**Mental Welfare Commission for Scotland**

**Report on announced visit to:** Arran Ward, Ayr Clinic, Dalmellington Road, Ayr, KA6 6PT

**Date of visit:** 20 August 2018

## Where we visited

The Ayr Clinic is an independent hospital which offers low secure care for 36 men and women across three wards.

On the day we visited Arran Ward, a 12-bedded female assessment and treatment ward.

We last visited this service on 12 April 2018 as part of our local visit programme. The concerns we had regarding Arran Ward prompted this further visit. We also wanted to follow up on the recommendations we made and to hear from patients and staff regarding their recent experiences on the ward.

## Who we met with

We met with and reviewed the care of five patients.

We spoke with the manager, consultant psychiatrist (also the medical director), the forensic psychologist, the occupational therapist (OT), and a number of nursing staff on the ward (most of whom we had interviewed during the last visit).

## Commission visitors

Moira Healy, Social Work Officer

Alison Thomson, Executive Director (Nursing)

Dr Stephen Anderson, Consultant Psychiatrist

Claire Lamza, Nursing Officer

## What people told us and what we found

### Care, treatment, support and participation

The recommendations made at our last visit related to staffing levels, patient safety, de-escalation space, use of medication, and restraint techniques. We wanted to hear from patients and staff with regard to progress made. We heard from the charge nurse that there had been significant activity in relation to staff resourcing and clinical management since the Commission's last visit. We heard from patients that their experiences of being on the ward had improved since our last visit.

We were told that there has recently been a recruitment drive. When all staff are in post there will be adequate staffing in the unit and this will result in less dependence on agency staff. We were told the introduction of a twilight shift has meant that an extra member of staff was brought in before the evening meal until 10pm. This seems to have made a significant difference. This increase in staffing has meant there is more time to spend with patients during busy times. There are occasional shifts covered by

agency staff, but we were told this does not happen on a regular basis and agency staff have tended to work in the ward before so know the routines and the patients reasonably well.

We were shown audit information that indicates levels of restraint have reduced. Staff feel this is due in part to moving towards prevention rather than management of violence and aggression, and the introduction of different techniques for physical restraint.

We advised it would be helpful to develop this audit further. The de-escalation room, which had previously doubled up as a visitors room, is now used purely for de-escalation purposes. It is a small room but is well ventilated and it has three soft chairs and one restraint pod.

Use of medication was individualised and the need for emergency medication has also been lessened. The consultant psychiatrist advised us he always speaks with patients after any episode of restraint in order to learn about what happened and how things can be done differently.

We spent time talking to the forensic psychologist who advised us that there was now an additional forensic psychologist trainee. We were told about the individual and group programme and staff reflection groups.

Access to NHS dental treatment is a particular issue and managers are working to resolve this. A dietician from NHS Ayrshire & Arran has provided input recently and this has been valued.

## Activities and occupation

For most patients who had appropriate permissions there was evidence that they were engaging in regular off ward activities, mainly with occupational therapy. Most had time off the ward every day and a good number of these activities involved physical exercise. The emphasis on time out wherever possible is encouraged. Activities in the evening, while not structured, seemed to be happening more often with the introduction of the twilight shift and we will review this on our next visit to the ward.

## The physical environment

Since our last visit to Arran Ward we were conscious that there has been a major improvement in the physical environment, with new floor coverings and new paintwork, and in the layout of the three activity rooms.

Overall we noted positive changes in relation to patient and staff experience. All staff and patients we spoke to commented on improvements made within the ward since our last visit. A significant number of patients at our last visit commented on not feeling safe within the ward environment and we did not hear similar concerns from patients on the day of this visit.

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.

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