

Mental Health Audit Tool

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Mental Health Audit Tool

Name of Care Service :
Address:
Date of Inspection:

This audit tool is designed to assist Professional Advisers and The Care Inspectorate Inspectors in identifying good practice in relation to services which provide care for those with mental health problems.

This tool can be used for services currently registered as well as for those services which may apply for registration in the future.

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Review by: February 2012

1. Observation

Criteria	Examined	Not Examined	Evidence gathered
<p>A. Does the service have a policy regarding observation?</p> <p>Requirements:</p> <ul style="list-style-type: none"> • The policy should have been revised with the last year. • Does the document refer to the CRAG good practice statement dated 2002? • Does the policy reflect Article 5 of the European Convention on Human Rights? 			<p>Date of policy:</p> <p>Reference:</p> <p>Article 5:</p>
<p>B. Does the service have a procedure regarding the observation of residents/patients?</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Has the procedure been revised/updated within the last year? • Does the procedure clearly set out levels of observation? • Does the procedure clearly set out the roles and responsibilities of staff undertaking observation? • Does the procedure reflect Millan's Ten Principles? • Does the procedure detail the record keeping aspects of observation? 			<p>Date of procedure:</p> <p>Number of levels specified:</p> <p>Roles:</p>
<p>C. Has the service provided training and/or updates for all staff based on this policy?</p>			<p>Staff training records:</p>
<p>D. Have there been any incidents and/or complaints associated with the observation policy?</p>			<p>Incident record:</p> <p>Complaints record:</p>

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Comments:-

2. Risk Management

Criteria	Examined	Not Examined	Evidence gathered
<p>A. Does the service have a Risk Management Committee?</p> <ul style="list-style-type: none"> • How often does the committee meet? • What guidance has the committee given to staff with regard to risk management? 			Minutes/membership:
<p>B. Is there a clear remit for the committee?</p>			Risk reduction Audit of buildings Training Operational policies Promote safe practice Identifying high risk Policy review following changes in practice, equipment, buildings etc
<p>C. How often does the committee meet?</p> <p>D. Are staff trained in risk management?</p> <p>E. Does the service use a Risk Assessment checklist?</p>			Minutes: Training records: Checklist:

Comments:

3. Good Psychiatric Practice

Criteria	Examined	Not Examined	Evidence gathered
A. Is a systematic approach used in clinical record keeping (e.g. assessment, planning, implementation and evaluation)?			Care records:
B. Are notes legible and signed and dated?			Care records:-
C. Does the service have a clear policy and procedure regarding the safe storage of records/notes including clear and concise reference to confidentiality?			Policy and procedure:-
D. Does the service have a policy and procedure for dealing with psychiatric and medical emergencies?			Policy and procedure:-

Comments:

4. Mental Health Legislation

Criteria	Examined	Not Examined	Evidence gathered
A. Does the service have an up to			Copy:

date copy of the Mental Health Act?			
B. Are their policies and procedures in place for staff related to the Mental Health Act?			Policy and procedure manual: Date:
C. Does this form part of the induction programme for all new staff?			Training programme/plan:
D. How many of the medical staff are approved under Part V section 20 (1) (b) of the Mental Health (Scotland) Act 1984?			Staff records:-

Comments:

5. Clinical Governance

Criteria	Examined	Not Examined	Evidence gathered
A. Is there a training and development plan in place for all staff?			Training plan: Staff records:-
B. Do all staff hold relevant qualifications/registration in respect of the duties they are			Staff records:

employed to perform? (i.e. Behaviour therapy, Cognitive therapy etc)			
B. Is there a programme of clinical audit?			Audits carried out/results and outcomes:
C. Is there a system in place for patients to comment on the quality of care they experience while using the service?			Surveys: Outcomes and action:
D. Is there a system of staff supervision in place?			Policy/procedure: Staff interviews:

Comments:

6. Advocacy

Criteria	Examined	Not examined	Evidence Gathered
A. Does the service have information readily available relating to Advocacy Services?			Information:
B. Does the service have a clearly defined policy and procedure with regard to Advocacy Services?			Policy and procedure:
C. Are patients afforded the right to contact/meet with Advocacy services in private?			Patient interviews:

Comments:

Additional Notes/comments