

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent Sector
HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Independent Sector
APPROVED CENTRE	St Edmundsbury Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	11 September 2012

Summary

- The approved centre was fully compliant with all applicable Articles of the Regulations. They were also compliant with the Codes of Practice with the exception of the Code of Practice on Admission. Subsequent to the inspection, the Inspectorate received comprehensive additional documentation outlining how staff and management had taken a number of actions to address the issue with respect to admissions.
- There was a comprehensive system in place throughout the approved centre to ensure good service user participation and feedback.
- There was evidence of therapeutic programmes and recreational facilities matching individual needs.
- The physical environment was maintained to a high standard.
- The psychiatric assessment of residents presenting for admission required attention in order to meet the requirements of the Code of Practice on Admissions, Transfers and Discharges to and from an Approved Centre.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Edmundsbury hospital was located in Lucan, Co Dublin. It was situated in a large sylvan setting. There was one ward in the approved centre. On the day of inspection there were 44 residents and there were no involuntary patients. There were three whole-time consultant psychiatrists and three multidisciplinary teams attached to the approved centre. The day programme attached to the hospital had expanded considerably since the last inspection. There was a broad and extensive programme of therapeutic activities available to the residents.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	28	28
Substantial Compliance	0	0	0
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	2	3	3

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
St. Edmundsbury Hospital	50	44	General Adult Team

QUALITY INITIATIVES 2011/2012

- A pharmacist was now attached four days per week to St. Edmundsbury Hospital and had conducted a Benzodiazepine prescribing audit. The pharmacist also attended the three multidisciplinary teams and was involved in developing other quality initiatives in relation to medication safety.
- The Day Care Service had been developed. It offered an outreach service to discharged patients from St Edmundsbury Hospital and also took direct referrals from outside agencies. There were plans to develop part of the hospital further to facilitate this expanding service.
- A survey of service user's experience of St Edmundsbury Hospital and Day Service was undertaken on a continuous basis.
- A survey was undertaken on looking at predictors of suicide amongst patients and a new tool for assessing Suicide Risk was being developed.
- A third clinical psychologist (part-time) was soon to be appointed and this would mean there would be a dedicated clinical psychologist on each of the multidisciplinary teams.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Inspectors made no recommendations following the 2011 inspection.

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	2010	2011	2012
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:

Service users were identified by a medical record number. With the resident's consent a second identifier was used in the form of a photograph attached to the clinical file and prescription sheet.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Drinking water was widely available. Tea, decaffeinated coffee and snacks were available 24 hours a day. There was a wide and healthy choice of menu for main meals.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 most recent and up-to-date Environmental Health Officer and Food Safety reports were made available to the inspectors on the day of inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Residents wore their own clothes. The approved centre had up-to-date policies on access to clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 ample storage space in the bedrooms and a personal safe available for every resident. The approved centre had up-to-date policies on resident's personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 an extensive array of recreational facilities available to residents. These included a gym, exercise equipment, miniature golf and a music room. There were plasma TVs in every room and TVs available in the sitting room with extra channels available.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

A Chaplain attended the approved centre two days per week. All religions were catered for.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had an open policy in relation to visits. Visiting time was until 2200hrs daily and there were plenty of pleasant places available for visits. The approved centre had up-to-date written policies in place for visits to the approved centre.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Residents could retain their mobile phones. There was an information centre in the approved centre with easy access to email and internet. The centre was in the process of installing Wireless internet access. The approved centre's written policies and procedures on communication were up to date.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Residents' possessions were searched on admission. The approved centre had up-to-date written operational policies and procedures around the searching of residents and the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

No resident had died in 2012 up to date of inspection. The approved centre had up-to-date written operational policies and protocols for Care of the Dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

An individual care plan (ICP) was completed in conjunction with the multidisciplinary team following admission. This was very good and met the requirements of this Article. It also included a discharge planning section. The ICP was reviewed each week and this was inserted into the clinical file. The weekly review document was of excellent design and included much relevant information including a section where the resident documented his or her weekly progress. In all, it was a very good individual care planning process with an emphasis on service user involvement.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 an extensive array of therapeutic services and programmes which were tailored to meet the individual needs of residents and were linked to their individual care plans. The range of therapeutic services available was enhanced by the variety of health and social care professionals attending the multidisciplinary teams.

Article 17: Children's Education

This was not applicable because no children were admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 relevant information about the resident was provided to the receiving approved centre or hospital upon transfer of the resident. The approved centre had an up-to-date written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Physical examinations were carried out routinely on admission and when required. No resident was in the approved centre for over six months. The approved centre had up-to date written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

An excellent information service was available to residents which covered all aspects of the service. A "Welcome and Information Pack" was kept up to date and left in the room of each resident. The I.T. system was being updated to include wireless internet access. The weekly programme of recreational activities and therapeutic programmes was widely available on notice boards around the building. All policies and procedures for the provision of information to residents, including medication information, were up-to-date.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 privacy and dignity of residents was appropriately respected in the approved centre. There were 44 single rooms and 3 double rooms. The double rooms had excellent privacy curtains.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre was clean and in excellent decorative condition on day of inspection. It was adequately heated and ventilated. St. Edmundsbury hospital had a fully staffed facilities department and a continuous programme of upgrade and maintenance.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had a dedicated pharmacist four days per week. The pharmacist had overall responsibility for ordering medications. 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	2010	2011	2012
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 most recent and up-to-date Health and Safety statement was available for inspection. All written policies and procedures relating to the health and safety of residents, staff and visitors were up to date.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used for the observation of residents.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St Edmundsbury	CNM2	1	0
	RPN	4	3
	HCA	1	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA) Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had written policies and procedures relating to the recruitment, selection and vetting of staff. The number of staff and skill mix were appropriate to the assessed needs of residents and size and layout of the approved centre. The training register was examined by inspectors and was satisfactory. Copies of the Act, Regulations, Rules and Codes of Practice were available in the approved centre.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 clinical files examined by the inspectors were in good order and information was easy to retrieve. The approved centre had written operational policies and procedures relating to the creation of and destruction of records. Documentation of inspections relating to food safety, health and safety and fire were maintained in the approved centre, were examined by inspectors and were in order.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 Register of Residents was examined by inspectors and was compliant with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Written policies and procedures of the approved centre were presented to the inspectors for inspection. All policies and procedures required under the Regulations were up-to-date.

Article 30: Mental Health Tribunals

It was the policy of the approved centre that all residents were voluntary.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had written policies and procedures relating to the making, handling and investigation of complaints and these were up to date.

Comment/Feedback boxes were positioned throughout the approved centre and checked twice weekly. A nominated person was available to deal with all complaints.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had a comprehensive written risk management policy in place and this was implemented throughout the approved centre. The Risk Assessment Tool (ARAT) was completed in every clinical file examined by inspectors.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 copy of the approved centre's certificate of insurance was examined by inspectors.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 current Certificate of Registration issued pursuant to Section 64(3)(c) of the Act was displayed in the Hospital's main reception foyer.

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre. No detained patient was receiving ECT in another approved centre.

MECHANICAL RESTRAINT

Mechanical Restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Physical restraint had not been used in the approved centre since the last inspection in 2011. Inspection of the Clinical Practice Forms for Physical Restraint confirmed this.

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

ADMISSION OF CHILDREN

Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had occurred in the approved centre since the previous inspection in 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

All incidents were reported using incident forms. These were processed by the risk manager and committee in St Patrick's Hospital. The incident book was available to the inspectors. There was an identified risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre. One resident was receiving ECT in St. Patrick's Hospital.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	X			
5	Information	X			
6	Prescription of ECT	X			
7	Assessment of voluntary patient	X			
8	Anaesthesia	X			
9	Administration of ECT	X			
10	ECT Suite	NOT APPLICABLE			
11	Materials and equipment	NOT APPLICABLE			
12	Staffing	NOT APPLICABLE			
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

ECT was administered in St. Patrick's Hospital. An excellent ECT file was used and contained information, signed consent forms, records of administration of ECT and anaesthetic records.

ADMISSION, TRANSFER AND DISCHARGE

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 were policies on admission, transfer and discharge that met the requirements of this Code of Practice. There was a policy on Risk Management in accordance with Article 32 of the Regulations. A key worker system was in place.

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:

All admissions were discussed with the consultant psychiatrists. There was an excellent admission form in use that incorporated risk assessment and physical examination. However some of the psychiatric assessments were not adequate. Some of them demonstrated lack of, or poor quality in recording presenting complaint, history of presenting complaint, medication history and collateral history – these sections were sometimes left blank. There were also references such as “see kardex” with no other information recorded. Physical examinations were good and risk assessment had always been carried out.

The approved centre was compliant with Article 20 of the Regulations on Information, Article 7 and 8 on Clothing and Personal Possessions and Article 27 on Maintenance of Records.

Each resident had a good individual care plan. There was a key worker system in place and multidisciplinary team involvement in the care of the resident.

Subsequent to the inspection, the Inspectorate received comprehensive additional documentation outlining how staff and management had taken a number of actions to address and rectify this issue.

Breach: 15.3

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 a resident was made by the consultant psychiatrist in conjunction with the multidisciplinary team. The approved centre complied with Article 18 of the Regulations in respect of Transfer of Residents. Transfers were documented in the residents' clinical files.

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
X			

Justification for this rating:

The decision to discharge was made by the multidisciplinary team. Discharge planning was part of individual care planning. Discharge information was documented in the clinical file. A discharge summary was sent to the General Practitioner who was contacted by phone on the day of discharge. Follow-up was arranged and clearly documented in the clinical file.

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

Description: There was a policy which stated that people with an intellectual disability and a mental illness were not admitted to the approved centre.

2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)

SECTION 60 – ADMINISTRATION OF MEDICINE

There were no detained patients in the approved centre.

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

There were no children admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The inspectors met with two residents. Both were very happy with their care and treatment and the environment of the hospital. One resident stated that they felt listened to and had complete involvement with her individual care plan. Both praised the staff.

OVERALL CONCLUSIONS

The standard of care and treatment throughout St.Edmundsbury was very high and again staff impressed as being enthusiastic, caring and interested in continuously improving the service.

Service users were actively involved in having input into their own individual treatment and into the development of the wider service.

Seclusion, mechanical restraint and electroconvulsive therapy were not used.

The individual care plan was excellent, as was the use of weekly review forms which were inserted into the clinical file each week. These review forms had been updated in 2012 and contained more relevant information including a section where the resident contributed his or her input to the care plan. The design of these forms was very good.

The quality of the psychiatric admission assessment which was completed by the non consultant hospital doctors (NCHDs) was not always up to the standard required by the Code of Practice on Admission, Transfer and Discharge to the Approved Centre. The design of the form used for the psychiatric assessment was very good and lent itself to completing a comprehensive initial assessment. However, further training and supervision for NCHDs in completing a comprehensive psychiatric assessment appeared to be required.

It was obvious when meeting the multidisciplinary staff and senior management that there was a commitment to continuous improvement and an emphasis on providing a quality service.

RECOMMENDATIONS 2012

1. The non consultant hospital doctors should receive training in the psychiatric assessment of residents presenting for admission.