

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent Sector
HSE AREA	Independent Sector
MENTAL HEALTH SERVICE	Highfield Healthcare
APPROVED CENTRE	Highfield Hospital
NUMBER OF WARDS	6
NAMES OF UNITS OR WARDS INSPECTED	Hampstead Clinic Tuke Steele Domville Pinel Farnham
TOTAL NUMBER OF BEDS	110
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	6 & 7 May 2014

Summary

- Highfield Hospital approved centre comprised a 10-bed acute psychiatric unit and five 20-bed units dedicated to the care of older persons. This independent sector hospital was a new purpose built modern building featuring bright and spacious accommodation.
- There was an individual care plan (ICP) for each resident, however, the standard was variable across the units. The ICPs in the psychiatry of old age units were excellent. The ICPs in the acute unit, Hampstead Clinic, fell short of the standard required by the Regulations.
- There was good provision of recreational and therapeutic activities for residents.
- Staff were knowledgeable about individual residents, their care and treatment and residents' interests and preferences. Interaction between staff and residents was observed to be relaxed, friendly and respectful.
- Individual clinical files showed that there was good liaison and communication with families and carers.

OVERVIEW

In 2014, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Highfield Hospital was an independent sector, 110-bed approved centre. The recently built hospital complex was located on the Swords Road, Dublin, amid well kept parkland. The original hospital had been established in 1825 by Dr. John Eustace, and the hospital was now run by the fifth and sixth generations of the Eustace family. The premises were modern and spacious and accommodation was generally in single en suite rooms. Highfield Hospital approved centre comprised the Hampstead Clinic a 10-bed acute adult psychiatric unit, and five psychiatry of old age units.

There were 107 residents on the day of inspection. All residents in Hampstead Clinic were voluntary. In Farnham unit four of the residents were Wards of Court. In Steele unit there were four residents who were Ward of Court and one detained patient. In Tuke unit there were four residents who were Wards of Court and no detained patients. All residents in Domville ward were voluntary and in Pinel ward, residents were voluntary except for one resident who was a Ward of Court.

CONDITIONS

There were no conditions attached to the registration of this approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	28	27	
Substantial Compliance	7	2	2	15,16
Minimal Compliance	1	0	1	23
Not Compliant	0	0	0	
Not Applicable	1	1	1	17

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Hampstead Clinic	10	10	General Adult Team
Steele	20	20	Psychiatry of Old Age Team
Tuke	20	20	Psychiatry of Old Age Team
Pinel	20	20	Psychiatry of Old Age Team
Domville	20	17	Psychiatry of Old Age Team
Farnham	20	20	Psychiatry of Old Age Team

QUALITY INITIATIVES 2013/2014

- A Hampstead Clinic Review Group had been established.
- The approved centre was in the process of evaluating its service using the Draft Audit Toolkit for Quality Framework.
- A hospital- wide initiative was in place to audit and manage infection control, falls management and medication management. Information was reported to the Quality and Risk Management Committee which met on a monthly basis.
- A multi-purpose room had been set up in Pinel to facilitate ward activities.
- A service user arts and crafts gallery had been set up on the landing area outside Steel and Domville wards.
- An exercise gym for service users and staff was available in the building.
- Tuke ward had set up an imagination gym.
- A Service Newsletter for all residents and staff was due to commence and would include input from service users.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. There should be evidence in the individual care plans of multidisciplinary input and direct linkage between the ICP and the individualised therapeutic programme.

Outcome: In the 2014 inspection the individual care plans showed a better specification of therapeutic needs and interventions provided.

2. The service must comply with Section 60 of the Mental Health Act 2001 in respect of detained patients.

Outcome: The approved centre was fully compliant in respect of Section 60.

3. Deaths must be notified to the Mental Health Commission (MHC) within the specified timeframe.

Outcome: Highfield Hospital had enhanced its e-communication system with the MHC and deaths were reported in a timely manner.

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

The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents signed consent for the use of photographic identification for the purpose of administering medication and healthcare. Such identification was only used in the long stay units. Photographs were attached to the individual clinical files, on medication kardexes and on blister packs of medication. In Steel, Tuke and Farnham Units identification was by means of photographs and medication was administered by one staff member. There was photographic identification of residents in Pinel and Domville. It was notable that staff took care to ensure that photographs

represented each resident in the best light.

Article 5: Food and Nutrition

(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.

(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were supplies of fresh drinking water throughout the approved centre. There was a choice of menu for meals and the food was healthy, nutritious and freshly prepared. Special diets were catered for in all units. There was a dietician and also a clinical speech and language therapist available where required and assessments and recommendations were recorded in individual clinical files, with clear pictorial instructions for diets and feeding.

Article 6: Food Safety

(1) The registered proprietor shall ensure:

(a) the provision of suitable and sufficient catering equipment, crockery and cutlery

(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and

(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.

(2) This regulation is without prejudice to:

(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;

(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and

(c) the Food Safety Authority of Ireland Act 1998.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Dining rooms and servery kitchens were all spotless and well equipped. The staff training in Hazard Analysis and Critical Control Points (HACCP) had been completed for all relevant staff. Dining rooms were attractively decorated to enhance meal time experience for residents. The most recent Environmental Health Officer's report of the 21/08/2013 was available and there were no issues to be addressed.

Article 7: Clothing

The registered proprietor shall ensure that:

(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;

(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

At the time of this unannounced inspection, all ambulant residents were up and dressed, neatly attired and well groomed. Night clothes were not worn during the day unless specified in the individual care plan. All admissions to Highfield Hospital were planned and therefore residents brought with them a supply of personal clothing. Each resident had good storage space for personal clothing. In general, residents' families looked after laundry but there was a laundry service available if required. In Steele, Tuke and Farnham units all residents had their own supply of clothing which

was individualised. All clothes were labelled with the resident's name in Pinel and Domville.

Article 8: Residents' Personal Property and Possessions

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on residents' personal property and possessions. A property checklist was completed at the time of admission and was updated as required. The checklist was countersigned by staff. Each resident's bedroom provided ample storage for personal possessions and memorabilia. Residents retained their own possessions in the Hampstead Clinic and in Tuke, Steele and Farnham units where possible. There was a safe in the clinic room for valuables.

A transparent and thorough system was in place to manage small sums of monies on behalf of residents and their relatives to ensure their comfort if they so wished. All transactions were appropriately documented and withdrawals were signed by two persons at all times.

Article 9: Recreational Activities

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Highfield Hospital made particular efforts to ensure adequate recreational provision for residents. Newspapers were delivered daily and recreational resources were provided within each unit.

There were a number of recreational and diversional activities for residents in Steele unit including gardening, outings, baking, films in a room converted into a cinema and music sessions. There was also a supply of books. Residents in Tuke unit also had a number of recreational activities and could attend Steele unit for gardening and cinema. There was an activity therapist who ran an impressive schedule of activities. In Farnham there was an indoor "garden area" and a day room used for recreational activities and healthcare staff and activities therapists provided sessions. Activities included relaxation and aromatherapy, music sessions and films, pet therapy and reflexology. In Pinel and Domville wards, an activities therapist provided a variety of activities, suitable for the residents, each day for a half day.

Article 10: Religion

The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents of all faiths were facilitated in the practice of their religion insofar as reasonably practicable. There was a bright and spacious interdenominational chapel on the ground floor featuring attractive modern stained glass windows. A Roman Catholic chaplain was based in the approved centre. Ministers for other religions were available on request.

Article 11: Visits

- (1) *The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*
- (2) *The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*
- (3) *The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*
- (4) *The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*
- (5) *The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*
- (6) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Visiting was encouraged and visiting times were flexible. There were visiting areas in the units and rooms outside the unit if children were visiting. Residents could also use their bedrooms for visiting. There was a coffee shop in the entrance lobby to Highfield Hospital where residents could meet their visitors. This welcoming and open-aspect café served light refreshments and featured a gas fireplace and sofas.

There were up-to-date policies on visiting and staff training was ongoing in the *Children First Guidelines* and in the area of Elder Abuse. The Health and Safety Statement directly referred to visitor safety.

Article 12: Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on communication. Residents could retain their mobile phones unless stated otherwise in their individual care plan. Residents could send and receive post and this was not opened by staff.

Article 13: Searches

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on the carrying out of searches with and without consent and on the finding of illicit substances. None of the current residents in Highfield Hospital at the time of inspection had been searched.

Article 14: Care of the Dying

(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.

(2) The registered proprietor shall ensure that when a resident is dying:

(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;

(b) in so far as practicable, his or her religious and cultural practices are respected;

(c) the resident's death is handled with dignity and propriety, and;

(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:

(a) in so far as practicable, his or her religious and cultural practices are respected;

(b) the resident's death is handled with dignity and propriety, and;

(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on the care of the dying. Staff in long stay units were trained in end of life care. Inspection of individual clinical files showed good liaison with palliative care services where applicable. There was adequate single room accommodation. The accommodation provided in Highfield Hospital comprised: Farnham, a 20-bedded unit had four single rooms and four shared bays of four beds each; Steele had one shared room of two beds and 18 single rooms; Tuke had 20 single rooms; Pinel had 20 single rooms and Domville had one shared room of two beds and 18 single rooms.

The individual clinical files also recorded individuals; and family preferences about end of life care and an action protocol to ensure preferences were respected. In some instances, Do Not Resuscitate (DNR) orders were in place and these had been discussed with families and were recorded in the individual clinical files.

Article 15: Individual Care Plan

The registered proprietor shall ensure that each resident has an individual care plan.

[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were excellent individual care plans (ICPs) in place for each resident in Tuke, Steele, Farnham, Pinel and Domville Units. Assessed needs, goals, interventions and who was responsible for delivering, and the achieved outcomes were all clearly documented. The ICP was regularly reviewed. Service user involvement in ICPs was articulated and recorded. Families, with resident consent were fully involved in the ICP process also. In the long stay units ICPs were reviewed on a six-monthly basis or more frequently if needed. Where an individual did not have capacity to participate in their own ICP process then this was clearly recorded and family involvement was key

and was actively sought.

In Hampstead Clinic the ICPs did not meet the standard of the Regulations. Overall, the ICPs here did not clearly outline needs, goals, targeted interventions and outcome evaluation. In some cases the responsible staff member for interventions was not documented. In other cases there were progress notes written in place of goals. One individual care plan identified nursing staff only, as providing therapies.

Breach: 15

Article 16: Therapeutic Services and Programmes

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

In Tuke, Steele and Farnham units, the ICP specification of therapeutic needs and targeted interventions were well recorded. Therapeutic activities were also outlined on notices around the units. Each resident had a weekly therapeutic activities sheet and families were updated in relation to therapeutic provision and participation. A biographical summary sheet was maintained at the front of the individual clinical file in order to provide a snapshot of each resident's social, educational and occupational history, interests and preferences. This information provided a useful reference point for staff when providing therapeutic services and helped ensure a good fit between what was provided and residents' personal interests. An activity therapist provided most of the group work and

the extent and variation in programmes was impressive. Nursing staff and health care assistants also facilitated therapeutic activities such as Sonas (a multisensory social, physical and cognitive stimulation programme), reflexology and pet therapy. Occupational therapy (OT) was available on a one to one basis and individual clinical files contained OT assessments and progress reports. In Pinel and Domville wards, a shared activities therapist provided a programme of activities on a daily basis. The services of a neuropsychologist were contracted in. A social worker had input as required and this was generally in relation to entitlements and family support issues. The range of therapeutic provision on the long stay units included optometry, dental, chiropody, clinical nutrition and dietetics, clinical speech and language therapy and physiotherapy.

Of note was the fact that residents did not have equity of access to primary and community care (PCC) services such as they might have had living in their own home or a nursing home. The Health Service Executive policy on access to PCC meant that being resident in an approved centre disadvantaged residents in this regard.

In the Hampstead Clinic the ICPs did not adequately articulate the provision of therapeutic programmes to meet assessed individual need and outcomes. There was a programme of individual and small group therapy, including cognitive behaviour therapy and recovery oriented groups.

Breach: 16(1)

Article 17: Children's Education

The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.

The Highfield Hospital policy stated that children were not admitted to the approved centre.

Article 18: Transfer of Residents

(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.

(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the transfer of residents. A medical referral and report and a nursing report accompanied a resident on transfer. There was a Highfield Hospital liaison nurse who communicated with hospitals and nursing homes in relation to individual residents. No residents had been transferred from Tuke, Steel, Farnham units or from the Hampstead Clinic to another facility at the time of inspection. Two residents in Pinel ward had been transferred to a general hospital.

Article 19: General Health

(1) The registered proprietor shall ensure that:

(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;

(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;

(c) each resident has access to national screening programmes where available and applicable to the resident.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

In Tuke, Steele, Farnham, Pinel and Domville units, all physical examinations of residents in hospital for more than six months had been completed. These were carried out by a GP and there was a system in place for ensuring that these examinations were completed. No resident in the Hampstead Clinic had been in-patient for more than six months. The medical intern carried out general physical examinations in the Hampstead Clinic.

Article 20: Provision of Information to Residents

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

- (a) details of the resident's multi-disciplinary team;*
 - (b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;*
 - (c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;*
 - (d) details of relevant advocacy and voluntary agencies;*
 - (e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.*
- (2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the provision of information to residents. There were individual information booklets for all units. These were informative and easy to read. There was also much information displayed on the walls around the units. There was an information noticeboard for families which was particularly good. There was information on diagnosis and medication and information about advocacy services was displayed. The range of information provided met the requirements of the Regulations. Staff advised that the information leaflet for Hampstead Clinic was being reviewed and updated.

Article 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The privacy and dignity of residents was ensured and respected throughout the approved centre. There were 18 single rooms in Tuke and Steele units and one double bedroom. Bathroom and toilet doors could be locked. All bedrooms in Pinel and Domville, except one, were single rooms. Accommodation in Farnham was in single rooms. Hampstead Clinic accommodation was in single rooms. All bedrooms had curtains or blinds and en suite facilities were lockable and private. The bathing and toileting procedures in place protected the dignity and were respectful of each individual.

Article 22: Premises

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The design, layout, décor and fitments in Highfield Hospital afforded residents a comfortable, relaxed and spacious healthcare environment. The premises were clean and fresh. Outside, garden areas were well-landscaped and planted. Pathways in the garden courtyard spaces comprised a synthetic material which might cushion any trips or falls. All areas were wheelchair accessible. Seating was age appropriate and was bright and modern. Residents had been assessed for seating by the occupational therapist and, where a special chair was required by a resident, this was purchased and available for that individual's use only.

The layout of Tuke and Steele units was very appropriate to the needs of the elderly population in those units. They were bright, nicely decorated and well ventilated. Steele unit had a lovely outside balcony which had become a gardening area for residents. Pinel ward was on the ground floor and there was access to a very pleasant garden. Residents of Domville ward on the first floor, had access to an outdoor space, on a balcony. Hampstead had a garden space which was accessible from the day rooms.

In Farnham unit, residents did not have ready access to a garden space or fresh air as there was no directly accessible garden or terrace. There was an attractive picture window overlooking a green space but the land sloped away steeply. Providing garden access via a large balcony or landscaping the area so as to allow access would improve the quality of life of residents. Staff had arranged indoor plants and mural décor which created the sense of an indoor garden for residents but this did not replace a real garden space. A nice feature in Farnham unit was a glass enclosed display panel outside each bedroom which could house a personal item chosen by the resident. This worked to enhance and personalise the living space and was also a useful way for residents to identify bedrooms.

Fitments throughout had been chosen in terms of safety so as not to provide ligature anchor points.

Article 23: Ordering, Prescribing, Storing and Administration of Medicines

(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<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 medications, however, the operational aspects required improvement. There were a number of instances where the prescribing doctor did not use their Medical Council Registration number when writing prescriptions. In some instances, the doctor did not sign when discontinuing a medication. In another instance, a prescription had been discontinued by a nurse, when the doctor had not intended that this medication be discontinued.

Breach: 23 (1)

Article 24: Health and Safety

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.

(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a Health and Safety Statement and a related policy in place. There was a Health and Safety committee.

Article 25: Use of Closed Circuit Television (CCTV)

(1) The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

(2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.

(3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on CCTV. CCTV was used for security reasons only and was non recording and located at the hospital entrance, at external exits. The use of CCTV was well signposted and monitors were only on view to staff.

Article 26: Staffing

- (1) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.
- (2) The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.
- (3) The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.
- (4) The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.
- (5) The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.
- (6) The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Hampstead Clinic	CNM2	1	0
	RPN	2	2
	HCA	0	0
Steele Unit	CNM1	1 shared	0
	RPN	2	1
	HCA	1	1
Tuke Unit	CNM1	1 shared	0
	RPN	1	1
	HCA	3	2
Pine Unit	CNM1	1 shared	0
	RPN/RGN	1	1
	HCA	3	1
Domville Unit	CNM1 (RGN)	1 shared	0
	RPN	1	1
	HCA	1	1
Farnham Unit	CNM1	1 shared	0
	RPN	2	1
	HCA	3	2

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Registered General Nurse (RGN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON), Health Care Assistant (HCA).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were up-to-date policies and procedures in place for the recruitment, selection, vetting and appointment of staff. The number and skill mix of staff was appropriate to the assessed needs of residents. The training record was up-to-date and in order. Mandatory training was rolled out on a six-monthly basis. Manual handling and Crisis Prevention Intervention training were scheduled for updating.

There were 2.5 whole-time equivalent (WTE) consultant psychiatrists, one medical intern, 1 WTE occupational therapist, 0.5 WTE social worker and 0.35 WTE clinical psychologist. A CNM2 was the person in charge at night.

The Clinical Director provided clinical supervision to clinical staff and a monthly journal club had been set up. Discipline specific professional supervision would be desirable in the future for health and social care professionals. Single handed health and social care professionals should be senior grade.

Article 27: Maintenance of Records

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.

(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.

(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the creation of, access to, maintenance and destruction of records. The individual clinical files were maintained in good order and information was easily retrieved.

The records on health and safety, fire inspection and food safety were maintained on-site and provided to inspectors.

Article 28: Register of Residents

(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.

(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Register of Residents met the requirements of the Regulations.

Article 29: Operating policies and procedures

The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All the policies and procedures required under the Regulations were in place and reviewed in a timely way.

Article 30: Mental Health Tribunals

(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.

(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre cooperated with Mental Health Tribunals and facilitated patients where required.

Article 31: Complaints Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on complaints. The complaints procedure was prominently displayed in all units and clearly identified the complaints officer. The complaints log was inspected and provided a clear account of complaints received, how they were processed and the resolution. The complaints log might be improved by including a note on whether the complainant was satisfied with the outcome.

Article 32: Risk Management Procedures

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
 - (b) *The precautions in place to control the risks identified;*
 - (c) *The precautions in place to control the following specified risks:*
 - (i) *resident absent without leave,*
 - (ii) *suicide and self harm,*
 - (iii) *assault,*
 - (iv) *accidental injury to residents or staff;*
 - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) *Arrangements for responding to emergencies;*
 - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			

<p>Not compliant</p>	<p><i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i></p>			
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Justification for this rating:

The policies and procedures met the requirements of the Regulations. The risk assessment tools used in the long stay units were comprehensive and appropriate to the health and age profile of residents. These assessments were completed to a good standard and in each instance a clearly stated risk management plan was recorded in the clinical file. Risk assessments had been completed at the time of admission for all residents in Hampstead Clinic.

The approved centre maintained an incident log and provided a summary report of incidents to the Mental Health Commission on a six-monthly basis.

Article 33: Insurance

The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The insurance certificate was provided to inspectors.

Article 34: Certificate of Registration

The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was clearly displayed in the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre and no detained patient was in receipt of a course of ECT at another hospital.

MECHANICAL RESTRAINT

Use: Mechanical restraint Part 5 for enduring risk of harm to self and others was used in the long stay units.

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

Justification for this rating:

One resident in Pinel ward used a lap belt for the purpose of restraint for enduring risk of harm. Although the use of such restraint had been prescribed up until September 2013, the use of a lap belt had been re-introduced since then but there was no prescription for its use in the resident's clinical file. The individual clinical files of two residents in Farnham for whom lap belts had been prescribed were examined and the documentation was in order.

Breach: 21

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

PHYSICAL RESTRAINT

Use: Physical restraint was not used in Pinel or Farnham Units and had not been used in Domville unit since July 2013.

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

Justification for this rating:

Physical restraint was used in Highfield Hospital but this was rare. No current resident in Domville, Pinel, Farnham or Hampstead Clinic had been physically restrained. The Clinical Practice Form Book for physical restraint was available for inspection but no orders had been made. Staff training was in date.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The deaths of six residents had occurred in Highfield Hospital in 2014 up to the date of 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 as required to the Mental Health Commission.

A triplicate Incident Report Book was used in each ward. One copy of the incident record was forwarded to the monthly Quality and Risk Management Committee meeting, one copy remained in the book and a third record was placed in the relevant resident's clinical file. There was an identified risk manager. The incident log was inspected and was well recorded.

The approved centre provided six-monthly summary incident reports to the Mental Health Commission.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre and no current resident was receiving ECT at another hospital.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There were up-to-date policies on admission, transfer and discharge. Staff roles were structured and responsibilities clearly delineated. The approved centre was fully compliant with Article 32 on Risk Management Procedures and with Article 18 on the Transfer of Residents.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The admission assessments in the individual clinical files inspected in Hampstead Clinic were of a good standard. Mental state examination, physical examination, risk assessment and case formulation had all been completed. Collateral history from family was included where available and where a resident consented.

The admissions to Farnham Unit were planned and generally included input from the liaison nurse. The admission assessment process and records were of a high standard. Family involvement was encouraged with the resident's consent. The individual clinical files inspected showed good pre-admission liaison with general medical and care of the elderly services.

Residents were admitted to Domville ward from home, from general hospitals and from nursing homes. In addition, residents were admitted to Domville for short periods (usually two weeks) for respite. The clinical files of three residents admitted were inspected. Admission documentation was generally good, but in the case of one person admitted, there was no evidence of a physical examination being carried out on admission. There was evidence that collateral information had been obtained from a family member.

The approved centre was not fully compliant with Article 15 on Individual Care Plans.

Breach: 15.3, 17.1

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents transferred from the approved centre to a general hospital were examined. The reason for the transfer was documented in both clinical files. A copy of the referral letter was retained in the clinical file of one resident but not in case of the second resident. Residents were accompanied by a member of staff or a family member when transferred. There was an excellent transfer form in place and transfer of residents between units in Highfield Hospital was well documented. The approved centre was fully compliant with Article 18 on the Transfer of Residents.

Breach: 31.2

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The decision to discharge was made by the responsible consultant psychiatrist. Discharge planning featured from the point of admission in Hampstead clinic. The individual clinical files of two residents who had been discharged were inspected. Family had been included in the discharge planning process. There were discharge medical reports forwarded in a timely manner to GPs. Follow-up arrangements were made for the residents prior to discharge.

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

Description: One resident in Pinel Unit 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
X			

Justification for this rating:

There was a policy in place and staff training had taken place. The resident had been in-patient for a number of years and liaison with disability services was not applicable. There was an individual care plan in place, and care and communication were appropriate to the individual's needs.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient was detained for a period in excess of three months.

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

Justification for this rating:

<p>One patient was detained for a period in excess of three months and did not consent to the administration of medication. A Form 17 was correctly completed.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: The approved centre did not admit children and therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by inspectors throughout the course of the inspection visit. No resident wished to speak with inspectors on an individual basis.

THE QUALITY FRAMEWORK-MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

Admissions to Highfield Hospital were planned and discharge planning was integral to the care planning process in the acute unit Hampstead Clinic. As an independent provider, community based services other than an outpatient clinic, were not integral components of the service provided. The individual clinical files showed good liaison and communication between Highfield Hospital and other healthcare providers in relation to care pathways post discharge. Highfield Hospital was planning to develop outpatient and day patient services.

The quality of the individual care plans in the psychiatry of old age units was very good. The individual care plans in Hampstead Clinic did not meet the standard of Article 15 of the Regulations. There was good provision of recreational activities, medical and therapeutic programmes throughout. The activity programmes in the psychiatry of old age units were well thought out and directed at maintaining functional abilities and quality of life. The range and skill mix of staff in Highfield Hospital was appropriate to the assessed needs of residents.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

The care environment and the interactions between residents and staff observed by inspectors conveyed a culture of respect for the dignity of each resident. Each individual clinical file in the psychiatry of old age units contained a personal profile sheet which outlined the resident's social, educational and occupational history, their interests and preferences. This information was aimed at ensuring that residents' interests and wellbeing were to the fore in activities and therapeutic programmes. Discussion with staff showed that unit staff were knowledgeable about the residents. The noticeboards all featured information in a user friendly format about the activities and programmes available.

The approved centre was compliant with the following Articles of the Regulations: Article 7 on Clothing; Article 8 on Personal Property and Possessions; Article 10 on Religion; Article 11 on Visits; Article 13 on Searches; Article 14 on Care of the Dying; Article 20 on Provision of Information to Residents; Article 30 on Mental Health Tribunals and with Article 31 on Complaints.

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

Service user and family participation in all aspects of care provision were encouraged and promoted through information giving and social activities which were designed to bring people together. A new initiative was a newsletter for staff and residents which would include residents' input. The individual clinical files showed good family liaison and communication. There was a clear complaints procedure in place and inspection of the complaints log indicated that this process was working well as families made complaints about a range of issues such as items of clothing going missing. Each complaint was followed up.

The approved centre was compliant with the following Articles of the Regulations: Article 20 on Provision of Information to Residents and Article 34 on the Certificate of Registration.

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

The premises were bright, spacious, clean and afforded each individual privacy and dignity. The layout and furnishings were aimed at ensuring a safe environment for residents. Inspectors noted that residents who required assistance with self-care activities were attended by an adequate number of staff to ensure comfort, dignity and efficiency throughout self-care activities. The skin care routines for residents were good and mitigated against pressure sores. Staff were observed to engage in hand washing and wearing gloves when providing care to residents.

The approved centre provided a good menu choice of healthy and nutritious and freshly prepared meals. The provision of clinical speech and language therapy and of a clinical nutritionist and dietician ensured that residents' dietary and feeding needs were provided for. Meal times were protected so that residents were not rushed.

The approved centre was compliant with the following Article of the Regulations: Article 6 on Food Safety; Article 7 on Clothing; Article 8 on Resident's Personal Property and Possessions; Article 9 on Recreational Activities; Article 11 on Visits; Article 12 on Communication; Article 13 on Searches; Article 14 on Care of the Dying; Article 18 on Transfer of Residents; Article 20 on Provision of Information to Residents; Article 21 on Privacy; Article 22 on Premises; Article 24 on Health and Safety, and Article 25 on Use of Closed Circuit Television.

Theme 5 Access to services

Highfield Hospital was an independent provider. Admissions were planned and a number of health insurance agencies provided cover for the approved centre.

Theme 6 Family/chosen advocate involvement and support

Inspection of individual clinical files showed that families were included in the care process with the consent of the resident. There was information posted throughout the approved centre alerting residents and families about the availability of independent advocacy services.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

The skill mix and number of staff was appropriate to the assessed needs of residents. There was good clinical leadership and governance in place. Discussion with staff on the various units showed that staff were knowledgeable about the structures and processes in place in relation to quality and risk management, evidence informed care, and audit initiatives. The clinical director provided clinical supervision to clinical staff and there was a monthly journal club. Professional discipline specific supervision would be a useful addition for health and social care professionals. Single handed health and social care professionals should be senior grade.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

A number of initiatives supported good practice. The quality and risk management committee met regularly and reviewed audits in relation to clinical care. There was a newly established journal club for the multidisciplinary teams. The approved centre provided clinical placements for medical interns. The clinical director provided supervision for health and social care professionals. Professional supervision should be provided by senior members of the relevant profession.

OVERALL CONCLUSIONS OF THIS INSPECTION

Highfield Hospital approved centre comprised one acute 10-bedded unit the Hampstead Clinic and five units devoted to the care and treatment of older residents. Accommodation was bright, clean and spacious throughout and consideration had been given to the décor and furniture so as to provide for the comfort and dignity of residents. Overall, the standard of care was good and the clinical records were well maintained. There was good therapeutic and recreational provision for residents in all units. There were good individual care plans in operation in the older age units, however, the required standard in individual care plans was not achieved in the Hampstead Clinic.

RECOMMENDATIONS 2014

1. The individual care plans must meet the standard of Article 15 of the Regulations.
2. The use of Mechanical Restraint Part 5 must be in accordance with the Rules.
3. The approved centre must be fully compliant with Article 23 and apply appropriate practices to prescribing and administration of medicines.
4. A physical examination must be completed as part of the admission assessment.
5. A copy of the transfer medical report must be retained in the individual clinical file.