

Report of the Inspector of Mental Health Services 2009

| | |
|--|----------------------------|
| MENTAL HEALTH SERVICE | Highfield Hospital Group |
| APPROVED CENTRE | Hampstead Private Hospital |
| CATCHMENT AREA | Independent Sector |
| NUMBER OF WARDS | 1 |
| NAMES OF UNITS OR WARDS INSPECTED | Hampstead |
| TOTAL NUMBER OF BEDS | 44 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Announced |
| DATE OF INSPECTION | 3 March 2009 |

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

DESCRIPTION

Hampstead Hospital was a 44-bed unit that provided continuing care for persons with dementia and enduring mental illness. Residents were under the care of a consultant psychiatrist. The building was a large period house set in parkland surroundings and residents were accommodated over two floors. Residents with cognitive and physical difficulties were nursed on the ground floor, where a single large room was used for all purposes, including dining-room, sitting-room and activities. All the residents were male. Accommodation was in single and double rooms, with one 6-bed room.

DETAILS OF WARDS IN THE APPROVED CENTRE

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|-----------|----------------|---------------------|--------------------------|
| Hampstead | 44 | 41 | Psychiatry of later life |

QUALITY INITIATIVES

Refurbishment works had been carried out in the past year, with some new furniture and bed linen. Staff reported an improvement in the cleaning of the unit since the appointment of in-house cleaning staff. There was on-going training of staff in areas such as manual handling, fire drill, and control and restraint. Talks on various aspects of mental health were given regularly for staff and carers in the lecture room on site.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

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

Outcome: The service had carried out an internal audit in October 2008.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

All residents were identifiable by means of identity bracelets. All residents were easily identifiable by staff when receiving medication, health care or other services. A photo ID was placed over residents' beds and on medication charts.

Article 5: Food and Nutrition

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

Justification for this rating:

The hospital food provided was of a high standard. The menu was rotated every two weeks and involved a choice, taking into account special dietary requirements.

Article 6 (1-2) Food Safety

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

Justification for this rating:

Residents had access to a safe supply of drinking water.

Article 7: Clothing

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

Justification for this rating:

Residents wore their own identified clothing.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

Written policies and procedures were in place relating to residents' personal property and possessions. Provision was made for the safe keeping of all personal property and possessions and an inventory was kept. Money and cigarettes were kept in a locked area on the ward and access to them had to be requested.

Article 9: Recreational Activities

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

Justification for this rating:

A full-time activity therapist and occupational therapist were based in the hospital and a range of activities was available.

Article 10: Religion

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

Justification for this rating:

Residents were facilitated in the practice of their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

Visiting times were flexible for residents. A policy on visiting was in place.

Article 12 (1-4): Communication

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

Justification for this rating:

The hospital had operational policies and procedures on communication. A suggestion box was available on the ward for comments from residents and their family members.

Article 13: Searches

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

Justification for this rating:

Occasionally, residents' belongings were searched to prevent accidental self-harm, for example with medication or matches. The service was compliant with this Article.

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

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

Justification for this rating:

A policy on the care of the dying was available. The resident's family and next of kin were accommodated as far as possible.

Article 15: Individual Care Plan

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

Justification for this rating:

A multidisciplinary team care plan as defined by the Regulations was available.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Residents could attend activities run by the occupational therapist or activity therapist as directed in their individual care plan. Where residents were unable to leave the ward, individual programmes were developed for them there. Residents individually were referred to physiotherapy as required.

Article 17: Children's Education

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

Justification for this rating:

This Article was not applicable as children were not admitted to the unit.

Article 18: Transfer of Residents

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

Justification for this rating:

The service had policies for the transfer of residents, both internally within the hospital and externally to other facilities. Residents were always accompanied when transferred to other hospitals and staff remained with them until a family member could be there.

Article 19 (1-2): General Health

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

Justification for this rating:

There was evidence in the clinical notes that six-monthly general health reviews had been carried out. All residents had access to appropriate national screening services. A policy was in place for medical emergencies.

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

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

Justification for this rating:

Information was provided to each resident as far as the resident was capable of understanding. An information booklet was also given to family members. The hospital had written operational policies and procedures for the provision of information to residents.

Article 21: Privacy

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

Justification for this rating:

One bed in the 6-bed room did not have curtains around it, so the resident using it was not afforded full privacy.

Breach: Article 21

Article 22: Premises

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

Justification for this rating:

Overall, the condition of the premises was of a good standard. However, the High Dependency Unit had only two toilets and one shower for 18 residents who required a high level of nursing care. Paint was peeling off a bathroom wall and required attention. Generally, maintenance works were carried out promptly.

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

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

Justification for this rating:

The service was compliant with this Article. Medication was stored in a locked press, and a monitored dosage system of dispensing medication was in place.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The service had written operational policies and procedures relating to the health and safety of residents, staff and visitors. Monthly audits were conducted by the health and safety officer.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

CCTV was used externally for security purposes only. It was not used for the observation of residents.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------|------------------|-----|-------|
| Hampstead | Nurse | 3 | 1 |
| | Care assistant | 6 | 3.5 |
| | Nurse supervisor | 1 | 1 |

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

Justification for this rating:

Policies and procedures relating to the recruitment, selection and vetting of staff were maintained in nursing administration. A second ADON had been appointed. A full-time training officer had been employed and staff had access to a variety of educational talks on site.

Article 27: Maintenance of Records

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

Justification for this rating:

The service was compliant with this Article.

Article 28: Register of Residents

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

Justification for this rating:

The Inspectorate was told that in some instances it was not possible to ascertain all information on residents, for example PPS numbers and country of birth.

Breach: Article 28 (2)

Article 29: Operating Policies and Procedures

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

Justification for this rating:

Written operational policies and procedures were available and reviewed every two years.

Article 30: Mental Health Tribunals

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

Justification for this rating:

The service cooperated with tribunals and assisted where necessary. There were no detained patients in Hampstead on the day of inspection.

Article 31: Complaint Procedures

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

Justification for this rating:

The service was compliant with this Article. The procedure for reporting complaints was displayed for the benefit of residents and family members.

Article 32: Risk Management Procedures

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

Justification for this rating:

The hospital had a written risk management policy and had an incident report book.

Article 33: Insurance

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

Justification for this rating:

The service was compliant with this Article.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed on the wall in a prominent position.

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

SECLUSION

The Inspectorate was informed that seclusion was not used in the hospital. A policy was in place stating that seclusion was not used in the hospital.

ECT (DETAINED PATIENTS)

The Inspectorate was informed that ECT was not carried out in the unit. A policy to this effect was forwarded subsequent to the inspection.

MECHANICAL RESTRAINT

Use: The service reported that it did not use mechanical restraint. However, mechanical restraint was used in situations where the resident was at risk of self-harm, through slipping off a chair or through falls for example. In these cases, the form of mechanical restraint was prescribed in the medical notes and reviewed on a regular basis.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|---|-----------------|-------------------------|----------------------|---------------|
| 14 | Orders | NOT APPLICABLE | | | |
| 15 | Patient dignity and safety | NOT APPLICABLE | | | |
| 16 | Ending mechanical restraint | NOT APPLICABLE | | | |
| 17 | Recording use of mechanical restraint | NOT APPLICABLE | | | |
| 18 | Clinical governance | NOT APPLICABLE | | | |
| 19 | Staff training | NOT APPLICABLE | | | |
| 20 | Child patients | NOT APPLICABLE | | | |
| 21 | Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour | | X | | |

Justification for this rating:

Some restraint prescriptions were not fully completed and, in some instances, not signed by relatives, but the reason for this was not noted in the file. A register of mechanical restraint was maintained on the ward.

Breach: Section 21.4(a)

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

PHYSICAL RESTRAINT

The Inspectorate was informed that physical restraint was not used in this service, and that there was a policy to that effect

ADMISSION OF CHILDREN

Children were not admitted to the unit so this Code of Practice was not .

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

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

Justification for this rating:

The service was fully compliant with all aspects of this Code of Practice.

ECT FOR VOLUNTARY PATIENTS

ECT was not provided in the approved centre and no residents were receiving ECT in an external hospital on the day of inspection.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

There were no detained patients in the unit on the day of inspection, so Section 60 was not .

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The members of the Inspectorate team introduced themselves to the residents as they passed through the various rooms and explained the purpose of the visit. A number of residents struck up conversation with the team and expressed their satisfaction with the service.

OVERALL CONCLUSIONS

The service continued to make good progress in complying with the Regulations. In relation to the Codes of Practice, the service stated in a policy that it did not use mechanical restraint, but this policy needed to be clarified to take into account mechanical restraint used in relation to Part 5. It seemed to the Inspectorate that there was good involvement of family and carers in the care of the residents, and this was encouraged by staff. Residents were able to make good use of the extensive grounds, weather permitting. Although information on advocacy was available to residents, to date no advocacy service had been introduced to the unit and no advocate visited the residents.

RECOMMENDATIONS 2009

1. Policy in relation to mechanical restraint should be amended to reflect the practice of the use of restraint for enduring self-harming behaviour.
2. Multidisciplinary teams should include members from the psychology and social work disciplines.
3. Privacy should be protected for all residents accommodated in the 6-bed room.
4. An advocacy service should be recruited to attend the unit.