Report of the Inspector of Mental Health Services 2008

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

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

INTRODUCTION

In 2008, there was a focus on continuous quality improvement across the Mental Health Service. The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2007. Information was gathered from service user questionnaires, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Highfield Hospital is a private hospital which is part of the Highfield Hospital Group, set in the mature grounds of the historic Hampstead Castle Estate off the Swords Road in the northside of Dublin City.

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	SPECIALTY
Highfield	47	45	Psychogeriatric and dementia-related conditions

The centre provided care and treatment to 47 female residents with psychogeriatric and dementia related conditions. On the day of the inspection there were 45 residents. The unit was locked to prevent wandering.

RECOMMENDATIONS ARISING FROM THE 2007 APPROVED CENTRE REPORT

1. A system of integrated care and treatment planning should be put in place.

Outcome: This had been achieved.

MDT CARE PLANS 2008

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

GOOD PRACTICE DEVELOPMENTS 2008

- All registered nurses had received training in the Mental Health Act 2001.
- The service had introduced individual care plans and regular therapeutic programmes for the residents.
- New paperwork and a recording system for six-monthly physical reviews had been introduced.
- Registered psychiatric nurses at assistant director of nursing grade and CNM grades had been introduced to the service.
- A full-time training officer had been appointed to the service. The staff had regular access to in-house training programmes.
- The service had developed a risk management policy and procedures were in place. There were monthly meetings at senior management level to review all incidents.
- There were plans to develop a new purpose-built unit on the grounds to replace the current building.

SERVICE USER INTERVIEWS

One resident requested to be seen by the Inspectorate. She expressed satisfaction with the service. All residents were greeted by the Inspectorate.

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

1. The service should monitor and audit the individual care plans.

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

INTRODUCTION

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

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

2.1 EVIDENCE OF COMPLIANCE WITH CONDITIONS ATTACHED TO REGISTRATION

As no conditions were attached, this was not applicable.

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

Article 13: Searches

A policy was submitted. The service was compliant with this Article.

Compliant: Yes

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

A policy was submitted. The service was compliant with this Article.

Compliant: Yes

Article 15: Individual Care Plan

Each resident had an individual care plan as defined in the Regulations.

Compliant: Yes

Article 16: Therapeutic Services and Programmes

Residents attended activities and therapeutic programmes or were facilitated with such, as outlined in their individual care plans.

Compliant: Yes

Article 17: Children's Education

The unit did not admit children.

Compliant: Not applicable

Article 18: Transfer of Residents

The service was compliant with this Article.

Compliant: Yes

Article 19 (1-2): General Health

The service was compliant with this Article.

Compliant: Yes

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

Information about their multidisciplinary team or key nurse was available to each resident. Information about the unit was given to families prior to admission and was available to residents on the unit. Information about diagnosis was available to each resident. Information leaflets from the Irish Advocacy Network (IAN) and other agencies were displayed on the unit. Information on medication and possible side-effects was available to residents. The unit were in the process of devising a policy and procedures for the provision of information to residents which needs to be submitted to the Inspectorate. A policy was subsequently sent to the Inspectorate.

Compliant: Yes

Article 21: Privacy

The service was compliant with this Article.

Compliant: Yes

Article 25: Use of Closed Circuit Television (CCTV)

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

Compliant: Not applicable

Article 26: Staffing

The unit had a current written recruitment and selection policy that included a section on the Garda vetting of staff. The senior management team informed the Inspectorate that all staff from outside the EU automatically received Garda vetting as part of the visa process.

STAFF TYPE	DAY	NIGHT
Registered General Nurse/Registered Psychiatric Nurse	2 (minimum)	2
Registered Psychiatric Nurse	1 ADON	1 CNM2
Qualified care staff	5	0
Unqualified care staff	2	3
Occupational therapist	Sessional	

During the day, a director of nursing or assistant director of nursing was in charge of the centre and a Registered Psychiatric Nurse CNM2 was in charge at night. Although the service had recently recruited four registered psychiatric nurses: one ADON grade, two CNM2s and one staff nurse, the management team reported that there had been difficulties in recruiting nurses who are eligible to register as psychiatric nurses with An Bord Altranais.

A full-time Training Officer had been employed. All registered nurses had received training in the Mental Health Act 2001. Regular training occurred in cardio-pulmonary resuscitation (CPR) and manual handling. Copies of the Act, Regulations, Rules and Codes of Practice were available on the unit.

Compliant: Yes

Article 27: Maintenance of Records

The notes and reviews maintained in the clinical files and in the individual care plans were up to date and legible. The centre had written policies and procedures on the creation of, access to, retention of and destruction of records. Inspections of food safety, health and safety and fire were carried out by independent bodies and records maintained which were examined by the Inspectorate.

Compliant: Yes

Article 28: Register of Residents

The service was compliant with this Article.

Compliant: Yes

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

SECLUSION

The service reported that seclusion was not used. There was a policy stating that seclusion is not used in the centre.

Compliant: Not applicable

ECT

This unit did not provide ECT. In circumstances when residents had required ECT this had been provided by other services.

Compliant: Not applicable

MECHANICAL RESTRAINT

The service reported that mechanical restraint was not used in the centre. A policy stating that mechanical restraint is not used in the unit was requested by the Inspectorate. A policy was subsequently forwarded to the Inspectorate.

SECTION	DESCRIPTION	COMPLIANCE REPORT
21	**Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour**	A number of residents required the use of cot sides and Posey belts in order to ensure their safety. Each of these residents had a restraint prescription signed by the consultant psychiatrist and a family member. The service was compliant with Part 5 of the Rules Governing the Use of Seclusion and the Mechanical Means of Bodily Restraint.

Compliant: Yes

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

PHYSICAL RESTRAINT

The service reported that physical restraint was not used on this unit. All staff were trained in breakaway techniques. A policy must be forwarded to the Inspectorate stating that physical restraint is not used in the unit. A policy was subsequently forwarded to the Inspectorate.

Compliant: Not applicable

ADMISSION OF CHILDREN

The unit did not admit children.

Compliant: Not applicable

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

SECTION	DESCRIPTION	COMPLIANCE REPORT
2	**Notification of deaths**	All deaths were reported to the Mental Health Commission by the service.
3	**Incident reporting**	A risk management policy was in place. All incidents and accidents were reported to the senior nurse in charge of the service and this information was documented and collated in monthly reports produced by the clinical indemnifier.
4	**Clinical governance**	A risk management policy was in place.

Compliant: Yes

ECT FOR VOLUNTARY PATIENTS

This unit did not provide ECT. In circumstances when residents had required ECT, this had been provided by other services.

Compliant: Not applicable

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

This was not applicable to the service at the time of inspection.

Compliant: Not applicable