

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Independent Sector
<b>HSE AREA</b>	Independent Sector
<b>CATCHMENT AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	Bloomfield Care Centre
<b>APPROVED CENTRE</b>	Donnybrook, Kylemore, Owendoher and Swanbrook Wings
<b>NUMBER OF WARDS</b>	Four
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Kylemore  Bloomfield (now Donnybrook)  Owendoher
<b>TOTAL NUMBER OF BEDS</b>	112
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	11 February 2010

## **PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1) (b) (i) MENTAL HEALTH ACT 2001**

### **INTRODUCTION**

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

### **DESCRIPTION**

Bloomfield Care Centre was an approved centre catering mainly for elderly residents in a purpose-built building in the foothills of the Dublin Mountains on a ten-acre site. The building also contained a nursing home. The centre opened on its current site in 2005 when the original Bloomfield moved from its location in Donnybrook, Dublin 4. It had 112 beds, but only two wards were open. A third ward, Owendoher had just two residents, who spent the day in Bloomfield ward. It was anticipated that the remaining ward Swanbrook and a Day Centre would open when negotiations with the HSE regarding funding were finalised. These latter services had been empty since early 2009. The centre accepted referrals from hospitals in the local catchment area and from the greater Dublin area for elderly patients.

Although the majority of residents were over 65 years of age, the age profile was from 40 to 90 years. There were no detained patients on the day of inspection.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Bloomfield	36	35	Psychiatry of Old Age
Kylemore	28	27	Psychiatry of Old Age
Owendoher	24	2	Psychiatry of Old Age
Swanbrook	24	0	Not yet open

### **QUALITY INITIATIVES**

- The centre collaborated with Trinity College on education for medical students.
- Occupational therapy students attended on voluntary placement one day per week.

## **PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

1. The approved centre should use individual care plans as defined in the Regulations.

Outcome: Although there had been some progress, this work had largely not been done.

2. Therapeutic services and programmes must be linked to the overall individual care plan and based on the assessed needs of the residents.

Outcome: The occupational therapist and activities therapist had begun to carry out individual assessments on residents to identify need.

3. Orders for the use of mechanical means of bodily restraint for enduring self-harming behaviour must be prescribed by the registered medical practitioner, under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient, or the duty consultant psychiatrist acting on his or her behalf.

Outcome: The majority of orders for mechanical restraint (Part 5) were written by the General Practitioner attending the centre. There was no contemporaneous record of these orders in a composite file, as per the Regulations.

4. All electronic entries into the clinical files should be signed.

Outcome: Some of the entries in the electronic data were printed and inserted in the clinical file. None of these had been signed.

5. A single composite set of notes should be used for each resident.

Outcome: This had not happened. The General Practitioner continued to make entries electronically, most of which were not printed and inserted in the clinical file.

6. A system needs to be put in place to ensure regular mental health and physical reviews.

Outcome: Physical reviews were conducted three monthly and a record of this was kept on the ward. Multidisciplinary team meetings were held regularly.

**PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001**

**2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)**

**Article 4: Identification of Residents**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 5: Food and Nutrition**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 6 (1-2): Food Safety**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 7: Clothing**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 8: Residents' Personal Property and Possessions**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		



**Article 9: Recreational Activities**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 10: Religion**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 11 (1-6): Visits**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 12 (1-4): Communication**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 13: Searches**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 14 (1-5): Care of the Dying**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 15: Individual Care Plan**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	<b>X</b>	
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		<b>X</b>

**Justification for this rating:**

There were no individual care plans as described in the Regulations. There were nursing care plans and attempts to identify needs, but these were almost all related to physical health needs. No individual or discipline was identified to follow through on interventions.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	<b>X</b>	<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

In the absence of multidisciplinary care plans, it was not possible to link therapeutic services and programmes to individual needs. Both the occupational and activities therapists had begun individual assessments on residents.

**Breach:** 16 (1)



#### **Article 17: Children's Education**

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

A member of staff accompanied a resident when transferred to another hospital or facility. Next of kin were notified and a referral letter from the medical practitioner was sent with the resident. The service had a policy on transferring residents.

**Article 19 (1-2): General Health**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

A general practitioner attended the service and reviewed resident's physical health on a three monthly basis. However, in the case of one resident whose chart was reviewed, there was no evidence of the resident having had a six monthly check up in accordance with the Regulations. Residents could be referred to the general hospital in Tallaght if necessary.

**Breach:** 19 (1) (b)

**Article 20 (1-2): Provision of Information to Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

There was some information on general mental illness available, but it was not specific. Staff reported that they discussed illnesses with residents when requested to do so by the residents. Although there was a small poster informing residents about Advocacy, it was not prominently displayed. While it was appreciated that some residents would not be able to access it, the information provided should be appropriate to the residents. The service had a policy on provision of information.

**Breach:** 20(1) (a), (c), (e)

**Article 21: Privacy**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

Most of the accommodation was in single rooms. In rooms where there were more than one resident, bed areas were partitioned by curtains. All rooms were en-suite.

**Article 22: Premises**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

The building was quite new, and was in very good condition. All areas were clean, and the whole building was bright. Furnishings were of a high standard.

**Article 23 (1-2): Ordering, Prescribing, Storing and Administration of Medicines**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 24 (1-2): Health and Safety**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		



**Article 25: Use of Closed Circuit Television (CCTV)**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 26: Staffing**

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WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Bloomfield	CNM	1	0
	Staff Nurse	1	1
	Care Staff	4	2
Kylemore	CNM	1	0
	Staff Nurse	2	1
	Care Staff	3-4	2

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

A consultant psychiatrist provided psychiatric care for residents on a part-time basis. The majority of nursing staff had general nurse training. At the time of inspection, the Director of Nursing and three of the nurses had psychiatric training, and it was anticipated that three additional nurses with psychiatric training would be joining the staff in the near future. An activities therapist was employed full-time, and a physiotherapist attended for two sessions per week.

The service had one occupational therapist, with a vacancy for a second one. There was no psychologist or social worker in the service. If psychology or social work input was required, the service relied on the resident's original service to provide it, but this arrangement was frequently unsatisfactory.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>	<b>X</b>	
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

There appeared to be two systems of record keeping. The nursing and psychiatric notes were recorded in a clinical file while the general practitioner notes were recorded electronically and were not electronically signed. Some of the general practitioner electronic notes had been printed and inserted in the clinical file, but were not signed. There was no one composite set of notes.

There were no identifying chart numbers on the residents' charts.

Copies of the food safety, health and safety, and fire inspections were seen by the Inspectorate.

**Breach:** 27(1)

**Article 28: Register of Residents**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 29: Operating policies and procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 30: Mental Health Tribunals**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 31: Complaint Procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		



**Article 32: Risk Management Procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 33: Insurance**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Article 34: Certificate of Registration**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

## **2.3 EVIDENCE OF COMPLIANCE WITH RULES – MENTAL HEALTH ACT 2001 SECTION 52 (d)**

### **SECLUSION**

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**Use:** Seclusion was not used in the approved centre.

### **ECT (DETAINED PATIENTS)**

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**Use:** There were no detained patients in the approved centre on the day of inspection. ECT was not provided by the service.

## MECHANICAL RESTRAINT

**Use:** Mechanical restraint was used only under Part 5 of the rules on mechanical restraint. A number of residents required lap belts to prevent falls.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour			X	

### Justification for this rating:

Most of the orders for mechanical restraint were prescribed by the General Practitioner in electronic form, and a printed page inserted in the resident's file. These orders were unsigned and incomplete. There was no record of duration of the restraint, duration of the order or review date. In many cases, there were no psychiatric notes to contemporaneously record the order.

**Breach:** 21.5 (e) (f) (g)

## **2.4 EVIDENCE OF COMPLIANCE WITH CODES OF PRACTICE – MENTAL HEALTH ACT 2001 SECTION 51 (iii)**

### **PHYSICAL RESTRAINT**

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**Use:** It was reported that physical restraint was not used in the approved centre.

### **ADMISSION OF CHILDREN**

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**Description:** Children were not admitted to the approved centre.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

**Description:** Deaths and incidents were reported to the Mental Health Commission.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance	X			

**Justification for this rating:**

Incidents were reported to the Mental Health Commission on a six-monthly basis.

## ECT FOR VOLUNTARY PATIENTS

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**Use:** ECT was not used in the approved centre.



## ADMISSION, TRANSFER AND DISCHARGE

**Description:** Admissions were referred from a number of hospitals and Psychiatry of Old Age units around Dublin. In some cases, the Director of Nursing visited the person to assess their suitability for Bloomfield. There had been no admissions to the approved centre since the beginning of January 2010.

### Part 2 Enabling Good Practice through Effective Governance

*The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7.risk management, 8. information transfer, 9. staff information and training.*

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The service had not yet developed policies in relation to the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre. There was a risk management policy, and there was evidence that staff had read the policies on restraint.

**Breach: 4**

### Part 3 Admission Process

*The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.*

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
<b>NOT APPLICABLE</b>			

Justification for this rating:

There had been no admissions since the introduction of this Code of Practice.

## Part 4 Transfer Process

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.*

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Residents were accompanied by a staff member when transferred to hospital or other facility. Letters of referral were written by the medical staff and next-of-kin were informed.

## Part 5 Discharge Process

*The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.*

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
<b>NOT APPLICABLE</b>			

Justification for this rating:

There had been no discharges since the introduction of the Code of Practice.

## HOW MENTAL HEALTH SERVICES SHOULD WORK WITH PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL ILLNESS

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**Description:** One resident had an intellectual disability and mental illness, and one other resident suffered from an autism spectrum disorder.

*The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
			X

**Justification for this rating:**

The service did not have policies on working with people with intellectual disability and mental illness. Residents did not have individual care plans as defined in the Regulations.

**Breach:** 5 and 8

## **2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT (MEDICATION)**

### **SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** Section 60 did not apply as there were no detained patients in the approved centre on the day of inspection.

### **SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE**

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**Description:** No children were admitted to this approved centre.

### SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

#### SERVICE USER INTERVIEWS

Although no resident requested to speak directly with the Inspectorate, a number of residents were engaged in conversation as the Inspectorate conducted the inspection. All residents indicated satisfaction with the service.

#### MEDICATION

Medication sheets were typewritten and easy to read. Name, address, and date of prescription were all present. In some prescriptions there was no signature by the prescribing physician and no date of birth. Some prescriptions had a photograph of the resident on the medication sheet.

Despite the fact that the residents were mainly elderly, the number of hypnotic prescriptions were very high with 70% of residents receiving sleeping tablets, the vast majority were non benzodiazepine hypnotics. Approximately 50% of residents were prescribed benzodiazepines. There were 83% of residents on antipsychotic medication; 28% were on more than one antipsychotic and 7% were on high dose antipsychotics.

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>53</b>
Number on benzodiazepines	<b>26 (49%)</b>
Number on more than one benzodiazepine	<b>3 (6%)</b>
Number on regular benzodiazepines	<b>19 (36%)</b>
Number on PRN benzodiazepines	<b>2 (4%)</b>
Number on hypnotics	<b>37 (70%)</b>
Number on Non benzodiazepine hypnotics	<b>29 (55%)</b>
Number on antipsychotic medication	<b>44 (83%)</b>
Number on high dose antipsychotic medication	<b>4 (7%)</b>
Number on more than one antipsychotic medication	<b>15 (28%)</b>

<b>Number on PRN antipsychotic medication</b>	<b>0</b>
<b>Number on antidepressant medication</b>	<b>27 (51%)</b>
<b>Number on more than one antidepressant</b>	<b>3 (6%)</b>
<b>Number on antiepileptic medication</b>	<b>16 (30%)</b>
<b>Number on Lithium</b>	<b>8 (15%)</b>

## OVERALL CONCLUSIONS

Bloomfield Care Centre was a pleasant, bright unit which provided modern facilities for its residents. There was good occupational therapy input, but the service was unable to provide a full multidisciplinary approach to treatment without a psychologist or social worker. There were no individual care plans in operation and in some instances; there were no psychiatric entries in the resident's clinical file. Whilst comprehensive risk assessments of physical health issues had been carried out, this had not been replicated for mental health needs. The number of prescriptions for sleeping tablets and benzodiazepines was high.

The Inspectorate continued to be concerned about record keeping. The records maintained by the General Practitioner were for the most part, maintained electronically, without any signature and were contrary to the Regulations which specify 'one composite set of documents'. Whilst it may be the practice to maintain records in this way in general practice, it is not appropriate in an approved centre.

## RECOMMENDATIONS 2010

1. There should be one composite set of notes for each resident which includes all physical and psychiatric records.
2. All records must be signed.
3. Orders for mechanical restraint under Part 5 must be completed in full.
4. There should be regular psychiatric reviews of residents and these should be recorded in the charts.
5. Mental health risk assessments should be carried out.
6. Residents' charts should have an identifying chart number.
7. Urgent auditing of medication should take place.