

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE Dublin North East
APPROVED CENTRE	Department of Psychiatry, Our Lady's Hospital, Navan
CATCHMENT AREA	Louth/Meath
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry
TOTAL NUMBER OF BEDS	25
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	7 May 2009

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

DESCRIPTION

This approved centre was located in Our Lady’s Hospital, Navan, There were two 6-bed, two 5-bed, and three single rooms. One of the rooms had been converted for use as a seclusion room. The centre was bright and spacious and a well-maintained enclosed garden provided relaxation for residents. A room previously used for ECT had been converted into an activities area and there were plans to further develop this. The atmosphere in the service was friendly and the attitude of the staff was proactive. There was a need for a family-friendly visiting room.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	25	17	General adult and Psychiatry of later life

QUALITY INITIATIVES

- Medical and nursing staff participated in safety liaison meetings with the Garda authorities and Meath County Council to discuss needs of discharged residents.
- Social workers had initiated an education and support group for parents with mental ill-health and their children.
- A library service was initiated, involving the purchase of books relevant to patients with funding from HSE Health Promotion. Liaison with the public library service resulted in the same books being available for borrowing purposes when residents were discharged to the community.
- A multidisciplinary psycho-education and support programme for carers had been reinvigorated due to increased commitment from staff, with resulting improvement in attendance.
- A quality and risk management group had been established, incorporating the consumer group, risk management, and health and safety groups.
- The kitchen had been brought up to general hospital standard 16 months ago. A food safety audit by Goodrich Consultancy during the year had achieved a 100% result.
- An internet service was available to residents for a small fee.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *Every effort should be made to recruit occupational therapists to the service.*

Outcome: In spite of the efforts of staff in this regard, no progress had been made.

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:

A core group of staff was allocated to the unit and a key worker nursing system was in operation. A handover involving visual identification of new residents took place three times a day. Each resident had a file with their name and unique hospital number. Prior to administration, the resident's identity had to be verified by the administering nurse or medical practitioner. Medication was administered by two nurses. Wristbands were not worn as patient satisfaction surveys indicated residents did not want to do this.

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:

Water coolers were available and cleaned and maintained regularly. A choice of menu was available each day. A copy of the menu was provided to the inspection team. Tea and snacks were provided between meals and at night. Special dietary requirements were documented in the care plan and provided from the main kitchen. Vending machines were available in the approved centre and residents had access to the hospital shop.

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:

Food was prepared in the main hospital kitchen, which was Hazard Analysis and Critical Control Points (HACCP) accredited. New kitchen and necessary facilities had been installed in approved centre 2007. The kitchen was brought to general hospital standard the previous year and in the current year achieved a rating of 100 per cent in an infection control audit. A copy of the Environmental Health Officer's report regarding food safety was examined.

Article 7: Clothing

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

Justification for this rating:

A policy was available on prescribed use of night clothes. Additional supplies of clothes were available if need arose. Petty cash funding for clothing was available.

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
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 available with an appropriate review date for management of personal property and possessions. Facilities were available for safe keeping of valuables. Residents had access to safe daily.

Article 9: Recreational Activities

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:

Various recreational activities were available, including watching TV and DVDs, reading books, magazines and newspapers, and playing board games. A pool table was also available. Internet access was through a pre-paid scheme. Art and gym equipment was available.

Programmes of activity were organised, but in spite of this the patient advocate and staff identified deficits in this area and some patients complained that they had nothing to do at certain times of the day.

Breach: Article 9

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:

Residents were facilitated in the practice of their religion. Information about denominational services available in the area was displayed on the resident notice board. A policy for ensuring respect of religious and cultural beliefs was in place. It provided information in relation to different religious beliefs and needs.

Article 11 (1-6): Visits

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

Justification for this rating:

A visits policy was available with an appropriate review date. Visiting times were displayed in the centre. A flexible approach to visits was taken, according to patient need. Information was available in the patient information booklet.

Children were facilitated. Visitors under 12 had to be accompanied by an adult, who had to check with staff beforehand. Staff had identified a need for a dedicated family visiting room.

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 communication policy was in place with an appropriate review date. Information in relation to communication was available in the resident information booklet. The use of camera or video phones was not permitted. Two pay phones were available to residents and internet access was available. The policy stated that a resident's mail may be opened where there was concern that it may cause harm to the resident or others. Where this occurred the reason should be recorded in the resident's file.

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:

An up-to-date policy and procedures for searches with and without consent was available with an appropriate review date. A policy for the guidance of staff and residents was available on the finding of illicit substances.

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:

The service had appropriate policies and procedures in place for care of the dying. Residents who required palliative or terminal care were normally admitted to the attached main hospital.

Article 15: Individual Care Plan

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:

There was evidence from the individual care plans examined of multidisciplinary input. In the two individual care plans examined, one key worker was a nurse, the other was an NCHD. The service user attended the team meetings and collaboratively agreed with identified goals and co-signed the care plan. A copy of the care plan could be retained by the resident if they wished. There was clear documentary evidence of regular review.

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>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
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:

An occupational therapy post had been sought but had not been filled. Referral to psychology, social work, alcohol counsellors, family therapy and cognitive behavioural therapy was available and documented in the care plans. Residents had access to physiotherapists from the main hospital, and to smoking cessation facilitators if required. Psychoeducation talks were held throughout the year, facilitated by the multidisciplinary team and voluntary groups. A library service was available through the Meath Mental Health Reading Scheme.

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 ensured appropriate education services, in accordance with their needs and where clinically appropriate, was provided to child residents.

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 and procedures were in place for the transfer of residents.

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:

Residents had access to general health services. The unit had close links with the acute general hospital. Residents had access to national screening programmes. A policy with an appropriate review date was in place for responding to medical emergencies.

Only one resident had been in residence for a period longer than six months. The resident's six-monthly physical examination was carried out on the day of inspection and the resulting documentation was examined by the Inspectorate. The Inspectorate advised that a system be put in place to ensure six-monthly physicals were carried out.

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:

Information was available in the residents' information booklet, which was available in different languages online. Details of the multidisciplinary teams and the availability of advocacy service were available on the notice boards. Psycho-education talks were provided. Information on unit routines were available through meetings with residents. A policy was available with an appropriate review date.

Article 21: Privacy

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

Justification for this rating:

Curtains were provided around all bed areas. Each room had en suite facilities and toilets were gender specific. Residents' views in relation to privacy and dignity were measured in resident satisfaction surveys. The most recent survey indicated strong satisfaction in these areas.

Article 22: Premises

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

Justification for this rating:

The unit was in good condition and well-maintained. Staff reported good relationships with the maintenance department in the general hospital, which responded promptly to maintenance requests. Furniture and fittings appeared in good condition. The internal garden was bright and welcoming. Cleaning schedules were in place with a colour-coded cleaning system. Residents' views were measured in relation to the service satisfaction survey.

There were plans to change the function of some rooms in order to expand the activities area and to upgrade the unit to incorporate sluice facilities and to increase wheelchair accessibility.

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 regional policy was available for staff guidance in relation to ordering, prescribing, storing and administration of medication. The policy had an appropriate review date. Nurse audits were conducted annually on the administration of medication. Work was ongoing with the hospital pharmacist on the feasibility of using generic medications. An audit on the storage of medication was conducted in the previous year by the pharmacist but the results were not made available to the Inspectorate.

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:

There was a substantial health and safety policy statement. This outlined the safety management programme and the general arrangements for occupational safety, health and welfare and incident reporting within the service. The unit operated a risk register which summarised and prioritised all known risks for the unit. Information on the register was communicated back to the management teams at monthly management team meetings.

A safety liaison meeting with the Garda authorities and Meath County Council and various community groups had been initiated to help address issues of interest to all, e.g. discharged residents and child protection. This was done on a general basis, without breaching confidentiality.

Some parts of the health and safety statement had inappropriate review dates on the day of inspection. One was only in draft form. The approved centre subsequently forwarded evidence of compliance.

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:

CCTV was used in the seclusion room. There were two monitors, one in the seclusion facility and one in the nurses' office, neither with recording facilities. The signage in relation to CCTV use was clear and evident. A policy was in place with an appropriate review date.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
In-patient unit	Nursing	1 CNM2 + 1 CNM1 + 4 Staff	1 CNM1 + 2 Staff

XLEVEL 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:

Staff were recruited through the HSE recruiting system. Nursing staff were allocated to the unit through a central rostering system. An ADON or night supervisor was available around the clock. Five multi-disciplinary teams had access to the unit. There was no occupational therapist on these teams. There was access to an acute home-based team and an assertive outreach team, as well as family and behavioural therapists and alcohol counsellors.

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	
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:

Records were in good condition and a policy was in place with an appropriate review date. A database of attendees at various training courses was available. However there was no record of fire safety training as this was held by the Fire Officer in Dublin North. The record of fire safety training was subsequently forwarded to the Inspectorate.

Breach: Article 27 (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
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 complied with the Regulations.

Article 29: Operating Policies and Procedures

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

Justification for this rating:

Policies and procedures were reviewed appropriately. A flowchart system existed for tracking the process of developing and signing off policies.

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 conference room and office equipment and assistance were available to the tribunal teams.

Article 31: Complaint Procedures

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

Justification for this rating:

A complaints policy was available with an appropriate review date, in line with HSE national policy. Information on the policy was available throughout the unit and given in the resident information booklet. A designated complaints officer was available.

Article 32: Risk Management Procedures

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

Justification for this rating:

A policy was available with an appropriate review date. Each sector was responsible for maintaining its own risk register. A whole risk register was available for Meath. Incidents were reported to heads of department and to the health and safety committee.

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:

Information on the insurance policy was displayed at reception. Clinical indemnity insurance applied to all staff.

Article 34: Certificate of Registration

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

Justification for this rating:

A copy of the certificate of registration was displayed in the reception area.

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

SECLUSION

Use: The entry lobby to the seclusion area also gave access to a shower, wash-hand basin and toilet. The seclusion room was a modern room with a large one-way safety glass window looking out on park land. The room had air conditioning and regulated artificial light and a shutter to regulate daylight. The CCTV camera was located on the ceiling above the entrance and its use was clearly signaled. A monitor was located in the lobby, where a nurse sat for the first hour of seclusion. Another monitor was situated in the nursing office. Seclusion use had fallen significantly, with two episodes to date in 2009.

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 register and the clinical file of one resident who had been in seclusion were examined. The system was excellent and fully compliant. The service had carried out a recent audit on its use of seclusion.

ECT (DETAINED PATIENTS)

The service no longer administered ECT. If a patient required it, ECT was outsourced to St. Patrick's Hospital, Dublin. No patient was undergoing a course of ECT on the day of inspection. The service had an up-to-date policy stating that ECT was no longer provided by the service.

MECHANICAL RESTRAINT

The service had a policy in relation to mechanical means of bodily restraint which stated that it was not used. The service also had a policy in relation to Part 5. It was stated by the service that mechanical means of bodily restraint for enduring self-harming behaviour had never been used.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used and recorded in the clinical practice forms and in the clinical file.

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:

In the clinical file examined, the use of physical restraint was clearly recorded. The clinical practice form had also been completed. A system had been put in place to ensure that all aspects of the Code of Practice in relation to physical restraint were followed through, including a system for informing the next of kin, or the reason for not doing so. It was stated by the service that no child resident had been physically restrained. The approved centre's policy on the management of physical restraint was reviewed annually.

ADMISSION OF CHILDREN

Description: No child had been admitted to date during 2009. It was reported to the Inspectorate that the opening of the child and adolescent unit in St. Vincent's Hospital, Fairview, had had a positive impact on the service in this regard. The file of one child, who had been admitted on a voluntary basis in late 2008 and discharged in early 2009, was examined and was in order.

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

Justification for this rating:

Children were admitted to a single room. A risk assessment was carried out on the child and a dedicated nurse was allocated responsibility for the care of the child.

Access to child advocacy services was available through a child community service called Young Adult Programme (YAP), which was based in Meath, and whose members were trained in advocacy.

The approved centre was an adult facility and as such, was not appropriate for the admission of children.

Breach: Section 2.5 (b)

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: A system was in place for the notification of deaths to the Mental Health Commission.

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

Justification for this rating:

A risk management policy and procedures were in place and were fully compliant with this Code of Practice.

ECT FOR VOLUNTARY PATIENTS

The service no longer administered ECT. Should a resident require it, ECT was outsourced to St. Patrick's Hospital, Dublin. No resident was undergoing a course of ECT on the day of inspection. The service had an up-to-date policy stating that ECT was no longer provided by the service.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: The clinical file of one patient, who had medicine administered for the purpose of ameliorating his mental disorder for a period greater than three months, was examined.

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:

There was evidence in the clinical file that the patient had given his written consent for the continuous administration of this medicine.

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

There were no detained children in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by the Inspectorate team. One resident asked to speak to the Inspectorate and expressed satisfaction with the care and treatment.

OVERALL CONCLUSIONS

It was evident, during the day of inspection, that there were close, positive working relationships amongst the multidisciplinary staff of this service.

RECOMMENDATIONS 2009

1. An occupational therapist should be appointed to the approved centre.
2. There is a need for a dedicated family visiting room.