

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Lochlea House 15-17 Station Road, Mauchline KA5 5ES

**Date of visit:** 10 November 2021

## **Where we visited**

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

Lochlea House is a 10-bedded step down mixed-sex community house for patients moving from The Ayr Clinic, an independent psychiatric hospital providing low secure facilities for men and women with a mental illness, mild learning disability, and personality disorder or acquired brain injury. There were nine patients in the service on the day of our visit.

The service opened in 2018 and provides a specialised mental health, recovery and rehabilitation service. The service model has a clear focus on a gradual move towards greater independence and autonomy under the supervision and risk management of a consultant psychiatrist and a multi-disciplinary team.

Due to Covid-19 restrictions, we had not visited this service to date and on the day of the visit, we wanted to familiarise ourselves with what the service provided and establish a baseline for the service to inform future visits.

This was a useful visit as we heard how the service was in a transitional phase with planned developments underway, which we will consider in the body of the report.

## **Who we met with**

We met with and reviewed the care and treatment of four patients. No family or carers were available during the visit or made contact with us following the visit.

We spoke with a range of staff on the day, including the operational manager, nursing staff and health care assistants (HCA), occupational therapy assistant (OTA), consultant psychiatrists, and clinical psychologist. Given that this was our first visit to the services, it was helpful to speak with this broad range of staff to help us understand the detail of what the service provided.

## **Commission visitors**

Yvonne Bennett, Social Work Officer

Lesley Paterson, Nursing Officer

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

The patients we spoke to on the day were positive about the support they received within Lochlea House. They liked the relaxed environment within the service and spoke highly of the way in which the staff supported them.

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

Within the electronic records of care, we were able to access care plans which were person centred and demonstrated the involvement of the patient in individual care reviews as well as care programme approach (CPA) meetings. These have continued throughout Covid-19 restrictions, using technology to ensure participation from relevant parties.

We saw good recording of multidisciplinary team (MDT) meetings and we heard that the decisions made within this forum were automatically fed into reviewed care plans. We were not always able to see this from the electronic records. We have asked the service to audit how effective this process is to ensure the most current decisions inform updated care plans.

We noted that patients had access to the full range of disciplines within the service. We heard that there has been recent recruitment to key posts, such as psychology and occupational therapy (OT), which would support the service to develop plans to focus on recovery and discharge planning. We welcomed this development following our observation that patients did not seem to have a clear discharge planning process. We look forward to seeing how this has progressed at our next visit.

There was some concern expressed by staff that the rehabilitation remit of the service was not always clear in practice. We acknowledge that for some patients, this recovery/rehabilitation model required to be more of a slow stream process, however we agreed that some consideration should be given to the suitability of this model for admission of patients to the service.

We heard that physical healthcare was provided by a general practitioner (GP) who is based in Ayr Clinic and who also covers both of the local step down services. In addition, the service has a physical health care nurse and an additional registered mental health nurse (RMN) who has a physical health remit. We saw evidence within the patient records of good attention to a range of physical health care needs and also high dose antipsychotic therapy monitoring, where required.

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

We reviewed the legal authority under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') for ongoing care and treatment for patients within this service and found all the required statutory paperwork to be in place. We looked at consent to treatment certificates (T2) and certificates authorising treatment (T3) for all patients who required these and found them to be current and relevant.

A number of patients within Lochlea on the day of our visit were subject to additional restrictions, which were authorised in line with the requirements for a 'specified person' under

the Mental Health Act, with the patient having been formally notified of the reasoned opinion for the need for this additional restriction.

Within the records we reviewed, we noted that there are references to safeguarding legislation. This legislation is applicable in England and is not applicable in the Scottish jurisdiction. We have highlighted this previously when visiting Priory services and we are aware that this paperwork originates from their head office in England. During the visit, we discussed this again and have been advised that the adult support and protection procedure informed by the Adult Support and Protection (Scotland) Act 2007 is in the process of being revised.

We heard that advocacy was provided by a local advocacy project who have a contract with the Priory group. This support remains online at present but is available to any patient within the service.

## **Rights and restrictions**

During the visit we noted robust and current risk assessments for individual patients which informed the restrictions to which they were subject. This is a low secure facility and operates a locked door policy. All patients were aware of this restriction and the legal authority in place which authorises this.

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/rights-in-mind/>

## **Activity and occupation**

In the course of the visit we heard of a range of activities on offer within the service – hill walking and walking groups, art and music groups and physical health groups.

We heard how Covid-19 restrictions had impacted on activities outwith the service and plans to progress links with local community activities had been delayed. With the inclusion of a full time OT post and an OTA post as well as an activity coordinator post, the level and range of activity and occupation will undergo further development, which will further reflect the rehabilitation remit of the service. This is a development we welcome and will consider further at future visits.

## **The physical environment**

Lochlea House is a beautiful old house which stands in its own grounds on the edge of the village of Mauchline in East Ayrshire. The building has been refurbished to a high degree and provides a homely environment for patients who are all accommodated in single rooms with en-suite bathroom facilities.

Remedial work is ongoing within the property to provide an additional two places, one in a self-contained flat to the rear of the building, which it is hoped will provide a final transition phase for patients prior to their move to living in the community.

There is a secure garden at the rear of the property which patients can use under supervision of staff. The exterior of the house would benefit from being tidied up to make it a more attractive living space, however this is difficult currently due to the ongoing building works.

The refurbishment has also resulted in the development of a formal meeting room on the first floor, which is intended to accommodate the range of meetings required of the service such as MDT and CPA meetings. This will require attendees to go past patients' bedrooms and potentially could impact on their privacy. This arrangement should be monitored to ensure this is an acceptable level of intrusion.

During our discussions with a range of staff, they expressed a level of disappointment that the current refurbishments have not extended to the provision of a staff room. Staff report that they work 12.25 hour shifts and have nowhere within the building to have their statutory breaks. We felt that this was a legitimate issue for staff providing a high level of care within this setting and would suggest that this should be addressed as a matter of urgency.

### **Any other comments**

We heard from both patients and staff of their concerns about staffing levels and the impact that this has on their ability to deliver a high quality service. Both groups expressed that the additional two places within the service may further stretch this service delivery. We discussed this with the operational manager on the day who advised that the service is currently considering the impact of the additional places and we will await the outcome of this process.

A further issue raised in relation to individual patient care and treatment will be addressed directly with the relevant responsible medical officer (RMO).

## **Good practice**

We met with the psychologist who provides input to Lochlea House for part of the week. We heard about plans to establish a range of therapeutic groups including a coping skills group, which is scheduled to commence imminently. Other areas for development include work around life goals, self-esteem and trauma informed intervention. Reflective practice sessions with staff are also part of the overall plan for the service and we look forward to seeing how this will develop.

## **Service response to recommendations**

There are no recommendations for this initial visit to Lochlea House, therefore no response is required.

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

Suzanne McGuinness  
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 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 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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