

## **Mental Welfare Commission for Scotland**

### **Report on announced visit to:**

Rohallion Clinic, Ythan and Spey Wards, Muirhall Road, Perth  
PH2 3PT

**Date of visit:** 02 April 2024

## **Where we visited**

Rohallion Clinic is a forensic inpatient unit incorporating both low secure and medium secure services, based at Murray Royal Hospital, Perth. The Clinic provides forensic care for people primarily from the North of Scotland.

Ythan Ward is a 12-bedded ward that provides rehabilitation in a medium secure setting for males. On the day of our visit, there were 11 people on Ythan, and one vacant bed.

Spey Ward is an eight-bedded medium secure male admission ward. On the day of our visit, there were seven people on Spey, with no vacant beds as one bed is kept free in the crisis suite should it be required

We last visited Ythan Ward in October 2022 and Spey Ward in November 2022 on an announced visit and made recommendations that care plans were person-centred, had detailed and clear interventions and outcomes, and showed evidence of individual participation. Also, that an audit system should be introduced to ensure medication is legally authorised, that person-centred activities were offered, that the service should consider appointing a dedicated activity co-ordinator, that alternative options to plastic mattresses were explored, and that shower curtains were replaced with anti-ligature bathroom doors, with identified timescales for this.

The response we received from the service was that the care planning process had been restructured using the NHS Tayside care plan standards, and personalised care plan training and monthly auditing was in place. Medical and pharmacy staff had devised an audit system to monitor the legal authorisation for psychotropic medication, however, this had since stalled. There was no activity coordinator in place, and this was still under review. There had been no changes to the mattresses, due to difficulty finding alternatives that complied with health and safety and infection control standards, however, mattress toppers were in place. Phase two of anti-ligature work was in progress throughout Rohallion Clinic, with Ythan Ward bathroom areas due to be completed in summer 2024.

We last visited Spey in November 2022 on an announced visit and made recommendations that care plans were to be person-centred, had detailed and clear interventions and outcomes, and showed evidence of individual participation. In addition, all staff were to be aware of the suspension of detention (SUS) policy, that person-centred activities were offered, that there was consideration to appoint a dedicated activity co-ordinator and that the ventilation system in the gym hall was reviewed.

The response we received from the service was the care planning process was restructured using the NHS Tayside care plan standards, and personalised care plan training and monthly auditing was now in place. All staff had attended SUS training,

the daily activity nurse role remained, occupational therapy (OT) input continued, and new online activities were being offered to individuals. As with Ythan Ward, there was no dedicated activity coordinator in place, but this remained under review. Managers had also organised a review of the ventilation system.

On the day of this visit, we wanted to follow up on the previous recommendations and look at the restructured care planning process, the authority to treat legislation, the level of person-centred activities on offer to individuals and progress with the anti-ligature work.

### **Who we met with**

We met with, and reviewed the care of 10 people, five who we met with in person and five who we reviewed the care records of. We also met with one relative.

We spoke with the general manager, service manager, lead nurse, senior nurse, the senior charge nurse, staff nurses and healthcare support workers (HCSWs).

### **Commission visitors**

Gordon McNelis, nursing officer

Lesley Paterson, senior manager (practitioners)

Denise McLellan, nursing officer

Matthew Beatie, ST6 in general adult psychiatry

Jo Savage, social work officer

## **What people told us and what we found**

The individuals we spoke with on the day of our visit gave complimentary feedback about staff. We were told that staff were “approachable”, “responsive” when individuals felt in need of reassurance, that they “felt listened to” and that the ward was “quiet”. One individual told us “it took time to build trust with staff” although they were not able to tell us who their key worker was.

## **Care, treatment, support, and participation**

### **Care records**

Information on individual's care and treatment was held electronically and was easily located on the EMIS system. Our review of these records showed they were person-centred, detailed with clear information which we felt brought to life the individual's current and historical circumstances and presentation. We noted that a significant amount of work had gone into improving the records, which gave the reader a good impression and understanding of the individual. We found that where there were identified historical issues, these linked with care plans.

We wanted to follow up on our previous recommendation regarding person-centred care plans, clear interventions and outcomes. We found nursing care plans to be personalised, linked to the person's needs and identified risks with clear goals and interventions in place. They were future-focused, relevant and thorough.

Some individuals told us they were unsure of the content of their care plans although could recall nursing staff discussing these with them and taking their views into account when they were admitted to the ward. It was evident that the individuals' views were gathered and recorded in their care plans. We found a clear focus on physical health and wellbeing, with the ward developing relevant care plans and liaising with external services when required.

Individuals told us that one-to-one discussions between them and their responsible medical officer (RMO) or their named nurse were frequently offered and they were given the choice to participate in these or not. Some individuals were able to tell us that regular discussions took place with staff had taken place, although those that we spoke with were unclear whether this was a routine conversation or as part of one-to-one discussion. We would encourage nursing staff to make one-to-one discussions known to the individual, so they were aware and advised that this had taken place.

### **Multidisciplinary team (MDT)**

A range of professionals were involved in the provision of care and treatment. Included in the team were psychiatry, nursing staff, HCSWs, psychology, OT, dietician, along with regular pharmacy input and general practitioner (GP) access.

On the day of the visit, we were told there were vacancies across both wards with plans to recruit a physiotherapist, one Band 7 senior charge nurse and two registered mental health nurses (RMN). We were told there were daily operational meetings to look at skill mix across the clinic and if there were surplus staff between medium and low secure wards, then they were moved to the areas of need.

We heard that the clinical team meeting (CTM) in Ythan ward took place fortnightly and on Spey, this occurred on a weekly basis. Individuals in both wards were invited to attend. We found CTM documents included a clear record of attendance, had detailed content that recorded the views of the individual, which were considered, discussed and documented.

Reviews of care and treatment were completed using the Care Programme Approach (CPA). CPA is a framework with a particular focus on planning the provision of care and treatment by coordinating the involvement of a range of different professionals and by keeping the individual and their recovery at the centre of this approach. For certain groups of people, an enhanced CPA can be used as a mechanism for regular reviews of their care, treatment, needs and risk management. We were pleased to see enhanced CPA used on both wards and found the information contained in the CPA document to be accessible, detailed and it contained clear evidence of the individual's participation.

### **Use of mental health and incapacity legislation**

Those on Ythan and Spey wards were all subject to restrictions of medium security and detained either under the Mental Health Care and Treatment (Scotland) Act, 2003 (the Mental Health Act) or the Criminal Procedure (Scotland) Act, 1995 (CPSA). All documentation relating to the Mental Health Act and CPSA was in place.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to those individuals who are detained and are either capable or incapable of consenting to specific treatments. On the day of our visit in Ythan ward, we wanted to follow up on previous recommendations regarding an introduction of an audit system to ensure that all medication prescribed under the Mental Health Act was legally authorised. It was recorded in the action plan following our 2023 visit that medical and pharmacy staff planned to create an audit system for use across the Rohallion Clinic.

We were told this development had not progressed although we heard that audits of consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were continuing.

**Recommendation 1:**

Managers should ensure that the previously recommended audit system is progressed to ensure that all medication prescribed under the Mental Health Act is legally authorised.

During our review of T2 and T3 certificates, we found both electronic and hard copies. Although we found these corresponded to the medication prescribed, we found the potential for discrepancies to occur due to the system that was in place. We considered that the duplication of all clinical records could be a potential risk, in that information may be inaccurate or difficult to maintain consistency of. While we understand the importance of keeping some records in paper format, but we would prefer if this was kept to a minimum and only for key, relevant information that may be required in an urgent situation, should there be no access to online information.

**Recommendation 2:**

Managers should ensure all electronic and hard copy storage of consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act are checked to avoid unnecessary duplication and ensure all certificates are current, correspond with each other and that these storage systems are regularly maintained.

Anyone who receives treatment under the Mental Health Act can choose someone to help protect their interests; that person is called a named person. On the day of our visit, we were told five individuals had nominated a named person. We were advised that named nurses continued to review this role at each CPA meeting and had prompted advocacy to discuss the benefits of this role with individuals. We would like for this role to continue to be promoted in the ward, with all individuals encouraged to nominate a named person where possible. Discussions that highlight the benefits of this role should be documented in the individual's care records, including whether they have accepted staff guidance or not.

**Rights and restrictions**

As forensic medium secure wards, Ythan and Spey continue to operate with a locked door which is proportionate with the level of risk identified with the individual group. A locked door policy was in place.

We were advised that advocacy services were based on-site at the Rohallion Clinic and were available to support the individuals detained in both medium and low secure wards. We were told advocacy planned to attend the monthly patient group and focus meetings in the future.

Sections 281 to 286 of the Mental Health Act provide a framework in which restrictions can be placed on people who are detained in hospital. Where a person is

a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied.

We found one individual in Spey Ward where specified person restrictions were in place under the Mental Health Act. This individual had restrictions placed on their correspondence. Although we found evidence of the individual being informed of their specified person status, we did not find a recorded reasoned opinion for this. This was raised with managers at our feedback session, and we highlighted the need for the RMO to record their reasoned opinion and explanation for enacting specified person measures, documenting that this has been communicated to the individual, their named person if they had one, and the Commission.

Managers should consider MDT training in the application and use of specified persons. The Commission has produced [good practice guidance on specified persons](#)<sup>1</sup>.

When we are reviewing individual's files, we look for copies of advance statements. The term 'advance statement' refers to written statements made under sections 275 and 276 of the Mental Health Act and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements.

We found six advance statements on file. We were told named nurses continued to review whether these were in place at each CPA and had prompted advocacy to discuss the benefits of these with individuals. Discussions which highlight the benefits of advance statements, should be documented in the individuals case notes and also whether they accepted staff guidance or not.

The Commission has developed [Rights in Mind](#).<sup>2</sup> This pathway is designed to help staff in mental health services ensure that people have their human rights respected at key points in their treatment.

## **Activity and occupation**

On the day of our visit, we wanted to follow up on our previous recommendation regarding the provision of activities that were person-centred, and that consideration be given to appointing a dedicated activity coordinator.

We had been advised that an activity coordinator was not in place and we were keen to have an update on consideration of this role. We noted the designated OT team had provided an activity planner for daytime use which could also be facilitated by nursing staff in the evenings.

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<sup>1</sup> *Specified persons good practice guide*: <https://www.mwcscot.org.uk/node/512>

<sup>2</sup> *Rights in Mind*: <https://www.mwcscot.org.uk/law-and-rights/rights-mind>

Activities on offer were personalised and meaningful; they included attending the gym, yoga, carpet bowls, a therapist attending the ward, participation in healthy cooking, escorted walks and access to the internet.

Individuals from both wards gave us mixed feedback on activities. Some described activities as “something to look forward to”, “I’m happy with the availability and variety” and “my views and preferences are taken into consideration”. Others mentioned they felt “bored” and that “there aren’t a lot of activities offered”, with some telling us that this was due to lack of staff availability.

We heard Spey Ward had a live pilot project to explore alternative activities that would improve the ward. Although this was ongoing, the current information had not been reviewed by clinical governance. We would encourage the information from this pilot to be actioned considered by managers and for the outcome of this to contribute to the existing activities and occupation available to the individuals in both wards.

We had difficulty finding recorded entries on EMIS of the activities offered to individuals and those in which they participated. We would like to have seen a record of the activities that took place documented in the continuation notes, including information on whether the individuals accepted or declined to participate.

### **Recommendation 3:**

Managers should ensure the activities offered to individuals are documented in the individuals care records, including whether they chose to participate or not.

## **The physical environment**

We found both wards were well-lit, spacious and with freshly painted, with improvements to both wards and new furniture added to Ythan Ward. On the day of our visit, we saw planting taking place in the courtyard area.

We heard positive comments from individuals regarding the physical environment where they mentioned Ythan Ward was “better than other medium secure wards” and that they “like the openness and lighting in the ward”.

We wanted to follow up on our previous recommendation in Ythan regarding replacing shower curtains with anti-ligature bathroom doors. We were told this work has continued, with plans for anti-ligature bathroom doors to be installed in summer 2024. Senior managers continued to attend ligature anchor point reduction (LAPRA) meetings to remain updated on timescales and work ongoing.

We wanted to follow up on our previous recommendation in Ythan regarding a review of bed mattresses. We were told these had not been changed due to the difficulty in finding alternatives that complied with health and safety and infection control standards. However, mattress toppers were now in place while alternatives



continued to be explored. We followed up on our previous recommendation for a review of the ventilation system in the gym hall and were told this remained under review.

Lastly, we wanted to follow up on a recommendation we have made in previous visits with regards to the seclusion suite /observation room in Spey Ward. We were concerned to see that a number of aspects in this environment continued to contribute to an increased risk of any individual placed there. There were exposed screws on plug socket coverings and drainage, and a blind spot, making it difficult for staff to observe any individual placed there. Given our ongoing concern in this area, we are therefore repeating our recommendation and will also follow this matter up with senior managers.

**Recommendation 4:**

Managers should ensure an urgent review of the seclusion suite and arrange for adaptations, so that individuals who require seclusion can remain in Rohallion Clinic, where appropriate, and be looked after in a safe and supportive environment.

## **Summary of recommendations**

### **Recommendation 1:**

Managers should ensure that the previously recommended audit system is progressed to ensure that all medication prescribed under the Mental Health Act is legally authorised.

### **Recommendation 2:**

Managers should ensure all electronic and hard copy storage of consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act are checked to avoid unnecessary duplication and ensure all certificates are current, correspond with each other and that these storage systems are regularly maintained.

### **Recommendation 3:**

Managers should ensure the activities offered to individuals are documented in the individuals care records, including whether they chose to participate or not.

### **Recommendation 4:**

Managers should ensure an urgent review of the seclusion suite and arrange for adaptations, so individuals who require seclusion can remain in Rohallion, where appropriate, and be looked after in a safe and supportive environment.

## **Service response to recommendations**

The Commission requires a response to these recommendations within three months of the publication date of this report. We would also like further information about how the service has shared the visit report with the individuals in the service, and the relatives/carers that are involved. This has been added to the action plan.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza  
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 Commission 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 an individual's care, treatment, and support are 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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