

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Independent Hospital
HSE AREA	Independent Hospital
MENTAL HEALTH SERVICE	Independent Hospital
APPROVED CENTRE	Bloomfield Care Centre - Donnybrook, Kylemore, Owendoher & Swanbrook Wings
NUMBER OF WARDS	3 (one ward not operational)
NAMES OF UNITS OR WARDS INSPECTED	3
TOTAL NUMBER OF BEDS	88
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	27 April 2011

OVERVIEW

In 2011, 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 2010 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 2010. 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 located on the outskirts of Dublin and catered mainly for elderly residents with mental illness and a small number of younger residents ranging in age from 41 years to early fifties, with functional mental illness, early onset dementia and acquired brain injury. The older residents who have functional mental illness are mostly fully mobile and self-caring. It was purpose-built to a high standard on two levels. However this meant that residents on the first floor wards had limited access to outside space. A consultant psychiatrist was employed three days a week in the centre. There was a comprehensive occupational therapy service and limited access to social work and psychology through the residents' service of origin. Referrals were accepted from other mental health services in Dublin. One ward, Swanbrook, remained closed but the other three wards were fully operational. There were five detained patients on the day of inspection.

SUMMARY OF COMPLIANCE WITH MENTAL HEALTH ACT 2001 (APPROVED CENTRES) REGULATIONS 2006

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	26	24	25
Substantial Compliance	2	3	3
Minimal Compliance	2	2	0
Not Compliant	0	1	2
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Kylemore	28	25	Psychiatry of Old Age
Owendoher	24	21	Psychiatry of Old Age
Donnybrook	36	34	Psychiatry of Old Age
Swanbrook	closed	closed	closed

QUALITY INITIATIVES

- The director of nursing and the pharmacist had carried out an audit of benzodiazepines and hypnotic use in the approved centre.
- A review on the use of all restraint had been completed.
- The director of nursing and the occupational therapist had completed a risk enablement framework to promote positive risk taking.
- As many residents as were able now used the communal dining room.
- Increased consistency in nursing staff in the wards had been achieved.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. There should be one composite set of notes for each resident which includes all physical and psychiatric records.

Outcome: This had been achieved.

2. All records must be signed.

Outcome: This had been achieved.

3. Orders for mechanical restraint must be completed in full.

Outcome: No resident was mechanically restrained at the time of inspection.

4. There should be regular psychiatric reviews of residents and these should be recorded in the charts.

Outcome: This had been achieved.

5. Mental health risk assessments should be carried out.

Outcome: Risk assessments were not carried out.

6. Residents charts should have an identifying chart number.

Outcome: This had been achieved.

7. Urgent auditing of medication should take place.

Outcome: An audit had been completed by the director of nursing and the pharmacist.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. Photographic identification was used.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy on personal clothing and residents were encouraged to wear their own clothes.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy regarding residents' personal property.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. On all three wards there were books, newspapers, television, DVD. A monthly music session took place. The occupational therapist provided recreational activities and there was an activities co-ordinator.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy on facilitation of religious practice.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. A child protection policy was being implemented to safeguard children who were visiting.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy in place regarding communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy in place which covered searches both with and without consent and the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy in place regarding care of the dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	X

Justification for this rating:

Twenty one clinical files were examined. The majority had no individual care plan as required by this Article. The service was attempting to introduce a wide-ranging assessment and individual care plan but extensive work needed to be done to bring this to implementation.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

As the majority of residents had no individual care plan therapeutic activities and programmes were not in accordance with individual care plans as required by this Article.

The occupational therapy service was impressive. There was a programme of activities on each ward. Residents were individually assessed and occupational therapy notes were documented in the clinical file.

Breach: 16

Article 17: Children's Education

Children were not admitted to this approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on transfer of residents. Relevant documentation accompanied the resident on transfer. There was a nursing transfer form and a nurse or care assistant accompanied the resident.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All six-monthly physical examinations were completed and up to date; physical examinations were carried out on a three monthly basis by the general practitioner. They were signed and documented in the clinical file. There was a review system in place. There was evidence of access to general practitioner services where indicated.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a booklet on general information about the centre. There was limited information about mental illnesses and no information about medication available.

Breach: 20 (1) (c)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Privacy of residents was respected throughout the approved centre. All beds had surrounding curtains and most of the accommodation was in single rooms.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The building was in good condition and provided excellent accommodation. There were pleasant and bright day-areas and on the ground floor there was access to gardens and courtyards.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a policy on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment. There was a health and safety statement available.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Non-recording CCTV was used in the approved centre. There was a policy in place with regard to CCTV. Signage was in place.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Owendohar	CNM2	1	0
	Staff nurses	2	1
	Care assistants	4	2
Kylemore	CNM2	1	0
	CNM1	1	0
	Staff nurses	2	1
	Care assistants	4	2
Donnybrook	CNM2	1	0
	Staff nurses	2	1
	Care assistants	4-5	2
	Special observation nurse	1	1 until midnight.

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a mix of general trained nurses and registered psychiatric nurses. There was a consultant psychiatrist employed for three days a week. General practitioners provided general health care. Occupational therapy was provided by two occupational therapists and there was an activities co-ordinator. There was limited access to social work through residents' original mental health service.

Access to psychology was on an individualised patients' needs basis. Cognitive behaviour therapy is available.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an improvement in clinical documentation since previous inspections. There was one composite set of clinical files and all entries were signed. While there was some difficulty in finding information in the clinical files all documentation was eventually retrieved. All documentation was up-to-date. There was a policy on maintenance of records. Documentation of food safety, health and safety and fire inspections were all maintained in the approved centre and were examined on the day of inspection.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies were reviewed within a three year period and were up-to-date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on complaints. The procedure for making complaints was clearly outlined. A record of complaints was examined by the Inspectorate.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a risk management policy in place. There were also policies on the management of aggression and violence, medical emergencies and on absence without leave. However there were no policies on suicide and self harm. Incidents were recorded and notified to the Mental Health Commission if necessary.

Breach: 32 (2) (c) (ii)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The certificate of registration was displayed.

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

SECLUSION

Use: Seclusion was not used in the approved centre. The approved centre had a written statement to this effect.

ECT (DETAINED PATIENTS)

Use: ECT was not provided by the approved centre. No detained patients were in receipt of a programme of ECT at another approved centre.

MECHANICAL RESTRAINT

Use: It was reported that Mechanical Restraint under Part 5 of the Rules Governing the Use of Mechanical Restraint was used by the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
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	X			
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	NOT APPLICABLE			

Justification for this rating:

At the time of inspection, no resident was being mechanically restrained under Part 5 of the Rules Governing the Use of Mechanical Restraint. The approved centre had a policy pertaining to Part 5 of the Rules.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used by the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders		X		
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint		X		
9	Clinical governance	X			
10	Staff training		X		
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The clinical files of one resident on Kylemore and one resident on Owendoher, both of whom had been physically restrained, were examined. The physical restraint incidents had been documented in both clinical files. There was no documentary evidence in the clinical files that the residents' next of kin had been notified of the incidents of physical restraint or the reasons for not informing the residents' next of kin was not documented. The Clinical Practice Form books were examined and were in order. The approved centre had a written operational policy on physical restraint. The Director of Nursing was trained in Crisis Prevention Intervention (CPI). The service reported that it intended to link with the HSE regarding the provision of further training.

Breach: 5.9, 8.3, 10.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: Five deaths were reported by the approved centre to the date of inspection.

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

Justification for this rating:

The approved centre reported all incidents and deaths to the Mental Health Commission. A record of incidents was examined by the Inspectorate. The Risk Management policy was not compliant with Article 32 of the Regulations. Each incident was reviewed by the Director of Nursing and discussed at the Clinical Governance Committee. It was reported that a number of key staff had been trained in the Stars web tracking system with a view to the approved centre using this system in the future.

Breach: 3.1, 4.

ECT FOR VOLUNTARY PATIENTS

Use: One resident had been transferred to another approved centre for an eight-day duration for two ECT treatment sessions. All documentation regarding this treatment was maintained at the treating approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted and transferred residents. It was reported that no discharges had occurred this year to the date of inspection.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was an admission, transfer and discharge policy. The centre was not fully compliant with Article 32 of the Regulations on risk management. There was a nurse key worker system in place. There was no protocol for the admission and discharge of persons with intellectual disability and mental illness. There was a policy on information, medication and on personal property and possessions.

Breach: 4.16, 7.1

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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Referral letters from the referring agencies were documented in the clinical file. The decision to admit was made by the consultant psychiatrist.

A psychiatric assessment was carried out and documented in the body of the clinical file but this did not include a risk assessment as required by the Code of Practice. A physical examination was completed.

An information booklet was available but no information was available on medications. Advocacy services were available.

Most residents did not have an individual care plan. A key worker system was in place and there were regular team meetings held in each ward.

Breach: 15.3, 16.3 (c), 17.1

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary 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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The decision to transfer was made by a medical practitioner. Relevant information accompanied the resident on transfer. A nursing transfer form was in use. A nurse accompanied the resident when being transferred.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

It was reported that no resident had been discharged this year to the date of inspection.

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

Description: It was reported that two residents on Kylemore had an intellectual disability and mental illness.

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	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre did not have evidence-based policies and protocols in place to reflect the principles in this Code of Practice (*Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities*). It was reported that education and training had not been provided to support the principles and guidance in this Code of Practice. There was evidence in the clinical files examined of inter-agency collaboration. The clinical files of both residents were examined; neither resident had an individual care plan. There was evidence in the clinical file of one resident of practical steps undertaken to enable the resident to communicate.

Breach: 5, 6, 8.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: It was reported that five patients detained under the Mental Health Act 2001 for more than three months were being administered medicine for the purposes of ameliorating their mental disorder.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)				X
Section 60 (b)(i)				X
Section 60 (b)(ii)				X

Justification for this rating:

Owendoher: The clinical files of three patients were examined. There was no documentary evidence in the clinical files of two patients indicating that they had consented in writing to the continued administration of that medicine or, that the continued administration of that medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patient and that the continued administration of medicine was authorised in Form 17 by another consultant psychiatrist. The Inspectorate asked nursing staff on the Owendoher to check that this was in fact the case. The Director of Nursing came to Owendoher soon afterwards to confirm to the Inspectorate that the relevant section 60 documentation had not been completed.

There was documentary evidence that the continued administration of medicine to one patient on Owendoher was approved by the consultant psychiatrist responsible for the care and treatment of the patient and that the continued administration of medicine was authorised in Form 17 by another consultant psychiatrist.

Donnybrook: The clinical file of one patient was examined. There was no documentary evidence that the patient had consented in writing to the continued administration of that medicine or, that the continued administration of that medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patient and that the continued administration of medicine was authorised in Form 17 by another consultant psychiatrist. Again, nursing staff were requested by the Inspectorate to check if this was the case. After both members of nursing staff checked, they verified to the Inspectorate that the section 60 documentation had not been completed.

Kylemore: The clinical file of one patient was examined. There was documentary evidence that the continued administration of that medicine was approved by the consultant psychiatrist responsible for the care and treatment of that patient and that the continued administration of that medicine was authorised in Form 17 by another consultant psychiatrist.

Breach: Section 60 Mental Health Act 2001

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

Description: Children were not admitted to the approved centre so this section of the Act was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One service user spoke with the Inspectorate. They stated that they were very happy in the approved centre and was satisfied with their standard of care.

OVERALL CONCLUSIONS

Bloomfield Care Centre offered a very high standard in both the building and facilities for residents. There was an extensive programme of activities available through the occupational therapy department and through the activities co-ordinator. It was obvious that positive developments were taking place through the director of nursing including consistency in nurse staffing, positive risk taking, audits of medication and minimal use of restraint.

The absence of individual care planning needs to be addressed urgently. It was not acceptable that five years following the introduction of the Regulations residents were still without individual care plans.

The breach of Section 60 of the Mental Health Act 2001 in three separate patients was of serious concern and this was notified to the Mental Health Commission as a matter of urgency.

RECOMMENDATIONS 2011

1. The approved centre must be in compliance with Section 60 of the Mental Health Act 2001.
2. Each resident must have an individual care plan as defined by the Regulations.
3. Each psychiatric assessment of residents on admission should include a risk assessment and this should be reviewed regularly. Consideration should be given to introducing an admission form which includes physical assessment, full psychiatric assessment and risk assessment.
4. Comprehensive information on diagnosis and medication should be made available for residents.
5. Staff training in relation to physical restraint must be provided by the approved centre.
6. All staff of the approved centre must be cognisant of the guidance contained in the Code of Practice – *Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities and Mental Illness*.