



Mental Welfare Commission for Scotland

Report on unannounced visit to: Ardseileach Care Home,
Macdonald Road, Stornoway HS1 2YT

Date of visit: 23 November 2017

Where we visited

Ardseileach is a care home providing for a maximum of 12 people with learning disabilities. There are eight permanent residents, three respite places and one which may be used as an emergency placement. There are two semi-independent studio flats and two three-bedded units for the permanent residents. The service is provided by the local authority, Comhairle Nan Eilean Siar.

Who we met with

We met with and/or reviewed the care and treatment of four residents. No relative was available on the morning of our unannounced visit.

We spoke with the manager on the day, as well as other staff.

Commission visitors

Tony Jevon, Social Work Officer

Kate Fearnley, Executive Director (Engagement and Participation)

What people told us and what we found

Care, treatment, support and participation

The residents we spoke to were positive about the care and treatment provided by Ardseileach. There was good evidence of participation in a range of activities. There was good evidence of involvement of residents and their families in care planning and reviews. GPs routinely visit the care home to review treatment and we heard there is a good relationship between the care home and hospital staff, and the consultant psychiatrist. Members of the community learning disability team also support staff to provide care as necessary. The care home scores well across the full range of assessed areas in Care Inspectorate reports.

Information in residents' folders was person-centred and we saw some very detailed personal support plans, and key-working reviews. However, care plans were not routinely reviewed six monthly as required by the care home's standards.

Risk assessments too were thorough, but were not always regularly reviewed. For instance, one which was done originally in October 2015 had not been reviewed since April 2016.

Most files seen had a good personal history, but this was missing in one file. The staff signatures page had not been completed in some cases.

There was evidence in some files that audits of files had taken place and the audit had identified many of the above issues. But, the audits themselves were undated and unsigned and did not record who was required to complete the actions, or by when.

Recommendation 1:

The manager should ensure that file audits are carried out, signed and dated, and that identified issues, such as the need to review care plans and risk assessments, are completed six monthly in line with the care home's policy.

Use of mental health and incapacity legislation

Some residents had welfare guardians and we looked to see whether recording in relation to this followed best practice. In all cases we reviewed, copies of the application were on file, although in one case the final order was missing. Records of guardians' details were noted on files, but the information did not necessarily record their formal role as guardian or how they wanted to be contacted in respect of proposed interventions or changes to the care plan. In one case, there was a financial guardianship in place for the council, but records were not clear about the details of this.

In all files reviewed, s47 authorisation for medication was in place, but there were no accompanying treatment plans.

The Commission publishes good practice guidance on working with the Adults with Incapacity (Scotland) Act 2000 (AWI):

<http://www.mwcscot.org.uk/media/51918/Working%20with%20the%20Adults%20with%20Incapacity%20Act.pdf>

Recommendation 2:

Managers should implement the use of an AWI front sheet that records all the information necessary about legal proxies. It should be used to ensure that these proxies have agreed to care plans and treatments, and to record if they wish to delegate some decisions to staff.

Rights and restrictions

It was recorded in one resident's file that medication was put in drinks. We were told this was as much to ease administration as to hide the medication. However, we believe that it is safer to consider this as giving the medication covertly, and our covert medication pathway should be implemented:

http://www.mwcscot.org.uk/media/91695/care_pathway_final.pdf

Recommendation 3:

Managers should implement the use of the Commission's covert medication pathway when medication is administered covertly.

The physical environment

The building has recently been upgraded. The residents' bedrooms are spacious, pleasant and personalised. There is a shared living and kitchen area and residents can use the kitchen. There is a pleasant and accessible garden area shared with the day care service. The garden has bird feeders and raised beds, and we heard that residents have been involved in growing vegetables. Access to the garden is via a lift.

Summary of recommendations

1. The manager should ensure that file audits are carried out, signed and dated, and that identified issues such as the need to review care plans and risk assessments are completed six monthly in line with the care home's policy.
2. Managers should implement the use of an AWI front sheet that records all the information necessary about legal proxies. It should be used to ensure that these proxies have agreed to care plans and treatments and record if they wish to delegate some decisions to staff.
3. Managers should implement the use of the Commission's covert medication pathway when medication is administered covertly.

Service response to recommendations

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

A copy of this report will be sent for information to the Care Inspectorate.

Alison Thomson
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 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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