Mental Welfare Commission for Scotland

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

Date of visit: 18 January 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 (Holly ward).

We visited the wards Elm, Sycamore, Hazel, Larch and Holly wards on this visit.

We last visited this service on the 27 July 2017 as part of our regular visits to medium secure services. Following that visit, we expressed concerns about situations where the service had failed to move patients to conditions of lower security within the set timescales. We asked to be informed when such moves had not taken place.

During this visit we wanted to follow up on the difficulties for patients of moving to lower levels of security, but the main reason for this visit was to give patients on these wards an opportunity to speak with Commission visitors.

Who we met with

We met with and/or reviewed the care and treatment of 16 patients across all the wards visited. A number of these particularly in Holly Ward, had advocacy support. One patient was interviewed with interpreter assistance.

We also interviewed four relatives during the visit.

In addition, we met collectively with the service manager and the charge nurses for the wards we visited, to discuss current issues and developments. There were also discussions with the charge nurses and staff on the individual wards.

Commission visitors

Paul Noyes, Social Work Officer & Visit Co-ordinator

Colin McKay, Chief Executive

Mary Hattie, Nursing Officer

Moira Healy, Social Work Officer

Dr Peter Rennie, Temporary Commission Officer

What people told us and what we found

Care, treatment, support and participation

Of the 16 patients we saw or reviewed, five patients were from Elm, three from Sycamore, two from Hazel, three from Larch and three from Holly Ward, so we were able to hear from patients from all of the wards we visited.

All these wards were largely running at full capacity which is very much the general situation for the clinic as a whole. From speaking to ward managers, it seems that staffing is generally up to complement, with a fairly consistent staff group. We noted that staff knew the patients well and interactions seemed friendly, with patients saying they found staff helpful.

The issues raised by patients and their relatives, as is often the case from Rowanbank visits, were mainly personal matters regarding their care.

All patients in Rowanbank continue to be managed using the care programme approach (CPA) and care planning is regularly reviewed with risk assessment forming an essential component of all care plans. We found care planning to be very person-centred, focussing on the individual needs of each patient, and we saw good evidence of including patients in their care planning, with clear shared goals and outcomes. We also noted many care planning documents had been adapted to be accessible to patients with learning disabilities.

In addition we found good daily nursing notes, good records of weekly multi-disciplinary team meetings and clear records of individual inputs from the multi-disciplinary team.

It was evident from the carers we spoke to, that they we included in care planning but not all were happy with the outcomes for their relatives. Issues raised were very patient specific, and often, involved complex situations. Overall we noted good engagement with relatives and carers and considerable efforts made to engage and maintain contacts. We also saw good recording of relative/carer contact. Rowanbank has a carers group that meets monthly. It has a ‘behavioural family therapy’ programme which has been very successful in helping to maintain family relationships.

The patients we spoke to had good input from advocacy and three were supported by advocacy during our interviews. The advocacy service at Rowanbank is provided by Circles Network. It was evident that they have a good relationship with staff and patients. Circles also frequently contact the Commission for advice regarding issues raised by Rowanbank patients.

Use of mental health and incapacity 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.

These records also contained the appropriate legislative authority for treatment under the Mental Health Care and Treatment (Scotland) Act 2003. All the patients had up to date consent to treatment certificates to authorise medication.

We were made aware of a difficulty in providing physical health care to a patient who is lacking in capacity and resisting medication, and appropriate Adults with Incapacity Act powers were being pursued.

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

Rights and restrictions

Rowanbank Clinic is one of three medium secure facilities in Scotland. The building and also the wards are locked units, and patients are subject to conditions appropriate to this level of security.

Since November 2015, patients have been able to appeal against being held in conditions of medium security and this has had a big impact at Rowanbank, with a high number of successful appeals. The Commission is aware of the pressures on local services as a result of these appeals. There are, however, particular timescales associated with such moves and these have not been achieved for a significant number of patients.

This is not a new issue and was highlighted in our last report. We are aware of a recent legal challenge to the situation. The Commission has followed up on several individual situations, making enquiries as to why a move has not taken place and the proposed plans for compliance. We expect managers to continue to inform the Commission of situations where they have failed to move patients to conditions of lower security within the set timescales.

Activity and occupation

There were plans for activity in the notes of all the patients we reviewed and we noted a wide range of activities were available to patients. Activities were mainly on the wards or in the grounds with good use being made of the facilities of the community centre.

It can be difficult to motivate some patients in more formal activity, but we noted considerable perseverance and efforts by staff to find patients' specific interests and help develop these.

We noted that where patients were scheduled for external activities and outings, these were generally taking place as planned. The issue of activities sometimes being cancelled due to staffing shortages had been raised in a previous visit report.

The physical environment

The unit is purpose-built as a medium security forensic facility. The physical environment is largely unchanged from that detailed in previous visits. The wards are in a good state of decoration and generally well furnished and bright.

All the wards were described as calm and settled during our visit and no patients were being nursed or managed in their rooms.

The subject of not being able to access bedrooms during the day was again raised by one patient as an issue of concern. We are informed by staff that this is to encourage participation in activities and to achieve engagement with staff and other patients.

Since our last visit there has been a reconfiguration of Sycamore and Elder (female wards). Elder ward is now able to provide more intensive nursing care for distressed patients, with a new low stimulus/safe room for de-escalation of stress. It is reported that this has made a big improvement to patient care.

Any other comments

Moving on

The difficulty of moving patients on from medium to low security hospital care continues to be the most pressing issue for this forensic service. These delays are causing frustration for both patients and staff. There seems to be no respite to the situation as more patients progressively move on in their rehabilitation and recovery. We are aware that there have been initial discussions about increasing the numbers of low secure beds, but no specific plans for more beds at the present time. Legal challenges from patients may also put pressure on services to find solutions to this problem.

Not all the patients ready to move on are from the Greater Glasgow and Clyde Health Board area and there are additional complications in liaising with other health boards to facilitate moves.

The Commission has recently raised the issue of forensic patients finding it difficult to move on from hospital in their ‘Medium and Low Security Wards’ themed visit report, making a number of recommendations to integrated joint boards. The report is available here:

https://www.mwcscot.org.uk/media/385624/medium_and_low_secure_forensic_wards.pdf

New Beds

We were informed that the business case is moving on well in relation to developing 18 new male beds at Rowanbank. This is likely to create capacity to bring patients accommodated out of area back to their home health board.

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.

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