Mental Welfare Commission for Scotland

Report on announced visit to: Vaara Ward, Rohallion Clinic, Muirhall Road, Perth, PH2 7BH

Date of visit: 9 January 2024

Where we visited

Vaara Ward is a 12-bedded, recovery and rehabilitation medium secure ward for males, based at Rohallion Secure Care Clinic. Rohallion Clinic incorporates both low and medium secure services and is based at Murray Royal Hospital. Vaara Ward provides recovery and rehabilitation for individuals, primarily from the north of Scotland, but also from those out with this area.

On the day of our visit, there were 12 people on the ward and no vacant beds.

We last visited this service in October 2022 as an announced visit and made five recommendations that related to care plan improvements, prescribed medication audit system, increased person-centred activities with consideration for a dedicated activity co-ordinator. A review of alternative options for plastic mattresses and anti-ligature bathroom doors in place of shower curtains was also recommended.

Since then, the service had responded by restructuring their care planning process using the NHS Tayside care plan standards and the Mental Welfare Commission good practice guide on care plans. Routine care plan audits and care plan training has been implemented. Medical and pharmacy created a psychotropic medication audit system and there had been an ongoing pilot to explore patient activity. The Rohallion Clinic leadership team have met with NHS Tayside infection control, health and safety teams regarding patient mattresses and the replacement of shower curtains.

Who we met with

We met with three people, and reviewed their care records. We also met with one relative.

We spoke with the service manager, the lead nurse, and the charge nurse.

Commission visitors

Gordon McNelis, nursing officer

Tracey Ferguson, social work officer

What people told us and what we found

The individuals we spoke with on the day of our visit gave mixed views of the ward. Some explained that they were happy with their care and treatment and told us that staff were "good". Individuals who had been inpatients in Vaara Ward previously compared their current stay to that of a previous inpatient episode and told us that there had been a lot of "good changes", that Vaara was "the best it's been" and "instead of it being a controlling environment, it now seems controlled". Other comments we heard were that there was not enough to do and some found the ward "boring". Others mentioned the ward had an "authoritarian approach" and felt staff shortages had an impact on the availability of activities.

We raised this point with managers at the end of the day meeting and were told staffing levels were increased with the use of bank and agency staff to cover deficits and to accommodate ward routine and activities.

Care, treatment, support and participation

Care records

Information on each individual's care and treatment was held electronically on the EMIS system. We were told ward staff and managers in Rohallion Clinic had worked together to ensure person-centred care plans were implemented, as set out in a recommendation from our last visit. However, we found that the quality varied and there appeared to be a relatively recent change over to person-centred care plans for some individuals. We raised this with the managers and were told that older care plans were still live, although all were progressing to the new person-centred care plan format. Ten out of 12 care plans had been changed to include the standards as set out in the Commission's good practice guide for person-centred care plans. However, as the standard and quality remained inconsistent, we feel this recommendation should be repeated. Some that we reviewed showed evidence of the individuals' views being included, and noted where the individual had a good awareness of their needs and subsequent interventions, which were linked with areas identified from admission and through the risk assessments. We found that these were regularly reviewed and audited monthly, in line with the Commission's good practice guidance.

We found one-to-one discussion between the named nurses and the individual were thorough and carried out regularly, but we found these documented in care plans and not in the continuation notes. We would expect that a record of all one-to-one contact between the individual and their named nurse to be documented in continuation notes.

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 1:
Managers should ensure the transfer of all care plans to person-centred care plans continues and that the consistency and quality of all care plans is audited.

Multidisciplinary team (MDT)

This unit has an MDT consisting of psychiatry, nursing staff, occupational therapy, psychologist, social worker, general practitioner (GP), mental health officer, dietician, and advocacy.

We were pleased to find the documents supporting MDT meetings were in good order, detailed, and identified the needs of the individual to be discussed. Individuals told us they felt involved in these meetings and were reassured their views were taken into consideration.

On the day of our visit, there were three individuals whose discharge would be classed as delayed. This was due to them waiting on an available bed in the low secure wards in Rohallion Clinic. We were assured that these individuals were kept under regular review to ensure that suitable step-down placements were found for them.

Use of mental health and incapacity legislation

As would be expected in a medium secure forensic ward, all individuals were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) or the Criminal Procedures (Scotland) Act 1995. The individuals we met with had a good understanding of their status and rights where they were subject to detention under these Acts.

We were told the ward was moving to the online system of hospital electronic prescribing and medicines administration (HEPMA), to replace the hard copy prescription and administration charts. These hard copies were available for us to review.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained, who are either capable or incapable of consenting to specific treatments. On our last visit to Vaara Ward, we recommended that medication, which was prescribed, must be authorised appropriately. The response we received was an action plan from the service that noted medical and pharmacy staff would liaise to create an audit system. Prior to this visit, we were told a medical and pharmacy audit system was in place with Rohallion Clinic medical staff overseeing this, but due to medical staff shortages, this has been temporarily assigned to a community responsible medical officer (RMO) to carry out monthly audits.

During our review, we found intramuscular (IM) 'as required' medication authorised by a T2 certificate. The Commission consider this to be inappropriate, as any advance consent an individual has given would be invalid if they later withdrew their consent when the medication was given, or if restraint was involved. It is our view that IM medication prescribed in advance 'as required' should be authorised on a T3 certificate. For another individual, we found there was no T2 or T3 certificate in their care record that authorised treatment. These matters were raised with senior managers, medical and nursing staff on the day of the visit and we requested they attend to this matter urgently.

From our review of the medical treatment certificates, we feel it is necessary to restate the previous recommendation that focused on the processes and practices in place in Vaara Ward, to ensure that the legal safeguards with the authority to treat certificates are observed.

Recommendation 2:
Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised and a system of regularly auditing compliance by all key clinical staff is put in place.

Anyone who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. We were told staff encourage individuals to have a named person and promote the importance and benefits of this. Despite this, uptake by patients can vary.

Rights and restrictions

As a forensic medium secure care ward, Vaara Ward operates a locked door, which was proportionate with the level of risk identified with the individual group. A locked door policy was in place and the individuals we spoke with were aware and understood what this meant.

The term 'advance statement' refers to written statements made under sections 274 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. We were told there was active promotion and encouragement for individuals to complete an advance statement, and we were pleased to find all individuals in Vaara Ward had these in place. During our review of the records, we noted information in one advance statement was at odds with prescribed medication. This was raised with managers, who agreed to look into this and action, as appropriate.

The ward had access to advocacy services, and these were promoted throughout the ward. We were told advocacy regularly visited the ward and the service was available to meet with individuals either upon approach or by request.

Activity and occupation

On our last visit to Vaara Ward, we recommended that person-centred activities should be available, and that consideration should be given in appointing a dedicated activity co-ordinator. We were told of an ongoing pilot for patient activity that was taking place in Spey Ward, with a view for this to be extended and integrated into person-centred care plans. We found ward staff and occupational therapy (OT) staff facilitated activities for individuals to participate in, in the areas and hobbies they enjoyed. Education sessions were available, as well as access to the internet and opportunities to play pool, karaoke and have access to a games room with access to a games console and TV. Individuals could also take part in therapeutic activities and relaxation groups. Timetables for these activities were visible on the ward, with an additional OT timetable that offered opportunities which took place both on the ward and externally to improve areas of daily living skills, such as participation in cooking sessions and meal preparation.

We found the care records gave a good description and rationale of each activity that was offered and noted what had taken place. The record also included whether the individual accepted or declined to participate.

Rohallion Clinic had a patient activity and therapy centre, SCAPA, that provides both individualised and group activities for individuals from both low and medium secure. This has

a timetable of activities that were available to individuals from Monday to Friday, 9am – 4pm. Out with these times, individuals were still permitted access when escorted by nursing staff.

The physical environment

The ward was light and airy. There was access to a lounge, activity areas, a games room, and a visitor room. Staff encouraged individuals to use the communal laundry and therapy kitchen facilities to maximise their independence. Individuals had their own bedroom with en-suite. There was good access to courtyards, and to the large garden area for the medium secure service, which was regularly used by a number of individuals.

On our last visit, we recommended managers review the use of plastic bed mattresses and explore alternatives options. We were told that following our visit, the leadership team worked with the relevant departments, including NHS Tayside health and safety, and infection prevention and control teams, and an alternative solution of mattress toppers had been put in place. We were told there had been no further complaints following this.

On our last visit, we also recommended shower curtains were replaced with anti-ligature bathroom doors. For this visit, we found that the shower curtains were still in situ, however we heard that phase two of NHS Tayside anti-ligature work was due to begin in February 2024. This included installing observational and alarmed doors to the bedroom and en-suite doors.

Recommendation 3:
Managers should ensure NHS Tayside anti-ligature work continues and ensure door top alarmed doors to side rooms and en-suite entrance are installed as planned.

Summary of recommendations

Recommendation 1:
Managers should ensure the transfer of all care plans to person centred care plans continue and the consistency and quality of all care plans is audited.

Recommendation 2:
Managers and medical staff should ensure that all psychotropic medication is legally and appropriately authorised and a system of regularly auditing compliance by all key clinical staff is put in place.

Recommendation 3:
Managers should ensure NHS Tayside anti-ligature work continues and ensure door top alarmed doors to side rooms and en-suite entrance are installed as planned.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

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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