

Mental Welfare Commission for Scotland

Report on announced visit to: Rowanbank Clinic, 133c
Balornock Road Glasgow, G21 3UW

Date of visit: 15 December 2015

Date sent to service: 18 January 2016

Where we visited

Rowanbank Clinic is a medium secure facility providing forensic services to the West of Scotland. It also provides the national medium secure service for offenders with learning disability. We last visited this service on 13 May 2015. There were no specific recommendations from our last visit but we were assured that upgrading the courtyard work was imminent.

This visit was part of our biannual visits to medium secure services. We visited the acute admission wards (Elm and Sycamore) and rehabilitation wards, Hazel and Larch (wards not visited on our last visit) and Holly Ward, which is the National Male Learning Disability service. we also spoke with some patients on Cedar ward who requested to meet with us.

The main reason for our visit was to give patients on these wards an opportunity to speak with Commission visitors.

Who we met with

We met with 21 patients in Rowanbank and reviewed their records; 12 of these patients had advocacy support in their interviews with us.

We spoke with the charge nurses on each of the wards we visited.

We also met with a multidisciplinary staff group for an informal lunch time discussion.

In addition, there had been a meeting with Circles advocacy service prior to the visit and information provided from their patient forum regarding current issues.

Commission visitors

Paul Noyes, Social Work Officer, visit co-ordinator

Mary Hattie, Nursing Officer

Jamie Aarons, Social Work Officer

Mary Leroy, Nursing Officer

Graham Morgan, Engagement & Participation Officer (Lived Experience)

What people told us and what we found

Care, treatment, support and participation

We spoke with 21 patients and looked at their notes. We saw six patients on Elm ward, three on Sycamore ward, four on Holly ward, three on Hazel ward, one on Larch ward and four on Cedar ward. 12 patients had advocacy worker support during interview.

No relatives requested an interview or made contact with the Commission in relation to our visit.

As for previous visits to Rowanbank, the issues raised by patients were mainly with regard to personal matters; some patients were looking for advice and others asked to see us because they wanted to tell us that the staff were very good. We did, however, receive some negative comments about the food and staffing pressures curtailing activities.

We heard from patients that staff were generally approachable and supportive. Patients were however aware that the nurses are very busy and this can mean patients may be less likely to approach them for support. One patient commented 'staff never refused to give 1:1 time but I just don't feel like I can ask if they are busy'.

Patient files were well-organised and easy to navigate. We saw evidence of regular multidisciplinary reviews and clear evidence of service user and family involvement. There were also good care plans which were regularly updated.

Due to the forensic setting, most patients we interviewed are managed using the Care Programme Approach (CPA). This co-ordinated approach to care management helps manage the balance of risk and complex support needs to ensure effective on-going care and support. We noted regular CPA meetings, good evidence of ongoing risk assessment and also good multidisciplinary input particularly from psychology and occupational therapy in files. We also noted good links and input from child and families social work in situations regarding contact with children.

Advocacy

The advocacy service to Rowanbank is provided by Circles Network and they have a good relationship with staff and patients. Circles were able to advise the Commission of issues of concern that had been raised by patients at the unit prior to our visit; members of their staff were also able to support patients during our visit.

Two particular concerns were identified as being issues raised by patients:

- The issue of activities being reduced in frequency, of shorter durations of time and sometimes cancelled due to staffing shortages.
- Food for patients at Rowanbank.

Current demands on unit

We met with representatives of the multidisciplinary staff group and were able to hear from them about current issues and developments at Rowanbank. The unit continues to be very busy and we were told there are currently 19 patients on their waiting list (some of these patients are in medium security facilities out of their area and are awaiting a place closer to home). It would seem that there is no spare capacity in medium security provision and any vacancies are immediately filled.

There are currently a number of patients on enhanced observation (five patients requiring 2:1 enhanced observation) particularly in the female assessment ward. This is creating extra demands particularly on nursing staff. There was a clear view from staff that the lack of a high security facility for women is placing an additional burden on the medium secure service. The mechanism for accessing high security services from England currently seems not to be working in practice. The Commission were informed that the Scottish Government is about to set up a group to look at this issue in the New Year and the Commission agreed to follow up on this.

Staff told us of additional difficulties with the current situation for female patients at Rowanbank. Both female assessment and rehabilitation wards have a mix of patients with a learning disability and also those with mental illness. This mix can cause difficulties for both groups of patients. Managers at Rowanbank are currently considering if there needs to be a change to the current model of care.

New regulations introduced on 16 November 2015 now allow patients to appeal against being held in medium security. The impact of this situation is as yet unknown with only one case currently going to appeal. The impact of this situation is something that will need to be kept under review.

We also heard of the difficulties in moving on from low security, due to a lack of appropriate accommodation, with restricted patients in particular taking a long time to

move on. There is also a particular difficulty getting low secure beds for female patients, however the directorate is in the process on developing low secure women's beds.

Another difficulty brought to our attention by the Occupational Therapists is a decline in the number of community projects available to offer rehabilitative activity. It is these opportunities that are required to support patients to move on to a less restrictive environment. It seems that a number of these local projects have lost their funding due to financial pressures in the Council.

The Commission would wish to be kept informed of the impact of these difficulties and of discussions with Council partners in relation to these issues

Use of mental health legislation

All patients, due to the medium security restrictions of Rowanbank Clinic, require to be detained patients and all the notes we reviewed had the required legal paperwork.

The notes we reviewed also contained the appropriate legislative authority for treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act); all the patients had up to date consent to treatment certificates to authorise medication.

Activity and occupation

It was clear from speaking with patients and from their notes that people were using the gym and grounds as well as the community centre and Acorn project (gardening project in Rowanbank grounds).

Many patients are however very keen to progress their rehabilitation and getting out to activities in the community is a very important part of this. Several patients, particularly those on Cedar ward, seemed very frustrated that staffing pressures had adversely affected their outings and activities. One patient who had previously been in the State Hospital said there was 'more to do in the State Hospital than in Rowanbank; there isn't enough to do if we can't get our outings to go shopping, to the gym, library etc'.

It seems that the range of community activities available is also under threat due to the closure of several community providers due to cuts in funding.

Recommendation 1

Managers should keep the provision of activity and rehabilitation opportunities under review and ensure patients are not disadvantaged in relation to their rehabilitation to lower levels of security and restrictions. The Commission is to be informed as to the outcome.

The physical environment

The unit is purpose-built and its design is specifically planned for its function as a medium security forensic facility. At our last visit in May we were informed that upgrading the courtyard was about to start. This work took place over the summer and the courtyard area now looks much brighter and is a more pleasant environment.

We were informed that plans will now be drawn up to begin to make improvements to some of the internal areas that require upgrading. No specific issues or areas for improvement have been brought to our attention by patients.

Any other comments

The issue of the quality (and quantity) of patient food was raised by several of the patients we spoke to and as a collective issue by advocacy from patient feedback.

One of the particular difficulties in a restricted setting is that patients have little in the way of alternative to what the hospital provides; they cannot simply go out and buy something else.

Comments we received primarily focused on the fact that there is little choice regarding the food on offer and what is available is not very nice. We understand that the food at Rowanbank arrives frozen and is then reheated – patients described it as a bit like ‘airline food’.

The situation seems to have been compounded by the fact that due to staff shortages for outings, those patients who are used to being able to purchase their own food from local shops have not been able to do so, adding to the dissatisfaction.

Recommendation 2

Managers should address the concerns of the patients in relation to their food and nutrition.

Summary of recommendations

1. Managers should keep the provision of activity and rehabilitation opportunities under review and ensure patients are not disadvantaged in relation to their rehabilitation to lower levels of security and restrictions. The Commission is to be informed as to the outcome.
2. Managers should address the concerns of the patients in relation to their food and nutrition.

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.

Alison Thomson, Executive Director (Nursing)

11 January 2016

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 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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