

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Independent Sector
HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Highfield Hospital Group
APPROVED CENTRE	Hampstead Private Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Hampstead Private Hospital
TOTAL NUMBER OF BEDS	44
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	19 May 2011

OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Hampstead Private Hospital was located in north Dublin near the airport. This hospital provided care for individuals with enduring mental health problems and individuals with dementia. All residents were male and all were voluntary on the day of inspection.

The 44-bed hospital was located in a 110 acre parkland, which was part of a large working farm. The building itself was a listed building and lay in an enclosed garden area which was attractively landscaped and included a gazebo and summerhouse. At the time of inspection, several residents were enjoying the gardens and chat in the company of the clinical director. The building being old had many drawbacks in terms of upkeep and layout suited to modern mental health care; however, it exuded an air of homeliness.

The visitors' room was located on the ground floor and had direct access to the gardens. The visitors' room was exemplar, in addition to non-institutional period furniture it also contained children's furniture, toys, art equipment and a music centre to facilitate any grandchildren who might visit. Photographs from the annual garden party which last featured the theme of the "Mad Hatters Tea Party" were displayed here. The room also had a stand displaying information for families on functional diagnoses, dementia and self-help groups.

The accommodation was spread over two floors. Those residents less mobile and with higher dependency needs were accommodated on the ground floor. Residents on the upper floor could directly access the garden via a short flight of stone steps and the door was usually unlocked.

Building was at an advanced stage on an adjacent site in the development of a new hospital which was due to open in early 2012 and would incorporate Hampstead Private Hospital and provide 100 mental health beds and a ten-bed acute admission unit.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	28	29	29
Substantial Compliance	2	1	1
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Hampstead Private Hospital	44	43	Psychiatry of Old Age

QUALITY INITIATIVES

- Building was well underway for a new approved centre which was scheduled to open in early 2012.
- An occupational therapist had been appointed and significant progress had been made in individual assessment and review and individual care planning.
- The Community Medicine for Older People team from the Mater sector provided on-site assessment and input into the care of residents with significant physical health issues.
- An advocacy service was available to residents and an advocate from the Irish Advocacy Network visited the approved centre fortnightly.
- Cleaning and housekeeping services were provided by an in-house team.
- A purchasing manager had been appointed.
- A catering manager had been appointed.
- Nursing staff participated in the activities of the education department at Beaumont Hospital.
- All healthcare assistants undertook a FETAC (Further Education and Training Awards Council) qualification in the Care of the Elderly within two years of commencing employment in the approved centre.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Medication sheets should be correctly and legibly completed and an audit of benzodiazepine prescribing should take place.

Outcome: This had been achieved.

2. A system should be put in place to ensure all residents receive six-monthly physical examinations.

Outcome: This had not been achieved.

3. Prescriptions of restraint, in relation to mechanical restraint under Part 5 of the Rules, must be appropriately signed and copies retained in each individual clinical file where appropriate.

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 7: Clothing

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

Justification for this rating:

Inspection of this Article was based on self-assessment. All residents wore their own clothes and chose daily attire which was neatly laid out in preparation for the following day.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date written policies and procedures relating to residents' personal property and possessions.

Article 9: Recreational Activities

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 10: Religion

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date policies and procedures in place in relation to visitors, including children.

Article 12 (1-4): Communication

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

Justification for this rating:

Inspection of this Article was based on self-assessment. The approved centre had up-to-date written operational policies and procedures on communication.

Article 13: Searches

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date written operational policies and procedures in place in relation to searches with and without consent and on the finding of illicit substances.

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

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date written operational policies and procedures for the care of residents who are dying.

Article 15: Individual Care Plan

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

Justification for this rating:

All individual clinical files inspected had multidisciplinary care plans as specified in the Regulations. The individual care plans contained clear needs assessment with identified goals and interventions and were reviewed very frequently. A particular strength in the recorded data was the staff's ability to frame the component interventions in precise actionable steps.

The documentation recording this information was cumbersome in design and involved duplication of information and the filling out of information across several sheets of paper. This information might easily be condensed into a simpler document format and be less tedious for the recorder. In addition to the multidisciplinary individual care plan there was also a nursing care plan. This duplication should be avoided and the information incorporated into one single individual care plan.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Each resident had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan.

There was a full-time dedicated activities co-ordinator. A weekly activities timetable included relaxation, bingo, films, music, pet therapy, and a "cappuccino club" social group. "Fit for Life" a voluntary group provided a weekly one-hour exercise session.

At the time of inspection a card game was in progress and the participants expressed their enjoyment to the Inspectors. Whilst there was a full timetable of programmed activities, the majority of residents were sitting in chairs along the walls in the two day rooms where televisions were on, however, most residents were not actively following the television programmes. Many residents might not have had the volition to self direct activities, and residents' quality of life and optimal functioning might have been enhanced with trained staff providing one-to-one and small group stimulation, communication and engagement. The recently appointed occupational therapist (OT) had commenced work with the activities co-ordinator and nursing staff to develop individual programmes. The OT was in the process of carrying out a review and assessing individual occupational needs, including seating and activities of daily living.

Physiotherapy, chiropody, dietician, and clinical speech and language therapy services were contracted in as needed.

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

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

Justification for this rating:

On the day of inspection one resident had been transferred to a general hospital and would in due course return to the approved centre. Medical and nursing reports had accompanied the resident on transfer.

The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

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

Justification for this rating:

Not all individuals who were resident for six months or more had a six-monthly physical examination. A general practitioner was contracted to provide six-monthly physical examinations. There was a log book to track physical examinations and a recording sheet which was also filed in this log book and not in the individual clinical file which would have been preferable. Residents had access to national health screening programmes. The Community Medicine for Older People team from the Mater sector provided an excellent community service to the approved centre.

The approved centre had up-to-date policies and procedures for responding to medical emergencies.

Breach: 19 (1)(b)

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

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

Justification for this rating:

There was a resident information booklet detailing information about the hospital as specified in the Regulations. Information on advocacy was provided. The approved centre had an excellent array of leaflets on diagnoses and treatments. There was a policy on the provision of information.

Article 21: Privacy

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

Justification for this rating:

All beds had surround curtains. Bathrooms were lockable. Residents' dignity and privacy was respected.

Article 22: Premises

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

Justification for this rating:

The building was old and not ideally suited to provide hospital accommodation, nonetheless it was maintained to a good standard and efforts had been made to create a homely atmosphere. Accommodation space was limited. There was one day room on the ground floor and residents were obliged to use this space for both dining and activities. This severely limited scope and choices in activities and occupation. There was a new building underway which would replace Hampstead Hospital and which would address therapy and activities accommodation needs.

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

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There was an up-to-date policy on the ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

Inspection of this Article was based on self-assessment. The approved centre had a fire report available and had recently completed a fire drill. There were operational policies and procedures in relation to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used to monitor or observe residents. CCTV was used externally and was labelled and signposted.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Hampstead private Hospital	Nursing	3 (including CNM2)	1
	Healthcare Assistant	7	3

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	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 compliant with this Article on the day of inspection.

There were up-to-date policies on the recruitment, selection and vetting of staff.

An occupational therapist had been appointed. Residents had access to physiotherapy, chiropody, clinical speech and language as required. There were no clinical psychologists or social workers on staff and services were contracted in as required.

The majority of nursing staff were not psychiatrically trained. Healthcare assistants had access to a Level Five FETAC course in the Care of the Elderly. An education co-ordinator had recently been

appointed to the service and the staff training record was inspected and in order.

Article 27: Maintenance of Records

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

Justification for this rating:

Inspection of this Article was based on self-assessment. The approved centre had a policy and procedures in relation to the creation, access to, retention and destruction of records.

The clinical files were in good order and information was readily accessible. There was some duplication in recording information, for example, the multidisciplinary individual care plan and the nursing care plan overlapped in the information recorded. The Inspectorate suggested that this might be rationalised into a single multidisciplinary individual care plan.

Article 28: Register of Residents

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

Justification for this rating:

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

Article 29: Operating policies and procedures

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

Justification for this rating:

Policies and procedures were up-to-date and readily accessible on site and were inspected.

Article 30: Mental Health Tribunals

All residents were voluntary on the day of inspection.

Article 31: Complaint Procedures

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

Justification for this rating:

Inspection of this Article was based on self-assessment. There was a policy in relation to complaints and the nominated complaints officer was located within the approved centre.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	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 comprehensive policies on risk and these were implemented throughout the approved centre and met the requirements of the Regulations. Risk assessment and management was evident in the individual clinical files inspected. The policies covering different aspects of risk might more rationally be combined into one single policy document.

Article 33: Insurance

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

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

Justification for this rating:

Inspection of this Article was based on self-assessment.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT (DETAINED PATIENTS)

Use: Electroconvulsive therapy was not used in the approved centre.

MECHANICAL RESTRAINT

Use: The approved centre used chair belts under Part 5 of the Rules for enduring risk of self harm.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	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:

The use of a chair belt was ordered and recorded on a certificate sheet and this was placed in the resident's individual clinical file. One individual was restrained at the time of inspection and the individual clinical file were inspected and in order.

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

PHYSICAL RESTRAINT

Use: Physical restraint was not used in the approved centre.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: Two residents had died in 2011 up to the time of inspection.

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

Justification for this rating:

The approved centre notified deaths and reported incidents to the Mental Health Commission as required in the Code of Practice. There were comprehensive risk management policies and procedures in place and staff roles were clearly identified.

ECT FOR VOLUNTARY PATIENTS

Use: Electroconvulsive therapy was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted, transferred and discharged residents.

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:

The approved centre had not developed protocols for the admission and discharge of people with intellectual disability and mental illness.

The approved centre had all other policies and procedures in place as required by the Code of Practice. A key worker system was in operation. Risk management practices were robust and recorded in all individual clinical files inspected. The staff training log was up-to-date and an education co-ordinator had been appointed.

Breach: 4.16

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:

A full physical examination was not routinely carried out at the time of admission or soon thereafter.

The pre-admission process was excellent and there was good liaison with primary care and other healthcare providers. Information was transferred to the approved centre on or prior to admission and individual clinical files inspected evidenced comprehensive physical care. All residents had individual care plans and there was an admission assessment form and checklist completed by nursing staff. The Community Medicine for Older People team from the Mater sector provided care for residents within the approved centre on a referral basis.

The service was compliant with Article 27 as required by this Code of Practice and operated an integrated clinical file.

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 approved centre had a policy and procedures in place in relation to transfers. One resident had recently been transferred to another hospital for physical care and treatment and was due to return to the approved centre. The individual clinical file was inspected and copies of the clinical information transferred and exchanged between treating agencies were contained in the individual file. The resident's family had been party to the transfer and nursing staff had accompanied the resident on the day of transfer.

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 approved centre operated a key worker system. Discharge was planned through the multidisciplinary team. A discharge letter to the General Practitioner and other relevant healthcare agencies was completed. Residents and their families participated in the discharge plan. There was a discharge protocol and a checklist completed by nursing staff.

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

Description: There was one individual with an intellectual disability and mental illness who had been resident in the approved centre for a number of years.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre did not have a policy or procedures on working with an individual with intellectual disability and mental illness. Staff had not received any training in relation to this.

The individual had an individual care plan and staff had devised a programme to promote engagement in activities of daily living and communication. The individual had been assessed by a consultant from a nearby intellectual disability service.

Breach: 5, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: All residents were voluntary and Section 60 did not apply.

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

Description: Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by Inspectors throughout the inspection and those spoken with expressed satisfaction with their care and treatment. One resident complained of being bored and not having enough to do to occupy their interest.

OVERALL CONCLUSIONS

The ethos of the approved centre was respectful of dignity and equality and this was reflected in the interactions between staff and residents and in the care and treatment provided. Hampstead Private Hospital was housed in an old building which had limited communal congregational space for residents. Residents ate their meals in the day room as there was no separate dining area. The new hospital when opened would provide a more suitable physical environment and might provide opportunities to further meaningful engagement and quality of life of residents.

RECOMMENDATIONS 2011

1. A six-monthly physical examination must be completed and recorded for each resident.
2. A physical examination should be carried out at the time of admission unless there is a reason not to do so and if so this should be recorded in the clinical file. In this event, a physical examination should be completed as soon as appropriate.
3. The approved centre should develop protocols for the admission, treatment and discharge of persons with intellectual disability and mental illness.
4. Consideration should be given to how best to optimise residents' individual functional capacity and promote meaningful engagement in daily activities and communication as befits capacity.