

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick, Clare, North Tipperary
HSE AREA	West
MENTAL HEALTH SERVICE	Clare
APPROVED CENTRE	Acute Psychiatric Unit Mid-Western Regional Hospital, Ennis
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	APU, Ennis
TOTAL NUMBER OF BEDS	39
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	11 September 2013

Summary

- Registration of the approved centre was subject to two conditions imposed by the Mental Health Commission and the approved centre was compliant with both these conditions at the time of inspection.
- The service had a good multidisciplinary care plan template but residents' individual care plans did not meet the requirements of the Regulations.
- Due to the extended length of stay of one patient, the use of the high observation area of the approved centre was restricted.
- The unit was in need of re-decorating and it was reported that this would take place in the near future.
- Six children had been admitted to the approved centre in 2013 up to the time of inspection.
- Risk assessment was not adequately recorded and the service did not make use of standardised risk assessment forms.

OVERVIEW

In 2013, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The Acute Psychiatric Unit (APU) in the Mid Western Regional Hospital, Ennis was situated in the general hospital on the ground floor, the entrance door of which was locked. The unit was opened as an acute admission ward in 2001 as a replacement for the older psychiatric hospital in Ennis. The unit was laid out in a square, with bedrooms leading off the main corridor. The nurses' station was located in the centre of the unit and there were designated areas for the admission of elderly residents and a high observation area with three beds. There was a garden in the central courtyard area of the unit. There were 39 beds in the unit and 30 residents at the time of inspection. Three of those residents were involuntarily detained. Following the statutory inspection in 2012, a re-inspection of the approved centre was also carried out in 2012.

Staff informed the inspectors that the approved centre also provided an assessment service for people who self-presented at any time of the day. These were initially assessed by the crisis nurse who was on duty from 1630hrs to 0300hrs.

The Mental Health Commission had imposed two conditions on the registration of the approved centre. These conditions are set out below.

CONDITIONS

Condition 1:

The Mental Health Commission requires that all residents of Acute Psychiatric Unit, Midwestern Regional Hospital, Ennis are accommodated in suitable sleeping accommodation that ensures that the privacy and dignity of residents are appropriately respected at all times.

Condition 2:

The Mental Health Commission prohibits the transfer of residents to another approved centre to alleviate bed shortages.

COMPLIANCE WITH CONDITIONS: The approved centre was compliant with the conditions imposed by the Mental Health Commission at the time of inspection.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	24	16	-
Substantial Compliance	3	4	10	13,20,21,23,24,25,26,27,31
Minimal Compliance	1	1	4	15,16,29,32
Not Compliant	0	1	1	17
Not Applicable	1	1	0	-

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
APU	39	30	Community Mental Health Teams Psychiatry of Old Age Rehabilitation Team

QUALITY INITIATIVES 2012/2013

- No quality initiatives were identified by the service.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

- Training must be provided in relation to seclusion and physical restraint. This was a recommendation in the previous two inspection reports of this approved centre.
Outcome: Training in these areas of restraint was on-going.
- Risk assessment must be applied in accordance with the requirements of the Regulations. This is the third year for this recommendation.
Outcome: The approved centre was not applying its own policy on risk assessment. Inspection of individual clinical files did not evidence the use of a standardised risk assessment tool, or a robust record of structured clinical judgment or multidisciplinary review of risk.
- The therapeutic programmes and intervention must be linked to individual care plans and aimed at promoting optimal psychosocial functioning. This is the fourth year for this recommendation.
Outcome: This had not been completed in all cases.
- Sector teams should be fully resourced with health and social care professionals. The range and skill mix of staff should be appropriate to the assessed needs of residents, the size and layout of the approved centre.
Outcome: Staffing levels in all teams had improved considerably since the inspection of 2012.
- Admission, Transfer and Discharge policies should reflect the guidance in the Code of Practice. Transfers should be in the best interests of the resident.
Outcome: No current resident had been transferred to another facility.
- A policy on the management of persons with an intellectual disability and mental illness should be developed and education and training for staff in regard to this Code of Practice should take place. This was a recommendation in the 2011 inspection report of this approved centre.
Outcome: A policy had been developed but training had not taken place.

The following are the **Recommendations from the Re-Inspection Report of 2012:**

1. The activity room and corridor space must not be used for sleeping accommodation.

Outcome: There was no evidence that this practice was in operation at the time of inspection.

2. The approved centre should have a policy on the care and management of individuals with intellectual disability and a mental illness.

Outcome: There was a policy on the care and management of individuals with intellectual disability and a mental illness.

3. The transfer of a resident should be in the best interests of the resident.

Outcome: No current resident had been transferred to another facility.

4. The therapeutic programmes provided should be reviewed on an ongoing basis to ensure that services meet identified needs as specified in the individual care plans.

Outcome: Inspectors were not satisfied that this recommendation had been implemented.

5. The sector teams should be fully resourced.

Outcome: Staffing levels in all teams had been improved.

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

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

Article 4: Identification of Residents

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

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

Justification for this rating:

Identification wristbands or photographic identification were not used in the approved centre. Staff made themselves known to residents and new residents were identified by staff on duty at the time of admission.

Article 5: Food and Nutrition

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

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

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

Justification for this rating:

Meals were prepared in a near-by facility for the care of elderly residents. A menu was displayed in the dining room. Fresh drinking water was available from water coolers located in the ward.

Article 6 (1-2): Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

Justification for this rating:

The Environmental Health Officer's report of 2012 was provided to inspectors. This report identified aspects of food safety that required remedial action within the APU.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

Justification for this rating:

A number of resident were in bed during the course of the inspection and some were still dressed in night clothes during the early part of the inspection. There was a supply of spare clothes in the event that a resident did not have sufficient of their own.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

Justification for this rating:

A checklist of a resident's property was taken on admission and a copy retained in the clinical file. There was an up-to-date policy on residents' personal property and possessions and there was provision for safe-keeping of 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The activities room was available for residents in the evening and at week-ends. There was a large selection of books, a number of TVs and a well equipped gym and pool table.

Article 10: Religion

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

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

Justification for this rating:

There was a Roman Catholic chaplain in the general hospital but he did not routinely visit the approved centre. Mass was celebrated in the chapel in the general hospital on Sundays and residents could attend if they wished. Ministers of other faiths could be contacted if requested.

Article 11 (1-6): Visits

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

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

Justification for this rating:

Visiting hours were from 1300hrs to 1400hrs and from 1800hrs to 2000hrs but staff reported that these hours could be flexible, particularly at week-ends. Whilst there was no designated visitors' room, there was adequate space for residents to meet their visitors in the approved centre. The service had a policy relating to visits.

Article 12 (1-4): Communication

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

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

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

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

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

Justification for this rating:

Residents were permitted to retain their mobile phones unless otherwise clinically indicated. There was no public phone in the approved centre. Residents could send and receive mail unimpeded. There was a policy relating to communication.

Article 13: Searches

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

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

Justification for this rating:

Searches were conducted where staff had reason to be concerned for the safety of residents. The search carried out on the belongings of one resident was not recorded in the resident's clinical file and staff did not use a pro forma form for the purpose of recording searches. There was an up-to-date policy on searches and the finding of illicit substances.

Breach: 13(9)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

A single room was available for residents who were dying. The service had a policy on care of residents who are dying.

Article 15: Individual Care Plan

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

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

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

Justification for this rating:

The service had designed a multidisciplinary team (MDT) care plan template which was good and which provided for the inclusion of details (among others) such as what members of the team attended the MDT care plan review, details of risk behaviour, outcome of interventions and the signature of the resident. Whilst all residents whose clinical files were inspected had an individual care plan (ICP), many of these details were not recorded. Most ICPs were written by nursing staff and in many instances, no outcome was recorded. In some cases where the staff attending the review of the ICP were identified, these staff were medical and nursing staff only. In many of the ICPs inspected, there was no evidence of involvement by the resident. In view of these deficiencies, the ICPs failed to fully meet the requirements of the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

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

Justification for this rating:

Whilst a programme of activities was provided, these were not linked for the most part to specific interventions in individual care plans. Other than the generic benefits of participation in an activity programme, inspection of the individual clinical files did not evidence how therapeutic provision targeted assessed individual needs and what outcomes were achieved. The provision of multidisciplinary case formulation and assessments, talking therapies or family work requirements were not prevalent in the individual clinical files.

Inspection of many clinical files did not identify any input from a psychologist or social worker.

Breach: 16 (1) (2)

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

Justification for this rating:

Although there was no child resident at the time of inspection, six children had been admitted to the approved centre in 2013 to the date of the inspection. Staff reported there was no provision for educational services for a child who is resident.

Breach: 17

Article 18: Transfer of Residents

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

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

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

Justification for this rating:

There was a policy relating to the transfer of a resident. All relevant information was transferred with a resident should they be transferred.

Article 19 (1-2): General Health

(1) The registered proprietor shall ensure that:

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

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

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

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

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

Justification for this rating:

The clinical files of three residents who had been in the approved centre for longer than six months were inspected and there was evidence that a physical examination had been carried out in each case. There was a policy on responding to medical emergencies.

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

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

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

Justification for this rating:

Information on medications and diagnosis were discussed in general terms at 'Wellness' groups regularly. The service did not have copies of written information on diagnoses or medications readily to hand and reported that a resident would be given the information leaflet from the manufacturer's packaging of medications for information. It was the view of the inspectors that this type of information was generally not user friendly and could be greatly improved upon. Details of advocacy groups and contact details were displayed in the unit. The service had a policy relating to the provision of information to residents.

Breach: 20(1)(c),(e)

Article 21: Privacy

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

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

Justification for this rating:

Bedroom six had been recently refurbished, but there was no surround curtain for one bed nor was there a blind on the window panel of the door; otherwise all beds had surround curtains. There were blinds in place on exterior windows.

Breach: 21

Article 22: Premises

(1) The registered proprietor shall ensure that:

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

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

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

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

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

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

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

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

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

Justification for this rating:

Bedrooms in the unit were clean and quite spacious. The showers showed evidence of poor maintenance in that the base of most showers were chipped and grubby; showers were poorly ventilated. There was a very large crack in the window of the psychiatry of old age sitting room which looked onto the garden of the high observation garden; this had been there for the past three months, despite requests to the Maintenance Department for it to be repaired. There was one shower in the high observation area (which originally had five beds); this shower was en suite in the bedroom occupied by a long-stay patient, and was therefore not available for other residents of the high observation area. These residents had to use the shower facilities in the general ward of the approved centre.

Inspectors noted potential ligature points within the unit and recommended that staff conduct a ligature audit.

There were four sitting areas in the unit which were located at the corners of the ward. However, these did not have doors and were essentially walk-through areas. They were cold and unwelcoming.

The dining room was attractive and well furnished. A small kitchen used by residents for cooking had been refurbished and was attractive and much used.

There were two gardens which were very pleasant and readily accessible for residents.

Breach: 22 (1)(c),(3)

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

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

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

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

Justification for this rating:

The service had a policy relating to the ordering, storing, prescribing and administration of medication. There were a number of errors in the prescription booklets where nursing staff had not indicated why there was a gap in the administration of medication record.

Breach: 23

Article 24 (1-2): Health and Safety

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

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

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

Justification for this rating:

The service had a policy relating to the health and safety of residents, staff and visitors, but this policy was out of date. Security personnel had been involved in assisting nursing staff in the case of one resident who required restraint.

Breach: 24(1)

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.

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

Justification for this rating:

CCTV was used at the entrance and in the high observation area and there were signs indicating its use. There was a policy on the use of CCTV in the unit, but this policy had expired.

Breach: 25(1)(c)

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
APU	CNM2	2	1
	RPN	5	5
	4 th Year Nurse	2	0
	Activation Nurse	1	0
	Crisis Nurse	0	1 (1630hrs-0300hrs)

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

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

Justification for this rating:

There was an appropriately qualified member of staff in charge at all times. Staffing of the sector teams had improved, but it was reported to inspectors on the day of inspection by the team leader there was no access to a psychologist for in-patients of the North Tipperary team; in the factual corrections received from the service it was stated that there was access to a psychologist for in-patients of the North Tipperary team. The staff training log for nursing staff was available and training in physical restraint was ongoing for all clinical staff. The service followed the Health Service Executive (HSE) policy in relation to recruitment.

Breach: 26(2)

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

Justification for this rating:

The HSE policy relating to records was in use. There were a number of inspection reports relating to Fire Inspection available, and these included inspection reports on Fire Fighting Appliances, Internal Doors, Fire Alarm System and Fire Protection Maintenance. The most recent Environmental Health Officer's Inspection Report and the service Health and Safety Statement were also available.

Many of the clinical files were bulky and there were a number of loose pages in these files.

Breach: 27(1)

Article 28: Register of Residents

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

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

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

Justification for this rating:

The Register of Residents was seen and satisfied the requirements of 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	2011	2012	2013
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	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All the required policies were in place but a number of them had not been reviewed in a timely way as specified in the Regulations and were out of date.

Breach: 29

Article 30: Mental Health Tribunals

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

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

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

Justification for this rating:

Mental Health Tribunals were facilitated in the approved centre and there was an appropriate room for that use.

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

Justification for this rating:

The complaints log was seen and there was a nominated complaints officer for the approved centre. The complaints procedure was displayed in the unit and there was a policy on complaints but this was out of date.

Breach: 31(1)

Article 32: Risk Management Procedures

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
 - (b) *The precautions in place to control the risks identified;*
 - (c) *The precautions in place to control the following specified risks:*
 - (i) *resident absent without leave,*
 - (ii) *suicide and self harm,*
 - (iii) *assault,*
 - (iv) *accidental injury to residents or staff;*
 - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) *Arrangements for responding to emergencies;*
 - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

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

Justification for this rating:

The service had a risk management policy but it did not address all the requirements as specified in the Regulations.

The approved centre did not operate risk assessment in accordance with its stated policy. The extent to which risk assessment was addressed was not evident on inspection of individual clinical files. There was no standardised risk assessment tool used in the approved centre, nor was the structured clinical judgment of the assessor adequately recorded in a clear manner, nor was there sufficient elucidation of risk management plans or discussion by the MDT. This was the third year in succession that the approved centre failed to meet the standard of the Regulations in relation to risk.

Breach: 32

Article 33: Insurance

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

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

Justification for this rating:

As the approved centre was a HSE facility, it was covered by the State Insurance scheme.

Article 34: Certificate of Registration

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

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

Justification for this rating:

The Certificate of Registration was displayed at the entrance to the nurses' station.

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

SECLUSION

Use: Seclusion was used in the approved centre and there was one seclusion room facility.

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

Justification for this rating:

The seclusion room was furnished with a large soft mattress and was adequately ventilated. There were two CCTV cameras in place which were monitored in the nurses' station and there was a sign indicating the use of CCTV. There was an up-to-date policy on seclusion. Whilst staff training was ongoing, staff reported that training had not been completed for all relevant personnel. The need for staff training was highlighted in the inspector's reports in 2011 and 2012 also.

The Seclusion Register was inspected. In seven instances the order had not been signed by the consultant psychiatrist and in a couple of instances a copy of the seclusion order had not been placed in the individual clinical file. Seclusion, when used, was generally for brief periods and inspection of individual clinical files indicated that least restrictive interventions had been considered beforehand. Next of kin were generally informed, the multidisciplinary teams reviewed seclusion episodes and the residents concerned were afforded the opportunity to discuss the episode of seclusion. Nursing observation and care provided throughout a seclusion episode was recorded in the individual clinical files.

Breach: 3.5, 9.3, 11.2

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: No detained patient was receiving ECT at the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	NOT APPLICABLE			
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 service had an ECT suite comprising a treatment room and a recovery room. These rooms were satisfactorily equipped and while there was no waiting room, patients requiring ECT were generally brought directly to the treatment room. There was a designated consultant psychiatrist for ECT and the ECT nurse had received training in ECT. The ECT Register was examined and all relevant sections had been completed in respect of one patient who had received ECT in the past and who was no longer a patient in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: 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:

The Clinical Practice Form Books for Physical Restraint were inspected. The principles governing physical restraint and least restrictive practice were evidently applied. The service had an up-to-date policy on the use of physical restraint.

There was a staff training schedule, however, staff advised that not all staff were trained. The completion of the Clinical Practice Forms by medical staff was incomplete in a number of instances at sections 17 and 18 on the form. A copy of the form had not been placed in the resident's clinical file in two instances. Inspection of individual clinical files indicated that residents were provided with an opportunity to discuss any episode of physical restraint, were medically examined, episodes were reviewed by the multidisciplinary team and next of kin were usually informed.

Inspection of one individual clinical file showed that security personnel were assigned the role of providing physical restraint to this individual. This was contrary to the approved centre's own policy on physical restraint. Their involvement in this way was also contrary to the Code of Practice on Physical Restraint at 6.1 which states that staff involved in the use of physical restraint should be aware of and have considered any relevant entries in the resident's care and treatment plan, pertaining to his or her specific requirements/needs in relation to the use of physical restraint. Security personnel did not have and cannot have access to the resident's individual care plan.

There had been six child admissions to the approved centre in 2013 up to the time of inspection. Staff

reported that physical restraint had not been used. There were no entries for children in the Clinical Practice Form book. The clinical files were not available for inspection.

The service did not provide any details of training of security personnel in physical restraint for residents of an approved centre.

Breach: 5.7(c), 6.1, 8.3, 10

ADMISSION OF CHILDREN

Description: Six children had been admitted to the approved centre in 2013 to the time of the inspection.

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

Justification for this rating:

None of the clinical files relating to any of the children admitted were available for inspection and it was therefore not possible to inspect against the Code of Practice on the Admission of Children under the Mental Health Act 2001. None of the children were detained involuntarily. Staff reported that training in Child First policy and procedures had not been provided. The approved centre was not a suitable unit for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The death of one resident of the approved centre had occurred in 2013 to the time of the inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)	X			

Justification for this rating:

Deaths and incidents were reported to the Mental Health Commission as is required. There was a risk manager with responsibility for managing risk within the approved centre.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was used in the approved centre, but no resident was receiving ECT at the time of the inspection. The last use of ECT was in early 2012.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	NOT APPLICABLE			
5	Information	NOT APPLICABLE			
6	Prescription of ECT	NOT APPLICABLE			
7	Assessment of voluntary patient	NOT APPLICABLE			
8	Anaesthesia	NOT APPLICABLE			
9	Administration of ECT	NOT APPLICABLE			
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 comprised treatment and recovery rooms. There was no designated waiting room and residents receiving ECT were generally brought directly to the treatment room. There was a designated consultant psychiatrist for ECT and the ECT nurse had received training in ECT. Examination of the ECT Register indicated that the Register had been completed correctly in respect of a resident who had received ECT in the previous year and who was no longer resident in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had up-to-date policies on admission, transfer and discharge of residents. The approved centre's policy addressed the admission pathways, including self referral, which was the most common pathway in 2013 up to the time of inspection. There was an excellent "Decision not to Admit" duplicate form which was completed by the crisis nurse and copied to the relevant clinical personnel in the community.

The service was not fully compliant with Article 32 relating to Risk Management. Policies were easily available in the unit for staff. There was no evidence that staff had received appropriate training in relation to risk assessment or risk management. The approved centre was compliant with Article 18 on Transfer of Residents.

Breach: 7.1, 9.3

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:

Inspection of individual clinical files evidenced good mental state and physical assessment and recording at the time of admission. In general the admission records were of a good standard, however, the psychiatric formulation section was variable in its quality. The approved centre was not applying its own policy on risk assessment in practice. The approved centre used an orange coloured form to record the admission procedures and to facilitate good practice in the admission process and in orientating a resident to the unit. Each resident had an individual care plan but the standard of the Regulations was not met in several instances. The individual clinical files inspected evidenced good liaison with family members. A key worker system operated.

Breach: 15.3, 17.1

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT INSPECTED			

Justification for this rating:

Staff reported that no current resident of the approved centre had been transferred to another facility and therefore the Code of Practice relating to the Transfer of Residents could not be assessed. The service was compliant with Article 18 relating to the Transfer of Residents.

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:

The clinical file of one resident who was due to be discharged shortly was inspected. There was evidence that the discharge was planned and was a graded discharge. The ICP showed evidence of discussion around the pending discharge. It had been established that there were supports in place for the resident following discharge. A discharge template form was completed in duplicate and forwarded to the relevant clinical personnel in the community. This was good practice and facilitated focussed and timely communication with relevant healthcare agencies.

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

Description: There was one resident in the approved centre with an intellectual disability and a mental illness (MHID).

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:

The approved centre had developed a policy on Working in Mental Health Services with People with Intellectual Disabilities, but training in this area had not commenced. The individual clinical file of the resident with MHID was inspected and evidenced excellent liaison with the resident’s family and with relevant disability services. The resident was due to be discharged within the week and a clear care pathway had been put in place.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient had been detained for a period in excess of three months and was prescribed medication.

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

Justification for this rating:

The patient had consented in writing to being given medication.

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

Description: There were no detained children in the approved centre at the time of inspection, therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection took place. A small number of residents requested to speak directly with the inspectors, and their concerns (with their consent) were relayed to the staff who advised that attempts would be made to deal with the relevant issues. Issues raised by these residents included concerns about personal safety and bodily integrity whilst on the ward.

ADVOCACY

Residents reported to the advocate that they would like more time to talk with the nursing staff and their consultant. Others expressed concern about their personal safety whilst on the ward.

OVERALL CONCLUSIONS

The approved centre at the APU, Ennis had two conditions imposed on its registration by the Mental Health Commission relating to privacy in sleeping accommodation and the prohibition of transferring residents for the purpose of alleviating bed shortages. The approved centre was compliant with both of these conditions at the time of the inspection visit. The unit was reasonably well maintained but some areas were in need of attention, in particular the showers. It was reported that a refurbishment of the high observation area was to be conducted and the unit would be re-painted in the near future. The use of the high observation area was markedly restricted owing to the prolonged length of stay of one patient who required the continual presence of two security guards who also had to be accommodated in this area. The involvement of the security personnel in carrying out physical restraint was at odds with the service's policy on physical restraint and their role should be fully clarified; the service did not respond to a request by the Inspectorate for details of their training in physical restraint in an approved centre setting. Whilst all residents whose clinical files were inspected had an individual care plan, in many cases, these were not multidisciplinary in nature and fell short of the requirements specified in the Regulations.

There was inadequate specification in the individual care plans of the therapeutic provisions required to meet the assessed needs of residents. Consequently, whilst there was an activities programme scheduled each day, it was unclear how this was of relevance or benefit in relation to the therapeutic goals set for individual residents. This was the fourth year in a row that the APU failed to meet the standard of Article 16 of the Regulations. Interdisciplinary review and development of the programme of therapeutic services and programmes delivered within the APU was needed to ensure a good fit between assessed needs and programme delivery.

It was of concern to the Inspectorate that the issue of risk assessment and management was not adequately addressed in the unit. Although it is not a requirement that a standardised risk assessment form is used, most services find it a useful adjunct to ensuring the assessment of risk in residents and in facilitating multidisciplinary review. This was the third year in a row that the Inspectorate has commented on the lack of adequate risk assessment recorded for residents admitted to the approved centre.

Inspection of the incident log indicated 18 incidents, classified as violence/harassment/aggression between residents, over a three month period. These were categorised as low or minor incidents, however, combined with comments about a sense of personal safety made by residents to inspectors, they suggested a need for active consideration of risk management.

RECOMMENDATIONS 2013

1. The service must ensure that its policy on risk assessment is applied in practice. The assessment and management of risk recorded in the individual clinical files must meet the standard of the Regulations.
2. All residents must have an individual care plan which meets the requirements of the Regulations.
3. Provision of therapeutic services should be linked to goals and needs as specified in individual care plans.
4. The role and function of the security personnel within the approved centre must be clarified.
5. Refurbishment works to showers should be commenced.
6. Training for staff in relation to working with people with an intellectual disability and a mental illness should be implemented.
7. The approved centre must comply with the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint.
8. Staff must be trained in the application of physical restraint and meet the standard outlined in the Code of Practice.