

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin South East, Dun Laoghaire, Wicklow
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Dublin South East
APPROVED CENTRE	Elm Mount, St. Vincent's Hospital
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Elm Mount Upper Elm Mount Lower Psychiatry of Old Age
TOTAL NUMBER OF BEDS	36
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13 February 2014

Summary

- The approved centre was bright, well-decorated and spotlessly clean.
- There was an excellent choice of food available to residents.
- The approved centre was compliant with Article 15 in respect of individual care plans.
- One resident who was in the approved centre for a period in excess of six months had not had a six-monthly physical examination.
- The policy on the use of physical restraint did not address the use of security personnel from St. Vincent's University Hospital in the application of physical restraint and there was no information available to inspectors as to whether the security personnel had received training in this regard.

OVERVIEW

In 2014, 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 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Elm Mount Unit was situated in the main building of St. Vincent's University Hospital. Elm Mount Upper which served the HSE catchment area of Dublin South East, and the Psychiatry of Old Age ward which served the catchments of Dublin South and Dublin South East, were located on the ground floor and consisted of 20 beds and six beds respectively. Elm Mount Lower provided an eating disorder service to the Dublin Mid-Leinster region and a perinatal service to the National Maternity Hospital, Holles Street, Dublin. The unit was located on the lower ground floor and consisted of 10 beds. Elm Mount Unit also provided an ECT service for patients of St. Brendan's Hospital and the Central Mental Hospital.

On the day of inspection the approved centre was bright, well-decorated and spotlessly clean.

The Unit did not provide seclusion. Patients who were assessed as requiring seclusion were transferred to either St. John of God Hospital or Phoenix Care Centre. There were 34 residents in the approved centre on the day of inspection, seven of whom were involuntary.

CONDITIONS

- There were no conditions attached to the approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	21	28	
Substantial Compliance	6	9	0	
Minimal Compliance	0	0	0	
Not Compliant	0	0	2	19, 33
Not Applicable	1	1	1	25

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
Elm Mount Upper	20	18	General Adult Teams
Elm Mount Lower	10	10	General Adult and Eating Disorders Teams
Psychiatry of Old Age	6	6	Psychiatry of Old Age Team

QUALITY INITIATIVES 2013/2014

- A resident satisfaction survey had been completed.
- A new medication prescription booklet had been introduced following its piloting in 2013.
- An audit on the prescribing of PRN (as required) medications had been completed.
- The effectiveness of music therapy for residents was being evaluated with positive results being indicated.
- Psychosocial interventions training for 50 nurses had been completed.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. All policies should be reviewed in accordance with the Regulations.

Outcome: This had been achieved.

2. The multidisciplinary team should be completed in accordance with *A Vision for Change*.

Outcome: This had been achieved.

3. Gaps in the administration of medication should be documented in the clinical files in accordance with the service's own policy and procedures.

Outcome: This situation had been rectified.

4. Documentation in relation to physical restraint must be completed in accordance with the requirements of the Code of Practice on the Use of Physical Restraint.

Outcome: While clinical documentation had been completed satisfactorily, the policy on physical restraint did not address the use of security personnel from St. Vincent's University Hospital in the application of physical restraint. There was also no information available to inspectors as to whether the security personnel had received training in this regard.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Identity wrist bands were worn by residents and were double checked by two registered psychiatric nurse for the purposes of administering medication, health care and other services, and by all members of the multidisciplinary team (MDT) for the purposes of providing health care and other services.

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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Branded mineral water was available from a number of dispensing units in the approved centre. Food was prepared in the kitchens of the main hospital and sent on special heated trolleys to each ward of the approved centre. Porridge was prepared in the kitchen of the approved centre each morning. There was an excellent choice of food available to residents. For the main meal on the day of inspection there was a choice of corned beef, lamb stew, Florentine pasties (vegetarian option) and ham salad. There were minced and moist main meal options also available.

Article 6: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 food safety report by the Senior Environmental Health Officer dated 11 October 2013 was available to inspectors for inspection.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 had a supply of their own clothing. Night clothes were worn by a number of residents in the approved centre and this was specified in their respective individual care plans.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. A record was maintained of residents' personal property and possessions in the form of a signed and dated property list. Each resident retained control of their property except for sharp objects such as razors which were retained by staff. These could be accessed from nursing staff and returned to the cupboard for safe keeping. Provision was made for the safe keeping of personal property and possessions.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Newspapers were no longer distributed to the wards. The ceasing of this practice was regrettable. TVs, DVDs, music, books, board games and a table football game were available. The hospital shops and canteens were accessible to residents.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 were facilitated in the practice of their religion.

Article 11: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. Visiting times were between 1400h and 1600h and between 1800h and 2000h. Visiting times were reported to be flexible within reason. Child visitors were required to be accompanied by responsible adults. There were plenty of areas within the approved centre where privacy could be afforded in respect of visiting.

Article 12: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. Mail could be sent and received. Free WiFi was available to residents in certain areas of the hospital but not within the confines of the approved centre. Mobile phones could be retained by residents provided they did not use the in-built camera feature. A hands-free land-line telephone was available to residents to receive calls and this could be brought to areas of privacy.

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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place in respect of all of the requirements of this Article. One resident had been searched and the procedure and protocol had been documented satisfactorily in the resident's clinical file.

Article 14: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and protocols in place. Single rooms were available in order to ensure privacy and dignity was afforded in respect of any resident who was 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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 clinical file inspected contained an individual care plan (ICP) which met the requirements of this Article. There was a key nurse assigned to each resident and the nurse met with each resident weekly to discuss care, expectations and goals. Resident input to their ICP was well recorded and there was evidence of input and consultation with family also. This process was informed by what was called a "refocusing" approach which conceptualised individuals in a holistic and client-centred manner. Therefore, each individual clinical file presented a highly individualised portrait of the resident concerned.

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	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 specified in the ICP. Input from occupational therapy (OT), social work, music therapy and nutrition and dietetics was well recorded in the individual clinical files. There were no entries from clinical psychology in any of the individual clinical files inspected. Staff advised that clinical psychology was available if required. The daily programme of therapeutic activities was well signposted in the wards.

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.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place in respect of appropriate educational services in accordance with need.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. All relevant information about the resident who was being transferred was provided to the receiving approved centre, hospital or other location.

Article 19: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 approved centre had appropriate policies and procedures in place in respect of responding to medical emergencies. One resident who was in the approved centre for a period in excess of six months had not had a six-monthly physical examination.

Breach: 19(1)(b)

Article 20: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. All relevant information to satisfy the requirements of this Article, as listed above, were provided. The peer advocate from the Irish Advocacy Network (IAN) visited the approved centre on Mondays and Tuesdays and had commenced planned meetings to educate residents on the role.

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

On the day of inspection privacy was afforded to all residents of the approved centre.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 was spotlessly clean. It was bright and well-decorated. An array of beautiful paintings had been mounted on the internal walls with good effect. The units were warm and well-ventilated. The maintenance department was contacted by email and response rate was reported to be very good.

Article 23: 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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. New prescription booklets had been introduced. The practice of prescribing was of a very high standard. All prescriptions were clear and legible and prescribing doctors' medical council numbers (MCNs) were documented. Medicines that had been discontinued were signed and dated by doctors. The standard of documentation in respect of the administration of medicines by registered nurses was also of a very high standard. Appropriate continuous review was also noted by the pharmacy department in green ink.

Article 24: 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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. The Health and Safety Statement of the approved centre was available to inspectors for examination.

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
All units	CNM3	0	1
Elm Mount Upper	CNM2	1	0
	CNM1	1	0
	RPN	4	4
Elm Mount Lower	CNM2	1	0
	CNM1	1	0
	RPN	1	2
Psychiatry of Old Age	CNM2	1	0
	RPN	2	1
	HCA	0	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Health Care Assistant (HCA).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. The training log was up to date. The number and skill mix of staff was appropriate to the assessed needs of residents.

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.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Records and reports were maintained in residents' clinical files and were easy to retrieve. The approved centre had appropriate policies and procedures in place. Copies of the food safety report, the health and safety statement and a fire inspection report were available to inspectors for examination.

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 compliant with Schedule 1 to the Regulations.

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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 policies and procedures required under the Regulations were up to date and reviewed every three years.

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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 cooperated fully with Mental Health Tribunals. There were a number of adequate sized rooms within the approved centre suitable for use during a Mental Health Tribunal.

Article 31: Complaints 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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 appropriate policies and procedures in place. There was a nominated person in the approved centre for dealing with complaints. The complaints procedure was highlighted in prominent areas around the approved centre.

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 comprehensive risk management policy in place and there was evidence from examination of the clinical files that it was implemented throughout the approved centre.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 certificate of insurance or a copy of the certificate of insurance was requested for examination by inspectors on the day of inspection. Inspectors were informed on the day of inspection that the certificate of insurance or a copy of the certificate of insurance could not be made available to inspectors for examination. Following the inspection, the approved centre was requested by the Office of the Inspector to forward a copy of its insurance certificate to the Office of the Inspector but the approved centre failed to do so.

Breach: 33

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 framed and visible in a prominent place at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre. One detained patient had been transferred to another approved centre under section 21(1) of the Mental Health Act 2001 for the purposes of seclusion.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was used in the approved centre. No detained patient was receiving a programme of ECT in the approved centre

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	NOT APPLICABLE			
6	Patient assessment	NOT APPLICABLE			
7	Anaesthesia	NOT APPLICABLE			
8	Administration of ECT	NOT APPLICABLE			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The ECT suite was Royal College of Psychiatrists Accreditation Service (ECTAS) approved. An ECT training course for registered nurses was provided nationally by the approved centre. The ECT suite met the requirements of the Rules Governing the Use of Electro-Convulsive Therapy. There were two designated nurses for ECT. There was a named consultant psychiatrist with overall responsibility for ECT. Information on ECT was comprehensive and was clear.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre. The approved centre had a policy on the non-use of mechanical restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint	X			
9	Clinical governance		X		
10	Staff training		X		
11	Child residents	NOT APPLICABLE			

Justification for this rating:

Physical restraint was not used in the POA ward. Physical restraint was used in both Elm Mount wards. Physical restraint had been used in Elm Mount Upper ward and the Clinical Practice Form Book for Physical Restraint was inspected. The order forms had all been completed as required. Next of kin were informed unless otherwise specified by the resident. A copy of the form was placed in the individual clinical file and there was a record for each episode of physical restraint, a medical examination and the review discussion with the resident concerned. In three instances, security personnel had assisted in the application of physical restraint.

The approved centre had a policy on the use of physical restraint. The policy did not address the use of security personnel from St. Vincent's University Hospital in the application of physical restraint. Staff training for approved centre staff was up to date in relation to the prevention and management of aggression and violence. There was no information available as to whether the security personnel had received training in this regard.

Breach: 9.2(a)(b),10.1(e)

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre in 2014 to the date of inspection. One child had been admitted in the summer of 2013 for a period less than 24 hours and was subsequently transferred to an in-patient child and adolescent mental health (CAMHS) service.

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

Justification for this rating:

The approved centre was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre in 2014 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:

The approved centre provided a quarterly summary report on incidents to the Mental Health Commission. The incident log was inspected and was in order. There was an identified risk manager with responsibility for the mental health service. The management team for the approved centre reviewed incidents on a regular basis.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was used in the approved centre. One voluntary patient was in receipt of a programme of ECT.

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

Justification for this rating:

The ECT suite was ECTAS approved. An ECT training course for registered nurses was provided nationally by the approved centre. The ECT suite met the requirements of the Code of Practice for the Use of Electro-Convulsive Therapy for Voluntary Patients. There were two designated nurses for ECT. There was a named consultant psychiatrist with overall responsibility for ECT.

The clinical file of one voluntary patient who had received ECT was examined. The ECT register was examined. Consent in writing had been obtained from the patient. Information was comprehensive and was clear. All appropriate documentation required by the Code of Practice had been completed satisfactorily.

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:

There were up-to-date policies on the admission, transfer and discharge of residents. Staff roles were clearly defined and a key nurse system was in place. The approved centre was fully compliant with Article 32 on Risk Management, with Article 18 on the Transfer of Residents and with Article 26 on Staffing.

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:

Admission criteria were clear and admissions were generally via sector teams or the emergency department in St. Vincent's University Hospital (SVUH). An excellent mental health triage system was in place in the emergency department. Inspection of individual clinical files showed good admission assessment. The medical assessment recorded psychiatric and physical examination, good collateral history with family input, full psychosocial history and an initial care plan. Nursing notes included a holistic assessment and formed the cornerstone of the Refocusing approach to care. The approved centre was fully compliant with Article 15 on Individual Care Planning, with Article 20 Provision of Information to Residents and with Article 27 on Maintenance of Records.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The individual clinical file of one patient transferred on a Form 10 to another approved centre was inspected. The decision to transfer was taken by the responsible consultant psychiatrist. There was evidence on preparatory liaison with the other approved centre prior to the transfer. All relevant clinical information had been provided to the receiving approved centre. Family had been informed about the planned transfer.

Part 5 Discharge Process

The following aspects were considered: 33. Decision to discharge, 34. discharge planning, 35. pre-discharge assessment, 36. multi-disciplinary team involvement, 37. key-worker, 38. collaboration with primary health care, community mental health services, relevant outside agencies and information transfer, 39. resident and family/carer/advocate involvement and information provision, 40. notice of discharge, 41. follow-up and aftercare, 42. record-keeping and documentation, 43. day of discharge, 44. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Discharge planning was integral to the ICP from the outset. There were clear care pathways identified for residents. One resident in Elm Mount Lower and one resident in the POA ward were awaiting places in a high support hostel and a nursing home respectively. There was a discharge checklist which recorded the provision of follow-up appointment, medication prescription, liaison with GP and other relevant healthcare providers. There was a template discharge summary form used to provide a prompt, brief and comprehensive report to the resident's GP.

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

Description: No resident had an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

No person resident at the time of inspection has an intellectual disability and a mental illness. The approved centre had a policy in place in relation to the care and management of a person with an intellectual disability and a mental illness. Staff were trained in this regard.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient in the psychiatry of old age ward was detained for a period in excess of three months.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	NOT APPLICABLE	
Section 60 (b)(i)	X	
Section 60 (b)(ii)	X	

Justification for this rating:

This patient's rights under section 60 of the Mental Health Act 2001 had been satisfied in that the continued administration of medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patient and authorised in Form 17 by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist.

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

Description: No child was resident in the approved centre so section 61 Mental Health Act 2001 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One service user requested to speak with inspectors and expressed satisfaction with their care and treatment.

APPLICATION OF THE QUALITY FRAMEWORK - MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

Admissions were generally via sector teams and specialist teams and the emergency department in St. Vincent's University Hospital. Inspection of a sample of residents' clinical files indicated active case management with discharge planning central to the ICP process from the time of admission. Admissions were as brief as possible, thus allowing for care to progress into the community setting and so aiding recovery. Therapeutic services and programmes were specified in the ICP. Input from occupational therapy (OT), social work, music therapy and nutrition and dietetics was well recorded in the individual clinical files. There were no entries from clinical psychology in any of the individual clinical files inspected. Staff advised that clinical psychology was available if required. The daily programme of therapeutic activities was well signposted in the wards.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

The approved centre informed residents of their rights as required with both written and verbal information being provided by the primary nurse. The peer advocate from the Irish Advocacy Network (IAN) visited the approved centre on Mondays and Tuesdays and had commenced planned meetings to educate residents on his role. The approved centre was bright and well-decorated with an array of beautiful paintings mounted on the internal walls with good effect. The units were warm and well-ventilated and there were many areas that facilitated positive integration among residents.

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

The approved centre had a policy on the provision of information to residents. Each resident was assigned a primary nurse and residents were provided with written information in relation to diagnosis and medications. Each resident had an ICP. The therapeutic programme provided for residents included recovery-oriented interventions and these were based on need and documented as part of the ICP

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

The physical environment in the approved centre was spacious and comfortable with many private areas for visiting. Attractive paintings were placed along the walls of the wards and these brightened up the environment. The menu provided an excellent choice of nutritious meals.

Theme 5 Access to services

Inspection of individual clinical files showed that residents were routinely provided with follow-up appointments in the community.

Theme 6 Family/chosen advocate involvement and support

The clinical records in the individual clinical files contained information about family involvement and support. The IAN advocate provided planned meetings to educate residents on his role.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

Throughout the inspection to the approved centre staff presented as professional and caring. All three wards were quiet and conducive to recovery. All residents were up and dressed and engaged in daily activities except where their treatment plan indicated otherwise. In relation to any inquiries by inspectors, staff impressed as being knowledgeable about each individual under their care. The training log was up to date and supervision was in place for clinical staff.

In terms of non-clinical staff being educated in relation to mental illness and its impact on individuals, it was noted by inspectors that security personnel in the approved centre assisted in the application of physical restraint within the approved centre. The policy did not address this and there was no information available as to whether the security personnel had received training in this regard.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

The structures and processes in relation to governance were robust. Bed management and strategic service planning were evident. It was clear that there was good interdisciplinary working and there was a clinical committee engaged in the development of evidence based therapies and treatment.

OVERALL CONCLUSIONS OF THIS INSPECTION

Elm Mount was a pleasant facility that served the HSE catchment area of Dublin South East. Psychiatry of Old Age provided a service to the catchment areas of Dublin South and Dublin South East. An eating disorder service was provided to the Dublin Mid-Leinster region. The approved centre also provided a perinatal service to the National Maternity Hospital, Holles Street, Dublin and an ECT service for patients of St. Brendan's Hospital and the Central Mental Hospital. On the day of inspection the approved centre was bright, well-decorated and spotlessly clean. There was an excellent choice of food available to residents and the environment within the approved centre was conducive to recovery. All residents, whose clinical files were inspected, had an individual care plan. Resident input to their ICP was well recorded and there was evidence of input and consultation with family also.

In the clinical file of one resident, who was in the approved centre for a period in excess of six months, there was no documentary evidence to indicate that a six-monthly physical examination had been undertaken for the resident.

The policy on the use of physical restraint did not address the use of security personnel from St. Vincent's University Hospital in the application of physical restraint and there was no information available to inspectors as to whether the security personnel had received training in this regard.

RECOMMENDATIONS 2014

1. Any resident, who is resident in the approved centre for a period exceeding six months, must have a six-monthly physical examination carried out.
2. The approved centre should be fully compliant with the Code of Practice on the Use of Physical Restraint in Approved Centres.