

Report of the Inspector of Mental Health Services 2009

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|--|---|
| MENTAL HEALTH SERVICE | HSE Dublin Mid Leinster |
| APPROVED CENTRE | Department of Psychiatry, Midland Regional Hospital, Portlaoise |
| CATCHMENT AREA | Laois/Offaly |
| NUMBER OF WARDS | 3 |
| NAMES OF UNITS OR WARDS INSPECTED | Female Admission Male Admission Psychiatry of Later Life |
| TOTAL NUMBER OF BEDS | 46 |
| CONDITIONS ATTACHED TO REGISTRATION | No |
| TYPE OF INSPECTION | Announced |
| DATE OF INSPECTION | 7 April 2009 |

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

DESCRIPTION

The Department of Psychiatry had 46 beds and was located in the Midlands Regional Hospital, Portlaoise. There were three sector teams and a psychiatry of later life team. There was also an intellectual disability team and a rehabilitation team.

DETAILS OF WARDS IN THE APPROVED CENTRE

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|--------------------------|----------------|---------------------|--------------------------|
| Female Admission | 17 | 18* | General adult |
| Male Admission | 23 | 14* | General adult |
| Psychiatry of Later Life | 6 | 1* | Psychiatry of Later Life |

* Number of residents supplied in the Approved Centre Self Assessment in March 2009

QUALITY INITIATIVES

- There was a compendium of assessment scales available on the unit. Training in their use had taken place.
- ECT was excellent in all areas.
- The presence of an occupational therapist and two activation nurses had resulted in a needs-based occupational therapy service.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *Multidisciplinary care plans must be introduced in line with Article 15 of the Regulations.*

Outcome: This had not happened. A draft multidisciplinary care plan remained under negotiation with the multidisciplinary team (MDT).

2. *Ward-based staff should attend the MDT review meetings.*

Outcome: This has not been happening. Multidisciplinary team meetings were held in community facilities. The CNM3 in the acute unit attended these meetings and ward rounds were held twice a week.

3. *The therapeutic programme should be linked to the individual care plan*

Outcome: There was a therapeutic programme which was based on assessed need. There was no operational care plan.

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:

Residents wore identity bracelets.

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:

There was an adequate supply of fresh drinking water. There was a varied menu and special diets were facilitated.

Article 6 (1-2) Food 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:

Up-to-date reports were available from the Environmental Health Officer and minutes of health and safety meetings indicated that some recommendations had been addressed and others were being progressed.

Article 7: Clothing

| 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> | | |
| 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> | X | |

Justification for this rating:

A supply of clothes was available. There was a policy that night clothes were automatically worn in high observation and this was not reflected in care plans or in the individual clinical files.

Breach: Article 7 (2)

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:

Property lists in the clinical files reviewed listed the belongings and possessions brought into the approved centre by the residents and a copy was also kept separately from the clinical files. Residents could retain possessions if they wished. There was a policy on personal property.

Article 9: Recreational Activities

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

Justification for this rating:

The were a number of recreational activities including TV, DVD players, table-tennis, reading and there was also a small kitchen that could be used for baking.

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:

There was a policy that covered the facilitation of the practice of religion. There was a chaplain and clergy of different denominations called to the unit when requested. There was a multid denominational oratory in the main hospital area.

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:

There were a number of multipurpose rooms that could be used for visiting. There were regular visiting times. Children had to be accompanied by an adult at all times according to policy. No visitors were allowed into the high observation area.

Article 12 (1-4): Communication

| 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:

Mobile phones were allowed in all areas, apart from high observation. Residents' mail was not opened. There was a policy covering communication.

Article 13: Searches

| 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 a policy on searches with and without consent. Two nurses were present for any searches.

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:

There was a policy on care of the dying. All medically ill residents were transferred to the general hospital.

Article 15: Individual Care Plan

| 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:

There was no operational care plan. A template has been developed and was being considered by the consultant psychiatrist group, but apart from nursing staff no other group had been included in its development. The nursing care plans were excellent.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Therapeutic activities were well developed and were based on assessed need. However it was not based on individual care plans as care plans were not in operation.

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:

Educational arrangements had been made for children who had been admitted. One child had attended school accompanied by staff, other children had been facilitated to continue their education through liaison with their respective schools or by bringing their school books onto the ward where they could be supported to continue their school work by nursing staff.

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:

All residents and patients were transferred according to a written policy. A medical and nursing report accompanied the resident.

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:

One of the residents had been admitted for longer than six months. There was evidence in the resident's clinical file of regular general physical reviews.

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:

An information booklet was available for residents. A folder outlining diagnosis and medication was easily available on the unit. A large noticeboard gave details of key workers and multidisciplinary team according to sector and housekeeping information was clearly displayed.

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:

There were three single rooms. All beds had curtains. There were a number of en suite bathrooms.

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 purpose-built and was in good decorative order, with prominent art-work. All parts of the unit were clean and were adequately ventilated and lit.

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

| L 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 policy and guidelines on ordering, prescribing, storing and administration of medicines.

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 were health and safety policies, as well as a health and safety statement.

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 | 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:

CCTV was used only on corridors and in the seclusion room. There were notices regarding the use of CCTV. There were no recording facilities and monitors were in nurses' offices.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|--------------------------|---|-------------|--------|
| Female Admission | Staff nurses CNM2 Health care assistant | 4 1 1 | 2 |
| Male admission | Staff nurses CNM2 CMN3 | 4 1 | 3 1 |
| Psychiatry of Later Life | Staff nurses CNM2 Health Care Assistant | 1 1 1 | 1 |
| All areas | CNM3 | 1 | 1 |

There was also an occupational therapist and two staff nurses based in activation on the unit during office hours.

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

Justification for this rating:

There were sufficient nursing staff and adequate occupational therapy input based in the unit. There was also access to social work and psychology through the community mental health teams.

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> | | |
| 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 policy on the maintenance of records. A ward clerk was responsible for maintaining files that were retained in the unit.

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:

There was a satisfactory register of residents.

Article 29: Operating policies and procedures

| 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:

There was a policy on the review of operational policies. However annual reviews of specific policies such as ECT and seclusion had not taken place.

Breach: Article 29

Article 30: Mental Health Tribunals

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

Justification for this rating:

Mental health tribunals are facilitated.

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:

There had been no complaints since January 2009. A complaints procedure was in operation and was available to residents. A complaints box was available. There was also a complaints committee in operation.

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:

There was a risk management policy in operation.

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:

An insurance certificate was available.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed near the entrance to the approved centre.

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

SECLUSION

Use: There was one seclusion room with en suite facilities in the approved centre which was inspected. The seclusion register and three clinical charts were reviewed. A small number of residents had multiple episodes of seclusion and some had been secluded for long periods requiring notification to the Mental Health Commission. Seclusion was not used with children.

| 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 nursing notes in relation to seclusion were of a very high standard, clearly documenting observation, assessment and review processes during episodes of seclusion. A nursing assessment and care plan was used for each episode of seclusion and this included a space for recording whether or not the patient had been informed about the reasons for and likely duration of seclusion.

There was no documented evidence in the clinical files about whether next of kin had been informed of episodes of seclusion.

There was no documented evidence in the clinical file that the patients had been afforded the opportunity to discuss the episode with the multidisciplinary team.

There was no documented evidence in the clinical file that each episode of seclusion had been reviewed by the multidisciplinary team within two working days.

Breach: Section 2.10, Section 6.3, and Section 9.2.

ECT (DETAINED PATIENTS)

Use: ECT had not been administered to any detained patients to date in 2009. The ECT facilities and documentation were reviewed. ECT was not administered to pregnant patients.

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

Justification for this rating:

The documentation and practices around ECT were of a high standard.

MECHANICAL RESTRAINT

Use: Part 5 was used from time to time for residents of the psychiatry of later life area. Mechanical restraint under Part 5 was not in use with any residents at the time of inspection. The policy had last been reviewed in February 2009. Mechanical restraint was not used with children.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|---|-----------------|-------------------------|----------------------|---------------|
| 14 | Orders | NOT APPLICABLE | | | |
| 15 | Patient dignity and safety | NOT APPLICABLE | | | |
| 16 | Ending mechanical restraint | NOT APPLICABLE | | | |
| 17 | Recording use of mechanical restraint | NOT APPLICABLE | | | |
| 18 | Clinical governance | X | | | |
| 19 | Staff training | X | | | |
| 20 | Child patients | NOT APPLICABLE | | | |
| 21 | Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour | NOT APPLICABLE | | | |

Justification for this rating:

The approved centre reported that mechanical restraint had not been used in the service to date in 2009 and that there were no entries in the mechanical restraint register. It was reported that Part 5 of the Rules was used on occasion but none of the residents were subject to restraint measures at the time of the inspection, therefore no clinical files were reviewed. The policy on mechanical restraint had recently been reviewed.

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

PHYSICAL RESTRAINT

Use: The Inspectorate reviewed the physical restraint register and one clinical file of a resident who had several episodes of physical restraint. The service reported that physical restraint had not been used with children.

| 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:

The physical restraint register clearly indicated the reasons for physical restraint and the alternatives considered. Episodes were clearly recorded in the physical restraint register and the medical and nursing notes. The policy had recently been reviewed.

There was no documented evidence that the resident was informed of the reasons for, and likely duration of restraint. There was no documented evidence as to whether or not next of kin had been informed about the episode of physical restraint. There was no documented evidence that the resident had been afforded an opportunity to discuss the episode with the multidisciplinary team. There was no documented evidence that episodes of physical restraint had been reviewed by the resident's multidisciplinary team.

Breach: Section 2.9, Section 2.10(a), Section 4.2, and Section 6.2.

ADMISSION OF CHILDREN

Description: There had been six admissions of children to date in 2009. All admissions had been voluntary and one child was admitted at the time of the inspection.

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

Justification for this rating:

The approved centre had a policy of nursing children on a one-to-one basis and reported that this arrangement created difficulties in terms of the levels of intrusiveness experienced by the children. Educational needs were addressed by liaising with the child's school and children who were able were encouraged to bring their school books into the ward where they were assisted with school work by nursing staff. Apart from this minimal input to educational needs and despite the best efforts of staff, the approved centre was not able to provide facilities or programme of activities appropriate to the age and ability of the children. There was no access to age appropriate advocacy services.

Breach: Section 2.5 (b) and Section 2.5 (g).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

| 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 list of incidents was available. A number of policies on risk management were available.

ECT FOR VOLUNTARY PATIENTS

Use: Six residents had received ECT to date in 2009.

| SECTION | DESCRIPTION | FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | COMPLIANCE INITIATED | NOT COMPLIANT |
|---------|---------------------------------|-----------------|-------------------------|----------------------|---------------|
| 2 | Consent | X | | | |
| 3 | Information | X | | | |
| 4 | Prescription of ECT | X | | | |
| 5 | Assessment of voluntary patient | X | | | |
| 6 | Anaesthesia | X | | | |
| 7 | Administration of ECT | X | | | |
| 8 | ECT Suite | X | | | |
| 9 | Materials and equipment | X | | | |
| 10 | Staffing | X | | | |
| 11 | Documentation | X | | | |
| 12 | ECT during pregnancy | NOT APPLICABLE | | | |

Justification for this rating:

The standard of documentation and practices in relation to ECT were excellent. The Inspectorate suggested the service should apply for ECTAS accreditation.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Three patients had been detained for longer than three months.

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

Justification for this rating:

Consent and second opinion reports were available.

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

All admissions of children had been voluntary, therefore Section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident asked to see the Inspectorate. This resident was aware of their own diagnosis and treatment, clinical team, and how often they were reviewed. The resident attended a specific programme, had regular health checks and was satisfied with the care in the hospital.

The Irish Advocacy Network reported that service users complained about lack of time to talk with staff, lack of talking therapies and that they were kept in night clothes in high observation. They also reported that service users felt that their experience in the approved centre was generally good.

OVERALL CONCLUSIONS

The service demonstrated a good standard of care and treatment in the approved centre in the Midland Regional Hospital. Some areas were excellent, such as ECT procedures and the standard of nursing care plans. However it was disappointing that the development of care plans was extremely slow. It was obvious that the development of care plans had not been done with real engagement from members of multidisciplinary teams and service user representation.

RECOMMENDATIONS 2009

1. Multidisciplinary team care plans must be introduced.
2. The Rules governing the use of seclusion must be adhered to in full.
3. The Code of Practice in relation to physical restraint should be adhered to in full.
4. The service should consider seeking ECTAS approval.