

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Independent Sector
<b>HSE AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	Highfield Hospital Group
<b>APPROVED CENTRE</b>	Highfield Hospital
<b>NUMBER OF WARDS</b>	6
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Hampstead Clinic Pinel Ward Tuke Ward Steele Ward Farnham Ward
<b>TOTAL NUMBER OF BEDS</b>	110
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	23 August 2012

### **Summary**

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- The new premises at Highfield provided excellent accommodation for residents.
- All residents had individual care plans, but in many instances, these care plans were drawn up by the medical Intern assigned to the hospital.
- The Inspectorate was concerned about the level of nursing staff on each long-stay ward.
- The service operated good procedures for the admission, transfer and discharge of residents.
- A number of medication incidents were identified by the Inspectorate team during the inspection.

## OVERVIEW

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

## DESCRIPTION

Highfield Private Hospital was a newly constructed building on the site of the former Highfield and Hampstead Hospitals, in the north of Dublin city. The unit had opened in April 2012 and was nearly fully occupied at the time of inspection. In addition to providing long-term care for residents, one ward Hampstead Clinic was designated for acutely unwell residents. There was one detained patient in the approved centre at the time of inspection. Residents were accommodated in single rooms.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not Applicable	Not Applicable	22
Substantial Compliance	Not Applicable	Not Applicable	7
Minimal Compliance	Not Applicable	Not Applicable	1
Not Compliant	Not Applicable	Not Applicable	0
Not Applicable	Not Applicable	Not Applicable	1

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
Hampstead Clinic	10	4	General Adult
Pinel Ward	20	19	Psychiatry of Old Age, General Adult
Steele Ward	20	18	Psychiatry of Old Age, General Adult
Farnham Ward	20	17	Psychiatry of Old Age, General Adult
Tuke Ward	20	19	Psychiatry of Old Age, General Adult
Domville	20	18	Psychiatry of Old Age, General Adult

**QUALITY INITIATIVES 2011/2012**

As this was the first inspection of this new approved centre, there were no quality initiatives for 2012.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

As this was a new approved centre, there were no recommendations from 2011.

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

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

**Article 4: Identification of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Photographs of residents were attached to medication kardexes and medication blister packs.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had access to a dietician. There was a choice of menu and residents made their choice of meal the previous day.

**Article 6 (1-2): Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The most recent Environmental Health Officer's report was available for inspection.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents wore their own clothing and all residents were in day clothes. A laundry facility was available in the hospital. Each resident's clothes were individually bagged and identified before being sent to the laundry.

**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy in relation to resident's personal property and possessions. Each resident in Hampstead Clinic had a lockable drawer in their own rooms and could choose to keep valuables there. Alternatively, valuables were sent for safekeeping to the accounts department of the hospital. A record was kept in a separate folder.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The activities area was being developed in Hampstead Clinic where an occupational therapist had recently taken up post. An activities therapist had been in post for three weeks in the rest of the hospital. The activities area in Pinel, Steele and Tuke wards was bright and inviting. Newspapers were delivered daily. Staff reported that residents were accompanied by staff on walks in the local area, on a twice weekly basis, in accordance with their individual care plans.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A chaplain was employed in the hospital. A Catholic priest attended to say Mass on Sundays. Staff reported that ministers from other denominations could be contacted on request.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Staff reported that visiting times were flexible. Residents could see visitors in their own rooms or in visiting bays available throughout the approved centre and there was a very pleasant reception area with a coffee shop at the entrance to the unit. The service had a policy for visits.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There were no public phones on the wards but residents could use the nurses' office cordless phone to make and receive calls. Mobile phones were permitted but many residents did not use mobile phones. Residents could send and receive post. There was a policy on communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A policy was available. In Hampstead Clinic however, the consent of residents whose belongings were searched on return from weekend leave was not documented in their clinical files. A written record of searches was not maintained by staff.

**Breach:** 13 (9)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy on care of residents who are dying. All residents had their own room and family members were accommodated with flexible visiting arrangements as required.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents, whose clinical files were examined, had an individual care plan (ICP). The form used was somewhat unclear as to goals and outcomes and was unspecific as to resources needed, which is a requirement of the Regulations. It was of concern to the Inspectorate that the medical Intern was responsible for the multidisciplinary team review and the individual care plans of many of the residents.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Each ward had an Activities Room which was well used and provided a number of activities for residents, including painting, cooking and pet therapy. Residents had access to a range of other therapeutic services provided by a Speech and Language therapist, a Chiropodist and a Geriatrician, who visited the approved centre weekly. However, therapeutic services need to be linked more specifically to individual care plans.

**Breach:** 16 (1)



**Article 17: Children's Education**

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Children were not admitted to the approved centre. There was a policy to this effect.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy on transfers. The service used a transfer form to relay information about a resident on transfer.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A general practitioner (GP) visited the approved centre daily, Monday to Friday. Physical health examinations were carried out every six months and were documented on brightly coloured paper so that they were easily identifiable. The six-monthly reviews had been completed in all clinical files examined on the day of inspection. There was a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A range of information leaflets on various mental illnesses, but not on treatments, were available on display in each ward. An advocate visited the unit but no information about this service was displayed. There was a policy on the provision of information to residents.

**Breach:** 20 (1) (d)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents were accommodated in their own rooms. Some windows in Hampstead Clinic overlooked external communal areas so that there was a possibility that people could see into the rooms. All bathrooms and lavatories could be locked from inside to ensure privacy.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had opened in April 2012. It was a modern facility and was clean, bright and spacious. The quality of decor and comfort for residents was excellent. The Inspectorate noticed that some wardrobes did not include drawer space and seemed too small to accommodate residents' belongings. This was brought to the attention of the approved centre.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, a number of medication errors were apparent in medication Kardexes during the inspection; these were photographed and the management were advised of these on the day of the inspection.

**Breach:** 23 (1)

**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had a policy and Statement relating to health and safety.



**Article 25: Use of Closed Circuit Television (CCTV)**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

CCTV was used only at the entrance to the hospital and at the exit door on one corridor on Hampstead ward. It was not used for recording and was used as a security measure only.

There was an up-to-date policy on the use of CCTV and there was clear signage posted.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Hampstead Ward	CNM2	1	0
	RPN	2	2
	Health Care Assistants	0	0
Pinel Ward	RGN	1	1
	Health Care Assistants	4	1
Steele Ward	RPN	1	1
	Health Care Assistants	2	1
Domville Ward	RPN	1	1
	Health Care Assistants	2	1
Farnham Ward	RGN	1	1
	Health Care Assistants	3	1
Tuke Ward	RPN	1	1
	Health Care Assistants	4	2

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			<b>X</b>
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

With the exception of Hampstead Clinic, staffing by day on all wards consisted of one staff nurse and 2-4 health care assistants. One CNM3 provided senior clinical cover for these wards. The presence of only one staff nurse (who was either a RPN or RGN i.e., psychiatrically or generally trained) presented obvious difficulties when the nurse took meal or other breaks. The Inspectorate considered that the number of staff nurses was not appropriate to the needs of residents. At night, one CNM3 was on duty in the approved centre.

In addition, there were 2.5 WTE consultant psychiatrists, one medical Intern, 0.5 WTE occupational therapist, 0.5 WTE social worker, two activities therapists and 0.5 WTE therapist in cognitive therapy.

There was a policy relating to recruitment and selection of staff. Many of the staff had received training in the Mental Health Act 2001.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Clinical records were well maintained and entries were made sequentially by all disciplines. The approved centre had a policy which satisfied the requirements of this Article. Documentation relating to food safety, health and safety and fire inspections was available to the inspectors.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A Register of Residents was maintained by the service.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Policies were reviewed as required by the Regulations.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Mental Health Tribunals were facilitated in the approved centre.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A log of complaints was maintained by the Director of Nursing (DON) who was the nominated person in the approved centre to deal with complaints. The record of complaints was viewed by the inspectors. There was a policy relating to the making and handling of complaints but this procedure was not displayed in a prominent position in the approved centre.

**Breach:** 31(3)



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on risk management which met the requirements of the Regulations.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The insurance certificate was viewed by the inspectors.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre displayed the Certificate of Registration in the entrance area of the hospital.

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

**SECLUSION**

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**Use:** Seclusion was not used in the approved centre.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

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**Use:** ECT was not used in the approved centre. One patient had been transferred and subsequently discharged to another approved centre for the purpose of providing ECT. All documentation relating to ECT was maintained in the other approved centre.

**MECHANICAL RESTRAINT**

**Use:** Mechanical restraint under Part 5 of the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint was used in the approved centre.

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

**Justification for this rating:**

One resident in Tuke Ward was restrained by means of a chair belt. Whilst the use of the belt was recorded in the resident's individual care plan, the description of the restraint was not specified in terms of the situation where mechanical restraint was being applied or the duration of the restraint.

**Breach:** 21.5 (d), (e)

**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.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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:**

There were three episodes of physical restraint involving two residents on Steele ward. The clinical files were inspected. In the case of one resident, all documentation was in order and a copy of the Clinical Practice Form for Physical restraint was placed in the resident's clinical file. In relation to the second resident, the Clinical Practice Forms were not completed in full and information was missing from the forms. The episodes were documented in the clinical file. There was an up-to-date policy on physical restraint.

**Breach:** 5.7(b), 8.3



**ADMISSION OF CHILDREN**

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**Description:** Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There had been six deaths in the approved centre since it opened in April 2012 to the time of the inspection.

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

**Justification for this rating:**

Deaths were notified to the Mental Health Commission as is required but in four of the six cases, the notification was received outside the timeframe outlined in the Code of Practice on Notification of Deaths and Incident Reporting. In one case, the notification was not received until eight days after the death of the resident.

A record of incidents was maintained and there was a named risk manager.

**Breach:** 2.2

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

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**Use:** The approved centre did not provide ECT and no resident was receiving ECT in another approved centre.

**ADMISSION, TRANSFER AND DISCHARGE**

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**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
	<b>X</b>		

**Justification for this rating:**

Most residents were admitted on a planned admission, but Hampstead Clinic had acute admissions. People who requested admission were advised to seek a referral from their GP. The approved centre had policies on admission, transfer and discharge. All residents had an individual care plan. The approved centre was compliant with Article 8 relating to Personal Property and Possessions and Article 32 Risk Management Procedures, but was not fully compliant with Article 23 relating to the Ordering, Prescribing, Storing and Administration of Medicines to Residents.

**Breach: 4.10**

**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
	<b>X</b>		

**Justification for this rating:**

There was a good pre-admission procedure and assessment which included a number of assessment tools. Although the admission process generally included a physical examination and risk assessment, in the case of two residents, there was no documentation of a physical examination. All residents had an individual care plan and the service operated a key worker system of care. The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Residents' Personal Property and Possessions and Article 27 relating to the Maintenance of Records. It was not fully compliant with Article 15, relating to Individual Care Plans and Article 20 relating to Provision of Information to Residents.

**Breach:** 17.1, 16.3(c)

**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
<b>X</b>			

**Justification for this rating:**

The clinical file of one resident who had been transferred to a general hospital was inspected. The reason for the transfer was documented in the clinical file and a copy of the doctor's referral letter was retained in the clinical file. A hospital transfer form, which included details of the resident and medication, was completed and the resident was accompanied by a staff member. The approved centre was compliant with Article 18 relating to Transfer of Residents.

## 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
<b>X</b>			

### Justification for this rating:

There was good documentation in relation to the discharge of a resident. The discharge form included both nursing and medical information. A letter was sent with the resident on discharge to a nursing home or to the resident's GP as necessary.

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

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**Description:** One resident had an intellectual disability and a mental illness.

*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
<b>X</b>			

**Justification for this rating:**

The service had a policy on working with people with an intellectual disability and a mental illness. A number of staff had received training in this area but was not yet completed for all staff.



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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** There was one detained patient resident for longer than three months receiving medication.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	<b>NOT APPLICABLE</b>	
Section 60 (b)(i)	<b>X</b>	
Section 60 (b)(ii)	<b>X</b>	

**Justification for this rating:**

<p>The patient detained under the Mental Health Act 2001 (the Act) for a period exceeding three months had their statutory rights satisfied under section 60 of the Act.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001  
ORDER IN FORCE**

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**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 during the inspection. One resident spoke with the inspector and expressed themselves very satisfied with the facilities and care in the Highfield.

### **OVERALL CONCLUSIONS**

This was the first inspection of the newly constructed Highfield Hospital which provided care for long-stay residents and up to ten acutely unwell residents. The accommodation was excellent and the activity rooms in each ward were clearly well used. All residents had an individual care plan but it was of some concern to the Inspectorate that a medical Intern was responsible for care planning and leading the team reviews. The Inspectorate is of the view that these fundamental mental health responsibilities are not appropriately assigned to a newly qualified doctor. There was one nurse on duty in each ward (with the exception of Hampstead Ward, where there were two nurses on duty). As each of these wards accommodated twenty residents, the Inspectorate is of the view that this is an insufficient number of nursing staff for these wards, particularly in circumstances where the ward is left without a nurse when the nurse on duty takes a meal break. A review of medication prescription and administration booklets identified a number of instances where there were gaps in the record of administration of medication. In view of this, it was suggested that a review of the administration of medication be carried out.

### **RECOMMENDATIONS 2012**

1. Staffing levels on wards should be re-assessed immediately.
2. The consultant psychiatrist should resume management of individual care planning reviews.
3. An audit of administration of medication should be carried out urgently.
4. Searches of residents' property should be documented.
5. Information on medication and diagnoses should be readily available for residents or their families.
6. The approved centre's procedure for making a complaint should be displayed in the wards.
7. Staff should ensure that resident's privacy is protected.