

Mental Welfare Commission for Scotland

Report on announced visit to: The Rohallion Clinic, Murray
Royal Hospital, Perth PH2 7BH

Date of visit: 10 March 2016

Where we visited

The Rohallion Clinic opened in September 2012 to provide secure hospital care for men in conditions of both medium and low security. It is a regional unit, primarily providing inpatient services for the north of Scotland, although it will accept referrals from across Scotland. There are 6 wards in the unit, 3 medium secure wards, and 3 low secure wards. The medium secure wards are Spey, which is an 8 bed admission ward; Vaara, which is 12 bed rehabilitation ward and Ythan, which is a 12 bed rehabilitation ward. The low secure wards are Faskally, which is a 10 bed admission unit, Lyon which is a 12 bed rehabilitation ward and Esk, which is a 13 bed rehabilitation ward.

We last visited this service on 19 March 2015 and made recommendations about supporting carers who have relatives in the ward, about providing feedback when patients raise issues within the wards and about reviewing situations when the provision of activities have to be cancelled. We received an action plan from the service detailing how recommendations were going to be taken forward.

On the day of this visit we wanted to follow up on the previous recommendations and also to look generally at how care and treatment is being provided within the service. This is because the Rohallion Clinic has a very specific remit to provide secure hospital care, in conditions of both medium and low security.

Who we met with

We met with 14 patients. We reviewed all their files and also examined records relating to several other patients who we did not interview.

We spoke with the senior nurse in each of the 6 wards and also met the service manager, the clinical lead for the service and the other psychiatrists who work in the clinic.

Commission visitors

Ian Cairns, social work officer and visit coordinator

Colin McKay, Mental Welfare Commission chief executive

Douglas Seath, nursing officer

Dr Steven Morgan, medical officer

Kathleen Taylor, engagement and participation officer (carer)

What people told us and what we found

Care, treatment, support and participation

Individual patients who were seen on the visit did not raise any significant issues about their current care and treatment, in any of the wards. We heard a number of positive comments about support provided by nursing staff, and also by medical staff and the other professionals working in the unit.

Participation

Several patients told us how nursing staff supported and involved them in discussions about their care and treatment. We heard from patients about their care programme approach (CPA) reviews, how their named nurse will discuss with them the nursing report prepared for the review, and how they feel they can put their views across in these CPA meetings. There also seems to be good input from advocacy services within the unit. Several people spoke about meeting with an advocate regularly and about the advocate attending reviews. When people had chosen not to use the advocacy service they seemed to be aware that the service was there for them to access if they wanted to.

One patient also told us he was a ward representative on the Rohallion users group. This group is facilitated by someone from the local advocacy service and enables patients in all the wards to raise issues that the ward representative will take to the users group which can then be discussed with the service managers.

We saw copies of the information sharing consent sheet prominently placed in personal files. We also saw copies of a number of advance statements in files. Several of these advance statements had been completed when the patient was in the State Hospital, where there has been a strong emphasis on providing patients with information about advance statements. We also saw evidence though, that staff in the Rohallion Clinic are proactive in discussing advance statements with patients.

Care planning

Care plans were detailed and person-centred, with clear evidence that they are evaluated regularly. Multidisciplinary team (MDT) meetings are well recorded and structured, with a clear focus on the needs of the individual patient, and the decisions taken at the weekly MDTs being recorded clearly and concisely.

Care and treatment is reviewed regularly at six monthly CPA meetings. Detailed reports from all professionals providing input to an individual patient's treatment plan are prepared for the CPA meetings, and were easily found in personal files. It was clear from the CPA documentation that there is good multidisciplinary input within the wards from allied health professionals. Patients also seem to have good access to psychological therapies, from the clinical psychology service and from other trained therapists. There is a very structured approach to risk assessment and to risk

management, and again there seems to be a person centred approach to risk management. We could see examples in individual files where risk management decisions had been changed after the reassessment and review of identified risks.

Use of mental health and incapacity legislation

Mental Health Act (MHA) documentation was well maintained in personal files. A specialist registrar had audited documentation authorising medical treatment under part 16 of the MHA and we saw that prescribed medication was authorised appropriately on the relevant consent to treatment form (T2) and certificate authorising treatment form (T3). We also noted that associated high dose monitoring checks were being very thoroughly completed where this was appropriate. We did see in one case that a T2 form included, as required medication, to be administered intra-muscularly (IM) for agitation. Our view is that a patient is very unlikely to be consenting to IM medication for agitation at the time this is felt to be urgently necessary and this was discussed with the ward manager on the day. All T2/T3 forms we saw were authorising medication prescribed.

Rights and restrictions

Health boards have a duty under s261 of the MHA to provide assistance with communication difficulties. On the day we saw four patients whose first language was not English and interpreters were arranged for each of these interviews. Rohallion Clinic uses interpreter services regularly to assist with communication. One patient told us about the regular support he has from an interpreter, to enable him to participate in reviews and to facilitate discussion of his care and treatment with his family. We heard how the service had used interpreters in several situations to ensure that patients were given as much information as possible about medication and the reasons why a specific medication was being prescribed and administered. We also saw that patients had good access to the local advocacy service within the unit.

Specified persons provisions

Sections 281 to 286 of the MHA 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 Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Mental Welfare Commission (MWC) would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

Responsible medical officers (RMOs) have to complete certain forms in relation to specified persons. We saw that the necessary notification forms were in place in the wards, where this was appropriate. We also saw that specific restrictions being applied were well documented in care plans and that restrictions were being reviewed. In one case for example, a restriction was placed on the telephone

contact a patient could have with family members, with evidence that this restriction was removed when it was felt to be appropriate, following the review of risks.

The Commission has published a recent monitoring report on specified person provisions:-

http://www.mwcscot.org.uk/media/192163/final_specified_persons.pdf

We had found that there was a wide variation in the understanding and interpretation of s281-286 of the Act across Scotland. We were therefore pleased to see on this visit, that the use of sections of the Act which allow restrictions to be placed on people who are detained, is consistent with the legislation and associated regulations.

Activity and occupation

A good range of leisure, recreational and therapeutic activities appear to be available to patients in the 6 wards. We did hear a few comments from individual patients about limited activity provision at weekends but we also heard a number of positive comments about activities and about educational opportunities.

There is a strong emphasis in the unit on encouraging people to participate in physical activities, several of the patients spoke about using the gym and about other sporting activities. This is very much in line with the national drive to encourage participation in health improvement activities. There is also a focus on education, with literacy and numeracy supports available to patients in the unit. We met one patient in the unit who has started an Open University course since his admission and was receiving a lot of support to complete course assignments. Education assessments focussing on literacy, numeracy and ICT skills are routinely carried out with all inpatients across all wards. Patients will have the opportunity of an individual learning plan as a part of their care plan, Rohallion Clinic has two education tutors who are jointed funded by NHS Tayside and Perth and Kinross Council.

On the day of the visit we heard how the Rohallion Clinic is looking at options to enable patients to have internet access, with appropriate security arrangements in place, which would enhance the educational opportunities available to patients in the wards.

The physical environment

The unit is a new build facility and all the rooms are single en suite rooms. Each ward has an inner courtyard which patients have access to, and there is a large secure garden area as well. Access to the secure garden is risk assessed.

Certain areas within the centre do look clinical and spartan but work has been done to produce artwork to be displayed within the centre. Some of this artwork is ready to be put on the walls and work is underway to produce other artwork for the centre.

Any other comments

Engagement with carers

The Rohallion Clinic is a regional unit, accepting patients from the north of Scotland.

After the Commission's previous visit we made a recommendation about the links with carers. On this visit we heard how the clinic is developing ways to build the involvement and inclusion of carers from across the north of Scotland in the service. The work is very much based on the triangle of care approach, an approach developed by carers and staff to improve carer engagement across all mental health services. We heard how the clinic has an identified carers' champion in each ward and those members of staff have recently participated. In house training was delivered by a senior charge nurse and the clinic's training and development lead, with advice provided by Support in Mind about this training, and about strategies generally to improve carer engagement. Team leaders in wards have identified times when they will be available to see carers, and clinicians will visit carers in the patient's home area. The clinic has met the local carers group, and plans to include a carer in delivering part of the staff induction and training course in the future. The service is also looking at ways to build a carer support network across the north of Scotland region and the Commission feels that the attention being paid to this issue will help ensure effective carer engagement and inclusion.

Summary of recommendations

The Commission has no recommendations to make following this visit.

Good practice

Carers engagement

As mentioned above, a number of specific actions are being taken by the service to engage with carers, to include and support them.

Quality network for forensic mental health services

This network is a Royal College of Psychiatry initiative set up at the college's centre for quality improvement. The Rohallion Clinic is the only Scottish secure care clinic which currently is a member of this network.

The quality network reviews services against standards for secure services. Services will complete a self assessment and will be subject to peer view; review teams will visit units and discuss services with both staff and patients. Rohallion Clinic had just had a peer review visit the week before the visit by the Commission.

The Commission feels that being part of a network which involves peer review will help to identify strengths and weaknesses, encourage self evaluation, and will

enable the Rohallion Clinic to learn from good practice elsewhere within the network. A copy of this report will be sent for information to Healthcare Improvement Scotland.

Ian Cairns, Social Work Officer

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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