Mental Welfare Commission for Scotland

Report on announced visit to:

Warrix Avenue Community Rehabilitation Centre, 46 Tarryholme Drive, Irvine, KA12 0DP

Date of visit: 4 September 2023

Where we visited

Warrix Avenue is a purpose-built unit, comprising nine self-contained bedsit flats that are located away from the main hospital site. The unit provides rehabilitation treatment for adults who have a diagnosis of severe and enduring mental health difficulties.

There have been no previous visits by the Commission to this service, as it opened in 2019.

Who we met with

We met with, and reviewed the care of four patients, one who we met with in person and four who we reviewed the care notes of. We also met with one relative.

We spoke with the service manager, the senior charge nurse and charge nurse.

Commission visitors

Douglas Seath, nursing officer

Andrew Jarvie, engagement & participation Officer

Susan Hynes, nursing officer

What people told us and what we found

Feedback from the individuals we spoke to was generally positive. Families spoke highly of the care their relative had received from nursing staff and the responsiveness of staff across the unit. They appreciated the environment and found it more conducive to recovery than the ward environment they had been in. There was feedback that the nursing staff were knowledgeable and were able to answer queries quickly and accurately. We heard that medical staff were approachable and communicated clearly. Individuals appreciated the increased freedom and access to community activities that they were interested in and enjoyed having their own house. Staff that we spoke with knew the patient group well and we found that they were flexible in their approach.

It was reported that lower staffing at weekends could mean less access to outings or community activities at this time if individuals needed to be accompanied. Staff acknowledged there have been difficulties, particularly recruitment of trained nurses, but advised us that the service has recently appointed two nurses.

We heard from staff there had been concerns about accessing occupational therapy services, although these posts were being recruited to and the occupational therapy sessions reconfigured to ensure this service will be available.

We look forward to seeing the impact of there being more staff in post at our next visit.

Staff spoke of challenges of the Warrix Avenue building being owned by North Ayrshire Council while being an NHS Ayrshire and Arran service. This had caused delays to repairs, general maintenance and the upkeep of the garden being completed, but staff were hopeful this has been resolved.

Care, treatment, support, and participation

We found person-centred care plans that evidenced patient involvement. It was good to see that discharge care plans were in place where appropriate. When we reviewed the care plans, we were able to locate reviews which targeted nursing intervention and individuals' progress. We saw that physical health care needs were being addressed and followed up appropriately often supported by community services.

There was a clear awareness of one-to-one discussions happening, but we did not find this reflected in the paperwork. We discussed this on the day with the charge nurse and service manager who are undertaking work with the electronic record system to develop a separate section in the note system for one-to-one discussions. This section will enable the easy auditing of these discussions. Information on patients care and treatment is held on the electronic record system care partner, we found this easy to navigate.

Multidisciplinary team (MDT)

The unit has a multidisciplinary team (MDT) on site consisting of nursing staff and psychiatrists, and a limited range of disciplines based there, although there is access to allied healthcare professionals (AHP) when required and regular sessions from pharmacy. It was recognised by staff at Warrix Avenue that the absence of psychology in the team meant individuals' access to psychological interventions was limited and the team felt a

psychological formulation would be beneficial. Individuals in Warrix Avenue have complex care needs and access to a psychologist would enable those needs to be better understood and for treatments to be available.

Recommendation 1:
Managers should ensure psychology services are available to all individuals where there is an identified need.

All individuals in Warrix Avenue are subject to the Care Program Approach (CPA). CPA is a framework used to plan and coordinate mental health care and treatment, with a particular focus on planning the provision of care and treatment by involvement of a range of different people and by keeping the individual and their recovery at the centre. We were told that CPA meetings were held on a three-monthly basis and were formally recorded, with timely outputs covering all key areas. We were pleased to see evidence of an individual's involvement and carer participation where involved, at these meetings. It was clear to see from these notes when the individual was moving towards discharge, plans for transition were evident. Warrix Avenue offers an outreach service at the point of discharge to support individuals with the move into their own tenancy, and to work with the community services that will provide ongoing support. Once identified, community services also attend meetings.

We heard that there were regular review meetings held on a monthly basis. They were attended by medical and nursing staff; the minutes of these were easy to locate and provided detailed discussions of what had taken place. We were assured that individuals and families could attend these meetings but were unable to find how their views were shared at the meeting if they did not attend, or how meeting outcomes were fed back to them.

Recommendation 2:
Managers should ensure that the MDT meeting record records attendance and incorporates patient and relative views. There also should be a mechanism to provide feedback to patients following the meeting.

Use of mental health and incapacity legislation

On the day of our visit, five of the seven individuals in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Mental Health Act) and one was detained under the Criminal Procedures (Scotland) Act 1995 (the Criminal Procedures Act). Those that we met with during our visit had a good understanding of their detained status, where they were subject to detention under the Mental Health Act.

All documentation relating to the Mental Health Act, Criminal Procedures Act and Adults with Incapacity (Scotland) Act 2000 (AWI Act), including certificates around capacity to consent to treatment, were in place in the paper files and were up-to-date.

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 all T3s had been completed by the responsible medical officer to record non-consent; they were available and up-to-date.

Any person who receives treatment under the Mental Health Act or the Criminal Procedures Act can choose someone to help protect their interests; that person is called a named person. Where a patient had nominated a named person, we found copies of this in the patient's file.

Where an individual lacks capacity in relation to decisions about medical treatment, a certificate completed under section 47 of the AWI Act must be completed by a doctor. The certificate is required by law and provides evidence that treatment complies with the principles of the Act. The doctor must also consult with any appointed legal proxy decision maker and record this on the form. All s47 certificates were in order and had appropriate treatment plans accompanying them.

Rights and restrictions

Individuals who are resident in Warrix Avenue have the keys for their own flat, with time in the community being negotiated and care planned with staff.

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 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. We were informed that there were no individuals in Warrix Avenue that were specified persons, however we found that two patients were subject to random drug testing and/or breathalyser monitoring. The Commission considers that this type of restriction would require the person to be specified; this was raised with staff on the day.

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

Recommendation 3:
Managers should ensure specified persons procedures are implemented with the appropriate completion of reasoned opinions for any individuals subject to restrictions.

When we reviewed the patients' files, we looked for copies of advance statements. The term 'advance statement' refers to written statements made under ss274 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 were pleased to find staff encouraged individuals to complete an advance statement and these were filed in their notes where they had been completed. On reviewing these, we found that they were detailed and clearly documented the individual's treatment preferences.

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

We were told that during the pandemic, restrictions that were put in place had meant that various activities out with the unit had been put on hold, and that relationships that had been built up with community groups were lost. We were pleased to hear how these were being re-established and community resources had been re-opened and were well used. We heard how everyone had a personalised activity programme that was tailored to their interests, needs and, where possible, specific to their proposed discharge area. Relatives we met told us how staff had supported the introduction of these group activities and initially accompanied the individual to groups until they felt confident enough to attend on their own.

There were limited activities in the unit – an arts and crafts area, jigsaws, and gardening. Individuals also had activities they preferred to do in their own flat and this was encouraged as it was felt to be good preparation in relation to discharge.

The physical environment

The layout of the unit consists of nine self-contained flats. There is a communal area and a separate small hobbies area. The environment was peaceful and bright. The flats we saw were spacious and well-equipped, with their own small garden area and front and back door.

We were told by individuals that the environment felt more relaxed and quieter than the hospital environment, which they had found could lead to feeling overwhelmed.

There was a large communal garden area at the back of the building that the flats shared. This space offered various seating areas, clothes dryers and raised beds for fruit and vegetables. Staff reported that this was a popular area in the service, and some individuals enjoyed gardening.

Any other comments

We were pleased to hear that at the time of our visit, one person whose discharge had been delayed had housing and a care package identified and was preparing to be discharged to her own accommodation.

On the day of our visit, there were two vacant flats and were told there are often vacant beds in Warrix Avenue. Staff felt this may be due to the requirement for all referrals to have a confirmed discharge strategy and cannot be used as an alternative accommodation while housing is being sought. Staff attend weekly meetings at Woodland View Hospital to consider potential referrals and are in the process of reviewing their referral criteria.

Summary of recommendations

Recommendation 1:
Managers should ensure psychology services are available to all individuals where there is an identified need.

Recommendation 2:
Managers should ensure that the MDT meeting record records attendance and incorporates patient and relative views. There also should be a mechanism to provide feedback to patients following the meeting.

Recommendation 3:
Managers should ensure specified persons procedures are implemented with the appropriate completion of reasoned opinions for any individuals subject to restrictions.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the publication of this report.

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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