

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Dublin West, Dublin South West, Dublin South City
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	Dublin West/South West
MENTAL HEALTH SERVICE	Dublin West/South West
APPROVED CENTRE	Acute Psychiatric Unit, AMNCH, Tallaght
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Rowan, Cedar and Aspen
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	23 March 2010

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

INTRODUCTION

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

DESCRIPTION

The acute psychiatric unit in the AMNCH (Adelaide and Meath Hospital, incorporating the National Children's Hospital) was a 52-bed unit located in Tallaght. Ten teams admitted to the unit, which consisted of three wards, including a Psychiatry of Later Life team and a Rehabilitation team. An occupational therapy department was located between Rowan Ward, the male admission ward and Cedar Ward, the female admission ward. Aspen Ward was a 6-bed high observation ward.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Rowan	23	20	General Adult
Cedar	23	20	General Adult
Aspen	6	5	General Adult

QUALITY INITIATIVES

No initiatives were highlighted on the day of Inspection or were forwarded to the Inspectorate subsequent to the Inspection.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Residents should be involved in the setting up of their multidisciplinary individual care plans and should receive their own copy of the care plan.

Outcome: This had been achieved on Cedar Ward and Aspen Ward. In Rowan Ward, not all residents had an individual care plan.

2. Some recreational activities should be made available for residents after 1700hrs, at night and weekends.

Outcome: The service articulated progress on this recommendation.

3. The nursing section within the main resident's clinical file should be used and the practice of storing the nursing notes separately should cease.

Outcome: This had been achieved.

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
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The clinical files of three residents were examined on Cedar Ward. All three residents had individual care plans as defined in the Regulations. One clinical file was examined on Aspen Ward. This resident also had an individual care plan. Four clinical files were examined on Rowan Ward. Of these, only one resident had an individual care plan.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	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>		

Justification for this rating:

In the clinical files examined there was evidence of written occupational therapy assessments on all residents referred to the occupational therapy department. These assessments were excellent. Each resident had access to an appropriate range of therapeutic services and programmes. These therapeutic services and programmes were not in accordance with the residents' individual care plan as not all residents had an individual care plan.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had a policy that was incorporated into the Policy for the Admission of Children.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had policies relating to the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

On Rowan ward two residents had been admitted for a period longer than six months and both had general physical examinations completed. On Cedar ward, three clinical files of residents who had been admitted for a period longer than six months were examined; none of these residents had a physical examination carried out that was compliant with this Article. The service did not provide evidence of having a policy on Responding to Medical Emergencies.

Breach: 19 (1) (b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There was a resident information booklet that relayed appropriate information to this Article. The peer advocate visited weekly and was present on the day of Inspection. Written information on diagnoses was available and information on medication was provided. The centre had a policy and procedures on the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Residents' privacy and dignity was respected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The premises were in the process of being cleaned at the time of Inspection.

The flooring in the bathroom and shower areas was densely stained with cigarette burn marks and was in need of replacement.

Breach: 22(1) (a)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service had a policy that was compliant with this Article, but it was not up-to-date.

Breach: 24(1)

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Rowan	Nursing	1 CNM2, 1 CNM1, 4 Staff Nurses,	3 Staff Nurses (1 CNM3 in charge of overall unit)
	Therapy Department	1 Occupational Therapist (shared), 1 Art Therapist (shared).	0
Cedar	Nursing	1 CNM2, 1 CNM1, 4 Staff Nurses,	3 Staff Nurses
	Therapy Department	1 Occupational Therapist (shared), 1 Art Therapist (shared).	0
Aspen	Nursing	1 CNM2, 1 CNM1, 2 Staff Nurses,	2 Staff Nurses

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There was no psychologist or social worker assigned to the approved centre, but residents had access to these disciplines when required. It was reported that staff had access to training and education, but the register of training was not provided to the Inspectorate.

Breach: 26(4)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Three clinical files in Rowan Ward had bundles of loose sheets with documentation entered. One loose leaf of clinical documentation had no resident's name or medical record number entered on either side. Photographic evidence was obtained. Cedar and Aspen Wards also reported problems with the maintenance of records.

Copies of documentation relating to Inspections on food safety, health and safety and fire inspections were not made available to the Inspectorate.

Breach: 27(1), (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The register of residents was compliant with the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There was evidence that not all policies and procedures had been reviewed at least every three years. The health and safety policy was out-of-date. The service did not provide evidence of having a policy on Responding to Medical Emergencies. The service also reported that it had an up-to-date risk management policy but a copy had not been forwarded to the Inspectorate upon request.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

A record of complaints was maintained. The centre had policies and procedures in place. The complaints procedure was displayed in a number of prominent areas of the centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Although it was reported that the service had an up-to-date policy on risk management, a copy of this policy was not forwarded to the Inspectorate.

Breach: 32 (1)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: The approved centre had two seclusion rooms, located in Rowan and Cedar wards. No current resident from Cedar ward had been secluded.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
3	Orders		X		
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	X			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

Inspection of the register showed that not all the orders had been completed by the relevant staff. In one case, the 'Order', Section 19 was not completed at all by the medical staff. The centre had an up-to-date policy on seclusion.

The files of three residents from Rowan ward, who had been secluded and one from Aspen ward were examined. There was evidence that an episode of seclusion had been discussed with one resident following the episode, and that next-of-kin had been informed. The register was also examined. The seclusion room on Rowan ward was a large, bright room. It had a large window with one-way glass, and had separate bathroom facilities. A sign indicating the use of CCTV cameras was displayed.

Breach: 3.5

ECT (DETAILED PATIENTS)

Use: The approved centre had a large ECT suite which was used infrequently; two or three residents had ECT last year.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information		X		
4	Absence of consent	X			
5	Prescription of ECT	X			
6	Patient assessment	X			
7	Anaesthesia	X			
8	Administration of ECT	X			
9	ECT Suite		X		
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

In the case of the patient due for ECT the following day, it was not clear from the clinical file what information had been given to the resident. There was no private waiting area.

The ECT suite was situated in the Administration corridor, and comprised a changing area, ECT room and a recovery room. There was no private waiting area. There was a designated consultant psychiatrist and nurse for ECT. At the time of Inspection, one patient was due to begin treatment on the following day. The service continued to discuss the proposal to move the ECT facilities from the approved centre to the theatre in the general hospital but there was difficulty in coming to definite arrangements with theatre staff.

Breach: 3.1, 9.2

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre and the service had a policy which stated this.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre. No resident in Cedar ward had been physically restrained at the time of Inspection. In Rowan ward, a number of files of residents were examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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:

A number of orders had not been completed. In one case, Section 18 of the order relating to the ending of physical restraint was blank. The service had an up-to-date policy on the use of physical restraint.

Breach: 5.7, 7.1

ADMISSION OF CHILDREN

Description: No children had been admitted in 2010 at the time of the inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Admission				X
3	Treatment	NOT APPLICABLE			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The approved centre was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of Inspection there had been no deaths in the approved centre in 2010.

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

Justification for this rating:

On Rowan ward incident records had not been sent to the risk manager for January and February 2010. The service did not provide the Inspectorate with a copy of a risk management policy

Breach: 3.3, 4

ECT FOR VOLUNTARY PATIENTS

Use: ECT was used infrequently. One resident was receiving ECT at the time of Inspection. A cognitive assessment had been carried out prior to the treatment and there was evidence that information had been provided to both the resident and family members. The checklist for all treatments had been fully completed.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	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		X		
11	Materials and equipment	X			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

All sections of the Code of Practice had been complied with. There was no private waiting room.

Breach: 10.2

ADMISSION, TRANSFER AND DISCHARGE

Description: Three recent admissions and three recent discharges were reviewed. At the time of Inspection, there had been no transfers in 2010.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had a number of policies in place regarding admissions, transfers and discharges. There was also a policy on patient consent. The approved centre was not compliant with Article 32 which covered policies on risk management.

Breach: 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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

There was clear documentation of psychiatric, physical and risk assessments at admission. Not all of the residents on Rowan ward had an individual care plan. There was documentary evidence of multidisciplinary team involvement. The approved centre did not comply with Article 27 of the Regulations.

Breach: 17.1, 22.6

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

At the time of Inspection, there had been no transfers in 2010. The approved centre was compliant with Article 18.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was documentary evidence of discharge planning in collaboration with residents. Discharge information had been sent to the resident's general practitioner and the local sector team. The discharge policy incorporated a policy on the discharge of homeless people.

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

Description: On the day of the Inspection there was one resident with an intellectual disability.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The service had a policy on admissions which incorporated the admission of a person with an intellectual disability. However, there was no evidence that protocols for the management of people with mental health illness and intellectual disability had been developed or that staff had received specific training in dealing with residents with intellectual disability.

Breach: 5.1, 6.1, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two clinical files were reviewed on Rowan ward.

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

Justification for this rating:

There was documentary evidence that one patient had consented to medication and one other patient had Form 17 completed as required.

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

Description: At the time of the Inspection, no children had been admitted in 2010.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident spoke to the Inspectorate. The resident was dissatisfied with the care and treatment provided. The local peer advocate had engaged with the resident to provide support in relation to the issues of concern.

MEDICATION

The medication sheets were simple and easy to follow. There were no indications for as required (PRN) medication documented. Some signatures were illegible but medication was clearly written.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	19
Number on benzodiazepines	10 (53%)
Number on more than one benzodiazepine	1 (5%)
Number on regular benzodiazepines	6 (31%)
Number on PRN benzodiazepines	5 (26%)
Number on hypnotics	5 (26%)
Number on Non benzodiazepine hypnotics	5 (26%)
Number on antipsychotic medication	15 (79%)
Number on high dose antipsychotic medication	0
Number on more than one antipsychotic medication	7 (37%)
Number on PRN antipsychotic medication	3 (16%)
Number on antidepressant medication	4 (21%)

Number on more than one antidepressant	0
Number on antiepileptic medication	1 (5%)
Number on Lithium	0

OVERALL CONCLUSIONS

The approved centre remained non-compliant with individual care plans some four years after the introduction of a statutory requirement that each resident had an individual care plan. The approved centre reported to the Mental Health Commission that individual care plans would be implemented in February 2010 and they had failed to achieve this. All of the clinical files reviewed contained copies of individual care plans; however these had not been completed in several cases. Despite the uncertainty regarding the relocation of the ECT facilities, the service was fully compliant with all aspects of the Code of Practice regarding this treatment.

RECOMMENDATIONS 2010

1. All staff should be familiar with the two new Codes of Practice relating to Admission, Transfer and Discharge, and Working in Mental Health Services with People with Intellectual Disabilities.
2. All orders in relation to seclusion and physical restraint must be completed in full.
3. The clinical files in use are unsuitable and must be revised to insure compliance with Article 27.
4. The Rules and Code of Practice relating to ECT must be complied with in full.
5. Incidents occurring in the approved centre must be sent to the risk manager regularly and in a timely manner.
6. The orders relating to seclusion and physical restraint must be completed in full.
7. The flooring in the bathroom and shower areas should be replaced.
8. Individual care plans must be implemented.