Mental Welfare Commission for Scotland

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

Date of visit: 4 October 2018

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 patients with learning disability.

On this visit we visited all eight wards in the Rowanbank Clinic; wards Elm, Hazel, Larch, Pine, Cedar (male wards), Holly (national male learning disability ward), Elder, and Sycamore (female wards).

We last visited Rowanbank on 18 January 2018. There were no specific recommendations from this visit but we highlighted the continued difficulties of moving patients on from medium to low security hospital care and the frustration this was causing for both patients and staff.

The visit was part of our regular visits to medium secure services. The main reason for our visit was to give patients at Rowanbank an opportunity to speak with Commission visitors and also to look at general issues important for patient care.

Who we met with

We met with and/or reviewed the care and treatment of 21 patients across all the wards visited; many of these patients had advocacy support during their interviews.

We also had contact with relatives of six patients, four interviews during the visit and two telephone conversations.

In addition we met with the managers of Rowanbank to discuss current issues and developments. We spoke with the senior charge nurses for each of the wards to ask about any individual issues the wards.

We also spoke with the Circles advocacy service prior to the visit in relation to current issues and support for patients during our visit.

Commission visitors

Paul Noyes, Social Work Officer

Margo Fyfe, Nursing Officer

Mary Hattie, Nursing Officer

Moira Healy, Social Work Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Patients and carers were notified prior to our visit of the opportunity to speak with Commission visitors. Of the 21 patients we saw or reviewed, four were from Elm Ward, one from Hazel Ward, two from Larch Ward, two from Pine Ward, two from Cedar Ward, four from Holly Ward, three from Elder Ward, and three from Sycamore Ward. We saw patients from all wards in the clinic.

We heard from managers that the clinic and individual wards are largely running at full capacity with a waiting list of 17 patients. Rowanbank was reported to be very busy clinically with a number of individual challenges from a number of patients requiring specialist interventions and care. These challenges were particularly evident in Elm the male assessment ward, and the female wards, with higher levels of patients requiring enhanced observation.

We were informed that staffing is generally up to complement and there seem to be no difficulties in recruiting to the forensic setting. There had been recent changes within the clinic, as happens from time to time, with changes in charge nurse responsibilities; patients on Holly Ward (learning disability ward) commented on these changes and needing to get to know new people which some found difficult. There had also been some gaps in psychology provision due to vacancies but this is being addressed.

Our visitors observed very good relationships between staff and patients, often in challenging situations. We noted staff had a very positive attitude to patient care and were supportive and respectful to patients. Patients also generally commented that they found staff respectful and helpful.

As with the Commission's previous visits to Rowanbank the issues raised by patients and their relatives were mainly personal matters regarding their care.

All patients in Rowanbank continued to be managed using the Care Programme Approach (CPA) and this provided a robust framework for managing patient care particularly in relation to the management of risk. Generally we noted care to be person centred, focussing on the individual needs of each patient and we saw good evidence of including patients in their care planning. Patient records contained good daily nursing notes, including regular records of one to one contacts.

There were also regular and clear records of weekly multidisciplinary team (MDT) meetings. These notes did not however always record the details of those present at the meetings. We also noted that care plans were reviewed on a monthly basis but there was often no action plan following these reviews. This was raised with managers on the day and they planned to audit files to address these issues.

Recommendation 1:

Managers should carry out a review of care plans to promote a consistent approach and ensure that care plans are person-centred with interventions clearly stated.

We spoke to the relatives of six patients as part of our visit, several carers raised what were very specific issues with regard to their relatives; many issues related to frustrations regarding moving on from Rowanbank and also visiting arrangements. Commission visitors provided advice on the day and the opportunity to discuss any concerns.

Rowanbank has a monthly carers group and runs an annual 'meet the team' day for carers. We noted a clear focus in care plans on trying to maintain family relationships.

Circles Network provides the advocacy service at Rowanbank and are well established in the clinic. It was evident that they have a good relationship with staff and patients. The patients we spoke to had good input from advocacy and most were supported by advocacy during our interviews.

Circles also frequently contact the Commission for advice regarding issues raised by Rowanbank patients.

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 provisions from the Criminal Procedure (Scotland) Act 1995 or the Mental Health Care and Treatment (Scotland) Act 2003.

All the notes we reviewed had the required legal paperwork and also contained the appropriate legislative authority for treatment; all the patients had up to date consent to treatment (T2) certificates and forms authorising treatment (T3) to authorise medication.

Patients generally had a good knowledge of their legal status and rights; they also had advocacy support and legal representation.

A small number of patients were assessed as lacking capacity; these patients had the required certificates, completed under section 47 of the Adults with Incapacity (Scotland) Act 2000), to authorise their medical treatment.

Rights and restrictions

As one of three medium security facilities in Scotland, Rowanbank Clinic is a secure, locked unit. Patients at Rowanbank are deemed to require this level of security and are able (since November 2015) to appeal against being held in conditions of medium security. Since the introduction of the right to appeal there have now been a large

number of successful appeals but this has put considerable pressure on lower level provisions.

The Commission has been monitoring delays in patients being able to move to lower levels of security and we have provided advice to a number of patients affected by these delays. We are aware that there has been considerable work done to address these difficulties and have noted some recent improvements with regard to moving patients on; there is now a bed manager for the forensic beds.

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/rights-in-mind/

Activity and occupation

Rowanbank is a medium security facility and most of the activity for patients is within the wards and the grounds of the clinic. There were activity plans in the notes of all the patients we reviewed and it was evident that considerable efforts are made to try to help patients develop their specific interests where possible. Good use is made of facilities in the grounds including a gardening project and community centre. Some patients however, said they wished there was more activity while others were less keen to participate.

We were pleased to hear of a range of additional initiatives patients were involved in such as a Macmillan Cancer Support coffee morning, various inter-ward competitive running and cycling activities (often tied in with major events) and a patient led pedometer/step competition which promotes healthy activity.

Many Rowanbank patients progress to external outings and activities in the community as part of their care plans. We heard that most of these activities were generally taking place as planned, though at times these could be cancelled at short notice. These activities were generally rescheduled but when this happens patients could be upset. Mangers informed us that there is about to be a short-life working group at the clinic to look at these issues.

The physical environment

The unit is purpose-built as a medium security forensic facility. The physical environment was largely unchanged from that detailed in previous visits and our visitors heard of no issues of concern regarding the environment for patients or staff. Wards were in a good state of decoration and were generally well furnished and bright.

Plans to build an additional unit at Rowanbank to accommodate an additional 18 beds were mentioned in our last visit report. We were informed however that these plans

are currently on hold pending the outcome of a national review of female forensic provision.

Any other comments

Generally the wards, particularly the rehabilitation wards, seemed settled and calm. Patients were aware of their rights, many had advance statements and they had good access to advocacy and legal representation. Patients also had good access to physical health care when required.

Summary of recommendations

1. Managers should carry out a review of care plans to promote a consistent approach and ensure that care plans are person centred, with interventions clearly stated.

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.

Mike Diamond, Executive Director (Social Work)

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.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk