

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Independent
<b>HSE AREA</b>	Independent
<b>MENTAL HEALTH SERVICE</b>	Independent
<b>APPROVED CENTRE</b>	Lois Bridges
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Lois Bridges
<b>TOTAL NUMBER OF BEDS</b>	6
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	None
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	24 <sup>th</sup> April 2012

### Summary

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- This independent approved centre provided care and treatment for adults with an eating disorder.
- Of note was the homely, modern and non-institutional environment.
- Lois Bridges opened in 2010. Since opening the number of individuals admitted had been low. There had been no residents during the period July 2011 to March 2012. The approved centre had recently acquired approval from a private health insurance agency and accepted referrals nationwide.

## OVERVIEW

In 2012, 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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

This small six-bed approved centre opened in 2010 and was situated in a detached suburban house in Sutton in North Dublin. It specialised in the provision of treatment to adults with eating disorders. It accepted referrals nationally from general practitioners and other mental health service providers.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	28	26	27
Substantial Compliance	0	2	1
Minimal Compliance	0	0	0
Not Compliant	0	0	0
Not Applicable	3	3	3

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
Lois Bridges	6	2	Eating Disorders Team

**QUALITY INITIATIVES 2011/2012**

1. Lois Bridges had recently secured cover for in-patient and outpatient treatment from a private health insurance agency.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

1. Each resident must have an individual care plan as required by the Regulations.

Outcome: Each resident had an individual care plan.

2. Therapeutic services and programmes should be specified in the individual care plan.

Outcome: Therapeutic services and programmes were specified in the individual care plans.

**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	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a photograph on file for each resident for the purposes of identification.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents had access to fresh drinking water. Meals were freshly prepared on-site. The menu took account of the personal choice and dietary needs of residents. Menu planning was a core aspect of treatment and the dietician provided input and supervision. Residents prepared and cooked some meals as part of their therapeutic programme.

**Article 6 (1-2): Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The most recent environmental health officer's report of the 13/03/2012 was available for inspection. The kitchen was operated in accordance with HACCP (Hazard Analysis and Critical Control Points) standards.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents wore day clothes. The approved centre had made arrangements for the provision of individualised clothing should the event arise where a resident did not have their own clothing.

**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 in relation to resident's personal property and possessions. A checklist was completed on admission and counter-signed by the resident and staff. The property checklist was kept in the individual clinical file. Each resident had a locker and wardrobe and there was extra storage, including safe storage, available for personal property and possessions.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was good provision of recreational activities for residents and this was age appropriate. The approved centre had facilities for internet access, listening to music, television and DVDS, table games, arts and crafts, yoga and massage amongst other activities. Residents could go out to community recreational facilities, including local shops and coffee shops.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents were supported in the practice of their religion.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 visits. There were sufficient seating areas to ensure privacy for visits.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 in place in relation to communications. Residents did not retain their personal mobile phones but were able to use a house phone. Residents could send and receive mail.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had up-to-date policies on the carrying out of searches with and without consent, and on the finding of illicit substances. There had been no searches conducted in 2012 up to the date of inspection.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies in relation to the care of residents who are dying. Single room accommodation was provided.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There were two residents in Lois Bridges on the day of inspection. Both individual clinical files contained individual care plans (ICPs). There was evidence of resident input into the care planning process, individual care plans were reviewed on a weekly basis by the multidisciplinary team. Whilst all the elements of individual care plans were recorded in the individual clinical file, this record was dispersed over several sections of the file and this did not make for ease of retrieval and did not provide a clear and logical overview of the ICP. The inspectors discussed with staff how this might best be recorded in a more integrated and coherent manner.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The individual care plans specified identified needs, therapies and interventions required to address these needs. The range and level of therapeutic provision was adequate to support optimal physical and psychosocial functioning. The range of available therapies included, cognitive analytic therapy, gestalt therapy, family therapy, group and individual therapy, art therapy and access to a dietician.



**Article 17: Children's Education**

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had up-to-date policies on the transfer of residents to another treatment centre where required and ensured that all relevant clinical information accompanied the resident on transfer.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had policies in place on responding to medical emergencies. No resident had been in the approved centre for six months or more. A general practitioner assessed each resident on admission and also provided general healthcare as required.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A client handbook was given to each resident on admission and this detailed housekeeping arrangements and details of their treatment team. There were leaflets available on mental health and mental illness, advocacy services, self-help groups and medications. Each resident was provided with detailed information on their own medication.

There was an up-to-date policy on the provision of information to residents.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Accommodation was in four single rooms and one double room. At the time of inspection each resident had their own bedroom. The staff reported that should use of the double-room accommodation be required then a privacy screen would be used.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Lois Bridges was a modern, attractively furnished and decorated detached house. The premises was well maintained and gardens were landscaped and equipped with garden furniture. Overall, the environment made for a welcoming, comfortable and respectful care setting.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had up-to-date policies on the prescribing, ordering, storing and administration of medication. Medication was stored in a locked safe.

**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 health and safety and a safety statement in place. The most recent fire inspection report of the 13/03/2012 was available for inspection.



**Article 25: Use of Closed Circuit Television (CCTV)**

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CCTV was not used in the approved centre.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Lois Bridges	DON	1	0
	Registered Nurse	0	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre, which opened in 2010, had not had any resident during the period July 2011 to March 2012. Therefore, the core staff numbers were reduced and most clinical services were contracted in. The director of nursing was also the clinical director and coordinator of care and was employed full-time. The only other full-time post was the housekeeper who looked after both the premises and catering. The consultant psychiatrist attended two days per week. The number and range of sessional therapists was large and inspectors queried the challenges this might pose for team building, continuity of care and consistency of therapeutic approach. Nursing staff did not necessarily have psychiatric training or training in the management of eating disorders. A registered nurse was the person in charge at night and the DON was on call.

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 on the creation, maintenance, storage and destruction of clinical records. The records required by the Regulations were all in good order and available for inspection.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The register of residents was maintained in electronic form. The register did not meet all the requirements of Schedule 1 of the Regulations as the PPS number was not recorded.

**Breach:** 28 (2)

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies and procedures required by the Regulations were in place and up-to-date.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

No resident was detained. To date, all residents in Lois Bridges had been on a voluntary basis.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 in place on the making of complaints. Residents were apprised of the process of making complaints, including recourse to the Office of the Ombudsman. There was a complaints log available for inspection, however, no complaints had been received from residents. The nominated complaints person was located in Lois Bridges.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The risk management policy met all the requirements of the Regulations. Each resident was risk assessed on admission and this was reviewed in a timely manner by the multidisciplinary team. This was well documented in the clinical files and was discussed with each resident. There was a record of incidents and this was inspected and was satisfactory.



**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The certificates of insurance in relation to buildings and public liability and in relation to professional indemnity were inspected.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 prominently displayed in the hallway.

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

**SECLUSION**

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**Use:** Seclusion was not used in the approved centre and there was a policy to this effect.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

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**Use:** ECT was not provided for residents of Lois Bridges and there was a policy to this effect.

**MECHANICAL RESTRAINT**

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**Use:** It was the policy of the approved centre not use mechanical restraint.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint had not been used in the approved centre in 2012 up to the time of inspection.

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:**

There was a policy in relation to the use of physical restraint. The staff training log was inspected and was satisfactory and up to date.

**ADMISSION OF CHILDREN**

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**Description:** Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** Staff reported that there had been no deaths or incidents in the approved centre in 2012 up to the time of inspection.

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

**Justification for this rating:**

Lois Bridges had policies and procedures in place for the reporting and management of incidents. There had been no incidents in the approved centre since it opened in 2010. There was an identified risk manager.



**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

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**Use:** ECT was not provided for residents of Lois Bridges and there was a policy to this effect.

**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
<b>X</b>			

**Justification for this rating:**

The approved centre had up-to-date policies and procedures in place as required by the Regulations. They were fully compliant with Article 32 on Risk Management and Article 18 on the Transfer of Information. There were clear policies and protocols on staff roles, training and responsibilities, including reporting structures. The staff training log was up to date.

**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
<b>X</b>			

**Justification for this rating:**

All admissions were planned and there was a clear admission pathway which included prior communication with the resident, and with family if appropriate. The admission process was comprehensive and well documented. Risk assessment was completed at time of admission. There had been two admissions in 2012 up to the time of inspection and both individual clinical files were inspected. A key worker system operated and residents were well oriented to the therapeutic regime and their own individual care plan. The approved centre liaised with primary care and other relevant agencies, including Bodywhys.

**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
<b>NOT APPLICABLE</b>			

**Justification for this rating:**

There were clear policies in place in relation to the process for transferring a resident and in relation to the transfer of information accompanying the resident. No resident had been transferred in 2012 up to the time of inspection.

## 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
<b>NOT APPLICABLE</b>			

### Justification for this rating:

No resident had been discharged in 2012 up to the time of inspection. The approved centre had robust policies in place in relation to discharge, addressing both the discharge planning process, the day of discharge procedures, follow-up care and communication with referring agencies and relevant healthcarers.

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

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**Description:** Lois Bridges did not admit persons with an intellectual disability and a mental illness.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** No resident was detained and therefore section 60 did not apply.

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001  
ORDER IN FORCE**

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**Description:** Lois Bridges did not admit children under 18 years of age and section 60 did not apply.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

The two residents were greeted by inspectors during the course of the inspection. Neither resident sought to speak individually with the inspectors.

### **OVERALL CONCLUSIONS**

It had been a challenging year for the Lois Bridges service as there had been no residents for the period July 2011 to March 2012. Despite this, the approved centre had maintained a commitment to providing a high standard of care and treatment for adults with eating disorders and had recently acquired health insurance funding approval. Each resident had an individual care plan (ICP) which met the requirements of the Regulations. Management advised that they were currently recruiting nursing staff.

### **RECOMMENDATIONS 2012**

The Inspectorate made no recommendations for this approved centre in 2012.