

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	Bloomfield Care Centre
APPROVED CENTRE	Bloomfield Care Centre – Bloomfield, Kylemore, Owendoher and Swanbrook Wings
CATCHMENT AREA	Independent Sector
NUMBER OF WARDS	4 (2 operational)
NAMES OF UNITS OR WARDS INSPECTED	Kylemore Bloomfield
TOTAL NUMBER OF BEDS	112
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	10 June 2009

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

DESCRIPTION

Bloomfield Care Centre was an approved centre under the Mental Health Act 2001. It had a license for 112 mental health beds and also provided nursing home beds. It was a modern facility situated at Rathfarnham in the foothills of the Dublin Mountains, managed under the guidance of the Quaker community of Ireland. The Kylemore Clinic had recently moved into the facility to amalgamate with it. On the day of inspection, there were 63 residents, all voluntary. Bloomfield was a unit on the first floor that was locked for reasons of safety. Kylemore was located on the ground floor. There were two fully equipped wards, Owendower and Swanbrook, that were not yet in use.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Bloomfield Wing	36	35	Psychiatry of later life
Kylemore Wing	28	28	Psychiatry of later life
Owendower Wing	24	0	Ward not yet in use
Swanbrook Wing	24	0	Ward not yet in use

QUALITY INITIATIVES

- The residents and patients information booklet was completed.
- A resident satisfaction survey in conjunction with residents' families, which the service had found very helpful.
- Two registered psychiatric nurses and an occupational therapist had recently been recruited and were already in post.
- Appointment of a consultant psychiatrist.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The unit should have individual care plans as defined in the Regulations with a single composite set of notes for each resident.

Outcome: Not all residents had an individual care plan as defined. A composite set of clinical files had been introduced but was in need of completion to facilitate ease of retrieval of clinical information.

2. The multidisciplinary team should meet on a regular basis to review the residents' progress.

Outcome: A programme of regular review was under way. Not all residents had been reviewed regularly. An occupational therapist had begun the task of assessing each resident.

3. Therapeutic activities should be determined by the individual assessment of needs and care plans.

Outcome: A programme of individual assessment had begun but was in its initial stages.

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	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

All residents had a photo ID attached to their clinical file and to the medication administration folder. Medications were in individual packs that were individually named. All nursing staff knew the identity of all residents.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Fresh drinking water was available to residents at all times. A menu card was completed by residents each morning and there was a good choice of food for all three daily meals. Special dietary requirements were catered for.

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The food safety report was satisfactory and had been updated in May 2009.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Residents wore their own clothes, marked with their names. No resident was nursed in night clothes.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had written operational policies and procedures relating to residents' personal property and possessions. A record was maintained and each resident or a relative could request and retain a photocopy of the record. The record was separate to the individual care plan. Provision was made for the safe keeping of valuables.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had an activities coordinator who consulted with both occupational therapists on a regular basis to prevent overlapping of activities and to plan future activities. A programme of activities was examined by the Inspectorate. The activities included: exercises, a weekly cinema afternoon, quiz sessions, massage therapy, and a Sonas programme. A pianist came to the centre fortnightly. Books were available and each sitting room area had a TV set.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had a religious room which could be used by different congregations throughout the week. On the day of inspection, anointing of the sick was taking place. All residents were facilitated, insofar as was reasonably practicable, in the practice of their religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A policy of open visiting was in place. The service had written operational policies and procedures for visits. Child visitors had to be accompanied by a responsible adult.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The approved centre had written operational policies and procedures on communication. Mobile phones were retained by some residents. Phone calls could be made or received by residents using the land line. Incoming post was delivered to the resident unopened. For certain residents, letters were opened and read to them by staff with the resident's or relative's permission. Mail was sent by residents.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

It was reported that no searches had ever been carried out in the approved centre. The centre had written operational policies and procedures that were compliant with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre had written operational policies and protocols for care of residents who were dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Care planning had begun on one ward. The service was reviewing its documentation in the light of new staff and the requirements under this Article. A single file had been introduced on Bloomfield ward.

Kylemore ward had nursing care plans in place. The service reported that it was actively reviewing the residents and commencing a care planning process.

The Inspectorate made some suggestions to the service that would help them towards full compliance.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A range of therapeutic services and programmes was available to each resident but these activities were not linked to each resident's individual care plan.

One occupational therapist had transferred from Kylemore Hospital and provided sessions to the residents on Kylemore ward. The second occupational therapist was based in the Bloomfield Hospital and provided sessions to all residents in the hospital.

The two occupational therapists had begun a series of assessments on each resident.

Breach: Article 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	NOT APPLICABLE	NOT APPLICABLE
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Transfers were made following recommendation by the consultant, NCHD, or a general practitioner. A referral letter was made followed by a phone call from the medical practitioner. A nurse transfer form was also sent. Next of kin was always notified. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The residents of Bloomfield had three-monthly physical examinations recorded in their clinical files. Following the transfer of Kylemore Clinic residents to Bloomfield Care Centre, a process was underway to ensure full compliance with this Article. The approved centre had written operational policies and procedures for responding to medical emergencies.

Breach: Article 19 (1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A new patients, residents and visitors information booklet had been introduced by the approved centre. It included details of housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements. Verbal and written information on residents' diagnoses was available. Details of relevant advocacy services and voluntary agencies were displayed on the units. Information on medications was provided on request. A written policy and procedures were in place.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was a modern facility. All bedrooms had an en suite and adequate wardrobe and locker storage space. Most rooms were single rooms with a number of double rooms. The service was compliant.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The premises were new, clean and bright. Each bedroom opened out through French windows to a garden area or balcony.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

CCTV was used along the corridors for safety and security purposes and not for the observation of residents. Security was used on the entrance and outside for security. The approved centre had appropriate policies in place. The use of CCTV clearly labeled and evident.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Bloomfield Unit	Nurse Carers Occupational therapist	CNM + 1 Staff 4 3 days a week	1 Staff 2 0
Kylemore Unit	Nurse Carers Occupational therapist	CNM + 2 Staff 3 - 4 4 days a week	1 Staff 2 0
Bloomfield Care Centre	Consultant psychiatrist Registrar Physiotherapist Massage therapist	3 sessions a week Once a week Once a week Once a week	0 0 0 0

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The approved centre had written policies and procedures. The numbers of staff and the skill mix of staff was appropriate to the needs of the current number of residents and the size and layout of the two units currently operating. An appropriately qualified staff member was on duty and in charge of the approved centre at all times. The training register was examined. Copies of the Act, Regulations, Rules and Codes of Practice were maintained on the unit.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

In the clinical files examined, signatures, in some instances, were missing from the electronic clinical entry. In some instances, it was difficult to retrieve information from the clinical files. Old clinical files, known to the service as “blue files” were still being used in conjunction with the new clinical files. The service stated that this practice was meant to have ceased. The approved centre had written policies and procedures compliant with this Article.

Breach: Article 27 (1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The register of residents was compliant with Schedule 1 of the Regulations.

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre was compliant. All policies went to the medical advisory committee and then to the Board for approval. Currently the service reviewed all policies annually.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Resources were available to facilitate the requirements of this Article.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The complaints procedure was framed and prominently displayed throughout the facility. The approved centre was compliant with all aspects laid out in this Article and also had written operational policies and procedures that were compliant.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre had a comprehensive risk management policy in place. A record of incidents was examined. The senior management team reviewed all incidents on a regular basis.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The certificate of insurance was in place.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The approved centre was compliant.

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

SECLUSION

Seclusion was not used by the approved centre and a statement to this effect was examined.

ECT (DETAINED PATIENTS)

ECT was not provided by the approved centre. No resident was detained under the Mental Health Act 2001.

MECHANICAL RESTRAINT

Use: A number of residents required bed rails at night and lap belts during the day.

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:

A number of clinical files were examined on Bloomfield. The order for the use of lap belts or bed rails was prescribed by the general practitioner and not by the registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient.

A record of staff who had received training in mechanical restraint for enduring self-harm behaviours was maintained and examined by the Inspectorate.

Breach: Section 21.1

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

PHYSICAL RESTRAINT

It was reported that physical restraint was not used. The approved centre had written a statement to this effect. A record of staff who had received training in physical restraint was maintained and examined by the Inspectorate.

ADMISSION OF CHILDREN

No children were admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A record of incidents was maintained by the approved centre. The Mental Health Commission was notified of any deaths in accordance with the relevant Code of Practice. A six-monthly record of incidents was forwarded 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:

The approved centre had a comprehensive risk management policy in place.

ECT FOR VOLUNTARY PATIENTS

ECT was not provided by the approved centre.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

No resident was detained under the Mental Health Act 2001.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident asked to speak with the Inspectorate team on Bloomfield ward. Residents were greeted by the Inspectorate team during the inspection.

On Kylemore, residents spoke to a member of the Inspectorate team about their recent move to the new facility. Initially teething problems were being addressed by the nursing staff.

OVERALL CONCLUSIONS

Since the last inspection there had been a significant number of capital and human resource changes. The centre had increased its bed number licence under the Mental Health Act. The residents and some staff from Kylemore had moved in six weeks prior to the inspection. A consultant psychiatrist had been appointed. Much work had been undertaken by the service to ensure compliance with the Regulations, Rules and Codes of Practice. There was a willingness on the part of staff to continue to develop and build a quality service.

RECOMMENDATIONS 2009

1. The approved centre should use individual care plans as defined in the Regulations.
2. Therapeutic programmes must be linked to the overall care plan and based on the assessed needs of the residents.
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.
4. All electronic entries into the clinical files should be signed.
5. A single composite set of notes should be used for each resident.
6. A system needs to be put in place to ensure regular mental health and physical reviews.