

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent
HSE AREA	Independent
MENTAL HEALTH SERVICE	Independent
APPROVED CENTRE	Lois Bridges
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Lois Bridges
TOTAL NUMBER OF BEDS	6
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	15 February 2013

Summary

- Lois Bridges, an independent six-bed healthcare facility, was located in a private residence in Sutton, Dublin 13 and specialised in the care and treatment of adults with eating disorders.
- Care and treatment were provided by the core team of clinical director, the director of clinical services, by nurses and also by a range of ten psychotherapists and counsellors who were contracted for services on a sessional basis. Inspection of individual clinical files did not evidence a robust process for information sharing and multidisciplinary care planning.
- There was an individual care plan (ICP) in place for each resident. The ICPs were recorded in broad generic terms.
- The approved centre on-call rota did not provide for an appropriately qualified person in charge at all times. The recruitment policy did not require clinical staff to be psychiatrically trained or have experience in the area of eating disorders.
- The treatment programme had been extended to include a day hospital programme in the community.

OVERVIEW

In 2013, 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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Lois Bridges, a six-bed approved centre providing treatment for adults with eating disorders, was located in a private house in a residential suburb in Sutton, Dublin 13. The approved centre only admitted voluntary residents and all admissions were planned. Care and treatment in Lois Bridges was funded either by private health insurance or the Health Service Executive.

Accommodation was in single rooms and one twin room. The residence was modern, secluded and attractively fitted-out and decorated.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	27	25	-
Substantial Compliance	2	1	1	32
Minimal Compliance	0	0	1	27
Not Compliant	0	0	1	26
Not Applicable	3	3	3	17, 25, 30

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
Lois Bridges	6	5	Eating Disorders Team

QUALITY INITIATIVES 2012/2013

1. A new part-time Clinical Director had been appointed.
2. A new Director of Nursing & Allied Health Services had been recruited and was due to commence soon.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

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

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

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

Article 4: Identification of Residents

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

Photographs were used for the purpose of identifying each resident when administering medication. All admissions to Lois Bridges were planned and residents were requested to bring passport style photographs. The approved centre's policy stated that photographs were to be signed by the resident but this was not the case in the individual clinical files inspected. Nonetheless, given the size of the approved centre all residents were known to staff.

Article 5: Food and Nutrition

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

Fresh drinking water was available. A dietician provided assessment and input to individual care plans, which included menu recommendations. Food was cooked on site from freshly prepared ingredients. There was ample choice of meals and special dietary requirements were well catered for.

Article 6 (1-2): Food Safety

(1) *The registered proprietor shall ensure:*

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

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

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

(2) *This regulation is without prejudice to:*

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 most recent Environmental Health Officer's report was available for inspection and all was in order. The kitchen where meals were cooked was integral to the open plan living cum dining room and was a bright and welcoming space. The food storage, refrigerator, food preparation areas and equipment were all clean and well organised.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

All residents were wearing day clothes at the time of inspection. The approved centre had a contingency plan in the event that a resident did not have their own supply of personal clothing. This had never arisen, however, as all admissions were planned. There were laundry facilities on site for residents.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was an up-to-date policy on residents' personal property and possessions. Each resident had a property checklist on file. The policy stated that the property checklist completed at the time of admission should be signed by the resident and staff. This was not in operation in the individual files inspected. Residents were provided with guidance on what items to bring with them on admission. Each resident had a personal wardrobe and lockable storage. Residents were encouraged not to bring valuables when being admitted, however, safe storage was available if required.

Article 9: Recreational Activities

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was good recreational provision for residents. The premises were homely and comfortable with plenty of space to relax and pursue recreational activities. The living room had a television, DVD player and music centre. There were magazines, books, art materials and games available. Yoga, reflexology and massage were available within the house. Lois Bridges was well located in a suburb which featured swimming pool, gym, coffee shops and general shops.

Article 10: Religion

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents of all faiths were facilitated in the practice of their religion insofar as was practicable.

Article 11 (1-6): Visits

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on visits. There were sufficient seating areas to ensure privacy for visits. Children could visit if supervised. Visiting times were flexible outside of meals and therapy time. Staff reported that visits generally took place at weekends and the policy stated visiting time as Sunday afternoon. Management subsequently advised that visits could be facilitated mid week also.

Article 12 (1-4): Communication

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on communication. The policy stated that the use of mobile phones was prohibited and that if a "client is found in possession of their phone, the phone will be confiscated and held in the office safe". Staff reported that residents did not retain their mobile phones whilst in the approved centre but were provided with the use of a house phone. Management subsequently stated that residents could retain their mobile phone but were required to leave their phones in their bedroom during therapy sessions. Residents could send and receive mail.

Article 13: Searches

(1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*

(2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*

(3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*

(4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*

(5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*

(6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*

(7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*

(8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*

(9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*

(10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 approved centre had a policy on the carrying out of searches with and without consent and on the finding of illicit substances. No searches had been carried out in 2013 up to the time of inspection.

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

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

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

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

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

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

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on the care of residents who are dying.

Article 15: Individual Care Plan

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

Each resident had an individual care plan (ICP). The ICPs were framed and recorded in broad and generic terms and would benefit from a clearer specification of individual needs, particularly psychological case formulation. Each resident was engaged in therapy or counselling with at least two staff and the scheduled appointments were faithfully recorded in the ICP. The purpose, aim and nature and outcome of interventions were not well recorded in the ICPs. ICPs predominantly featured needs such as "orientation, physically fit, safety and security, diet, therapeutic relationship" and this may have reflected the training orientation of the majority of nursing staff. Residents were fully involved in their own care planning process.

Article 16: Therapeutic Services and Programmes

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

Therapeutic services and programmes were based on assessed need and specified in the individual care plan. Programmes included group and individual psychotherapy, and alternative therapies.

Article 17: Children's Education

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

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was an up-to-date policy and procedures on the transfer of residents. All relevant clinical information accompanied a resident on transfer.

Article 19 (1-2): General Health

(1) *The registered proprietor shall ensure that:*

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on responding to medical emergencies. Residents had access to general medical care and national screening services. The level of general practitioner input to care was excellent, included admission assessment, and well recorded in the individual clinical files. No resident had been in-patient for a period in excess of six months.

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

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

(a) details of the resident's multi-disciplinary team;

(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;

(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;

(d) details of relevant advocacy and voluntary agencies;

(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 approved centre had a policy on the provision of information to residents. There was a resident information folder containing details of housekeeping, visiting, mealtimes, property, self-help groups and advocacy. There was information available on diagnoses and medications.

Article 21: Privacy

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents' privacy was accorded respect at all times. All residents had access to their own en suite facilities in single or double rooms. A privacy screen could be used when the double room was occupied. The detached house in which the approved centre was situated was secluded and private.

Article 22: Premises

(1) *The registered proprietor shall ensure that:*

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

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 premises, which opened in 2010, was modern and bright. Furnishings and upkeep were of a high standard. The gardens were well maintained and attractive. There was adequate accommodation for the provision of therapeutic and recreational programmes.

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

An up-to-date policy on ordering, prescribing, storing and administration of medication was available. Medication was held securely in a locked safe.

Article 24 (1-2): Health and Safety

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

A Health and Safety statement was available for inspection. There were up-to-date policies on the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

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

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
 - (b) it shall be clearly labelled and be evident;*
 - (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
 - (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
 - (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*
- (2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*
- (3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

CCTV was not used in the approved centre.

Article 26: Staffing

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

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Lois Bridges	A/CNM2	1	0
	RPN or RGN	1	1
	HCA	1	0

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 registered proprietor did not have an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre. The on-call duty rota, for the week of the inspection visit, had the clinical director and a nurse alternatively rostered throughout the week. This on-call list provided to inspectors, did not include the surname of the nurse, nor was this nurse included in the staff list provided. The staff list provided to inspectors included eight nursing staff and the nurse in charge advised that just two nurses were registered psychiatric nurses (RPNs). The person in charge at night was generally a registered general nurse. Subsequent to the inspection, management stated that the consultant psychiatrist was on call at all times pending the appointment of a senior registrar.

A newly appointed, part-time consultant psychiatrist had commenced in the role of clinical director, two weeks prior to the inspection visit. The post of director of clinical services was vacant but staff advised that an appointment had been made and a registered general nurse was due to commence in the near future. The person in charge at the time of inspection was a registered general nurse. Management subsequently advised that the new director of nursing and allied health services was an RPN.

Lois Bridges specialised in the treatment of adults with eating disorders. Residents had typically been in receipt of treatment previously. Inspection of individual clinical files and the expressed view of staff indicated that residents' needs were often multifaceted and complex. The approved centre's recruitment policy did not require staff to have specialist training or skills in the treatment of eating disorders. The majority of staff did not have specialist training or experience in the treatment of eating disorders. The approved centre did not provide psychological assessment and this gap was reflected in the case formulation in the individual clinical files. The approved centre did not ensure that the numbers of staff and skill mix of staff were appropriate to the assessed needs of residents.

The staff list provided to inspectors listed ten psychotherapists or counsellors, two alternative therapists and a dietician. On inquiry by inspectors about the process of multidisciplinary team review and the sharing of clinical information, staff described a loose process which included relayed messages and were unable to state categorically where some clinical records were entered or held. Inspection of the individual clinical files contained scant accounts of individual psychotherapy sessions. Inspectors sought clarification about where the accounts of individual therapy sessions were recorded and management subsequently stated that all clinical records were held in the individual clinical file.

The approved centre training record indicated that manual handling, basic life support and crisis prevention intervention training were up to date. Mental Health Act training was also provided.

Breach: 26 (2), (3)

Article 27: Maintenance of Records

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

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

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

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

The Inspectorate did not inspect and has no expertise in assessing fire risk

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on the creation of, access to, maintenance and destruction of records.

Records on food safety, health and safety and fire inspections were available for inspection. Fire inspection records included the fire certificate and a fire engineer's quarterly reports on the maintenance of fire safety equipment. Staff reported that they had not completed a fire drill or evacuation exercise.

The individual clinical files, although neat and organised into separate sections with dividers, did not contain an adequate and complete record of care. Information was not organised in a chronological order, for example, the admission record preceded the referral record. In one clinical file inspected

there was no referral for admission, the clinical records on this individual clinical file predated the admission date by six months and there was no identified general practitioner or medical doctor for discharge purposes.

The individual clinical records did not contain an adequate and meaningful record to support optimal care and treatment. Inspectors were provided with a list of ten psychotherapists and counsellors who provided therapy to residents. Inspection of the individual clinical files did not evidence adequate recording of therapy sessions. In two individual clinical files records of therapy sessions were entered and a brief reference was made to key issues arising in therapy. Allowing for appropriate information sharing, there was no elucidation of the key issues and it was not clear how the multidisciplinary team were apprised of the identified issues and how issues were factored into care planning. Inspectors sought clarification from staff as to how such information was shared across the treating team, whether the staff on duty at the time of inspection had knowledge of the issues mentioned, where the psychotherapists entered clinical records and how the psychotherapists contributed to the multidisciplinary ICP. Staff in charge on the day of inspection had neither the knowledge of the issues referred to in the individual clinical files nor where psychotherapists recorded clinical notes. There appeared to be no clear system in place other than a record for payment purposes.

The written list of staff provided to inspectors did not contain all pertinent information, such as surname for example. It was a tedious exercise to sift through individual staff folders, including staff no longer listed as staff, in an effort to evaluate the training record. Inspectors suggested to the nurse in charge on the day of inspection that a single data sheet be used to provide an accessible record of staff training. The staff record in the approved centre did not contain details of next-of-kin in the event of an emergency.

Breach: 27.1

Article 28: Register of Residents

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 Register of Residents was complete and available for inspection.

Article 29: Operating policies and procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

Policies and procedures were up-to-date and reviewed in a timely manner.

Article 30: Mental Health Tribunals

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
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 approved centre did not admit detained persons.

Article 31: Complaint Procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

There was a policy on complaints. Residents were informed about 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 made. The person nominated to deal with complaints was the director of clinical services.

Article 32: Risk Management Procedures

(1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*

(2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*

(a) *The identification and assessment of risks throughout the approved centre;*

(b) *The precautions in place to control the risks identified;*

(c) *The precautions in place to control the following specified risks:*

(i) *resident absent without leave,*

(ii) *suicide and self harm,*

(iii) *assault,*

(iv) *accidental injury to residents or staff;*

(d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*

(e) *Arrangements for responding to emergencies;*

(f) *Arrangements for the protection of children and vulnerable adults from abuse.*

(3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 risk management policies met the requirements of the Regulations.

Each individual clinical file contained a risk assessment. The risk assessment form identified key risks, including, "risk of self harm, hopelessness, depression, suicide plan/intent, family concerned". There was a guidance reference for staff on the criteria to rate the individual's risk as low, medium or high. It was not evidently clear in the individual clinical files inspected, how the risk level rating was evaluated based on the risk items that had been identified. Inspectors recommended that a clear statement be recorded to elucidate the clinical reasoning. The inspectors asked whether staff had been trained in risk assessment and management. Management subsequently advised that training was being considered. Therefore, the inspectors did not consider the risk management policy to be fully operational.

Breach: 32.1

Article 33: Insurance

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 insurance certificate for the approved centre was provided to the inspectors.

Article 34: Certificate of Registration

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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 Certificate of Registration was prominently displayed.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint 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: No resident had been physically restrained to date in the approved centre.

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:

No resident had been physically restrained in Lois Bridges since it opened in 2010 up to the time of the inspection. Policies and staff training were up to date.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2013 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:

Staff reported that there had been no incidents in 2013 up to the time of inspection. Incidents were recorded in a loose leafed folder and reviewed by the director of clinical services. The incident report form provided on the day of inspection differed from the form contained in the policy. Also it did not make provision for the recording of action and outcome. Management subsequently advised that one single form had now been introduced and this included action and outcome.

The previous director of clinical services was named in the policy as the individual charged with responsibility for risk management. This policy was subsequently updated.

Breach: 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre had policies and procedures on admission, transfer and discharge.
A new clinical director had been appointed and a new director of clinical services was due to commence in the near future. The approved centre was not fully compliant with Article 26 on Staffing because an appropriately qualified member of staff was not on duty and in charge at all times. The approved centre was not fully compliant with Article 32 on Risk Management.

Breach: 6.1, 7.1

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:

All admissions were planned, and with one exception, all the individual clinical files contained referral letters and evidence of liaison with general practitioners or referring consultant psychiatrist. One individual clinical file did not contain a clear record of referral and planned discharge arrangements. The decision to admit was made by the clinical director. Admission assessment was completed by the consultant psychiatrist, the nurse in charge on the day of admission and the general practitioner. The psychiatric admission record might be enhanced through the use of a pro-forma admission template.

Each resident had an individual care plan, was fully informed about their care and provided consent, and was assigned a key worker.

The approved centre was not fully compliant with Article 27 on the Maintenance of Records.

Breach: 22.7

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
NOT APPLICABLE			

Justification for this rating:

No resident had been transferred to another hospital.

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
NOT INSPECTED			

Justification for this rating:

The clinical files of discharged residents were not held in the approved centre and this Code of Practice was not inspected.

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

Description: 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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Staff reported that Lois Bridges did not admit individuals with an intellectual disability and mental illness. The approved centre's policy stated that persons with an intellectual disability and a mental illness might, where appropriate, be admitted to Lois Bridges. Staff were not trained in the management of individuals with an intellectual disability and a mental illness.

Breach: 6.1, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No resident was detained therefore Section 60 was not applicable.

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

Description: Children were not admitted to Lois Bridges.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by inspectors during the course of the inspection. No resident wished to meet with inspectors.

ADVOCACY

There was no advocacy service available in the approved centre.

OVERALL CONCLUSIONS

Lois Bridges specialised in the care and treatment of adults with eating disorders. The service had developed its care pathway to include a day hospital programme located in Howth. There had been significant staff changes in the weeks preceding the inspection visit, a part time consultant psychiatrist had recently commenced as clinical director and a registered psychiatric nurse was due to take up the post of director of nursing and allied health services. These changes, combined with reliance on nursing staff and ten therapists and counsellors all of whom were contracted in to provide services, and the attendant requirement for coordination, may have accounted for the lack of clarity about personnel and interventions encountered by inspectors on the day. It was evident that the Registered Proprietor and staff were enthusiastic and committed to providing good quality care and had endeavoured to source a team of professionals to deliver such care. It was difficult to ascertain the precise identified need, intervention and outcome in relation to psychotherapy and counselling in the individual clinical files. The clinical files did not contain an adequate record in relation to psychotherapy. The individual clinical records might be improved with enhanced psychological case formulation, explicitly stated need for psychotherapy and the focus of interventions and outcomes.

At a governance level, there was some variance between stated policy and practice at the time of inspection. This should be addressed.

RECOMMENDATIONS 2013

1. Individual clinical files must be in one composite file and contain an adequate record of therapeutic interventions.
2. The Registered Proprietor must ensure that there is an appropriately trained member of staff on duty and in charge of the approved centre at all times and that the number and skill mix of staff is appropriate to the assessed needs of residents.
3. The policy on detention should be changed to reflect the Mental Health Act 2001.
4. Admissions should meet the standard of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.
5. Policies should be reviewed to ensure coherence with practice on the ground.