Mental Welfare Commission for Scotland

Report on announced visit to:

The Gatehouse, Priory Group, 31 Prestwick Road, Ayr, KA8 8LE

Date of visit: 27 September 2022

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.

The Gatehouse is an eight bedded low secure female ward which is part of the Ayr Clinic. All bedrooms are en-suite. The Gatehouse feels more like a care setting but is actually part of the Ayr Clinic hospital and is registered with Healthcare Improvement Scotland (HIS). This specialist recovery/rehabilitation service provides women with complex mental health needs the treatment and supports they require through their recovery journey. The ward has been in operation for six years and has been full throughout.

We last visited this service on 18 February 2020 and made no recommendations. On the day of this visit we wanted to hear how patients and staff have managed throughout the pandemic and to look at any restrictions; this is because all of the patients are subject to compulsory treatment.

Who we met with

We met with, and reviewed the care of four patients, three who we met with in person and we reviewed the care notes of all four. We did not meet with any relatives as none wished to speak with us on the day of the visit.

We spoke with the ward manager, both consultant psychiatrists for the patients (one of whom is the medical director), the occupational therapist, the psychologist, and the director of clinical services.

Commission visitors

Mike Diamond, social work officer

What people told us and what we found

All patients coming to Gatehouse have been transferred from the Ayr Clinic. There is one patient on a waiting list for the service. There is no direct referral to this service. Any patient being planned for transfer to Gatehouse will have numerous pre-visits to the service and input offered from their families. A clear focus and care ethos is placed on transfer and continuity of care. In relation to medical cover, the medical director and another consultant psychiatrist offer responsible medical officer cover for the patients. They also cross-cover when required. Both medical staff have responsibility for other wards at the Ayr Clinic, and have therefore known the Gatehouse patients for a considerable time.

The three patients that we met with spoke positively about the care they received. They stated that the Gatehouse was a calm environment with a caring nursing team, and that staff encouraged them to maximise their recovery. We observed positive interactions between staff and patients. Patients told us that staff were friendly and approachable and felt confident in their staff group.

Care, treatment, support and participation

The care plans were all person-centred and reflected the individual needs of the patients. They were reviewed at least monthly and evaluated to indicate changes. Patients said that they felt staff listened to them when discussing their care plans. All patients are managed under the Care Programme Approach (CPA) that provides a structure for managing patient care, especially in relation to risk management.

Following on from our last visit, all risk screening assessments were now located on the electronic file.

The Gatehouse team successfully incorporate participation from the patients' home localities and send monthly updates from the multi-disciplinary team meetings. These meetings are now held via Microsoft Teams to aid participation of all clinical staff, and social work staff from the patient's responsible local authority. CPA meetings are held every six months and within two months of each patient's mandatory review for compulsory treatment order. It was good practice to see that an independent psychiatrist report is completed and sent to the MWC due to the fact that this ward falls within the private and independent sector.

Care planning was personalised and up to date. Care plans are divided into categories such as, Keeping Well, Keeping Safe, Keeping Healthy, and Keeping Connected. Nursing staff have one-to-one time with patients to discuss their care plan, and offer copies of the care plan.

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/node/1203

Multidisciplinary team (MDT)

Gatehouse operates on a multidisciplinary team basis with involvement from nursing staff, psychiatrists, occupational therapy staff, and psychology staff. Their strong MDT focus is

clearly identified in the case files. Other allied health professionals are accessed on a referral basis whenever required.

Since our last visit the service has employed a psychologist to work with Gatehouse patients and staff two days per week. The psychologist meets patients and undertakes assessments and formulations focussing on trauma-informed care. This not only helps patients' recovery but also supports other staff in caring for the patients. This often involves co-working with the patient's primary nurse.

The occupational therapy (OT) input is provided over two days, with an OT assistant offering an additional day. The service informed they are currently advertising for an additional 20 hour OT and OT assistant post for Gatehouse. The OT informed that they were working on building a resource directory for patients and focusing on out-reach in the community, for example, working with a dog shelter by taking the dogs for walks. Staff were positive regarding this as they noted there to a growth in patient's confidence.

Evidence was seen from the detailed MDT meeting notes, that everyone involved in an individual's care and treatment is invited to attend the meetings and update on their views. The Microsoft Teams invite is extended to the local social worker who can choose to join the meeting remotely. Minutes are subsequently sent to them in every case so that all parties are clear regarding outcomes.

The clear aim of this service is that patients progress, through their care plan, to reach their maximum potential in regaining independence. For some patients this may take some time, due to the complexity of their health conditions.

Use of mental health and incapacity legislation

On the day of the visit, all of the patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The patients we met with during our visit had a good understanding of their detained status under the Mental Health Act.

All documentation relating to the MHA and Adults with Incapacity (Scotland) Act 2000 (AWI), including certificates around capacity to consent to treatment, were in place in the paper files.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. Consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that T3s had been completed by the responsible medical officer to record non-consent; they were accessible and up-to-date.

Rights and restrictions

The Gatehouse operates a locked door policy, which is commensurate with the level of restrictions the patients are subject to.

AIMS Advocacy are contracted to provide input to this service and confirmed that they are available for those women who are at Gatehouse.

Sections 281 to 286 of the Mental Health Act provides a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied. The appropriate paperwork should be kept in the patients' record on the electronic system and copies sent to MWC. This was followed up on the day of the visit and the extant copies emailed

Our specified persons good practice guidance is available on our website:
https://www.mwcscot.org.uk/node/512

Activity and occupation

The patients have a range of activities available to them both in individual sessions, and also in group events, including news group, arts and crafts, OT groups, and individual walks. Importantly there were one-to-one sessions available with nursing staff every afternoon.

Feedback from patient interviews indicated that the dog walking group was highly regarded as patients felt they were doing something very positive in their community. From our last visit, this is an indicator that staff have been successful at building links in their communities for the benefit of patients. We look forward to seeing further volunteering opportunities being progressed and more options identified for patients.

The weekly activity timetable on display in the dining room showed a good range of recreational and therapeutic activities available to patients.

The physical environment

The Gatehouse is located on a busy road with easy access for bus and train services. On the day of the visit, the ward was calm and relatively quiet despite the fact it was full. Each patient has their own en-suite bathroom in their bedroom, which are personalised. Communal areas afford patients with sufficient day rooms from which to choose, and plans are now being advanced to reconfigure another room (Brown Room) for a patients' quiet area. This area will require redecoration.

The garden area is to the rear of the building. Patients had good access to the garden area, which appeared to be well used. There is a variety of seating areas and it is an enclosed and sheltered space for patients to enjoy the outdoors. Garden planters are available for patients to grow vegetables or flowers. Some patients commented that they enjoyed gardening in the summer months.

Summary of recommendations

The Commission made no recommendations, therefore no response is required.

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 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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