

Mental Welfare Commission for Scotland

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

Date of visit: 27 July 2017

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 21 and 22 November 2016 as part of the Commission's themed visit relating to medium and low secure wards in Scotland. There were no specific recommendations from this visit, but difficulties were identified as to how patients' behaviour is managed at times of particular distress. This related to a very small number of situations and was largely an environmental issue in relation to the ward layouts. The previous local visit on 15 December 2015 highlighted difficulties in relation to community activity opportunities, and patients raised issues about the quality and quantity of food.

This visit was part of our biannual visits to medium secure services. On the day of this visit we wanted to follow up on the issues identified from previous visits. We visited the acute admission wards, Elm and Sycamore, and rehabilitation wards, Pine, Cedar and Elder (wards not visited on our last local visit).

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 and/or reviewed the care and treatment of 14 patients at Rowanbank. Advocacy workers from Circles Network (who are based at Rowanbank) were present in most of the patient interviews, and one patient was interviewed with interpreter assistance. We also had interviews with three carers/relatives during the visit.

In addition we met collectively with the general manager, 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

Mike Diamond, Executive Director (Social Work)

Margo Fyfe, Nursing Officer

Yvonne Bennett, Social Work Officer

Mary Leroy, Nursing Officer

What people told us and what we found

Care, treatment, support and participation

Of the 14 patients we saw or reviewed, four patients were from Elm Ward; two from Sycamore; one from Elder; three from Cedar; and four from Pine Ward. We were able to hear from patients on all of the wards we visited about their care.

The issues raised by patients and their relatives were mainly personal matters regarding their care.

The patients we reviewed, as is the case for all the patients in Rowanbank, were managed using the care programme approach (CPA). We found that patient care was regularly reviewed, with good risk assessments and clear multidisciplinary input into care planning. Staff were very knowledgeable regarding their patients and their needs. In Pine ward we saw evidence of this understanding and good relationship with patients being beneficial in de-escalating a difficult situation.

We found case records to be up to date and weekly multidisciplinary team (MDT) meetings to be well attended and well recorded.

We were made aware that there had been some recent staffing changes in relation to occupational therapy and psychology. This had resulted in some temporary difficulties and delays to patients but new staff are now in post. There have also been a number of nursing retirements and staff changes, but managers reported they have generally managed well to attract applications and appoint new staff, which was encouraging to hear.

The patients we interviewed generally spoke favourably about their care and that they found staff supportive and approachable. Carers we spoke to also felt included in care discussions.

No patients raised any issues with regard to food at the hospital during our visit. However, we noted that all concerns raised by patients in relation to food quality are escalated to Hotel Services who are responsible for food provision at Rowanbank.

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.

The notes we reviewed 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.

Rights and restrictions

Rowanbank Clinic is one of three medium secure facilities in Scotland. The building and the wards are locked units; 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 the Commission is notified at all stages of this process. We are aware that there have been 23 successful appeals challenging 'excessive security' since these new regulations came into force, with at least 14 patients having been able to move on mainly to other hospitals. There are particular timescales associated with such moves, which have not always been successfully achieved for all patients at Rowanbank. Our visitors made enquiries regarding planning for the specific patients still waiting to move. The Commission is aware of the particular pressures on local services as a result of these appeals.

Recommendation 1:

Managers should inform the Commission of any situations where they have failed to move patients to conditions of lower security within the set timescales. The Commission asks to be informed as to why the move has not taken place and the proposed plans for compliance, including timescales.

Activity and occupation

There were plans for activity in the notes of all the patients we reviewed and these plans were generally good or at least adequate. It was also evident that patients were using the grounds and community centre in addition to activities on their planners. We were informed it can be difficult to motivate some patients in more formal activity and to be involved with groups.

The physical environment

The physical environment was largely unchanged from that in previous visits and space, particularly quiet space in the communal areas, has been an ongoing issue. The subject of not being able to access bedrooms during the day was raised by at least one patient as an issue of concern to them.

We were informed by staff that the policy of patients generally not being able to access bedrooms during the day is to encourage participation in activities and groups, and to achieve engagement with staff and other patients.

We heard that there is work being undertaken with the Scottish Patient Safety Programme (SPSP) in relation to managing distressed behaviour; this is likely to help with the previous concerns we identified concerning enhanced observation.

We were also informed of a potential reconfiguration of the way the female wards (Sycamore and Elder) are managed. The plan is to use Elder ward to provide intensive nursing care for more distressed patients and there is a new low stimulus room / safe room for de-escalation of stress. This work is still ongoing and is being discussed with staff and patients on these wards.

Any other comments

Moving on

The main issue that was evident throughout this visit was the difficulty of moving patients on to both low security hospital care and also accommodation in the community. We heard from patients about their frustration about delays in moving on and feeling stuck, and also from staff about their frustration regarding these delays. Managers suggested that the main issue seems to be a logjam being caused by a lack of community accommodation; we heard that there were now seemed to be fewer supported accommodation places available. We were informed that there are six weekly commissioning meetings with housing and social work, but little progress seems to have been made to provide more places.

The Commission has recently raised the issue of lack of hospital and community provision for forensic patients with the Scottish Government in the recommendations from the 'Medium and low secure forensic wards' themed visit report.

The Commission has asked managers to be kept aware of the specific difficulties for patients at Rowanbank regarding moving on.

New beds

We were informed that the business case is now well developed in relation to developing 18 new male beds at Rowanbank to accommodate the need for a greater capacity of medium secure beds in the Greater Glasgow and Clyde health board area.

Summary of recommendations

Managers should inform the Commission of any situations where they have failed to move patients to conditions of lower security within the set timescales. The Commission asks to be informed as to why the move has not taken place and the proposed plans for compliance, including timescales.

Service response to recommendations

The Commission requires a response to this recommendation 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@mwscot.org.uk

website: www.mwscot.org.uk

