

Report of the Inspector of Mental Health Services 2008

HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Highfield Hospital Group
APPROVED CENTRE	Hampstead Private Hospital
NUMBER OF UNITS OR WARDS	1
UNITS OR WARDS INSPECTED	Hampstead
NUMBER OF RESIDENTS WHO CAN BE ACCOMODATED	44
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	27 May 2008

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. 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 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The hospital provided continuing care to male residents with dementia and enduring mental illness. All residents were admitted to the hospital under the care of a consultant psychiatrist. The building was an old period house with two floors.

The senior management team reported that there were plans to close Hampstead and relocate to a new purpose-built unit on the Highfield site. It was expected that this project would be completed in 2010.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	SPECIALTY
Hampstead	44	44	Continuing Care Male

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. *The recommendation from the 2006 report for a system of integrated care and treatment planning should be addressed. A system of integrated care planning should be introduced.*

Outcome: The service had developed and introduced a system of integrated care planning.

2. *There should be a formal team meeting with minutes and set review dates.*

Outcome: It was reported that there were weekly team meetings. The key nurse, nurse manager, consultant psychiatrist and occupational therapist attended.

3. *All residents should have an individual assessment of need, and appropriate therapeutic services and programmes made available based on the outcomes.*

Outcome: Since the last inspection, the occupational therapist and dietician had completed a number of assessments on each resident. A programme of therapeutic activities was provided on a daily basis on the ward.

MDT CARE PLANS 2008

The service had developed and implemented an integrated individual care plan for each resident. The care plan had five key areas, mental health, physical health, occupational activities, family contact and any other needs. Each care plan was signed by the doctor, key worker and service user. Where appropriate and possible, a family member also signed. At the time of inspection, the service was arranging meetings with family members prior to signing the care plan and setting review dates. It was reported that standard review interval was six months.

GOOD PRACTICE DEVELOPMENTS 2008

Organisational Level

- The service had introduced individual care plans, and regular therapeutic programmes for the residents.
- New paperwork and recording system for six-monthly physical reviews had been introduced.
- An assistant director of nursing and staff management grades had been introduced to the service.
- A full-time training officer had been appointed. The staff had regular access to in-house training.
- The service had developed a risk management policy and procedures were in place. There were monthly meetings at senior management level to review all incidents.

Ward Level

- Soft furnishings had been replaced and the space in the dining room increased.
- A full-time house keeper had been appointed to the ward.
- Aromatherapy sessions were provided once a week.

SERVICE USER INTERVIEWS

All residents were greeted by the Inspectorate. While no resident requested to be seen by the Inspectorate, three residents struck up conversation with the Inspectorate. All were happy with their care and treatment.

2008 AREAS FOR DEVELOPMENT ON THE QUALITY, CARE AND TREATMENT MENTAL HEALTH ACT 2001 SECTION 51 (b)(i)

1. The service should monitor and audit the implementation of integrated care plans.

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

INTRODUCTION

In 2008, the inspection focused on areas of non-compliance identified in 2007. In addition, the Inspectorate re-inspected compliance with all the articles in part three of the Regulations (15–21 and 26) and the Rules and the Codes of Practice in each approved centre. In 2008, two new codes of practice were issued and compliance with them was inspected. Where conditions were attached, they were inspected in detail. Evidence of compliance was established through three strands:

- Inspection of compliance where there was a breach in 2007. This was cross-referenced with the action plan submitted to the MHC Standards and Quality Assurance.
- Written evidence requested prior to the inspection, for example policies.
- Evidence gathered during the course of the inspection from staff, service users, photographic evidence and photocopies.

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d) ON 27 MAY 2008

Article 9: Recreational Activities

There was evidence of a daily recreation programme on the unit for all residents.

Compliant: Yes

Article 13: Searches

A policy was submitted to the Inspectorate.

Compliant: Yes

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

A policy was submitted to the Inspectorate.

Compliant: Yes

Article 15: Individual Care Plan

Each resident had an individual care plan as defined by the Regulations. The plans were typed and family members were been contacted to be included.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

An occupational therapist had begun a programme and individual assessments on the ward. Each resident had an assessment completed by a dietician. Residents individually were referred to physiotherapy as required. A detailed programme was submitted to the Inspectorate.

Compliant: Yes

Article 17: Children's Education

Children were not admitted to this unit.

Compliant: Not applicable

Article 18: Transfer of Residents

A policy was submitted to the Inspectorate.

Compliant: Yes

Article 19 (1-2): General Health

The service was compliant. New paperwork and a recording system for six-monthly reviews had been introduced since the last inspection.

Compliant: Yes

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

An information booklet was given to residents. This detailed the names and roles of relevant staff, housekeeping practices, arrangements for personal property and other relevant information. A policy was being finalised and a copy was requested by the Inspectorate. A policy was subsequently sent to the Inspectorate.

Compliant: Yes

Article 21: Privacy

The service was compliant. A number of changes had been introduced in the dining arrangements since the last inspection.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use on the unit.

Compliant: Not applicable

Article 26: Staffing

The service had policies and procedures relating to recruitment, selection and vetting.

The staffing levels on the unit are recorded in the table below. Since the last inspection, the service had employed an assistant director of nursing (RPN) and introduced nurse manager grades.

STAFF TYPE	DAY	NIGHT
Registered General Nurse / Registered Psychiatric Nurse	2 (minimum)	1
Registered Psychiatric Nurse	1 ADON	1 CNM2
Qualified care staff	5	0
Unqualified care staff	2	4
Recreational therapy staff	Sessional	
Occupational therapist	Sessional	

There was a rota in place. There was a director of nursing for the campus and a clinical director. The service had employed a nurse training officer. Training programmes were provided and staff were facilitated to attend mandatory and educational training days. Training in the Mental Health Act 2001 was provided to all relevant staff.

Compliant: Yes

Article 27: Maintenance of Records

The service was compliant.

Compliant: Yes

Article 28: Register of Residents

The service was compliant.

Compliant: Yes

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

SECLUSION

It was reported to the Inspectorate that seclusion was not used on the unit. A policy was in place stating that seclusion was not used in the unit.

Compliant: Not applicable

ECT

ECT was not provided on the unit or in the hospital complex. Residents requiring ECT were transferred to an external hospital.

Compliant: Not applicable

MECHANICAL RESTRAINT

It was reported to the Inspectorate that mechanical restraint was not used on the unit. A policy stating that mechanical restraint was not used in the unit was requested by the Inspectorate. A policy was subsequently forwarded to the Inspectorate.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	A number of residents required the use of cot sides and Posey belts. Each resident had a restraint prescription signed by the consultant psychiatrist and the resident. A family member also signed the form.

Compliant: Yes

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

PHYSICAL RESTRAINT

The Inspectorate was informed that no form of physical restraint was in use on the unit. A policy stating that physical restraint is not used in the unit was requested by the Inspectorate. A policy was subsequently forwarded to the Inspectorate.

Compliant: Not applicable

ADMISSION OF CHILDREN

The unit did not admit children.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

The following table provides a summary of the Inspectorate's findings in relation to compliance with the Code of Practice for the Notification of Deaths and Incident Reporting.

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	Notification of deaths	The service reported all deaths to the Mental Health Commission.
3	Incident reporting	The service had developed a risk management policy and procedures in accordance with Article 32 of the Regulations. All incidents were reported at local level to senior managers. The services clinical indemnifier collated the information and produced monthly reports.
4	Clinical governance	There was a risk management policy in place.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

ECT was not provided on the unit or in the hospital complex. Residents requiring ECT were transferred to an external hospital.

Compliant: Not applicable

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

There were no detained residents on the day of the inspection.

Compliant: Not applicable