

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Kildare/West Wicklow, Longford Westmeath, Laois/Offaly
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Kildare/West Wicklow
APPROVED CENTRE	Lakeview Unit, Naas General Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Lakeview
TOTAL NUMBER OF BEDS	29
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 May 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

Lakeview Unit, in Naas General Hospital was a 29-bed unit laid out over two floors, the bedrooms and one sitting room were on the ground floor and the activity rooms and offices were on the first floor. There were 26 residents in the approved centre on the day of inspection. A number of residents were out 'on pass' meaning that their bed was held for them, although they were not sleeping there at night. There was no child resident at the time of inspection. Five consultant-led teams had admitting rights to the unit.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	23	25	22
Substantial Compliance	2	4	8
Minimal Compliance	2	2	1
Not Compliant	4	0	0
Not Applicable	0	0	0

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
Lakeview Unit	29	26	General Adult and Rehabilitation teams

QUALITY INITIATIVES

- The garden had been improved.
- The service had conducted an audit of individual care plans.
- New integrated clinical files had been introduced within the previous month.
- The rehabilitation team had introduced a Wellness and Recovery Action Plan (WRAP) for recently discharged residents.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Multidisciplinary care planning should be introduced for all residents in accordance with the Regulations.

Outcome: All residents whose clinical files were examined had individual care plans, however, some of them were out of date and in one instance it had not been reviewed for three months.

2. Efforts to alleviate the overcrowding difficulties should continue. In particular the provision of a medium support hostel for those residents who no longer need in-patient care, should be explored.

Outcome: This had not happened. Residents continued to be transferred to other facilities including other approved centres and local community residences to alleviate bed shortages.

3. The development of an agreed admissions policy with other services which would alleviate the need for transferring patients should be explored.

Outcome: This had not happened. Residents continued to be transferred to other facilities including other approved centres and local community residences to alleviate bed shortages.

4. The multidisciplinary teams should be fully resourced.

Outcome: This had not happened. Health and social care professionals remained under-resourced.

5. Attention should continue to be paid to the Rules for Seclusion.

Outcome: The service continued to be less than fully compliant with the Rules on Seclusion as the consultant psychiatrists did not complete the seclusion forms.

6. The Risk Management Policy should be updated.

Outcome: This policy had been updated.

7. Maintenance issues should be addressed.

Outcome: Outstanding repairs that had been identified in last year's inspection report had been carried out.

8. A medication audit should take place.

Outcome: This had been done and was reported in November 2010.

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. A recent report from the environmental health officer relating to the hospital kitchen was reviewed by the Inspectorate and was satisfactory.

Article 7: Clothing

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.

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 a policy in place relating to residents' personal property.

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 on 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	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 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	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 on searches.

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. There was an up-to-date 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>			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:

All residents whose clinical files were examined had individual care plans. Generally, individual care plans were reviewed regularly, however, in one instance a resident's individual care plan had not been reviewed since admission in October 2010.

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>		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:

In some care plans, the goals and interventions specified were vague and non-specific, using phrases such as 'motivate' and 'encourage'. Activities were run by nursing staff and a list of activities was displayed in the activities area of the ward. These activities were not always specified in the individual care plans.

Breach: 16(1)

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
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 policy on admission of children included a procedure for ensuring the continuation of a child's education whilst resident in the approved centre.

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>			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 policies on the transfer of a resident to another approved centre, the Central Mental Hospital and general hospitals. There was no policy about transfers to other facilities, such as community residences, to which residents were being transferred. Subsequent to the inspection, it was reported to the Inspectorate that the service had developed a policy on the transfer of residents to community residences.

Breach: 18(1), 18(2)

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:

One resident had been admitted for longer than six months and had not had a general health assessment since admission in October 2010. There was no system in place to ensure that residents who were admitted for longer than six months had their general health needs assessed regularly. Access to general medical services within the general hospital was good. Policies and procedures relating to medical emergencies were in place.

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>			
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:

Information on a variety of diagnoses and medications was available. The approved centre had a policy on providing information to residents. The service was in the process of developing an information leaflet providing details of a resident's multidisciplinary team.

Breach: 20(1)(a)

Article 21: Privacy

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:

Most of the sleeping accommodation was provided in rooms with between four and six beds. Each bed area had a curtain around it for privacy. A blind in one of the single rooms had been repaired since the previous inspection.

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>		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 unit was clean and well maintained. The sitting room on the ground floor was small. Excluding en-suite showers in the seclusion room and one bedroom, there were only two showers for residents. Residents had access to two gardens, one of which provided an opportunity for residents to engage in horticulture. There was no separate Mental Health Tribunal room and the pool table/games room doubled as a Mental Health Tribunal room when required.

Breach: 22(3)

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
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:

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

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. There was an up-to-date policy on Health and Safety.

Article 25: Use of Closed Circuit Television (CCTV)

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:

CCTV cameras were in use at the entrance to the unit, in the seclusion room and in the garden. There was no sign indicating its use in the garden. There was an up-to-date policy indicating the use of CCTV in the approved centre.

Breach: 25(1)(b)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Lakeview	CNM1/CNM2	1	1
	RPN	6	3

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>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	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 service operated the Health Service Executive (HSE) policy on recruitment. Staff had access to training. Not all teams were fully staffed with health and social care professionals.

Breach: 26(2)

Article 27: Maintenance of Records

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:

A new integrated clinical file had been introduced in the weeks prior to the inspection and all residents admitted after this date had the new file. The file was excellent and had sections for various different types of documentation and also separated previous admissions from the current admission, making it easier to find relevant information. For residents admitted prior to the introduction of the new file, the old clinical files were still in use and many of these were untidy, had loose pages and it was not easy to retrieve information from them.

There had been no recent fire inspection. A food safety inspection was conducted in November 2010 and issues raised in this inspection were being addressed. The service had a current policy relating to 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	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 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	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 on complaints.

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	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 Risk Management policy was not reviewed by the Inspectorate on the day of inspection, but was subsequently forwarded and met the requirements of the Regulations.

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: Seclusion was used in the approved centre.

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	X			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The Seclusion Register and clinical files of three residents who had been secluded were reviewed. A significant number of forms in the Seclusion Register had not been completed by consultant psychiatrists. None of the seclusion forms from the Register had been placed in the relevant clinical files. There was no evidence in the clinical files reviewed that episodes of seclusion had been discussed with the resident and the multidisciplinary team or had been reviewed by the resident's multidisciplinary team.

The approved centre had an up-to-date policy on seclusion.

Breach: 3.5, 7.4, 9.3, 10.3

ECT (DETAINED PATIENTS)

Use: The service used ECT and had a fully equipped suite. No patient was receiving ECT at the time of inspection, so no clinical file was available for inspection.

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	NOT APPLICABLE			
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:

No patient was receiving ECT at the time of inspection. There were two designated nurses for ECT, one of whom had received training. There was a designated consultant psychiatrist for ECT. The ECT suite had a private waiting area, treatment room and recovery room.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre and this was stated in the Seclusion policy.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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:

The Clinical Practice Form for Physical Restraint book and three clinical files were reviewed. A significant number of clinical practice forms had not been completed by consultant psychiatrists. There was no evidence that residents who had been physically restrained had been provided with opportunities to discuss the episode with members of the multidisciplinary team or that episodes of physical restraint had been reviewed by the resident's multidisciplinary team.

The approved centre had an up-to-date policy on physical restraint.

Breach: 5.7(c), 7.2, 9.3

ADMISSION OF CHILDREN

Description: Children were admitted to the approved centre.

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

Justification for this rating:

One clinical file of a 17 year old child resident who had several admissions in 2011 was reviewed. The clinical file indicated that the approved centre was compliant with the code of practice relating to the admission of children except that it was unable to provide age-appropriate facilities and a programme of activities appropriate to age and ability.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2011 to the time of inspection.

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

Justification for this rating:

Deaths were notified to the Mental Health Commission. The service had a clinical risk policy but this policy did not identify the risk manager.

Breach: 4.2

ECT FOR VOLUNTARY PATIENTS

Use: No resident was receiving ECT at the time of inspection but the clinical file of one resident who had recently received ECT was available for inspection. Two residents had received ECT since the beginning of 2011 to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	X			
5	Information	X			
6	Prescription of ECT	X			
7	Assessment of voluntary patient	X			
8	Anaesthesia	X			
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:

There was evidence in the clinical file of one resident that consent had been provided for all treatments. The issue of prescribing ECT had been discussed with both the resident and the next of kin. Following ECT, a cognitive assessment of the resident had been carried out. There was no entry for this resident in the ECT register, and the resident had been on leave at home, following the last treatment, for the previous 12 days. There were two ECT nurses, one of whom had specific training and one designated ECT consultant psychiatrist. The ECT suite had a private waiting area, treatment room and recovery room.

Breach: 13.1

ADMISSION, TRANSFER AND DISCHARGE

Description: Residents were admitted to, transferred and discharged 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 service had policies on admission, transfer and discharge of residents and was compliant with Article 32 on risk management. The roles of team members were outlined 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 unit was not fully compliant with Articles 15, 16, 20, 22 or 27. The policy on admission covered planned and unplanned admissions and procedures for admission. A Functional Assessment of the Care Environment (FACE) was carried out on residents admitted to the unit. All residents had individual care plans and a key worker system was in operation. The admission policy specified procedures for the admission of persons who were homeless.

Breach: 17.1, 22.6

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 transfer policy referred to transfer of a resident to another approved centre, the Central Mental Hospital or general hospital; it did not refer to transfer of residents to other facilities such as community residences. Following receipt of the draft version of the report, the service reported that the policy on transfer had been amended to include transfer to a community residence.

A review of the clinical files of two residents who were on leave to community residences indicated that these residents had been transferred for the purpose of alleviating a bed shortage in the approved centre. This is contrary to the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre and there was no evidence that this was done in the best interests of the residents concerned. There was no evidence that these transfers had been discussed with the residents or that they had consented to it and there was no evidence that next of kin had been informed. The decisions to transfer these two residents were not taken by the multidisciplinary team and were not planned. In one instance, there was no copy of a transfer form in the clinical file, suggesting that the community residence had not been given information about the resident.

In the case of a patient transferred to another approved centre, there was good documentation on the transfer process between the two approved centres, but there was no indication in the clinical file that such a transfer had been discussed by the team prior to the decision being taken. This resident had been in Lakeview for some months prior to the transfer. In addition, although staff had attempted to inform the next of kin of the transfer, the information had not been received and the next of kin visited Lakeview unit more than 24 hours later, being unaware of the transfer and was subsequently upset.

Breach: 25.1(a), 26.1, 28.2, 29.1

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:

Two clinical files of residents who had been recently discharged were reviewed. Neither file contained discharge letters or discharge forms, although the approved centre had a form that was supposed to be completed on the day of discharge and forwarded to the relevant G.P. and sector team. Follow-up out-patient clinic appointments had been made. Other services who had been involved with the resident prior to admission had been kept informed of progress and were included in discharge planning.

Breach: 38.2, 38.3

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

Description: There was one resident with documented mild learning disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The service had a policy on working with people with intellectual disability and mental illness. No training had been put in place at the time of inspection, although plans were in place to introduce this.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient was receiving medication for more than three months.

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:

The appropriate form had been completed by a consultant psychiatrist other than the treating consultant psychiatrist to allow the continued administration of medication in the absence of consent.

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

Description: There was no child resident to whom Section 25 applied.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted and spoken with informally during the inspection, but no resident requested to speak directly with the inspectors.

OVERALL CONCLUSIONS

The approved centre, Lakeview Unit, provided 29 acute beds and at the time of inspection there were 26 residents, three of whom were involuntarily detained. The unit was clean and well maintained but there was little communal space in the downstairs area. When Mental Health Tribunals were convened, residents did not have the use of a games/pool table room upstairs. There were only two showers for general use of residents (excluding the shower in the seclusion suite) which would appear to be an inadequate number for 29 residents. Designated nurses provided a variety of activities for residents, including some activities at the week-end.

Documentation in relation to seclusion, physical restraint and ECT was incomplete in many instances due to consultant psychiatrists not completing the required forms and residents not being afforded the protections and opportunities provided to them under the relevant rules and codes of practices. This is of concern to the Inspectorate as this issue was highlighted in last year's report and the service had taken no action to reverse these omissions and abuses, raising issues about gaps in clinical governance.

Of particular concern to the Inspectorate was the ongoing practice of transferring residents to community residences for the purpose of alleviating bed shortages in the approved centre, and continuing these residents 'on pass' for lengthy periods, 41 days and 27 days respectively in the case of two residents. The Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre of residents states that a transfer should only be considered when it is in the best interests of the resident and that next of kin should be informed and involved where appropriate. The evidence in the clinical files reviewed showed a flagrant disregard for these provisions. The use of transfers and 'on pass' arrangements to ameliorate bed shortages is appalling particularly where these residents are deemed to require acute inpatient care.

Significant improvement had been made in relation to care plans and all residents now had individual multidisciplinary care plans, although not all teams were fully resourced in respect of multidisciplinary members and not all care plans were updated regularly. The service had introduced a pre-meeting form that residents completed prior to the weekly multidisciplinary meeting so that their views could be incorporated whether or not they attended the meeting. Nursing staff reported that the system was working well and they perceived that it had helped increase the awareness of residents about their care plan.

RECOMMENDATIONS 2011

1. The transfer of residents to alleviate bed shortages should cease.
2. The approved centre should conduct audits of transfers, and out of this develop good practice initiatives for managing admissions within their bed complement.
3. Statutory forms in relation to the practice of seclusion, ECT and physical restraint must be completed.
4. In cases where seclusion, ECT or physical restraint is used, the residents involved must be afforded the protections and the opportunities outlined in the relevant rules and codes of practice.
5. The number of showers provided for residents should be increased.