

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE West
APPROVED CENTRE	Acute Psychiatric Unit, Mid Western Regional Hospital, Ennis
CATCHMENT AREA	Clare Mental Health Services
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Acute Psychiatric Unit
TOTAL NUMBER OF BEDS	39
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	3 June 2009

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

DESCRIPTION

The Acute Psychiatric Unit was located on the ground floor in the Mid Western Regional general hospital in Ennis. The 39 beds in the unit included a mother-and-baby unit, a 5-bed high observation area and a 5-bed psychiatry of later life unit. Staff reported that the unit was always locked but voluntary residents could come and go through reception. The unit was spacious and bright with several sitting or day areas around the unit and a number of small enclosed outdoor areas. It was well maintained and clean. On the day of inspection, there were 34 patients, with three on leave. There were three detained patients.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Acute Psychiatric Unit	39	37	4 x general adult 1 x psychiatry of later life 1 x rehabilitation

QUALITY INITIATIVES

- A hygiene project had been commenced on the unit. Part of its focus was to examine the quantities and types of food provided to residents in the approved centre.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *Each resident must have an individual care plan as defined in the Regulations.*

Outcome: There was an up-to-date individual care plan in each of the files review during the inspection.

2. *The risk posed to residents from the venetian blinds should be acted on promptly and the remaining blinds be replaced.*

Outcome: Some but not all of the blinds had been replaced. This continued to pose an unacceptable safety risk to residents.

3. *The approved centre's education policy should be amended to reflect the procedure that the service liaises with the child's parents in relation to educational requirement.*

Outcome: The policy had not been amended as the Inspectorate advised.

4. *The record of complaints should be amended to include the date the complaint was received.*

Outcome: This had been included on the approved centre's record of complaints reviewed by the Inspectorate.

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:

The key worker system was used to identify residents on the unit. Each nurse was allocated a sector and was responsible for residents from that sector. Generally the same nurse was allocated to the same sector, except during holidays.

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:

The diet was developed in conjunction with the Primary Community and Continuing Care (PCCC) dietician. A choice of menu was available and special diets could be catered for. The food was prepared off the premises and transported to the unit.

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:

A Hazard Analysis and Critical Control Points (HACCP) system was implemented on the unit. An up-to-date environmental health officer's report was available, indicating that the unit's arrangements for food were generally in good order.

Article 7: Clothing

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:

None of the residents was being nursed in night clothes on the day of inspection and there was a policy in relation to the use of night clothes. Clothing was acquired mainly through the residents' families, but there was also an emergency supply of clothing. The Irish Advocacy Network advocate reported that there had been a welcome decrease in the number of residents nursed in night clothes since the last inspection.

Article 8: Residents' Personal Property and Possessions

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:

A policy was in place. A property book was kept to record resident's property and a copy of this was given to each resident.

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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A wide range of recreational activities was available. Activities during the day were coordinated by the activation nurse. Some of the recreational rooms were available in the evenings. Residents were encouraged to attend the activation programme and the contents of the programme were decided upon at the weekly community meetings involving the residents.

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 policy was in place. The hospital chaplain visited the unit regularly.

Article 11 (1-6): Visits

INSERT 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 policy was in place. Children's visits were facilitated and there was a designated room for this purpose with a box of toys. Visiting times were clearly identified on the door to the unit and in the information sheet given to the resident at the time of admission.

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:

A policy was in place. There was supervised access to the Internet and email. A public telephone was provided on the unit. Residents could use their own mobile phones as long as they did not have cameras. Post was sent and received via the main hospital postal system.

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:

On the day of inspection, there was no searches policy in place. A draft policy had been drawn up for consideration in the service, more than two years after being required by the Regulations. The absence of a fully implemented policy was a risk for the service, particularly as staff described problems on the unit with illicit drugs and alcohol. Staff reported that searches were rarely carried out.

Following inspection, the service submitted a policy to the Inspectorate on searches, which was implemented in July 2009 and was due for revision in July 2011.

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
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 policy on unexpected deaths was in place. On the day of inspection, there was no policy in relation to the care of the dying. Following inspection, the service submitted a policy on end of life care to the Inspectorate which was approved in July 2009 and due for revision in July 2012.

Article 15: Individual Care Plan

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:

Each of the six clinical files reviewed had up-to-date care plans. The care plans had a section for recording the resident's input about their progress and treatment. Although the care plans were written up by nursing staff, the multidisciplinary team interventions were clearly identifiable.

Article 16: Therapeutic Services and Programmes

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:

Therapeutic services were provided within allocated resources. Individualised therapeutic services were provided by health and social care professionals, addiction counsellors and the activation nurse. While a structured programme was provided, therapeutic programmes based on individual needs assessment were not provided and were not specified in care plans.

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>	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:

A policy was in place that had not been reviewed to reflect the practices of liaising with parents in relation to children's education, as recommended by the Inspectorate. Arrangements were in place to ensure that children's education needs were attended to.

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:

A policy was in place. Relevant information was sent with the resident being transferred. Separate medical and psychiatric files were kept in the hospital. On discharge from the approved centre, the psychiatric file was sent to the appropriate day hospital so that the sector team had access to it.

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 clinical files reviewed all had six-monthly physical examinations recorded or recorded refusal of consent for examination. There was easy access to the specialties in the general hospital, and to dentistry. There was a policy in place for responding to 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	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:

Each sector team had its own leaflet for residents from their area who were admitted. The leaflet described the housekeeping arrangements and also named the members of the multidisciplinary team. Written information on diagnosis and medication was available through a web page and was provided in some of the groups run as part of the activation programme. The service had a policy on provision of information.

Article 21: Privacy

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:

A number of single rooms were provided. There were a number of outdoor spaces available for residents to use. The curtains around some of the beds had been removed for replacement, compromising privacy for residents in these rooms. Following inspection, the service reported that curtain frames had been erected and new curtains had been supplied.

Breach: Article 21

Article 22: Premises

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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Painting of a section of the unit was due to commence on 16 June 2009. The ventilation in the seclusion room, which was highlighted in last year's report remained a problem. Venetian blinds on the windows of bedroom areas were identified by the Inspectorate as a hazard that compromised the safety of residents. This was also highlighted in last year's report. A programme of replacement of the blinds had commenced. The service were unable to provide a time frame for completion of these works.

Breach: Article 22 (1)(b) and Article 22 (3).

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:

A policy was in place. Medications were safely stored.

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:

A policy was in place that had a review date for December 2009.

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:

A policy was in place. Signs indicating the use of CCTV were prominently displayed in the areas that used CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
APU	Nurse	12	6

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:

Due to a shortage of health and social care professionals, the skill mix on the unit was not sufficient for the needs of the residents, consequently a programme of therapeutic activities was not provided linked to the residents care plan.

Breach: Article 26 (2)

Article 27: Maintenance of Records

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:

Records and reports sought by the Inspectorate were easily retrieved. Reports and clinical files were kept in good order. Documentation relating to fire, health and safety and food safety inspections were reviewed by the Inspectorate. There was a policy in place for the maintenance of records.

Article 28: Register of Residents

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>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The register of residents did not contain all the information required in Schedule 1 of the Regulations. However, much of the missing data was recorded on the admission form. The register of residents must be updated to include all the information specified. Following inspection, the service reported that a new system would be implemented in October 2009 which would meet the requirements of Schedule 1.

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>		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:

The policy on children's education had not been reviewed despite the recommendation of the Inspectorate. The policies on seclusion, mechanical restraint and physical restraint needed to be reviewed annually and were overdue their respective revisions. Following inspection, the service reported that the policies on seclusion, mechanical restraint and physical restraint had been reviewed.

Breach: Article 29

Article 30: Mental Health Tribunals

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 tribunal room was provided on the unit. Patients were facilitated to attend if they wanted to.

Article 31: Complaint Procedures

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 unit reported that no local complaints had been received since January 2009. A complaints policy was in place. A record of complaints for Clare Mental Health Services was made available to the Inspectorate.

Article 32: Risk Management Procedures

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 a policy on risk management that addressed the areas of risk, but there were no implementation or review dates. Following inspection, the service reported that the risk management policy had been reviewed and a copy was submitted to the Inspectorate that included approval and review dates.

Article 33: Insurance

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:

Current arrangements for insurance were reviewed by the Inspectorate.

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:

The certificate of registration was displayed in the approved centre.

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

SECLUSION

Use: A small number of patients had been secluded frequently since January 2009. No children had been secluded.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Patient dignity and safety	X			
4	Monitoring of the patient	X			
5	Renewal of seclusion orders	X			
6	Ending seclusion		X		
7	Facilities		X		
8	Recording		X		
9	Clinical governance		X		
10	Staff training	X			
11	CCTV	X			
12	Child patients	NOT APPLICABLE			

Justification for this rating:

The seclusion room was located on the main corridor of the high observation area. The door had been replaced since the last inspection but the fluorescent lighting and poor ventilation continued to be a problem. The toilet facilities were beside the room but shower facilities were across the high observation area. In some clinical files reviewed there was no evidence that the consultant psychiatrist had been informed by the NCHD, or evidence that the patient was informed of the reasons for or likely duration of seclusion, or evidence that the patients had been given an opportunity to discuss the episode with the multidisciplinary team. Two forms had not been completed in the register and a copy

was not included in the patient's clinical file. The ventilation in the seclusion room was poor. This was also highlighted in last year's inspection report.

On the day of inspection the seclusion policy had not been reviewed as required. Following inspection the service submitted a reviewed policy approved in July 2009 and due for revision in July 2010. Following inspection the service reported that a checklist had been implemented to assist with compliance.

Breach: Section 2.5, Section 2.9, Section 6.3, Section 7.2, Section 8.3, and Section 9.1(d).

ECT (DETAILED PATIENTS)

Use: ECT had not been conducted in the unit since November 2008 although the ECT suite remained functional.

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

Justification for this rating:

There was a designated consultant psychiatrist for ECT, but two nurses trained in ECT had left the unit or had been relocated recently. There was one nurse assigned to ECT, but she did not have specific training in ECT. The waiting area for patients receiving was situated in the nurse's office, which

doubled as a treatment area. It was reported that patients generally came to the ECT suite from their bed in the unit. The service did not have a specific information leaflet on ECT for patients. As there was no patient currently admitted, there were no patient files available for inspection. There was no written information leaflet available to the Inspectorate on the day of inspection.

Following inspection the service reported that the ECT nurse would receive training in ECT in November 2009 and that there was information available for patients in relation to ECT.

Breach: Section 3.2 and Section 11.6.

MECHANICAL RESTRAINT

Use: The Inspectorate was informed that mechanical restraint was not used in the unit. However, the service had a full policy on the use of mechanical restraint. It was reported that cot sides were not used.

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	NOT APPLICABLE			

Justification for this rating:

Mechanical restraint was not used in the unit. The Inspectorate recommended that if the policy of the unit was not to use mechanical restraint, then the policy should reflect that practice and a new policy stating that mechanical restraint was not used should be implemented.

Following inspection the service reported that the mechanical restraint policy had been amended to reflect the fact that it was not used on the unit and this was submitted to the Inspectorate.

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

PHYSICAL RESTRAINT

Use: Physical restraint had been used on a relatively small number of patients who had been restrained frequently. No children had been physically restrained.

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:

Some of the clinical files reviewed did not record that the consultant psychiatrist had been informed and some of the clinical practice forms had not been completed in full. There was no evidence in some of the files reviewed that the resident had been informed of the reasons for or likely duration of physical restraint, or evidence the resident had been afforded an opportunity to discuss the episode with the multidisciplinary team.

On the day of inspection, the policy on physical restraint had not been reviewed within the last year as required. Following inspection the service reported that the policy had been reviewed and it was submitted to the Inspectorate with a date of approval in July 2009 and a revision date of July 2010. There was a record that staff had received training in methods of physical restraint.

Following inspection, the service reported that a checklist had been implemented to help with compliance.

Breach: Section 2.7, Section 2.8, Section 2.9, Section 4.2, Section 5.2, and Section 6.1(d).

ADMISSION OF CHILDREN

Description: The unit did not admit children under the age of 16 years although this was not stated in their admission of children policy. The policy must be updated to reflect current practice. Four children had been admitted to the unit since the inspection of 2008. Of these, three were 17 years of age and one child was 16 years. The file of one child was available and was reviewed.

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

Justification for this rating:

This was an adult unit and was not suitable for the admission of children. The approved centre was unable to provide age appropriate facilities or a programme of activities appropriate to the age and ability of children. Staff were not trained in the care of children. There was no access to age-appropriate advocacy services and there were no policies relating to family liaison, parental consent or confidentiality.

One clinical file was reviewed and was in order. The child had been admitted for two days. The child did not receive treatment or go on leave from the unit.

Breach: Section 2.5(b), Section 2.5(e), Section 2.5(g), and Section 2.5(l).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service reported incidents to the Mental Health Commission.

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

Justification for this rating:

The service had provided a summary report on incidents within the unit to the Mental Health Commission. There was a risk management policy in operation in the service.

ECT FOR VOLUNTARY PATIENTS

Use: ECT had not been used since November 2008. There were no relevant files available for inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	NOT APPLICABLE			
4	Prescription of ECT	NOT APPLICABLE			
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		X		
11	Documentation	NOT APPLICABLE			
12	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

No files were available for review. The designated nurse for ECT had not received specific training for ECT.

Breach: Section 10.6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: On the day of inspection one patient had been detained for longer than three months. Written consent for medication was up to date.

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

Justification for this rating:

The patient's written consent for medication was recorded.

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

Description: All of the children had been admitted as voluntary residents.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 61 (a)	NOT APPLICABLE			
Section 61 (b)	NOT APPLICABLE			

Justification for this rating:

None of the children admitted to the unit had been the subject of a Section 25 order.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were informed that an inspection was being conducted and that the Inspectorate team members were available to meet with the residents. One resident met with the Inspectorate. She expressed some concerns about being allowed to access her home to retrieve some belongings, as she was an involuntary patient. She was reassured by being able to voice these concerns to her solicitor.

OVERALL CONCLUSIONS

The unit was bright, spacious and clean. The unit appeared to be well run and it was easy to locate and retrieve records and clinical charts. There was a wide range of activities available on the unit and these were expanded to facilitate the preferences of the groups of residents admitted at any given time. Since the last inspection, individual care plans had been introduced for all residents and these were reviewed regularly by the multidisciplinary teams. The standard of the nursing notes in relation to seclusion and physical restraint was high.

The facilities for seclusion continued to require attention. The unit had a significant problem with illicit drugs and alcohol being brought in and as a result the front door had been continually locked. This was highlighted as a significant issue by the Irish Advocacy Network representative who pointed out that this practice limited the liberty of residents. The service was aware of this problem and informed the Inspectorate that other solutions were being considered.

RECOMMENDATIONS 2009

1. A policy on searches must be implemented immediately. This has been a legal requirement since the implementation of the Regulations in November 2006 and is particularly relevant given the problems the unit is facing with illicit drugs and alcohol. The absence of a policy is a risk issue for the unit.
2. The remaining blinds on the unit present a ligature hazard risk and must be removed immediately and replaced in line with the safety needs of the residents. It has been nearly 11 months since this issue was highlighted by the Inspectorate.
3. The remaining curtains around the beds in the dormitory must be replaced immediately as residents' privacy was being compromised.
4. The register of residents must be amended to include the information specified in Schedule 1. This has been a legal requirement since the implementation of the Regulations in November 2006.
5. Therapeutic programmes should be introduced based on individual needs assessment and linked to individual care plans.
6. The mix of staff should be enhanced in line with *A Vision for Change* to enable the unit to provide a range of therapeutic programmes and services to residents.
7. A ward clerk should be allocated to this busy unit where there are six teams admitting and treating residents, in order to keep the clinical files and records in good order.
8. The policies on seclusion, mechanical restraint and physical restraint must be reviewed annually.
9. The policies on admission of children and children's education must be reviewed and amended to reflect current practices on the unit.
10. A policy on the care of the dying must be developed and implemented. This has been a legal requirement since the implementation of the Regulations in November 2006.

11. Residents or patients on the unit who are subject to seclusion or physical restraint must be afforded an opportunity to discuss these episodes with the multidisciplinary team. Episodes of seclusion and physical restraint must be reviewed by the multidisciplinary team. These discussions and reviews must be documented in the clinical file.

12. The practice of keeping the front door locked should be reviewed and alternatives implemented for addressing the problem of drugs and alcohol being brought onto the unit. This is particularly important as the unit has a high observation area for patients who require an enclosed and more intensive environment.

13. The designated ECT nurse must have training in ECT.