

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	St. Edmundsbury Hospital
APPROVED CENTRE	St. Edmundsbury Hospital
CATCHMENT AREA	Independent Sector
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Edmundsbury Hospital
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	19 March 2009

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

DESCRIPTION

St. Edmundsbury was a 50-bed unit situated in West Dublin, affiliated to St. Patrick’s Hospital. It admitted patients from all over the country. It was situated on its own well-maintained grounds and the house, though old, was bright and modern in appearance and good use had been made of available space. It was comfortably furnished and there was a friendly, relaxed atmosphere in the hospital. It was clear that there was an established ethos of multidisciplinary working. Residents were usually admitted by one of two consultants, or by one of a small number of visiting consultants. There was a close liaison with St. Patrick’s Hospital for the provision of some services. It was clear during the course of the inspection that efforts had been made to address the recommendations of the 2008 report. St. Edmundsbury Hospital did not admit detained patients, and where the need for detention arose, patients were transferred to St. Patrick’s Hospital. Children were not admitted.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Edmundsbury	50	47	General adult teams

QUALITY INITIATIVES

- A clinical governance group had been established, which was overseeing the implementation of the MHC standards. The *Quality Framework for Mental Health Services in Ireland, 2007* document had been adopted as the benchmark against which improvements were measured. This group had plans to enhance the computerisation of clinical records within three years.
- Specialisms around zones of care had been developed in different clinical areas to facilitate the development of expertise and services.
- A computer information service was made available to residents, who could access the service during the day. The service, based in St. Patrick’s Hospital, was overseen by a paid staff member and 14 volunteers, one of whom visited St. Edmundsbury one morning a week.
- An administrator had been appointed to the consumer council for St. Patrick’s and St. Edmundsbury. The administrator liaised between the ten service user and two carer members of the council and the director of clinical services. She was to visit St. Edmundsbury quarterly. She was made aware of patient’s complaints, which were logged in the St. Patrick’s quality department with an account of what action was taken.
- The Twilight Club programme was piloted in January and February 2009 for the provision of activities for residents in the evenings. Positive feedback from this pilot would result in the extension of the programme to the hospital.
- As part of its five-year strategy, St. Edmundsbury had identified the need for community outreach services. Four such services were already operational in the Leinster area.
- The introduction of a treatment plan that provided residents with information regarding their diagnosis, therapeutic programme, therapist and medication.
- The development of an information centre which provides information to residents and families on a wide range of mental health issues. A designated computer was available with 50 web sites related to mental health.
- A weekly in-patient cognitive behavioural therapy group had been introduced and audited.

- A positive psychology group involving mindfulness and positive psychology approaches had been introduced, aimed at post-discharge and day patients.
- Day hospital services recently began providing specialised lectures and group psychotherapy programmes.
- Upgrading of broadband system and unlimited access to the internet and e-journals.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. Develop a policy to confirm that mechanical restraint had not been used.

Outcome: This had been done.

2. Develop St. Edmundsbury Hospital policies that reflect local practices and procedures.

Outcome: Documentation had been changed as recommended.

3. Ensure that property lists were completed at admission.

Outcome: This had been done.

4. Provide written information on resident's diagnosis and medication.

Outcome: This had been done. A range of written material on various conditions was available and residents had access to a computerised information system.

5. The multidisciplinary team treatment plan could be enhanced by specifying who was responsible for different aspects of the treatment and by completing in full the existing care plan documentation.

Outcome: An adhesive care review planning template had been developed which could be inserted into the chart continuation sheet for each multidisciplinary team meeting. It documented people attending with their professional designations, decisions taken, and persons responsible for implementing their decisions. The newly developed template provided a useful way to record work already being undertaken by the multidisciplinary team.

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	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Wristbands were given to all residents on admission. There were plans to develop a system of photographic identification for all residents.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

All residents had access to fresh drinking water. The hospital food provided was of a high standard. A Hazard Analysis and Critical Control Points (HACCP) compliant system was in place. Departmental policies and procedures were in place.

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was compliant with this Article. A high standard of hygiene was maintained.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

All residents wore their own clothing and had access to laundry facilities.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Written policies and procedures relating to residents' personal property and possessions were available. Accurate records of resident's personal property and possessions were not maintained in accordance with the Article.

Breach: Article 8 (3)

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Residents had access to the games room and exercise bikes and can walk in the grounds. They could avail of up to five sessions with a masseur or could pay for sessions of reflexology. Residents can be referred to pilates classes. Residents had access to internet facilities, and could use laptops in their rooms. However, residents interviewed said they were bored in the evening and would like more activities. Staff acknowledged this could be a problem and had piloted a Twilight Club programme consisting of arts and crafts, quiz sessions, and cinema. This had been successful and it was intended to extend it hospital wide.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A multi-faith oratory was available to residents. Written information on the availability of services for residents was provided.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Written notices on visiting hours were displayed prominently. Written information on visits was provided to residents on admission within a resident's information booklet. Residents could bring visitors back to their rooms or make use of the indoor or outdoor public areas. The Inspectorate was informed that a flexible approach was taken, with visitors permitted up to 2200h as appropriate.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

In addition to residents' own mobile phones, two public telephones and internet services were available. Written policies and procedures on communication were provided.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was compliant with this Article.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

All patients had a multidisciplinary care plan. The focus within the service was now on enhancing this plan in line with the *Quality Framework*. There was a system in place for recording multidisciplinary team input into an individual's care plan. On assessment an initial ongoing care plan was completed by the medical and nursing staff. At weekly team meeting individual disciplines attendance at meetings was recorded. The care plans did not specify a set of goals for each resident. The service was actively reviewing the care planning documentation.

Members of the senior management team did a monthly ward round to review all aspects of clinical governance and quality. This also allowed frontline staff to provide feedback relating to clinical governance directly to the management team. It was suggested that this process could be further enhanced by broadening it to include members of the multidisciplinary team. Evidence of consultation with service users could be included by recording their views in the documentation where it was not possible for them to attend, or did not wish to attend, the multidisciplinary team meeting. Where possible, a copy of the service plan should be provided to residents and they should sign it.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Each resident had access to an appropriate range of therapeutic services and programmes by referral at team meetings. The care plans did not specify a set of goals for each resident although they did indicate generic treatment plans and progress.

Breach: Article 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	NOT APPLICABLE	NOT APPLICABLE
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

This Article was not applicable as the hospital did not admit children.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service had policies for the transfer of residents to other facilities.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service had access to primary care facilities and appropriate health screening services. A policy was in place for medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was complaint with this Article.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The resident's privacy and dignity were appropriately respected.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were available. Information on medication side effects was available to residents.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Written operational policies and procedures relating to the health and safety of residents, staff and visitors were available.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant with this Article.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Edmundsbury	Nurse	5	3
	Occupational therapist	1.6	
	Psychologist	1.6	
	Family therapist	1.2	
	Cognitive behavioural therapist	0.8	

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Policies and procedures relating to the recruitment, selection and vetting of staff were available. The service was making progress in ensuring all staff had been Garda vetted. All staff had been trained in the Mental Health Act 2001.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant with this Article.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

It was reported to the Inspectorate that in some instances it was not possible to ascertain all information on some residents, e.g. their PPS numbers.

Breach: Article 28 (2)

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Written operational policies and procedures were available and reviewed every three years.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		NOT APPLICABLE
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Involuntary admissions were not facilitated in St. Edmundsbury Hospital.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant with this Article.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The hospital had a written risk management policy and an incident reporting book. The hospital's clinical governance committee oversees all risk management processes.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was compliant with this Article.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A certificate of registration was displayed in the entrance foyer of the hospital.

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

SECLUSION

The Inspectorate was informed that seclusion was not used in the hospital. A policy was in place stating that seclusion was not used in the hospital.

ECT (DETAINED PATIENTS)

The Inspectorate was informed that ECT was not carried out in St. Edmundsbury Hospital.

MECHANICAL RESTRAINT

Use: The Approved Centre reported that it did not use mechanical restraint. However, mechanical restraint was used in situations where the resident was at risk of self harm, through slipping off a chair or through falls for example.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

Justification for this rating:

The service reported that mechanical restraint was not used in St. Edmundsbury Hospital. A policy on mechanical restraint was available to the Inspectorate stating that mechanical restraint was only to be used for patients with enduring self-harming behaviour described in Part 5 of the Rules.

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

PHYSICAL RESTRAINT

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

Justification for this rating:

The approved centre was compliant with the Code of Practice for physical restraint.

ADMISSION OF CHILDREN

Children were not admitted to the unit, so this Code of Practice was not applicable.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A record of incidents was maintained by the approved centre. The Mental Health Commission was notified of any deaths in accordance with the relevant Code of Practice.

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

Justification for this rating:

The service was compliant.

ECT FOR VOLUNTARY PATIENTS

Use: The Inspectorate was informed that any resident requiring ECT attended St. Patrick's Hospital.

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

Justification for this rating:

Policies and procedures were in place.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no detained patients in the approved centre on the day of inspection, Section 60 did not apply.

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

No children were admitted to the unit therefore section 61 was not applicable, so Section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Six service users were interviewed. They reported they were happy with their care. They were aware of and had contributed to their care plans. They were aware of the advocacy service provided. They complained that they would like more immediate access to staff for counselling purposes and wanted more privacy when asking for their medication. They would like more activities in the evening as they found the time "endless".

OVERALL CONCLUSIONS

There was evidence of a commitment to continuous quality improvement by the staff of this service, who had taken on board the recommendations of last year's report. Documentation, policies and practices had been developed which were specific to the service.

RECOMMENDATIONS 2009

1. It would further enhance the multidisciplinary nature of the service if the broader multidisciplinary ethos could be formally reflected in its management team structure.
2. Continue to develop the volunteer service available for the computer-based information project.
3. Each resident should have an individual multidisciplinary care and treatment plan as defined in the Regulations.