Mental Welfare Commission for Scotland

Report on announced visit to: Priory Ayr Clinic, Dalmellington Road, Ayr KA6 6PT

Date of visit: 2 December 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.

Priory Ayr Clinic is an independent hospital which offers low secure care for 36 men and women across three wards. The wards are Arran Ward, which has 12 female beds, Belleisle Ward, which has 12 male beds, and Low Green Ward which is a 12-bedded mixed-gender facility.

All of the wards care for patients with a primary diagnosis of mental illness, personality disorder and/or mild learning disabilities. All patients are subject to detention under the Mental Health (Care and Treatment)(Scotland) Act 2003 ('the Mental Health Act') or the Criminal Procedures (Scotland) Act 1995 ('the CPS Act').

On the day of our visit the hospital was operating to full capacity with 36 patients. The visit was part of our annual visiting programme to adult forensic services where patients are subject to restrictions on their liberty. We have not visited Ayr Clinic since October 2019 due to Covid-19 restrictions and we wanted to meet with patients and hear about their care and treatment both during the Covid-19 lockdown and now that restrictions are beginning to reduce. We also wanted to ensure that care and treatment was being provided in line with mental health legislation and within a human rights compliant model.

Who we met with

We were pleased to be able to meet with and review the care and treatment of 17 patients. In addition, we have arranged contact with four relatives who had expressed that they would like to speak with us in relation to their relatives care.

We spoke with a range of staff on the day including the hospital director, nursing staff, health care assistants and a consultant psychiatrist. We had taken the opportunity prior to the visit to catch up with ward managers by telephone for all three wards to hear about service delivery and developments.

Commission visitors

Yvonne Bennett, Social Work Officer

Justin McNicholl, Social Work Officer

Paul Noyes, Social Work Officer

Lesley Paterson, Nursing Officer

Gordon Skilling, Medical Officer

Kathleen Taylor, Engagement and Participation Officer

What people told us and what we found

Feedback from the patients we spoke to was very positive – they spoke highly of the care and treatment they received and the professionalism and responsiveness of the staff across the clinic. A proportion of those we spoke to felt that at times staffing numbers were low as there are a number of vacancies, particularly for health care assistants across the service. We heard that this impacted on the ability of staff, at times, to deliver the quality of care they wanted to.

Staffing challenges were acknowledged by managers who are being proactive in their efforts to recruit staff to vacancies, but recognising that this is an issue nationally across health and social care. In the interim, the service is using bank staff and at times agency staff to ensure safe practice within the wards. However, there is a focus on recruitment to permanent posts to promote consistency and relationship building which they know enhances the quality of care provided.

We heard from patients that they have found lockdown restrictions difficult but that staff have supported them to maintain links with family and friends through the use of technology. We were pleased to hear that visiting had resumed, albeit through a booking system and that home visits had also resumed.

We heard concerns about accessing physiotherapy for a patient with mobility issues and we will follow this up with the funding health board.

Care, treatment, support and participation

We reviewed care plans which inform patient care and found them to be patient centred and recovery focussed. Importantly we found the reviewed care plans include the patient fully in discussion and planning. The patients we spoke to were fully aware of the detail of their care plans and had opportunities to discuss these with their key nurse on a regular basis, as well as within their integrated care reviews and care programme approach (CPA) meetings.

Risk assessments were robust, inclusive of patients' views and in the main reviewed within the clinic's timescales. Some reviews had missed this timescale but the service were fully aware of this and there were plans in place to address this.

Where appropriate, we saw the inclusion of relevant others in all of these processes – family, advocacy where required and links with key personnel from the patient's home areas were all evidenced.

During the Covid-19 restrictions, there has been more of a reliance on the use of technology to support the range of meetings required within the clinic. This has been successful and has supported inclusion of key people involved, regardless of the distance involved and is likely to continue on an ongoing basis, where appropriate.

We saw evidence of the full range of multidisciplinary team (MDT) involvement in patients' care plans. We saw an increase in psychology and occupational therapy (OT) input across the service since our last visit and the positive outcomes for patients that this brings, both in direct

intervention with the patients and as a training and support mechanism for staff delivering the service.

During Covid-19 restrictions, visits to Ayr Clinic were suspended, not least as a result of the distances visitors were required to travel to access the service. Restrictions are more relaxed but still require to be carefully managed in light of the limited availability of suitable space within the facility to accommodate multiple visits. During the height of the restrictions, staff utilised the full range of technology to ensure links with people who are important to individual patients were maintained. This has continued and offers further opportunities to maintain these crucial relationships.

Visits to Ayr Clinic require to be planned in advance but the service tries to be as flexible as possible in accommodating these.

Use of mental health and incapacity legislation

We reviewed the legal authority under 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. In some instances we saw a combination of both T2s and T3s and we agree this is within the spirit of the Mental Health Act and affords the patient the opportunity to exercise their rights where they are deemed able to do so. We will have further discussion with the service about whether this approach allows for sufficient scrutiny and safeguards given the complexity of the patient group and the extent and nature of the medications prescribed for some patients.

We were pleased to hear 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. This satisfies the recommendation in relation to advocacy made by the Commission during our last visit in 2019.

Rights and restrictions

Most of the patients on the day of our visit were subject to additional restrictions which were authorised in line with the Mental Health Act requirements for a specified person, with the patient having been formally notified of the reasoned opinion for the need for this additional restriction. We saw a range of protocols which informed the implementation of these restrictions and noted that some of the protocols were overdue for review. The service have committed to updating these.

We were pleased to see a very active promotion of advance statements within Ayr Clinic, with most patients having an advance statement on record. Where there is no advance statement in place, there is evidence that this has been discussed and the individual patient has declined to progress this safeguard.

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

During the visit we heard that each of the wards within the clinic now have a dedicated OT and an OT assistant (OTA). This was important during lockdown when patients relied on in-house activities. Now that restrictions were lifting, a fuller programme of activities are available with patients now having an individual activity timetable according to their specific preferences.

There are a number of integrated groups, run jointly across psychology and nursing staff as well as special interest activities – walking group, swimming group, gardening dog walking, art groups and a real work opportunity involved in operating a shop within the clinic for patient use.

We heard that patients meet weekly with their named nurse and plan their activities, including time out for the week ahead and that there is good availability of transport to facilitate this with access to three vehicles, including a minibus.

The physical environment

There were no issues identified with the physical environment within the service. There is a rolling programme of maintenance of décor, furniture is on order to replace some of the more worn items currently in use and repairs are carried out timeously. There is an issue with regulating the temperature in some ward areas but plans were in place to install air conditioning units within the next few days which will hopefully resolve this issue.

Good practice

On our last visit in October 2019, we heard that the service had recently introduced the Safewards Model. This is an organisational approach to delivering inpatient mental health services. The aim of Safewards is to minimise the number of situations in which conflict arises that lead to the use of coercive interventions i.e., the use of restrictions and restraint. This model is now embedded in practice within the service and has resulted in a significant reduction in the use of restraint and the number of incidents which require this form of intervention.

Service response to recommendations

The Commission made no recommendations from this visit, 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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