities to engage in community outings, which they said helped to optimise their mental health.

During our last visit, there were particular issues raised regarding consenting relationships between fellow patients; this was not an issue on this visit. We did note that there had been safeguarding concerns in the last year but found that the clinic had dealt responsively with this, while maintaining the rights of those involved. We found that there was a lack of evidence about the management of this, which should have been recorded in the care plans and risk assessments in the patients' files. We asked the senior charge nurse to address this gap in recording.

We found consistent evidence that all physical health care was being delivered and that there was access for patients to the local general practitioner (GP).

All patients in Rowanbank Clinic continued to be managed using the Care Programme Approach (CPA), with risk assessments forming an essential component of all care plans. We were able to observe detailed CPA records, and we found good evidence relating to individuals' rights noted in advance statements. We found some gaps in risk assessment paperwork for patients in Larch Ward. This related to how these risks had been managed by the clinic since the individuals' admission. Managers told us of their intentions to address this gap.

As with our previous visit, we continued to find the system of recording information to be somewhat muddled; some information was held electronically whilst other information was stored in paper format. Managers previously acknowledged that the system was in a stage of transition and as yet, there has been no change to these arrangements. We look forward to seeing whether at the time of our next visit there is progress towards having a single system, which could aid with maintaining consistent recording and auditing.

## Multidisciplinary team (MDT)

The use of regular MDT meetings is vital to ensure that all professionals, patients, and named persons are aware of care planning for patient care. The clinic had a broad range of staff providing input for each patient. These included nursing staff, consultant psychiatrists, occupational therapists, psychology, and pharmacy. Each member of the MDT provided care and treatment specific to their expertise and provided weekly feedback at the meeting. We found MDT meeting notes were detailed with clear progress or future plans noted. In the records we reviewed, we found detailed evidence of who attended the MDT and what the agreed outcomes were. This was consistent across all wards.

During our last visit, we heard from a number of patients who told us of not being consistently invited to attend MDT meetings in person. Some of the patients' psychiatrists met with them before or after the MDT to provide updates on any changes in their care. Since 2022, the clinic undertook an extensive questionnaire, with support from advocacy services, and met with patients to gather their opinion on the MDT process. A third of patients took part and the conclusion of this was a mixed response that provided a variety of different views. It was found that three of the eight wards in the clinic had patients who attended MDT meetings, either regularly or occasionally, while a third of patients stated that they wanted to meet with their MDT, as they currently did not attend the meeting. During this visit, we did not hear any issues or concerns from patients about their attendance at the MDT meetings and it was positive to note the steps the clinic had taken to work flexibly with patients to meet their preferences.

## Care records

On this visit, similar to our previous visit, we mostly found detailed person-centred care plans evidencing patient involvement that has helped patients to understand their care in a meaningful way. Some care plans were lacking in the use of person-centred language and there were no accessible read versions for those with learning disabilities.

We found some evidence of one-to-one discussions between patients with their named nurse, and the same for care plans that addressed the full range of care for mental health, physical health, and the management of patient finances. When we last visited the service, we highlighted issues with the inconsistency in the completion of nursing care plan reviews. Unfortunately, we once again found inconsistencies in the frequency of some care plan reviews, with some having not been reviewed in several years.

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 urgently 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 (CPS Act). The patients we met with during our visit had a clear understanding of their detained status. All patients that we met with reported that they had advocacy support and legal representation.

All documentation relating to the Mental Health Act, the CPS Act, and Adults with Incapacity (Scotland) Act 2000 (AWI Act), 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 most corresponded with the medication being prescribed. We found some issues with three T3 forms that required amendments to reflect the current treatment. The rest of the forms that we reviewed were completed by the responsible medical officer (RMO) to record non-consent and they were found to be up to date.

Any patient who receives treatment under the Mental Health Act or CPS 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.

Where patients were subject to a guardianship order under the AWI Act, we found that staff had a clear understanding of these.

## Rights and restrictions

Rowanbank Clinic is a locked unit (one of three medium security facilities in Scotland). There were a number of issues raised by patients and staff in relation to rights and restrictions.

The first was about the number of patients waiting for a low secure forensic placement in NHS GGC, with some patients having to be placed out with their local health board, due to the lack of local beds. This is a matter that the Commission has been aware of and has raised with the service for several years; to date there has been no clear solution developed by NHS GGC to address this matter. Patients spoke of the ongoing delays that has caused them frustration. We heard "I have to wait two years for an excessive security appeal, and I may get to move but can't guarantee it will be in the Glasgow area". Others that we spoke with said, "I am biding my time as there is no clear discharge date". The delay in finding low secure beds continues to affect morale, recovery, and the goals of a number of the patients in the clinic. The Commission continues to see the ongoing numbers of judicial review applications for patients held in excessive security and we continue to monitor delays in patients being able to move to lower levels of security; this issue affects the rights of these patients and has been highlighted to Scottish Government. Surprisingly, we heard from one patient stating, "I want to stay and not go to back"; they meant to a low secure setting. This view was shared by two other patients who also wanted to stay in the clinic, as they saw no benefit in moving to a low level of security and reported feeling "comfortable" in the clinic.

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

The second issue related to those patients who potentially require a high secure placement in the female-only environment. There are currently no high secure female beds available in Scotland. In previous years, access to high secure care for females in Scotland was provided at Rampton Hospital, under the care of NHS England. However, in July 2023 the Care Quality Commission (CQC) closed Rampton Hospital to any new admissions due to staffing challenges. This left a temporary situation of no high secure option for women, which directly impacted upon those patients in Rowanbank Clinic who were reviewed as requiring this level of care. We were informed that in Rowanbank Clinic there have been at least three patients who were assessed by their psychiatrists as suitable for high secure care. These referrals could not be assessed by Rampton due to the closure of admissions by the CQC. We will continue to monitor this matter as we remain concerned both for the clinic and the patients involved, as their needs are not being met within the current environment. We will continue to highlight our concerns about this matter with the Scottish Government.

The third issue related to the use of soft mechanical restraint (SMR) utilised to support a small number of patients in the clinic. When soft mechanical restraint is used, the clinic is required to alert the Commission to its usage. Each patient is required to have an advanced care plan along with debrief sessions to support patients and staff. The use of soft mechanical restraint in the clinic results in staff having to leave other wards to manage the restraint, primarily in Elder and Sycamore Wards. We heard from staff that they were concerned about the increased use of restraint for a number of patients, and they reported that the potential for recovery and rehabilitation may not be maximised for this group of patients in the clinic.

The fourth concern that was noted by Commission visitors and reported to us by staff, was in relation to the lack of seclusion rooms in the clinic. There were views expressed by staff that the clinic required seclusion rooms, which could safely help to reduce the use of SMR. We found a number of patients, particularly in Elder Ward that may benefit from this. Staff told us that there have been discussions with managers about moving some of the patients to other medium secure services. This could then provide the opportunity to develop this requirement in the clinic. We will continue to monitor this matter and we requested that managers keep us informed of how all of these issues will be addressed.

Rowanbank Clinic has dedicated advocacy staff provided by Circles Advocacy. They have a key role in supporting patients in the clinic and had assisted during this unannounced visit to ensure all patients were able to express their wishes and views. We noted that all patients 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. It was positive to note that those patients were being supported by advocacy to access grants to help make their stay in hospital more comfortable.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. To implement these restrictions, the patient's RMO must record a reasoned opinion in the patient's case notes that contains

particular information required by regulations. All patients in Rowanbank Clinic are automatically made subject to restrictions in relation to safety and security. This allows the clinic to search patients and their belongings, take samples, search their visitors, restrict access, and carry out surveillance during any visits. During this visit, we discussed the specified person processes with medical staff and that we are in the process of reviewing our guidance. We note that the *notification to the Mental Welfare Commission of the designation of a specified person* form (RES1) which is published by the commission has no reasoned opinion box included on the form and believe this should be updated to ensure that there is a consistency in recording in the grounds for all restrictions. We will undertake work to address the RES1 form to ensure consistency for all.

Our specified persons good practice guidance is available on our website at: https://www.mwcscot.org.uk/node/512

When we reviewed patient files, we looked for copies of advance 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 do 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

Since our last visit, it was positive to note that patients have continued to have extensive access to the community centre in the clinic. This space has provided a variety of activities for patients. Patients praised the occupational therapy staff who assisted with arranging activities with the community centre and in the wider community. Patients spoke of how well the clinic's greenhouse is managed, as well as the library, and IT group. Many patients and staff commented positively on the cooking sessions, access to the gym, football classes, and various other vocational activities that helped to promote positive mental wellbeing. However, we heard that staffing these activities and access to both the wider community and the community centre had been affected by staffing numbers. Managers spoke of how there has been a review of the operation of the community centre, with a focus on the development of the service. We look forward to seeing the impact of this at our next visit, including the additional funding obtained to provide fitness courses that aim to improve access to the gym and other activities.

The situation for external outings and activities in the community was highlighted in our previous report, and we were advised that there continued to be difficulties due to staffing pressures and available community opportunities. One patient noted, "I was here before and there was always staff drivers available to take you out, and you would go to places that people found interesting. Now, most of the time we just go to the local corner shop which is not therapeutic or in keeping with healthy living. Something needs to change." This point was echoed by other patients, who found it frustrating that their access to activities and community

settings remained restricted, due to the lack of staffing numbers, and those trained and equipped to drive patients.

## The physical environment

Rowanbank Clinic is a purpose-built medium secure forensic facility. The wards were all found to be clean, tidy, and appeared in good order. The physical environment was largely unchanged from that noted in previous visits. We were advised by staff in Cedar, Hazel, and Sycamore Wards about the lack of therapeutic kitchen facilities in the wards, which are available in other wards. The staff noted that if they had this provision then they would be able to offer patients the opportunity to undertake further rehabilitation work.

We received some feedback from staff that carpet in some of the wards needed to be replaced and there is ongoing work to address this.

We were pleased to note that an issue that had been raised in the last year, where those patients in the clinic who wanted to meet with children in their families, has been addressed. We heard that the service had reviewed the person-centred visiting policies and protocols to manage these arrangements.

We were pleased to note that face-to-face tribunals have been reintroduced for patients in Rowanbank Clinic, as these had been previously stopped during the pandemic. Patients were able to choose to have a virtual or face-to-face tribunal if it suited their individual preference.

Elder Ward had secured funding to have a garden area introduced. We were informed that the work for this was due to take place imminently and we look forward to seeing how this improves patients' experiences at our next visit.

In Holly Ward we noted that despite the small group of patients, it was difficult to find quiet areas for patients with sensory issues to relax. We also found that the décor of the ward was tired looking and it required painting. We look forward to this matter being addressed in advance of our next visit.

## Any other comments

We found evidence of the introduction of positive behaviour support (PBS) plans for those individuals with a diagnosis of learning disability and/or autism who are in the clinic. We found the detail of content contained in these PBS plans to be variable. PBS is a person-centred framework to support people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. The use of PBS can help maintain a clear and consistent strategy to care for those patients who are supported by several different services. We consider that the use of PBS in medium secure settings can help individuals as they progress through to low secure settings and in a return to the community. We were advised that these needs would be addressed by the appointed psychologist working with individuals in these specific wards.

## Summary of recommendations

**Recommendation 1:**
Managers should address the ongoing staffing challenges in the clinic to minimise any impact upon patient care, suspension of detention, access to activities, to the community centre and the wider community.

**Recommendation 2:**
Managers should urgently 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.

## Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication 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 His 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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