

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Galway, Mayo and Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway West
APPROVED CENTRE	Department of Psychiatry, University Hospital Galway
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	43
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	15 March 2011

OVERVIEW

In 2011, 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 2010 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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The Department of Psychiatry was located in a single- storey building located towards the back of University College Hospital, Galway, which was situated on the western side of Galway city. The hospital itself had a main building with numerous additional buildings on the campus. As a result, it was somewhat difficult to locate the department in the midst of all the other buildings. There was a plan to construct a new department of psychiatry and the building plans were ready to be submitted for planning permission.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	20	25	24
Substantial Compliance	2	2	2
Minimal Compliance	6	2	1
Not Compliant	2	1	3
Not Applicable	1	1	1

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
Department of Psychiatry	43	33	General Adult and Psychiatry of Old Age teams

QUALITY INITIATIVES

- An online data system of maintaining policies entitled Q-Pulse had been introduced.
- A new clinical file had been designed and was soon to be introduced.
- A plan had been developed for the introduction of a nurse practitioner in the liaison service.
- The Mental Health Services for Older People (MHSOP) team had established a carer's group.
- A programme for education in Dementia was held for staff and carers.
- Two nurses had qualified as nurse prescribers.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan.

Outcome: Not all residents had individual care plans.

2. Composite, integrated clinical files should be developed.

Outcome: A new clinical file was being developed and it was expected that it would be ready to use in the near future.

3. Therapeutic services and programmes must be linked to the assessed needs of residents and recorded as such in the clinical case file.

Outcome: This had not happened.

4. The physical environment in the approved centre must be refurbished and maintained at a level consistent with respect for human dignity.

Outcome: The plans for the construction of a new unit had been finalised and were ready to be submitted for planning approval.

5. Staff resources should be identified to allow for the opening of the high observation unit.

Outcome: This situation had not been resolved and the high observation unit remained closed.

6. A review of benzodiazepine prescriptions should take place.

Outcome: An audit had been carried out.

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	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment. There was an up-to-date policy relating to resident's property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment. There was an up-to-date policy relating to visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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>	X		

Justification for this rating:

The inspection of this Article was based on self-assessment. The service had an up-to-date policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

The inspection of this Article was based on self-assessment. There were policies on searching with and without a resident's consent and a policy on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment. The service had a policy on care of the dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

The clinical files of a number of residents were examined. There was evidence in the clinical files that several residents did not have individual care plans as defined in the Regulations. In three of the individual clinical files inspected the individual care plans were not updated in a timely way and the information recorded was more akin to a progress note rather than a clear record of assessed need, goals, specific intervention by nominated clinicians and outcomes.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

There was a well-equipped activities area with three rooms available for activities. Most activities were run by nursing staff but their time in activities was not protected time. Referral to occupational therapy was either at the multidisciplinary team meeting or via the referral form. It was reported that the activities unit was closed on the day of inspection due to staff shortages. The occupational therapist reported that one group per week was run by the occupational therapist. It was also reported that residents were seen individually but that few individual assessments were carried out. An entry in one resident's clinical file recorded that the resident had had "lots of psychotherapy since coming into hospital". However, this resident did not have an individual care plan, and although the clinical file recorded that the psychologist was involved in the care of this resident, there was no evidence of records from the psychologist in the clinical file. There was evidence in a number of clinical files that a social worker was involved in many cases.

Breach: 16

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

One child had been admitted in February 2011 but as the admission was only for one day, the provision of education was not relevant.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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>	X		

Justification for this rating:

No resident had been transferred since the beginning of 2011 to the date of inspection. There was a policy on transfer of a resident.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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
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:

No resident had been in the approved centre for longer than six months, but two of the residents had been on leave since May 2010 and June 2010. There was no record of a physical examination in the case of one of these residents but it was reported that the second of these residents had had a physical examination carried out in the community residence in Merlin Park. Residents had access to general healthcare services and there was a policy on responding to medical emergencies.

Breach: 19(1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

The service had an information booklet for residents and the booklet met the requirements specified in the Regulations.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

Beds in shared rooms had partition curtains around them.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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		
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>		X	X

Justification for this rating:

The ward was reasonably clean but was grubby in places. There was evidence of a leak having occurred in the area outside the dining room and no re-decorative work had been carried out. In the same area, the window appeared to be supported by a large piece of wood which was splintered at the base; the inspectors were informed that it had been in place for years. A number of toilets and bathroom areas were poorly maintained and had poor ventilation. There were two outside green areas, one of which was well-maintained; the other area was dull and unimaginative in design. The wall of the hallway exiting to the garden required finishing and re-painting as a tap had been removed and the plasterwork was not completed.

The newly constructed high observation area had not been opened despite being ready for occupancy for more than a year.

Breach: 22(1) (a), (b), (c)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment. The service had an up-to-date policy on ordering, prescribing, storing and administration of medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment. The service had a policy on health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

There was no CCTV monitoring of the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	CNM 2	1	1 x CNM 3
	CNM1	1	
	Staff Nurse	6	5

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 had access to a range of healthcare professionals. There was one psychologist, one 0.7 Whole Time Equivalent (WTE) occupational therapist and two senior social workers in the approved centre. A senior nurse was on duty at all times. The service had conducted a comprehensive review of staff training. Staff had access to a range of training programmes but not all staff had been trained.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	
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:

Clinical files were poorly kept and there were many loose pages inserted into them. The nursing notes were recorded in a kardex system and inserted afterwards into the back of the clinical file. There was an up-to-date policy on the maintenance of records.

Breach: 27(1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

The inspection of this Article was based on self-assessment.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	X
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 patient information booklet provided information on making a complaint. There was a complaints box in the corridor, but it was not clear who examined these complaints and staff did not record complaints on the ward. There was no nominated person in the approved centre to deal with complaints, as the person nominated by the service was not in the approved centre. The service operated the Health Service Executive (HSE) policy on complaints.

Breach: 31(4)

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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:

The service had a risk management policy which complied with the Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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>			
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 inspection of this Article was based on self-assessment.

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

SECLUSION

Use: There had been 13 episodes of seclusion in 2011 up to the time of inspection. The seclusion room was located on the main entrance corridor within the unit. It was regrettable that the newly-built high dependency unit located downstairs remained unopened some 18 months later. This would have afforded residents with more privacy and a quiet environment with space in which to move around and be cared for. Closed circuit television was not used in the approved centre.

There was one resident in seclusion at the time of inspection and a family member was visiting. A nurse and a security guard were in attendance.

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

13	Child patients	NOT APPLICABLE			
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Justification for this rating:

The Register was inspected and all orders were satisfactory. In six of the twelve orders, a copy of the order had not been placed in the individual clinical file. The Inspectorate was subsequently informed that copies of all orders had been placed in the clinical files. Staff had been trained in the rules related to seclusion. There was evidence of 15- minute observation, two- hourly nursing reviews and medical reviews.

ECT (DETAINED PATIENTS)

Use: ECT, when required, was administered twice weekly. No detained patient was receiving ECT at the time of inspection. The service provided ECT either in the ECT suite in the ward or in theatre in the general hospital and had been awarded Electroconvulsive Therapy Accreditation Service (ECTAS) approval continuously since 2005.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	NOT APPLICABLE			
6	Patient assessment	NOT APPLICABLE			
7	Anaesthesia	NOT APPLICABLE			
8	Administration of ECT	X			
9	ECT Suite		X		
10	Materials and equipment	X			
11	Staffing		X		
12	Documentation	NOT APPLICABLE			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

There was a clear, easy-to-read information booklet on ECT for patients. Whilst the ECT suite was spacious, there was no private waiting area. There was a named consultant psychiatrist and two designated ECT nurses. However, the ECT nurses had not received specific training in ECT.

Breach: 9.2, 11.6

MECHANICAL RESTRAINT

Use: Mechanical restraint, including Part 5, 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: The Physical Restraint Clinical Practise Form Book was inspected. There had been four instances of physical restraint in 2011 up to the time of inspection.

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

Justification for this rating:

In one instance the copy of the completed physical restraint form had not been placed in the individual clinical file. The Inspectorate was subsequently informed that copies of all orders had been placed in the clinical files. The staff training log was inspected and showed that not all staff were trained in the therapeutic management of violence and physical restraint.

Breach: 10

ADMISSION OF CHILDREN

Description: One child, aged 17½ years was admitted voluntarily in February 2011 for one night. The child's clinical file was available for inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Admission				X
3	Treatment				X
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The service had policies relating to the admission of children, including policies on family liaison, parental consent and confidentiality. The approved centre did not have age-appropriate facilities for children. There was documentation in the clinical file showing that the child had received medication whilst in the approved centre, but although the child was accompanied by a parent, there was no documentation indicating parental consent for the administration of medication.

Breach: 2.5, 2.8, 3.2

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre since the beginning of 2011.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance	X			

Justification for this rating:

The approved centre had a comprehensive risk management policy and submitted six-monthly reports of incidents. The risk management policy identified the risk manager and the responsibilities of staff members for reporting deaths to the Mental Health Commission.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was used in the approved centre, but no resident was receiving ECT at the time of inspection and no clinical files were therefore available for examination. The ECT Register was examined.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	NOT APPLICABLE			
5	Information	X			
6	Prescription of ECT	NOT APPLICABLE			
7	Assessment of voluntary patient	NOT APPLICABLE			
8	Anaesthesia	NOT APPLICABLE			
9	Administration of ECT	X			
10	ECT Suite		X		
11	Materials and equipment	X			
12	Staffing		X		
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The ECT Register was inspected. In one instance, a copy of the form had not been inserted in the resident's clinical file; it was not signed or dated, and the reason for termination of ECT was not provided. The Inspectorate was subsequently informed a copy of the register had been completed and placed in the clinical file. The ECT nurses had not received specific training in ECT. There was no private waiting area in the ECT suite.

Breach: 10.2, 12.6,

ADMISSION, TRANSFER AND DISCHARGE

Description: The service admitted, transferred and discharged residents to and from the approved centre.

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:

The approved centre had comprehensive admission, transfer, discharge and risk management policies in operation. The role of staff members in the various processes was identified in the policies.

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 policy on admission of residents described the pre-admission process, procedures for dealing with people who self-refer and the protocols involved in deciding not to admit a person. Residents had an assessment following admission and were provided with an information booklet about the unit. Not all residents had an individual care plan and the service was not compliant with the Article on maintenance of records.

Breach: 17

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 service had a policy on transfer of residents. The decision to transfer a resident was taken by the multidisciplinary team. It was reported that no resident in the approved centre had been transferred.

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 clinical files of three residents who had been discharged recently were available for inspection. The decision to discharge was documented in the clinical file. There was evidence in one clinical file of communication with the resident's general practitioner, and in two others, referrals had been made to the community nurse and to the social worker.

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

Description: There was no resident with an intellectual disability and a mental illness in the approved centre at the time of inspection.

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:

The service had a policy on working with people with intellectual disability and a mental illness, but this policy did not include policy and procedures for training staff. It was reported by staff that training in working with people with intellectual disability and a mental illness had not taken place.

Breach: 5.6, 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Three patients were detained for more than three months and were receiving medication. However these patients were on approved leave and were not residing in the approved centre. The clinical files were not available for inspection.

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

Justification for this rating:

Copies of completed Form 17 for each patient were forwarded to the Inspectorate and were in order.

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

Description: Section 61 did not apply, as no child was detained in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection was ongoing, but no resident requested to speak directly with the inspectors.

OVERALL CONCLUSIONS

The approved centre at University College Hospital provided acute care for 33 residents on the day of inspection. The service had plans to construct a new building in the grounds of the general hospital and it was expected that this would be ready by late 2012. In the meantime, it was disappointing to note that the newly refurbished high observation area with six beds remained unopened. The system recently introduced for the maintenance of policies, Q-Pulse, was a very good initiative and made for rapid access to policies on the ward. Inspection of a number of clinical files indicated that not all residents had individual care plans and as a consequence, therapeutic services for all residents were not linked to care plans. Four detained patients were on long-term approved leave and it was not possible to inspect their clinical files on the day of inspection

RECOMMENDATIONS 2011

1. All residents must have individual care plans as described in the Regulations.
2. The high observation area should be opened without delay.
3. All documents relating to Rules and Codes of Practice for detained patients must be available for the inspection process of approved centres.
4. A copy of complaints must be retained by the nominated person in the approved centre as outlined in Article 31 of the Regulations.