Mental Welfare Commission for Scotland

Report on announced visit to: Rohallion Secure Care Centre, Murray Royal Hospital, Perth PH2 7BH

Date of visit: 10 July 2018

Where we visited

Rohallion Secure Care Clinic provides secure hospital care for men, in conditions of both medium and low security. It is a regional unit, primarily providing in-patient services for the North of Scotland, although it will accept referrals from across Scotland. There are six wards in the unit, three medium secure wards and three low secure wards. The medium secure wards are Spey, which is an 8-bedded admission ward; Vaara, which is a 12-beddded rehabilitation ward; and Ythan, which is a 12-bedded rehabilitation ward. The low secure wards are Faskally, which is a 10-bedded admission unit; Lyon, which is a 12-bedded rehabilitation ward; and Esk which is a 13-bedded rehabilitation ward.

We last visited this service on a local visit on 10 March 2016 and we made no recommendations on this visit. We did visit the service again on 14 December 2016 but this was as part of a themed visit to all the low and medium secure forensic wards across Scotland. All the information from this visit was included in a themed visit report, medium and low secure forensic wards, published in August 2017.

On the day of this visit we wanted to look generally at how care and treatment is being provided within the service because the Rohallion Secure Care Clinic is a very specific remit which provides secure hospital care in conditions with both medium and low security.

Who we met with

We met with and/or reviewed the care and treatment of 14 patients.

We spoke with senior nurses in each of the six wards and also met a group of nurses and health care assistants together during the visit. At the end of the visit we met the service manager, senior nurses and psychiatrists who are working in the clinic, and managers of allied health care professionals.

Commission visitors

Ian Cairns, Social Work Officer and Visit Co-ordinator

Kate Fearnley, Executive Director (Engagement and Participation)

Paula John, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

Comments we heard from some patients we met on the visit indicated that they did not agree that they had a mental illness, or that they felt they should be moving on from a secure psychiatric unit. We did advise these patients about their right to apply to the Mental Health Tribunal for Scotland to review their detention in hospital. We also

heard a number of positive comments from patients about the treatment and support they were receiving from nursing and medical staff and from other professionals working with them in Rohallion. These included comments from patients who felt that they were in the right place at present and comments comparing the care and treatment they were receiving in Rohallion positively with the care and treatment they had received in other facilities. Several patients also told us that they felt they were able to participate fully in meetings and discussions about their care and treatment, and that their named nurse talks to them before meetings about any nursing reports prepared.

Care planning

Care plans we reviewed were detailed and person-centred and we could see from files reviewed that plans were evaluated regularly. We saw that treatment goals and outcomes were well recorded in files. Multidisciplinary team (MDT) meetings were also being well recorded, and the records indicated that the MDT meetings are well structured, with good information about progress being made in relation to care plan goals and outcomes.

Full reviews of the care and treatment of individual patients in Rohallion are undertaken on a six-monthly basis using the Care Programme Approach (CPA), a very structured approach to planning and reviewing mental health care and treatment. Within files we saw detailed reports prepared by each individual professional who is contributing to a patient's care and treatment, with detailed minutes of CPA meetings and clear decisions being made at CPA meetings about any changes required in care plans to make sure that care and treatment is meeting each patient's needs.

We heard that some patients had raised issues at the Rohallion Users Group about how their experience of attending CPA meetings could be intimidating because of the way meetings were structured. As a result of this feedback from patients the CPA process in Rohallion has been reviewed, to make it more patient centred and to encourage patient participation. The first CPA meetings following this new process were being held at the time of this visit. Within the CPA process though we did see a very strong focus on individual patients' needs and on the pathway for individual patients through and out of a secure forensic service.

In addition to well-structured and reviewed care plans we saw a structured approach to risk assessment and risk management within the service, and we felt that it was clear that the approach to risk management is dynamic with possible areas for innovation being carefully considered. As an example of this we heard about the Expressing Sexuality Working Group which is being set up, to look at issues relating to sexual expression for patients in the unit.

When reviewing files we also saw that good attention is paid to physical health care issues, with referrals made to appropriate specialists in other hospitals where this is necessary, where there are issues about physical health conditions.

The Rohallion Unit is a regional unit, covering the North of Scotland. When the unit was built almost all the local authorities in this area agreed to make a contribution towards a dedicated social work post within the unit. Having dedicated social work input directly within the service has been particularly useful for those patients whose home area is some distance from Perth. Several local authorities are now indicating that they will no longer contribute to this post and we heard that this could have a significant impact on a number of patients, particularly when there are issues to be discussed with local authorities or with the new health and social care partnerships.

Recommendation 1:

Managers should continue to link with local authorities who have previously provided funding for a social work post in the service to ensure this funding continues.

Use of mental health and incapacity legislation

Mental Health Act paperwork continues to be well maintained in personal files and all the patients at the Rohallion Unit are detained under either the Criminal Procedures (Scotland) Act 1995 or the Mental Health (Care & Treatment) (Scotland) 2003 (MHA).

We viewed consent to treatment certificates (T2) and certificates authorising treatment (T3) forms which authorise prescribed medication and no significant issues were identified with these forms. Associated high dose monitoring checks were being completed where this was appropriate. We did see in several cases that T2 forms included 'as required' medication, to be administered intramuscularly (IM) for agitation, with patients consenting to this. The Commission's view has been that a patient is very unlikely to be consenting to IM medication for agitation at the time this is felt to be urgently necessary, even although they may be consenting to this in advance. However the hospital had been given advice from a designated medical practitioner (DMP), arranged by the Commission. The DMP's view was that the patient was clearly consenting at the time of the DMP visit to the administration of IM medication, and we do recognise that in some cases patients may be very adamant that they know, when they are stressed or agitated, that IM medication works best for them.

Rights and restrictions

Patients have good access to advocacy support within the Rohallion Unit. We saw a number of patients who were being supported by an individual advocate. We also spoke to the advocate who provides support within the unit following the visit and he told us about how he facilitates the Rohallion Users Group, a group of patients which has representatives from each ward in the service. Patients can and do raise issues through this group and the advocate will take issues up raised on a collective basis with hospital managers. (See 'Any other comments' section.)

Sections 281-286 of the MHA provide a framework within which restrictions can be placed on people who are detained in hospital. Patients who are in the medium secure

wards are automatically specified persons in relation to these sections of the MHA. In the low secure wards each patient has to be individually specified by their Responsible Medical Officer (RMO) for any restrictions detailed in s281-286, and the RMO has to record a reasoned opinion about why restrictions are necessary. However we saw that that reasoned opinions were not easily found in files, and we raised this with staff on the day. 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 the least restriction is applied. Separate forms also have to be completed in relation to patients who are a specified person under sections of the MHA. We saw that the necessary notification forms were in place in wards where this was appropriate with details about specific restrictions applied documented in care plans.

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. It can be found here:

https://www.mwcscot.org.uk/rights-in-mind/

Activity and occupation

Patients we saw were accessing a good range of recreational and therapeutic activities. We did hear that some activities in the Scapa Centre, the patient activity and therapy centre, have not been taking place during the summer because of staff holidays but we were assured that this is a temporary issue.

Some patients did tell us they felt there could be lengthy periods between scheduled activities when they found it difficult to occupy themselves. We also heard from the advocate that patients have been raising concerns about a possible reduction in activities in the future with changes to one of the wards in the centre (see 'any other comments' section).

We heard that both the two low secure rehabilitation wards had arrangements encouraging patients to manage their everyday activities, with open access during the day to the patient kitchen and the laundry, and a key to their own bedroom, with a contract as to how they manage this. Lyon Ward has become fully self-catering; patients plan the week's meals and take turns to cook for everyone, and patients are also growing and using their own vegetables.

The physical environment

The Rohallion Centre is a very new facility and all the rooms are single en-suite rooms. The physical environment in the centre has not changed since our last visit, apart from some work being done to produce artwork which is now displayed on various walls throughout Rohallion. There is good activities space, and patients can access pleasant gardens. In Esk Ward, patients can decorate their own rooms, including painting the walls.

Any other comments

NHS Tayside is currently progressing with their mental health service redesign transformation programme, aimed primarily at the significant redesign of general adult psychiatry and learning disability in-patient units. This has implications though for a number of different in-patient specialities in Tayside and the plan includes the re-designation of one of the low secure wards in the Rohallion Clinic. We heard that this plan will involve Faskally Ward becoming a learning disability ward, with patients transferring later in the autumn from Strathmartine Hospital in Dundee.

The advocate who facilitates the Rohallion Users Group has told us that patients in Rohallion have raised concern about the potential impact this change may have for patients who are currently in the medium and low secure wards. The advocate said that patients have raised issues about whether this will mean that patients who are more acutely unwell may have to be in a ward with a patient whose mental health is much more stable, whether the access to activities in the Scapa Centre may be reduced because the facilities in the Scapa Centre will have to be shared with patients with learning disability, and if different groups of patients have to have separate dedicated times when they can access the Scapa Centre. Some patients have also told the advocate that they have concerns about whether the loss of a number of low secure beds might mean that patients have to wait longer to move through the service, down from a medium secure ward to a low secure ward. We understand that these issues have been brought by the advocate to hospital managers and we would expect patients to receive a response to any concerns they have raised.

Within the Rohallion Unit we feel that there continues to be a strong focus on staff training and on learning and development. We feel that this is evident in the way that the service responds to issues and we saw a clear example of this in the way that the service is introducing changes to the CPA meeting process, to try to encourage greater patient involvement in their own care reviews. We also met a group of staff together in one ward including qualified nurses, nurses in training, and healthcare assistants. We discussed the role of the Commission but also talked about working in the service, and we heard encouraging comments about how staff feel well supported and encouraged to contribute to service development. In particular the staff we met were positive about specific things: they all felt that the formulation meetings helped them think about and understand patients' needs, that there was a strong focus on reflective practice, that the positive behaviour support plans were helped to minimise the use of hands on restraint, and that a clear priority was given to training and to making sure that staff can attend training.

The Rohallion Centre is part of the Forensic Quality Network for Forensic Mental Health Services, a Royal College of Psychiatry initiative which is part of the college's centre for quality improvement. The Rohallion Clinic is the only Scottish secure care clinic which is part of this network and on this visit we noted that a visiting review team had been in the Rohallion Centre in March this year, when the service was reviewed

against standards for mental health services. This review has identified a number of areas of good practice, with a number of areas of challenge, and it has made several recommendations for the Rohallion Centre. The Commission feels that being part of this network, which involves care reviewing, encourages a continuing focus on improvement and development, enabling the Rohallion Clinic to learn from good practice elsewhere in the network.

Summary of recommendations

1. Managers should continue to link with local authorities who have previously provided funding for a social work post in the service to ensure that this funding continues.

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)

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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