



Mental Welfare Commission for Scotland

Report on announced visit to: Arrol Park, Houses 4, 5 & 6,
Doonfoot Road, Ayr KA7 4DW

Date of visit: 28 March 2018

Where we visited

Arrol Park is an NHS treatment and assessment unit for people with a learning disability. Many of the patients have an accompanying diagnosis of autism spectrum disorder. The patient group require a period of inpatient care due to additional difficulties, such as mental health problems, which cannot be managed at home.

There are 18 assessment and treatment beds divided across three wards (known as houses). On the day of the visit, there were nine patients for whom no alternative accommodation can be found, leaving nine places for people who are there for assessment and treatment.

The multidisciplinary team consists of medical/psychiatry, nursing, psychology, occupational therapy and speech and language therapy that provide input into the care of patients.

We last visited this service on 17 November 2016. We made one recommendation in relation to the physical environment. On the day of this visit, we wanted to follow up on this recommendation and meet with patients to hear their views on their care and treatment. We also wanted to ensure that the care and treatment was meeting patients' needs, the use of the legislation was correct, and that care planning and activities were recorded in accordance with individual needs.

Who we met with

We met with eight patients and spoke to one family member. We spoke with two psychiatrists attached to the ward, the service manager, the senior charge nurse and some of the staff nurses and healthcare assistants.

Commission visitors

Moira Healy, Social Work Officer and visit coordinator

Mike Diamond, Executive Director (Social Work)

Dr Ritchie Scott, Medical Officer

What people told us and what we found

Care, treatment, support and participation

The patients we spoke to, who were able to express a view, were positive about the care and treatment that they received at Arrol Park.

Looking through the care files there was evidence that all patients have appropriate and regular physical health checks.

Work is still continuing to develop a positive behaviour support plan (PBS) for each patient. This is currently limited to a small number of patients. As mentioned in the last report, when a PBS plan is in place, the management of behaviour challenges are well recorded in the care file. They are written in conjunction with a psychologist and two nurses who have had the PBS training.

The development of these PBS care plans will be an important guide when assessing future needs and accommodation for the longer-term patients.

It was noted in the last report that there is a plan to ensure all patients have a PBS plan. However, a considerable number of patients do not have these completed yet.

Recommendation 1:

Managers should conduct an audit of PBS plans and ensure an action plan is put in place to complete plans for all patients.

Care plans

The care plans were variable in quality and some were not as detailed as we would expect to find in a resource of this nature.

Recommendation 2:

Managers should ensure all care plans are meaningful and consistent in recording and review.

We were concerned about the number of patients who were not able to move on from Arrol Park. We were told of a service development plan that includes some patients moving to a new resource in April 2019. Given the length of time some patients have already been in Arrol Park, this is some time away.

We were disappointed that specific plans regarding future placement planning was not evident in the files of the patients whose files we reviewed e.g. the resource identified, funding in place and the need for any legal authorisation to move from hospital. We will write separately to seek further information about plans for individual patients.

Use of mental health and incapacity legislation

All copies of certificates authorising detention and treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 were in place. All patients who met the requirement for an s47 certificate under the Adults with Incapacity (Scotland) Act 2000 had one in place. s47 of the Act authorises medical treatment for people who are unable to give or refuse consent.

During the visit we were informed that consideration has been given to adding a 'legal' tab on the current electronic recording system. This has not happened to date and this

development would be helpful and ensure that hospital staff are easily able to locate and find information about a patient's legal status.

Activity and occupation

The chronological account of care included activities undertaken. Activities carried out with the occupational therapist (OT) and OT technician are recorded. Activity undertaken by nurses and healthcare assistants was lacking detail in many of the files we saw.

Many activities seemed to take place within the ward or the grounds of the hospital and activity planners did not include 'goals' for all patients. In addition, we were not aware of the positive emphasis on physical activity which was referred to in the last report.

As many of these patients will be moving on and will no longer be reliant on on-site activities, it would be helpful if the current level of activity was revisited for each patient.

Recommendation 3:

Managers should review activity planning to ensure that all plans are person-centred, reflecting the individual's specific preferences and include participation in physical and off-site activity as appropriate.

The physical environment

Murals on the walls in corridors and bedrooms added colour and interest to the houses and improved signage was now in place. Each house/ward is small and domestic in size. Effort has been made within the communal areas to give these rooms a domestic feel by the use of small furnishings. All wards have single bedrooms and most patients we met had bedrooms that were decorated to their own particular tastes. One patient had a lounge area in addition to his bedroom to accommodate his particular interests.

Summary of recommendations

1. Managers should conduct an audit of PBS plans and ensure an action plan is put in place to complete plans for all patients.
2. Managers should ensure all care plans are meaningful and consistent in recording and review.
3. Managers should review activity planning to ensure that all plans are person-centred, reflecting the individual's specific preferences and include participation in physical and off-site activity as appropriate.

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 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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