

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Dublin West, Dublin South West, Dublin South City
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	Dublin South City
MENTAL HEALTH SERVICE	Dublin Mid-Leinster
APPROVED CENTRE	Jonathan Swift Clinic, St. James's Hospital
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Ward Conolly Norman Ward Beckett Ward
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 November 2010

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

INTRODUCTION

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

DESCRIPTION

The Jonathan Swift Clinic was located in St. James's Hospital. This 51-bed unit comprised psychiatry of old age ward, an acute ward and a step-down ward. There were 13 detained patients on the day of inspection and one resident was out on leave. The ground floor accommodation overlooked an attractive enclosed garden.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
William Fownes	26	20	General Adult
Conolly Norman	9	9	Psychiatry of Old Age
Beckett	16	11	General Adult

QUALITY INITIATIVES

- The pharmacist had conducted an audit of the use of benzodiazepine medication within the approved centre, had issued local guidelines and provided training for staff. This had led to a 25% decrease in the use of these medications.
- The approved centre had developed a new individual care plan and had incorporated a designated care plan co-ordinator for each resident.
- The annual "Med Day" fundraising by medical students in Trinity College Dublin had contributed monies for the health and welfare of patients. A multidisciplinary team administered this fund to ensure value for money and the services provided included somatic and art therapy programmes, and social activities aimed at social inclusion.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. Individual care plans need to be brought to the standard of Article 15 of the Regulations. In particular, service users must be aware of, sign for and receive a copy of their individual care plan. Multidisciplinary team members should contribute to the individual care plans.

Outcome: The service had recently introduced a new individual care plan with an identified care co-ordinator. This was in the process of being completed for all residents.

2. Multidisciplinary team members should make entries in the clinical files.

Outcome: All disciplines recorded clinical notes in the integrated clinical file.

3. All documentation should be signed with appropriate professional designation.

Outcome: Rubber stamps had been introduced to identify the professional designation of author and signatures were generally legible and entries dated.

4. Appropriate accommodation should be provided for those needing continuing care.

Outcome: The continued absence of a dedicated rehabilitation team and lack of appropriate and suitable community accommodation had mitigated against the placement of residents despite the best efforts of the general adult teams.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Some residents chose not to wear a wrist band which was available for identification purposes. The service did not use photo identification and relied on staff knowledge of each resident's identity. The safe administration of medication on Beckett Ward, undertaken by one registered psychiatric nurse, depended on staff recognition of a resident.

Breach: 4

Article 5: Food and Nutrition

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

Article 6 (1-2): Food Safety

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

Justification for this rating:

The environmental health officer's report was examined and was satisfactory.

Article 7: Clothing

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

Article 8: Residents' Personal Property and Possessions

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

Article 9: Recreational Activities

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

Justification for this rating:

The approved centre had limited communal accommodation. William Fownes Ward, which catered for up to 26 residents was located on the first floor and had a small television room with seating for about nine persons-far short of the number that were resident on the ward. There was also a small group room which was used for therapeutic programmes during the working week and to watch films at the week-end. The dining room contained a small "fußball" table. There was a small smoking room. There was no other recreational provision evident.

Beckett Ward was located on the ground floor where there was access to an attractively landscaped enclosed garden, a library and a television room.

Breach: 9

Article 10: Religion

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

Article 11 (1-6): Visits

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

Article 12 (1-4): Communication

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

Article 13: Searches

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

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

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

Article 15: Individual Care Plan

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

Justification for this rating:

A new individual care plan (ICP) had been introduced by the approved centre one month prior to the inspection. The documentation format allowed for the clear and concise recording of both an initial and a substantive care plan, including discharge planning. The weekly multidisciplinary team (MDT) review was recorded on a self adhesive sheet and pasted in chronological order into the integrated clinical file. This facilitated a clear tracking of progress against the goals of the ICP. The new care plan identified a care co-ordinator who had responsibility for the ICP process and the documentation. There was evidence of full multidisciplinary team input into individual care planning and all disciplines, including the pharmacist who recorded interventions in the clinical file. The ICP incorporated a resident's views and signature. At the time of inspection ICP's were not completed for all residents.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was evidence from the clinical files examined that each resident had access to an appropriate range of therapeutic services and programmes. However, not all residents had an individual care plan as defined in the Regulations.

Breach: 16 (1)

Article 17: Children's Education

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

Justification for this rating:

There had been one admission of a child to the unit in 2010 up to the time of inspection. Article 17 did not apply as the individual was over 16 years and was not in the education system.

Article 18: Transfer of Residents

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

Justification for this rating:

The approved centre had a policy and procedure in place. Two residents had been transferred to other approved centres and had been accompanied by nursing staff with copies of relevant clinical notes.

Article 19 (1-2): General Health

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

Justification for this rating:

Six-monthly general health reviews were recorded on a specific sheet in the clinical file. The clinical file of one individual on Beckett ward did not have any record of the required physical examination.

Breach: 19 (1) (b)

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

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

Justification for this rating:

Residents were provided with written information about their hospital admission, visiting arrangements, housekeeping and meals. A leaflet contained information about the multidisciplinary team and details of the individual's treating team were recorded here also. There was one computer available for residents to access information on mental health. The pharmacist, who had a post graduate qualification in medication in psychiatry, had an active role in providing tailor made information and education for individual residents. Each ward had electronic information on mental illness, treatments and therapies and there was evidence that staff were familiar with the content and made information available to residents.

Article 21: Privacy

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

Justification for this rating:

On the day of inspection there was evidence that residents' privacy was appropriately respected.

Article 22: Premises

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

Justification for this rating:

The approved centre was clean and in good order. The floor covering in shower rooms and lavatories was worn; the service reported that it had already identified this as an area of concern and assurances were given to the Inspectorate that work to remedy this situation was to commence the week following inspection. The service was requested to submit timely photographic evidence of completion but failed to do so.

Breach: 22 1(c)

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

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

Justification for this rating:

The approved centre had a policy as required by the Regulations.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The health and safety statement was available for inspection. The approved centre had appropriate policies in place.

Article 25: Use of Closed Circuit Television (CCTV)

The approved centre did not use CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
William Fownes	CNM2	1	0
	CNM1	0	1
	Staff nurse	4	2
Beckett	CNM1 or	1	0
	Staff Nurse		1
Connolly Norman	CNM2	1	0
	Staff Nurse	2	1
	Care Assistant	1	1

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

Justification for this rating:

The training register was examined and was satisfactory. None of the sector teams were fully resourced.

Breach: 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

The individual clinical files were generally in good order, were chronological and with stamps used to highlight the entries by different disciplines. Some files were bulky and with loose sheets.

The recording of section 60 consent in relation to the administration of medication to an involuntary patient resident for more than three months was not adequate. The Electroconvulsive Therapy (ECT) Register was incomplete and inadequately recorded.

Breach: 27 (1)

Article 28: Register of Residents

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

Justification for this rating:

The Register of Residents was in order.

Article 29: Operating policies and procedures

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

Justification for this rating:

There was evidence of regular policy reviews.

Article 30: Mental Health Tribunals

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

Article 31: Complaint Procedures

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

Article 32: Risk Management Procedures

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

Justification for this rating:

The approved centre had a risk policy in place as required by the Regulations.

Risk was assessed at admission by nursing and medical staff and was updated at the multidisciplinary team review.

The risk assessment was recorded on a red coloured sheet and was easy to locate within the clinical file. The individual clinical files continued to hold another sheet also entitled risk assessment and although staff considered this now defunct, it had also been filled in for some residents and this might confuse the evaluation process. As detailed in the approved centre's risk management policy, there was a reference folder entitled "risk pack" in each of the ward offices. This folder contained descriptions for risk items and also a copy of the approved centre's risk policy and was aimed at supporting the evaluation, recording and management of risk. It was not evident whether staff referred to this or not. The risk assessments in the clinical files inspected although dynamic and regularly updated, were terse and the consequent risk management was not robustly specified in the individual care plan.

The approved centre had a risk management group in place to review and learn from all untoward incidents.

Breach: 32 (1)

Article 33: Insurance

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

Justification for this rating:

The insurance certificate was examined and was in order.

Article 34: Certificate of Registration

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

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT (DETAINED PATIENTS)

Use: Electro convulsive therapy was not administered in the approved centre. Any patient who required a programme of ECT received this in St. Patrick's Hospital. On the day of inspection, one detained resident was in receipt of a programme of ECT.

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

Justification for this rating:

The clinical file of one patient currently in receipt of a programme of ECT was examined. The individual did not have capacity to give consent. A second opinion and Form 16 were in order.

The clinical file of a second patient, who was of voluntary status, but who had been involuntary whilst in receipt of a programme ECT was examined.

Although the documentation in relation to the delivery of ECT treatment in the above clinical files was of a high standard, the required copies of the ECT Register had not been completed and inserted into the clinical files.

The ECT register had not been completed. The ECT Register was examined and the last entry was in March 2010. Staff reported that five patients had completed courses of ECT since April 2010. This was not recorded in the ECT Register. Photocopy evidence of the ECT Register was obtained by the Inspectorate.

The Inspectorate sought clarification as to whether the ECT Register was maintained within the approved centre or was maintained in the hospital which administered the ECT treatment. The approved centre subsequently confirmed that the ECT Register was being maintained by a CNM2 in Conolly Norman ward. The approved centre did not comply with the Rules Governing the Use of Electro-convulsive Therapy.

Breach: 12.1

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: Physical restraint had been used in William Fownes and Conolly Norman wards. There had been no episodes of physical restraint in Beckett ward.

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

Justification for this rating:

In William Fownes ward a number of clinical files were examined. The Clinical Practice Form book was examined. In the clinical file of one resident, there was no documentary evidence that the next-of-kin had been informed of the episode of physical restraint or the reason for not doing so was not documented; the section on the Clinical Practice Form in this regard had not been completed. The staff training register was examined.

Breach: 5.9

ADMISSION OF CHILDREN

Description: There was no child resident on the day of inspection.

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

Justification for this rating:

There was one admission of a child to the unit in 2010 up to the time of inspection. The clinical file of this child was examined and was satisfactory. The service sought to admit children only as a last resort and in the best interests of the child. Appropriate policies were in place. The approved centre was not suitable to the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre reported all deaths and incidents to the Mental Health Commission.

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

Justification for this rating:

There had been two recent and significant incidents involving residents out on leave. The approved centre had a risk management committee and robust incident inquiry system in place.

ECT FOR VOLUNTARY PATIENTS

Use: No voluntary patient resident on the day of inspection was currently receiving a programme of ECT.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	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	NOT APPLICABLE			
10	ECT Suite	NOT APPLICABLE			
11	Materials and equipment	NOT APPLICABLE			
12	Staffing	NOT APPLICABLE			
13	Documentation				X
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Staff reported that two voluntary patients currently resident had received a programme of ECT earlier in the year. There was no record of the programmes of ECT in the ECT Register.

Breach: 13.1

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted, transferred and discharged residents.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies in place in relation to admission, transfer and discharge. The approved centre had an updated log of staff training.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Risk assessment was carried out at the time of admission and informed the initial individual care plan. The new individual care plan specified a named care co-ordinator.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Two residents had recently been transferred to other approved centres. In accordance with the approved centre's policy, two staff accompanied the residents and the relevant clinical documentation was transferred also.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was evidence of multidisciplinary team involvement in discharge planning. Family and health agencies were involved in the discharge process also.

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

Description: It was reported that no resident had an intellectual disability and mental illness.

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

It was reported that the centre did not have a policy in place. Staff training in regard to this Code of Practice had not commenced.

Breach: 5, 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: In response to inquiry by the Inspectorate, staff confirmed that a number of involuntary patients on Conolly Norman ward had been detained for a period exceeding three months and were being administered medicine for the purpose of ameliorating their mental illness. One patient on Becket ward had been detained for a period exceeding three months and had been administered medicine for the purpose of ameliorating their mental illness.

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

Justification for this rating:

Documentary evidence was not found by the Inspectorate, nor could it be established by the staff of the approved centre, that any patient in the approved centre who had been detained for a period exceeding three months and who were being administered medicine for the purpose of ameliorating his or her mental illness had either consented in writing to the continued administration of that medicine or, where the patients were unable or unwilling to give such consent, had the continuation of such medicine been approved by the consultant responsible for the care and treatment of the patients and, had the continuation of such medicine been authorised by another consultant psychiatrist. The Inspectorate requested a senior member of nursing staff to establish from a consultant psychiatrist in whose care one of these patients was under, if the above was indeed the case. It was established that this indeed was the case.

Breach: 60

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

Description: No child was currently resident in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident requested to speak with the Inspectorate. This resident was happy with their care and treatment.

MEDICATION

The medication sheets were in booklet format. They were legible and easy to follow. Each booklet had a signature bank for the prescriber but this was not completed in all cases. PRN (as required) medication was separate from regular medication. There was an area for documentation for indications for use of PRN medication but this was not always completed.

The service had completed a comprehensive audit on the use of benzodiazepines and night sedation. This showed the use of benzodiazepine and night sedation had decreased over a two year period.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	29
Number on benzodiazepines	7 (24%)
Number on more than one benzodiazepine	2 (7%)
Number on regular benzodiazepines	5 (17%)
Number on PRN benzodiazepines	4 (14%)
Number on hypnotics	8 (28%)
Number on Non benzodiazepine hypnotics	8 (28%)
Number on antipsychotic medication	24 (83%)
Number on high dose antipsychotic medication	0
Number on more than one antipsychotic medication	3 (10%)
Number on PRN antipsychotic medication	1 (3%)
Number on antidepressant medication	7 (24%)

Number on more than one antidepressant	1 (3%)
Number on antiepileptic medication	3 (10%)
Number on Lithium	2 (7%)

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	11
Number on benzodiazepines	2
Number on more than one benzodiazepine	0
Number on regular benzodiazepines	1
Number on PRN benzodiazepines	2
Number on hypnotics	4
Number on Non benzodiazepine hypnotics	4
Number on antipsychotic medication	5
Number on high dose antipsychotic medication	1
Number on more than one antipsychotic medication	2
Number on PRN antipsychotic medication	1
Number on antidepressant medication	4
Number on more than one antidepressant	1
Number on antiepileptic medication	4

Number on Lithium	0
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OVERALL CONCLUSIONS

Jonathan Swift Clinic comprised three wards and was compact in design: living area space was somewhat cramped. Progress was being made with regard to the rolling out of new individual care plans. There was evidence of multidisciplinary input into the individual clinical files although the general adult teams were not fully staffed in this regard. There had been a clear and systematic breach of section 60 Mental Health Act 2001. Not all residents' general health needs had been assessed every six months. Evidential application of the approved centre's own policy on risk management procedures would support more robust individual care planning.

RECOMMENDATIONS 2010

1. Section 60 Mental Health Act 2001 must be complied with.
2. The ECT Register must be maintained as required in both the Rules and Code of Practice relating to ECT.
3. Each resident's general health needs must be assessed every six months and recorded accordingly.
4. Appropriate arrangements must be made in Beckett ward to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.
5. All residents must have an individual care plan as required by the Regulations.
6. All therapeutic services and programmes must be based on assessed individual need and recorded in the individual care plan.
7. Risk assessment and management plans should be clearly specified in each individual clinical file.