

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Independent Sector
HSE AREA	Independent Sector
CATCHMENT AREA	Independent Sector
MENTAL HEALTH SERVICE	Stewarts Hospital
APPROVED CENTRE	Palmerstown View
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	6
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 February 2010

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

INTRODUCTION

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

DESCRIPTION

The service in Stewarts Hospital provided residential care for persons with an intellectual disability. While it was a very large complex covering a large area, the approved centre was a single-storey, stand-alone unit, comparable to many other units within the complex. The building was over 30 years old, but had been used for its present purpose since 1996. It was functional in design, and was generally clean. However, it showed signs of poor repair in some areas with a number of cracks in the ceilings. It could accommodate six residents, but there had been only four residents for the past few years. The most recent admission had taken place in 2006, but this particular resident had previously been resident in the approved centre. One resident had been in the approved centre for eleven years.

There were four residents in the approved centre, one female and three males ranging in age from 28 to 56 years. One resident had been admitted to a local general hospital the previous day following a procedure there.

The approved centre had a dining room, a large day room, which contained few items of stimulation, and bedroom accommodation with a bathroom. Accommodation was in four single rooms and one double room, which was being occupied by one resident only. Two of the rooms were comfortable and decorated with personal items.

The approved centre also contained a small nurses' office where medications were stored.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Palmerstown View	6	4	Mental Health Intellectual Disability Team

QUALITY INITIATIVES

- Day services for two residents had been established.
- All staff had been given training in the Mental Health Act (2001).
- An improved service from the psychology department had been implemented.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. All outstanding policies identified in the report must be developed, signed by the board of management and made operational.

Outcome: This had not been carried out.

2. A recording system for notifying next-of-kin concerning periods of seclusion and restraint must be developed and implemented and a copy sent to the Inspectorate team.

Outcome: The next-of-kin of the residents had provided written confirmation that they did not wish to be informed of each episode of seclusion or restraint.

3. Additional resources must be acquired to provide specific interventions for a number of residents that cannot be met in the current programmes provided.

Outcome: This had not been done.

4. All staff working in the area must complete Mental Health Act (2001) training.

Outcome: This had been completed.

5. There must be a risk management policy in place in accordance with Article 32 and the Code of Practice.

Outcome: This had not been done.

6. Initial discussion with independent advocacy groups should be enhanced.

Outcome: No further discussion had taken place.

7. Appropriate seating must be sourced for the seclusion room.

Outcome: The service had conducted a review of seclusion and concluded that it did not wish to provide seating in the seclusion room.

8. The funding of a new premises and its remit must be discussed with the Health Service Executive.

Outcome: It was unclear whether this had occurred.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 6 (1-2): Food Safety

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

Justification for this rating:

The approved centre was requested to forward a copy of the current report from the Environmental Health Officer. The approved centre did not forward the report.

Breach: 6

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The policy was in draft form, as was the case during the inspection in March 2009. The approved centre was requested to forward a copy of its written operational policy. This policy was not forwarded to the Inspectorate.

Breach: 8(2)

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Visits had to be planned. Time had to be allocated to individual families due to the shortage of space.

Breach: 11(5)

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

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

A copy of the signed policy was present and examined by the Inspectorate. This had been the sole reason for non-compliance last year.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

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

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All four individual care plans were examined. Two residents had access to an appropriate range of therapeutic services and programmes in accordance with their individual care plans. It was documented in the remaining two individual care plans examined that there was an unmet need for occupational therapy. These residents did not have access to an appropriate range of therapeutic services and programmes.

Breach: 16(1)

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

A generic hospital policy was in place.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

In the clinical files examined there was evidence that a full physical review of the resident was undertaken every six months. A policy for responding to medical emergencies was in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Not all information under this Article was provided in an understandable form. There were no details of relevant advocacy and voluntary agencies. It was reported that no links had been made with advocacy services. The service was advised of other services with whom to liaise in order to become compliant with this Article.

Breach: 20(1) (a), (b), (d), (e)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was evidence that the residents' privacy and dignity was appropriately respected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The premises were clean and bright. It was in need of decoration. It was well heated and ventilated. The physical structure and overall approved centre environment was unsuitable to the specific needs of residents and the safety and well-being of residents, staff and visitors.

Breach: 22(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

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

Justification for this rating:

A copy of the most recent health and safety report had been requested following the 2009 inspection. This report had not been forwarded to date. The report was again requested following the 2010 inspection. The report was not forwarded.

Breach: 24

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Palmerstown View	Nursing	2	1
	Care staff	3	1

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All staff had now received training in the Mental Health Act (2001). The training register was inspected. There was an unmet need for more occupational therapy input. This was documented in two individual care plans inspected.

Breach: 26(2)

Article 27: Maintenance of Records

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

Justification for this rating:

The policy that was requested after last year's inspection still had not been forwarded. The approved centre was again requested to forward a copy of this policy. No such policy was received by the Inspectorate.

Breach: 27(2)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X

Justification for this rating:

There were a number of policies still outstanding. These had been requested following last years inspection but had not been forwarded. These policies were once again requested but were not forwarded to the Inspectorate.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

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

Justification for this rating:

Written operational policies and procedures were now in place. No complaint had been made since the beginning of this year. The complaints procedure was not displayed in a prominent position in the approved centre. It was reported that there was no nominated person within the approved centre to deal with complaints. There was no record of complaints.

Breach: 31(3), (4), (6)

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X

Justification for this rating:

There was no risk management policy, as was the situation in 2008 and 2009.

Breach: 32(1)

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: The approved centre used seclusion quite regularly, although usually for relatively short periods of time. The seclusion room was devoid of any furniture. Since the last inspection, the service had reviewed the recommendation to include seating in the seclusion room, but had decided not to proceed with the recommendation. There was a modified sign outside the room indicating that staff would watch the resident in the room and that there was a CCTV camera. When required, a written record of the resident in seclusion was kept, but it was in a book separate from the resident's clinical file. In general, there was a very good standard of record-keeping.

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

Justification for this rating:

One order did not have the section on ending seclusion completed on the register. The seclusion room was not suitably located as it opened directly onto the corridor where the bedrooms were situated. There were no dedicated bathroom facilities.

Breach: 8.2, 8.3, 9. 2.

ECT (DETAINED PATIENTS)

Use: As there were no detained patients in the unit on the day of inspection, this Rule was not applicable.

MECHANICAL RESTRAINT

Use: Staff reported that mechanical restraint was not used in the approved centre.

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 centre. All staff had undergone training in Crisis Prevention Intervention (CPI) and manual handling. There was a good standard of record-keeping in relation to use of physical restraint.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint	X			
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

All orders were properly completed and episodes of restraint were recorded in the clinical files.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in the past year. Incidents were reported to the Mental Health Commission as required. A record of incidents was kept in the ward.

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:

A record of incidents was kept and notified as required to the Mental Health Commission. However, the approved centre had no risk management policy, despite this being pointed out in previous Inspector's reports.

Breach: 4.1, 4.2, 4.3

ECT FOR VOLUNTARY PATIENTS

Use: No resident was receiving ECT at the time of the inspection.

ADMISSION, TRANSFER AND DISCHARGE

Description: The most recent admission had been in 2006.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

Following the inspection, the centre was requested to forward policies and procedures on Admission, Transfer and Discharge. No such policies were forwarded to the Inspectorate.

Breach: 4.1

Part 3 Admission Process

It was reported that no resident had been admitted to the approved centre since 2006.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

On the day of inspection it was reported that a resident had been transferred to a general hospital.

The clinical file of this resident was examined. The decision to transfer the resident was not documented in the resident's clinical file.

Breach: 31.1

Part 5 Discharge Process

At the time of inspection, it was reported that no resident had been discharged from the approved centre in 2010.

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

Description: The service catered solely for people with an intellectual disability and 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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

The physical environment was unsuitable to the needs of individual residents. The physical environment was not conducive to the creation and provision of opportunities for engagement in meaningful activities.

Breach: 10.2, 10.3

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As there was no detained patient in the approved centre at the time of inspection, Section 60 was not applicable.

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

Description: No children were admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

There were no residents in the approved centre during the morning of the inspection, as they were at day activities.

MEDICATION

Although the prescription sheets were clearly typed and dated, as required (PRN) medication was mixed in with regular medication. Signatures were illegible and each prescription was not signed.

NUMBER OF PRESCRIPTIONS:	4
Number on benzodiazepines	4
Number on more than one benzodiazepine	3
Number on regular benzodiazepines	2
Number on PRN benzodiazepines	4
Number on hypnotics	3
Number on Non benzodiazepine hypnotics	1
Number on antipsychotic medication	3
Number on high dose antipsychotic medication	1
Number on more than one antipsychotic medication	3
Number on PRN antipsychotic medication	3
Number on antidepressant medication	2
Number on more than one antidepressant	0
Number on antiepileptic medication	3

Number on Lithium	0
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OVERALL CONCLUSIONS

There was a high standard of care given to residents in the approved centre. Clinical notes were good and there was evidence that regular multidisciplinary meetings were held. Each resident had an individual care plan which met the requirements of the Regulations. There was little evidence of articles to provide stimulation for residents who were not engaged in full-time day services. Working office space for staff was very cramped, and the approved centre had no clinical room. The Inspectorate was informed that a number of policies remained outstanding, despite the recommendations of the report of 2009. Because of the difficult nature of the conditions suffered by the residents, it had not been possible to move residents on to further suitable accommodation and as a result, residents had been in the unit for considerable lengths of time. This would raise the question of the effectiveness of the unit working as an approved centre, an issue which should be addressed by the service.

RECOMMENDATIONS 2010

1. All policies should be in place and up to date.
2. Discussions should be entered into with Advocacy groups.
3. The service should examine again the rationale for not providing any furnishings at all in the seclusion room.
4. The suitability of the premises for the purpose of the provision of care should be reviewed.