Mental Welfare Commission for Scotland

Report on announced visit to: Ayr Gatehouse, Priory Group, 31 Prestwick Road, Ayr, KA8 8LE.

Date of visit: 18 February 2020

Where we visited

Ayr Gatehouse is an eight- bedded low-secure female step down facility, which is part of the Ayr Clinic This specialised mental health recovery and rehabilitation service provides treatment, support, and rehabilitation for women with complex mental health care needs, who require greater level of support and supervision. This facility opened in December 2016, it is now at full occupancy. This was the Commission's first visit to this facility.

Who we met with

We met with and reviewed the care and treatment of four patients. We did not meet with any family or relatives on the day of our visit.

We spoke with the clinical service manager, charge nurse, psychiatrist, trainee forensic psychologist, and the occupational therapist. We were told about the development of this new service and discussed current issues.

Commission visitors

Mary Leroy, Nursing Officer

Lesley Paterson, Nursing Officer

What people told us and what we found

The patients we met with spoke positively about the care they received and about participation in their care, they described having regular opportunities to meet with the multidisciplinary team (MDT) and discuss care and support. They welcomed the opportunity to be included in decision making.

The patients also gave feedback on how staff responded well to issues they raised with them, we also observed the positive interactions between staff and patients. The patients commented that staff were supportive, and approachable. Patients we met with were also complementary about the facilities the service offers.

Care, treatment, support and participation

We found care plans to be person-centred and individualised, regularly reviewed, and evaluated. All the patients in the Gatehouse are managed using the Care Programme Approach (CPA) and this provides a robust framework for managing patient care specifically in relation to the management of risk.

Some patients had a comprehensive Positive Behaviour Support (PBS) plan. The plans had been compiled by the psychologist and staff team. They contained both proactive and reactive strategies to manage the patients behaviours, the plans were positive and gave staff a lot of detail and practical strategies for managing patients with complex needs. Nursing note entries were detailed and relevant.

We were able to access the risk screening assessment on the electronic file. However, we had difficulty in locating the fuller HCR-20 risk assessment and management plan. We were told that patients who require an HCR-20 were in the process of having the assessment updated. There were also some completed HCR-20 documents stored electronically on the shared drive. We would suggest that those documents are accessible and stored within the electronic patient record. It is important that all staff delivering care within this setting have a good working knowledge of risk for each individual and to ensure this, risk assessments, and management plans require to be accessible and current.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:

https://www.mwcscot.org.uk/sites/default/files/2019-08/PersonCentredCarePlans_GoodPracticeGuide_August2019_0.pdf

There is a strong multidisciplinary focus on the care and support that is being provided. The core clinical team consists of medical and nursing staff, trainee forensic psychologist and occupational therapy staff. Other allied healthcare professionals (AHP) can be accessed on a referral basis when required.

On the day of our visit there was no clinical psychologist directly allocated to the Gatehouse and patients who require this input have to attend the Ayr Clinic for this. This means that reflective practice sessions for staff have not been taking place. The service are reviewing this matter and are seeking to employ a psychologist to this position.

We saw evidence of MDT input in patient files, with clear documentation of discussion and decision making at reviews, and CPA records provided a high level of detail. Patients and families are actively encouraged and supported to participate in the CPA meetings. Patients' views are sought regarding their care and support and future plans. There is no current carers group in place; however, we were told that this is currently under consideration.

The service operates a transitional living programme this incorporates a wide range of interventions, therapeutic, anxiety management, relapse prevention, drug and alcohol psycho-education, assessing and building on daily living skills, self-care, domestic and budgeting skills. Preparation for adult education, training and employment. As the patient progress though the pathway the patient will move to greater independence and autonomy.

There was evidence of attention to physical health and access on a weekly basis to a general practitioner and practice nurse, patients also access annual health checks and appropriate health screening. This is particularly important for some patients with a range of complex health conditions.

Use of mental health and incapacity legislation

The unit operates a locked door policy in response to the levels of restrictions the patients are subject to. This is in line with the level of security required in this setting.

All patients within this service are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act').

We found the appropriate legal paperwork in place for the patients we reviewed and the patients we interviewed were clear about their legal status, as were the staff.

Patients had consent to treatment certificates (T2) and certificate authorising treatment (T3) forms where required, under the Mental Health Act. For those patients who were under specifiedpersons provisions, sections 281 to 286 of the Mental Health Act, provide a framework within which restrictions can be put in place. The Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

For one patient who had been made a specified person, we found a lack of clarity regarding this status. This confusion appeared to have arisen when the patient was transferred from the Ayr Clinic. We raised this matter with the staff team on the day of our visit and they informed us they were in the process of addressing and resolving this issue, and are looking at a transition protocol to ensure important details are not missed.

Our specified persons good practice guidance is available on our website at:
http://www.mwcscot.org.uk/media/216057/specified_persons_guidance_2015.pdf

We were pleased to see that the patients we reviewed had been supported to make an advance statement. We were told by staff that all the patients within the service had an advance statement.

Rights and restrictions

Given the level of restriction that patients with the service are subject to, we would expect that there to be easy access to advocacy services for all patients. There had been some challenges relating to the recent advocacy service commissioned and the service has decided to re-instate the previous advocacy provider who are being re-established at the beginning of March 2020.

We heard about the significant reduction in continuous intervention levels for individual patients since their admission to the Gatehouse. Some patients sharing their experiences with us told us how they saw this as a positive step in their recovery.

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/law-and-rights/rights-mind

Activity and occupation

The patients we met with spoke about the patient forum meeting which patients are encouraged to attend. This forum allows the patients to consider the ethos of the service, celebrate success, and consider any developments and future planning.

We reviewed that weekly activity timetable and there was a good range of leisure, recreational and therapeutic activities available to patients.

Some patients highlighted how staff had supported them to access a range of activities that were individually tailored to support their recovery and rehabilitation. As well as the full timetable, individual patients had personalised programmes, combining a wide range of activities both within the unit and in the community. The staff in the service spoke about how they were working on building links within the community to ensure patients had access to volunteering, work and educational opportunities in the community, as they progressed in their recovery.

The physical environment

The unit is bright, clean and spacious. It affords a high standard of accommodation for patients. On the day of our visit the unit was very calm and quiet. Patients have their own personalised bedrooms which are en-suite. There is a sitting room and conservatory, which is used for activities, a dining room and kitchen, and access to an enclosed garden space. The garden space has some seating areas, the patients told us of plans to introduce some planter areas.

Service response to recommendations

The Commission made no recommendations on this visit, therefore no response is required.

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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