

**Mental Welfare Commission for Scotland**

**Report on announced visit to:** The Ayr Clinic, Dalmellington  
Road, Ayr KA6 6PJ

**Date of visit:** 12 April 2018

## **Where we visited**

The Ayr Clinic is an independent hospital which offers low secure care for 36 men and women across three wards. The wards are; Arran which has 12 female beds for assessment and treatment, Belleisle which has 12 male beds for assessment and treatment and Low Green; a 12 bed, mixed gender ward which focuses on rehabilitation. All wards provide single and en-suite accommodation for patients. All wards care for patients with a primary diagnosis of mental illness, personality disorder and/or learning disabilities.

We last visited this service on 7 November 2016 as part of a national themed visit programme to low and medium secure forensic wards. Our last local visit was in June 2015. The recommendations following on from these visits were in relation to care plans and Low Green in particular, smoking cessation and the garden environment. The hospital is now smoke free so these recommendations are no longer relevant. We also commented on the tired environment in the wards, activity provision in Belleisle and the use of restraint.

On the day of this visit, we wanted to follow up on previous recommendations and to hear from the patients about their views regarding their care and treatment.

## **Who we met with**

We met with and reviewed the care and treatment of 19 patients, spoke with one relative on the day and one relative by phone the day after the visit. We spoke to staff throughout the day. We also met with the service manager, charge nurse from each of the wards, psychologist, and the consultant psychiatrist (also medical director) of the clinic, amongst others. We also spoke to the visiting pharmacist from Ashton's Hospital Pharmacy Services.

## **Commission visitors**

Moira Healy, Social Work Officer and visit co-ordinator

Yvonne Bennet, Social Work Officer

Paul Noyes, Social Work Officer

Dr Mike Warwick, Medical Officer

Dr Ritchie Scott, Medical Officer

Dr F Williams, Temporary Medical Officer

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

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

We found that staff knew their patients well and patients we met with were generally complimentary of the staff support.

However, five of the nine patients we met with on Arran ward told us that they felt unsafe on the ward. An additional patient spoke of the detrimental effect that the noisy and unsettled atmosphere during times when patients were being restrained, had on their own mental health.

We also met with four members of staff. Two told us that they felt unsafe on Arran ward at times and one told us that they felt that patient safety was compromised. This was due to staffing levels, high levels of restraint and the poor response from other wards when the alarm was set off to alert them that Arran ward needed extra staff.

We were concerned about the lack of a suitable de-escalation space within Arran ward and about staff's ability to provide sufficient care and support to a patient group with such complex care needs including regular physical restraint.

This was discussed with the manager of the Ayr Clinic during the visit and raised with the medical director at the end of the day meeting. They agreed to look into these concerns with immediate effect.

#### **Recommendation 1:**

Managers should ensure that a review to include staffing levels, patient safety concerns, de-escalation space, use of medication and restraint techniques within Arran Ward, takes place and inform the Mental Welfare Commission of its action plan within one month.

### **Activities and occupation**

As on previous visits, we found a wide variety of activities on offer during the day for patients in all wards. The emphasis in Low Green focussed on the rehabilitation process and we heard of a number of patients who were due to move to a step down unit within Ayrshire once this was ready for opening.

For those patients with appropriate permissions, they were engaging in regular off ward activities, mainly with occupational therapy. These involved walking groups, swimming, leisure centre activities and outings to local cafes. The emphasis on all wards was on community time out wherever possible.

We looked at a sample of activity planners/records for patients in Belleisle. These contained records of regular ward group activities, or non-engagement with these, but little evidence of other in-ward individualised activities.

On ward activities such as board games, arts and crafts and exercise activities were available, but many patients told us they spent time in their rooms listening to music.

Patients were aware of the activity programmes during the day but less clear about activities in the evening, particularly in Belleisle and Arran wards. We were told by a member of staff on Arran ward that evening activities were patient led, however, patients we spoke to seemed unaware of this responsibility and were unaware that any activities were ever organised in the evening. On looking through the timetable, we queried with the same member of staff whether it would be realistic for patients to organise yoga, relaxation and quiz sessions in the evening by themselves for such a diverse group of peers.

### **Recommendation 2:**

Managers should review evening activity provision for patients on all wards and ensure there is clarity regarding responsibility to organise these activities and the support required.

### **Multi-disciplinary team**

We noted the development of psychological services, particularly in Arran ward which now has one full time psychologist and a trainee. This appears to have had a beneficial effect for the patients we spoke to.

Psychology staff also promote reflective practice sessions with staff and are involved in de-brief sessions with staff and patients with regard to incidents of restraint. The input of further psychological support is planned for the future with the introduction of low intensity therapeutic interventions. The Clinic is moving to use of "Prevention and Management of Violence and Aggression", with increased emphasis on prevention and de-escalation.

On reviewing the multi-disciplinary team minutes, we were pleased to see the detail contained within and the preparation that went into these meetings. We were unable to access the notes of all the patients due to recent technical difficulties which we hope will be resolved on future visits.

There is general practitioner input weekly, with support from a practice nurse, and patients were positive about the attention to physical health care.

Each ward has a fortnightly community meeting which is formally minuted.

We met with the visiting pharmacist from Ashton's Hospital Pharmacy Services who regularly visits the clinic and audits all medication prescriptions. Staff have online access to the audits and any prescribing issues identified for individual patients.

We noted that high dose monitoring sheets were in place as required for all patients receiving antipsychotic medication, with the cumulative percentage of maximum dose calculated and reviewed, even if the high dose threshold was not reached.

All care is managed using the Care Programme Approach (CPA) with six monthly reviews.

All patients are involved in formal CPA review meetings if they wish and have regular on-to-one meetings with their named nurse.

There was evidence of family involvement in care planning wherever possible and appropriate. We were told by patients of their appreciation of support from staff to facilitate family contact out with the hospital where appropriate.

Advocacy was available to all patients and was supportive to some patients on the day of our visit.

### **Care Plans**

For those patients we met with, they were clear about their care plans and reviews, and had participated in their development.

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

All patients are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA). A T2 or T3 form requires to be in place to authorise medication prescribed for mental disorder after two months of treatment and all medication was covered as appropriate. We discussed with the medical director an issue with the wording of some T2s and he agreed for this to be rectified.

One patient we met required treatment for physical disorder authorised by a section 47 certificate (s47) under the Adults with Incapacity (Scotland) Act 2000. s47 authorises medical treatment for people who are unable to give valid consent. For this patient, the entry on the certificate did not properly cover the medication he was prescribed and the medical director agreed to address this.

### **Rights and restrictions**

Some patients were specified persons under the MHA 2003. Sections 281 to 286 of the MHA provide a framework within which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to these sections of the Act, and where restrictions are introduced, it is important that the principle of least restriction is applied. The Mental Welfare Commission would therefore expect restrictions to be legally authorised and that the need for specific restrictions is regularly reviewed.

Specified persons documentation we looked at was reviewed and up-to-date with appropriate reasoned opinions.

## **The physical environment**

When we last visited the Ayr Clinic, we commented on the need for some areas to be redecorated and refurbished. This has not happened and Belleisle in particular, was noted to be looking tired and the condition of the furniture was unacceptable. We were reassured on the day that there was evidence that refurbishment work was about to begin.

For Belleisle and Arran in particular, the communal areas of each ward seemed small for the number of patients they accommodate. This is exacerbated in Arran, where access to outdoor space is limited. The dining areas appeared cramped and not conducive to encouraging shared meal times.

The limited space for visitors remains an outstanding issue. We were told the quiet room could be used as a room for visitors, but this room is also identified as useful for de-escalation purposes and as a meeting room.

The environment within the Ayr Clinic grounds is limited, with each ward having access to a small garden area. For patients on Arran ward, access to this garden area requires going through two locked doors and down a staircase. This requires staff support and a settled atmosphere on the ward to enable this to happen and is therefore a restriction.

### **Recommendation 3:**

Managers should ensure the refurbishment of the wards takes place as soon as possible.

## **Summary of recommendations**

1. Managers should ensure that a review of staffing levels, safety of patients, de-escalation space, use of medication and restraint techniques within Arran Ward takes place as soon as possible and inform the Mental Welfare Commission of its action plan within one month.
2. Managers should review evening activity provision for patients on all wards and ensure there is clarity regarding responsibility to organise these activities and the support required.
3. Managers should ensure the refurbishment of all wards takes place as soon as possible.

## **Service response to recommendations**

The Commission requires a response to recommendation one within one month, and the other recommendations, within three months of the date of this report.

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.

**Contact details:**

**The Mental Welfare Commission for Scotland**  
**Thistle House**  
**91 Haymarket Terrace**  
**Edinburgh**  
**EH12 5HE**

telephone: 0131 313 8777

e-mail: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk)

website: [www.mwscot.org.uk](http://www.mwscot.org.uk)

