



Mental Welfare Commission for Scotland

Report on announced visit to: Esk and Lyon Wards, Rohallion Clinic, Murray Royal Hospital, Muirhall Road, Perth PH2 7BH

Date of visit: 10 July 2019

Where we visited

The Rohallion Clinic provides secure hospital care for men in conditions of both medium and low security. It is a regional unit providing inpatient services primarily for the north of Scotland. There are five wards in the hospital. On the day of this visit we visited Esk Ward, which is an assessment and treatment unit, and Lyon Ward, which is a 12-bedded rehabilitation ward. Both are low secure wards. We last visited this service on 10 July 2018 and made a recommendation related to funding for a social work post. On the day of this visit we wanted to meet with patients, follow up on this previous recommendation, and also look generally with regard to the care and treatment being provided within these two wards.

Who we met with

We met with and/or reviewed the care and treatment of 10 patients.

We met with charge nurses in each of the two wards and also spoke to staff nurses and the pharmacist. At the end of the visit we met with the service manager, senior nurses, psychiatrists, and the senior clinical governance nurse.

Commission visitors

Moira Healy, Social Work Officer

Ian Cairns, Social Work Officer

Juliet Brock, Medical Officer

What people told us and what we found

Care, treatment, support and participation

Patients who were seen on the day did not raise any significant issues with regard to their care and treatment on the ward. All patients we met with spoke positively about the support provided by nursing staff, occupational therapist (OTs), physiotherapists, medical staff, and other health professionals working in the unit.

Participation

From what patients told us, it was clear that they were involved in discussions regarding their care and treatment and discharge planning throughout their stay.

Patients are encouraged to participate in a ward users group when they meet to discuss issues with one another and with staff regarding ward activities. At this meeting they also discuss the menu for the week and other issues related to ward based events. Lyon Ward is self-sufficient with regard to cooking and most do all their own budgeting, buying and cooking within the ward. We saw examples of imaginative meals on the menu board and tasks for shopping, preparation, and clearing up are allocated and shared between the patient group.

Care planning

Care plans were person-centred with risk management care plans reviewed on a daily basis. Care plans were also reviewed at multidisciplinary team (MDT) meetings and were well recorded and well structured. Risk assessments were changed and updated or discontinued where necessary. Decisions taken at these MDT meetings were recorded clearly and concisely.

We saw detailed and meaningful Positive Behaviour Support Plans in files. It was helpful that any changes were colour coded so that it was easy to identify how a plan had been updated following a review.

Detailed reports from all professionals providing input to an individual's treatment plan were provided for Care Programme Approach (CPA) meetings which were easily found on the electronic record system. We could see input throughout the two wards from psychology and pharmacy which was of a high standard. We were able to get a clear picture of how care is reviewed and evaluated in an ongoing way through MDT and CPA meetings.

Use of mental health and incapacity legislation

The documentation relating to physical healthcare monitoring was of a high quality in the files we reviewed. Standardised forms were used to record the patient's physical health on admission and at annual review. 'Medicine reconciliation forms' and 'Pharmacy patient profiles' were used by pharmacy to summarise prescribing information and link this with the patient's medical history and relevant investigation results (such as blood results and electrocardiograms). These documents provided useful clinical detail and were updated regularly, reflecting changes to the patient's treatment. The collective filing of this information in individual 'clinical patient files' alongside prescription sheets, physical monitoring charts (weight, pulse, BP etc) and investigation results, meant that essential information relevant to prescribing was easily accessed in one place. Documents authorising treatment under the

Mental Health (Care and Treatment) (Scotland) Act 2003 ('The Mental Health Act') were also kept in the clinical patient files and we found the appropriate T2/T3 certificates present in all the files we reviewed.

Rights and Restrictions

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>

Specified person provisions

Sections 281-286 of the Mental Health Act provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Mental Health Act, and where restrictions are introduced it is important that the principle of least restriction is applied. The Commission would therefore expect restrictions to be legally authorised and the need for those special restrictions to be regularly reviewed.

Responsible medical officers have to complete certain forms in relation to specified persons. We saw that the necessary notification forms were in place on the wards where this was appropriate. We saw that reasoned opinions were recorded by doctors relating to specified persons decisions and that specific restrictions which were being applied were well documented in care plans and that the restrictions were being reviewed.

Activity and occupation

Esk and Lyon Wards are low secure wards. A wide range of activities are available for patients on both wards.

For patients in Esk Ward, which is an assessment and treatment ward, many of these are initially within the ward or on site within the Rohallion Clinic. As patients progress through their stay, their activities can extend to include the grounds of the hospital.

Patients in Lyon Ward experience a wider range of community-based activities in keeping with their rehabilitation status. Considerable effort has been made by OTs to try and encourage patient's to develop their special interests and also to improve their level of fitness. However, some patients could not be persuaded to be involved in activities and this was also well recorded.

Both wards have an enclosed garden area. In Lyon Ward in particular raised beds were used for growing vegetables, and the garden was kept in excellent condition by a patient who was busy throughout the afternoon of our stay in the garden. Within the grounds of Rohallion there is also a café on site for these patients who are not able, for whatever reason, to leave the ward environment.

The physical environment

The wards were in a good state of decoration however it was identified that some furnishings were needing to be replaced on Esk Ward. We were informed of work that was about to be

carried out within the wards to make the walls look less clinical and we look forward to seeing evidence of this on our next visit. Both wards were bright and airy.

Any other comments

Funding for social work support was included in the last service visit report as requiring attention. This recommendation was made following a visit to all wards within Rohallion. This issue may not directly affect patients in the low secure wards as local social workers should be able to visit with ease. We have asked for more information on this from the service. As this issue will effects patients in medium secure wards more directly, then this will be considered further when we visit these wards later in the year.

Good practice

We heard how a working group in the service has developed a 'health passport' which will be held by the patients themselves. When completed, passports will contain information about an individual's health care needs and encourage them to take actions to achieve better physical health.

Summary of recommendations

No recommendations were made as a result of this visit.

A copy of this report will be sent Healthcare Improvement Scotland.

ALISON THOMSON
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 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

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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