

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Laois/Offaly/Longford/Westmeath/Kildare/West Wicklow
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Laois / Offaly
<b>APPROVED CENTRE</b>	Department of Psychiatry, Midland Regional Hospital, Portlaoise
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Female Admission Male Admission
<b>TOTAL NUMBER OF BEDS</b>	30
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	22 February 2011

## OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

The Department of Psychiatry was located in the Midland Regional Hospital in Portlaoise. It was purpose built as a psychiatric unit in 2003. The Department had a male and female ward with separate day and night rooms and communal activities, dining and garden areas. The wards were bright, well maintained and clean. A variety of artwork was displayed on the walls of the department. There was a mix of single rooms with ensuite facilities as well as dormitories and high observation bedroom areas. The clinical room on the female ward was small and lacked natural light and ventilation and the medication room was like a shoe-box with little room to work in it. There was an enclosed garden which was well kept and regularly used. A second smaller garden was used by residents in the high observation area in the male ward. On the day of inspection there were 10 male residents, two of whom were detained and 16 female residents, two of whom were detained. Two residents were on leave.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	27	27	28
Substantial Compliance	2	3	1
Minimal Compliance	1	1	0
Not Compliant	1	0	2
Not Applicable	0	0	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
Female Admission	15	15	General adult Psychiatry of Old Age Rehabilitation
Male Admission	15	10	General adult Psychiatry of Old Age Rehabilitation

**QUALITY INITIATIVES**

- The pharmacy had begun auditing prescriptions since December 2010.
- The department was reviewing the Quality of Care Comment Card which was a questionnaire available on the wards to be completed by residents.

**PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. The individual care plan should be finalised and each resident should have access to their fully completed individual care plan.

Outcome: Each resident did not have an individual care plan as defined in the Regulations. See Article 15 for more details.

2. A system should be developed to ensure that each resident had a six monthly physical review.

Outcome: A system had been implemented and six monthly physical reviews had been completed.

3. All staff should be familiar with the new Code of Practice relating to Persons Working in Mental Health Services with People with Intellectual Disabilities.

Outcome: The Code of Practice was available on the wards but there had been no training in this area. Staff were working with the Consultant Psychiatrist in Mental Disability to develop a protocol.

**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	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 6 (1-2): Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>		

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place, which had been reviewed in January 2011 and were due for further review in 2014.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

A sample of clinical files from each of the wards and each of the admitting teams were reviewed. Each resident did not have an individual care plan as defined in the Mental Health Act 2001 (Approved Centres) Regulations 2006. Every resident had an initial care plan based on comprehensive risk and assessment at admission. Follow-up individual care plans outlined only nursing goals and interventions. The individual care plans did not specify other goals for the residents or other interventions that the residents' clinical files indicated they were receiving, such as therapeutic programmes and psychological therapies. The individual care plan forms had a place for residents to sign their individual care plan or a place to document the rationale for why this had not been done and there was also space to indicate family or carer involvement in the individual care plan. However these were not completed in the clinical files reviewed.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

Although the rehabilitation and activities programme was excellent and residents were receiving a range of other therapeutic services, for example, occupational therapy and cognitive behaviour therapy, these were not linked to the residents' individual care plans.

**Breach: 16**



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There had been no children admitted in 2011 at the time of the inspection. A system was in place for liaising with the child's school as required.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

No residents had been transferred from the approved centre in 2011 at the time of the inspection. Policy and procedures were in place which had been reviewed in January 2010 and were due for further review in 2013.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

One clinical file was examined and general physical health examinations had been completed. There was a system in place to record the next due date in the resident's clinical file and this was also entered into the ward diary. A number of residents were accessing medical specialties in the general hospital.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a range of general information about mental health issues, voluntary and support organisations at various points through the Department of Psychiatry. Residents who were interviewed confirmed that they had opportunities to discuss their diagnosis and medication with medical, nursing and pharmacy staff. The names of the multidisciplinary teams who admitted to the wards were clearly displayed on the notice boards in each ward. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Bedrooms all had viewing panels in the doors and there were curtains inside the doors that could be pulled by residents to allow for privacy. The enclosed garden was in the centre of the department and was not overlooked by other wards in the hospital.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The department was purpose built less than 10 years ago and had been well maintained. It was bright, clean and comfortable on the day of inspection with a variety of art work displayed on the walls.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policies and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. A range of policies and procedures were in place related to the health and safety of resident, staff and visitors.



**Article 25: Use of Closed Circuit Television (CCTV)**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policy and procedures were in place which had been reviewed in February 2011 and were due for further review in 2014.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Female Admission	CNM 2	1	Shared
	RPN	3	2
Male admission	CNM 2	1	Shared
	RPN	4	2

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).*

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	X	X	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Most of the teams had a range of disciplines to provide a range of therapeutic services for residents. A CNM3 was in charge of the unit during the day and at night. HSE policies and procedures for the recruitment, selection and vetting of staff were in place.

A training record was provided. A significant number of nursing staff had not received training in manual handling, fire safety, cardio-pulmonary resuscitation and prevention and management of violence and aggression.

**Breach:** 26 (4)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A new clinical file format had been introduced which included a system for dividing the information making information in the clinical file easily retrievable. Clinical records were well maintained. Policy and procedures were in place which had been reviewed in January 2011 and were due for further review in 2014.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Policies relating to the Mental Health Act 2001 (Approved Centres) Regulations 2006 had been reviewed after three years and these were up to date.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

HSE and local policies and procedures were in place relating to complaints. The complaints procedure was displayed prominently in the Department of Psychiatry.

A record of complaints was made available to the Inspectorate.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A range of policies relating to risk management were in place. Health and safety statements were in place that identified specific risks and precautions. The Department of Psychiatry had policies and procedures in place relating to resident absent without leave, suicide and self-harm, assault and accidental injury. Incidents were recorded on a form which was sent to the Catchment Management Team for review. Policies and procedures were in place for responding to emergencies. HSE policies regarding the protection of children and vulnerable adults from abuse were in place. Monthly health and safety meetings took place involving all disciplines and the risk manager attended these.



**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The certificate was displayed in a prominent position in the Department of Psychiatry.

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

**SECLUSION**

**Use:** Seclusion was used in the approved centre. One person had been secluded for extended periods in 2011.

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	X			
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 policy had been reviewed in February 2011 and was due for further review in February 2012. There were two seclusion rooms in the male unit which seemed excessive for 15 residents. There were no ensuite facilities and residents had to cross the corridor to use toilet and shower facilities. The seclusion rooms opened out on to a busy corridor. The female seclusion room had ensuite facilities. The seclusion register was signed and correctly completed. There was evidence of regular review by medical and nursing staff. Next-of-kin had been informed and there was evidence of review by the multidisciplinary team.

**Breach: 8.1**

**ECT (DETAINED PATIENTS)**

**Use:** ECT was used by the service. No detained patient was receiving ECT at the time of inspection.

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

**Justification for this rating:**

The ECT policy was out of date. It had last been reviewed in January 2010 and was due to have been reviewed again in January 2011. The ECT suite was excellent. There was dedicated nursing staff and a consultant psychiatrist.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint was not used in the approved centre. The mechanical restraint policy had been reviewed In January 2011 and was due for further review in January 2012.

**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. No resident currently in the approved centre had been physically restrained.

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 physical restraint policy had been reviewed in January 2011 and was due for further review in January 2012. The clinical practice forms were all signed and correctly completed. A training record was provided. A significant number of nursing staff had not received training in prevention and management of violence and aggression.

Breach: 10.1 (b)



**ADMISSION OF CHILDREN**

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**Description:** No child was a resident in the approved centre at the time of inspection.

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

**Justification for this rating:**

Policies and procedures for the voluntary and involuntary admission of children were in place. Children were accommodated in a single room. The approved centre was not suitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** No serious incidents or deaths had occurred in 2011 at 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				X

**Justification for this rating:**

Incident and death reporting forms were available. Incidents were reported to the Mental Health Commission as required. The risk management policy did not cover notification of deaths and incident reporting to the Mental Health Commission. The policy did not identify the risk manager nor identify roles and responsibilities of members of staff in relation to the reporting of deaths and incidents. The Department of Psychiatry was compliant with Article 32 of the Regulations. Monthly health and safety meetings took place which included all disciplines and the risk manager. Six monthly reports on incidents were provided to the Mental Health Commission.

**Breach:** 4

**ECT FOR VOLUNTARY PATIENTS**

**Use:** One resident was receiving ECT at the time of inspection.

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

**Justification for this rating:**

The ECT policy was out of date. It had last been reviewed in January 2010 and was due to have been reviewed again in January 2011. The ECT suite was excellent. There was dedicated nursing staff and a consultant psychiatrist. All records and documentation were up-to-date and of a good standard.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** The approved centre admitted, transferred and discharged residents.

**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
	<b>X</b>		

**Justification for this rating:**

Policies and protocols were in place for admission (including children), transfer, discharge and consent. The Department of Psychiatry was compliant with Articles 8 and 23 of the Regulations. There was no policy for the admission and discharge of people with intellectual disability and mental illness.

**Breach:** 4.16

**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
	<b>X</b>		

**Justification for this rating:**

The Department of Psychiatry was compliant with Articles 7, 8, 20 and 27 of the Regulations. The decision to admit was made by the consultant psychiatrist. There was evidence of multidisciplinary review. Each resident had an initial care plan but not all residents had an individual care plan in accordance with the Regulations. The admission assessment was excellent and included a risk assessment.

**Breach: 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
<b>X</b>			

**Justification for this rating:**

There was a policy on transfers. The decision to transfer was taken by the consultant psychiatrist following assessment. Where appropriate the multidisciplinary team were involved in the decision to transfer. A referral letter accompanied the resident. A staff nurse accompanied the resident on transfer.

**Part 5 Discharge Process**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The decision to discharge was made by the consultant psychiatrist or the multidisciplinary team. Discharge planning was part of the individual care plan. There was excellent pre-discharge planning. Documentation was of a high standard. General Practitioners received a discharge summary. Follow-up care was documented. There was evidence that the resident and his or her family were consulted.

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

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**Description:** There were no residents with intellectual disabilities and mental illness in the approved centre at the time of inspection.

*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
			<b>X</b>

**Justification for this rating:**

No policies or procedures were in place for working with people in mental health services with an intellectual disability and mental illness. The service informed the Inspectorate that policies and protocols were being developed in conjunction with the consultant psychiatrist in Intellectual Disability. Staff training and education was not provided, although some nursing staff were dually qualified in mental health and intellectual disability nursing. Each resident did not have an individual care plan.

**Breach:** 5.1, 5.2, 6.1, 6.2, 8.1



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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** On the day of inspection no patient had been admitted longer than three months.

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

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**Description:** On the day of inspection there were no children admitted in the approved centre.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

Two residents spoke to the Inspectorate. Neither resident was familiar with the idea of an individual care plan. They said that the food was good, the accommodation was clean and well-kept and they felt safe in the Department of Psychiatry. They spoke highly about the service and about staff. They had experience of other hospitals and rated this as the best from their experience. They particularly complimented staff on their empathy and courtesy in dealing with service users. They reported that there were good supports available outside the hospital and were familiar with their key nurse in the community and the day facilities available to them. They indicated that they had been given opportunities to discuss their diagnoses and medications with nursing and medical staff. Neither resident was aware of their individual care plan.

The peer advocate also spoke with the Inspectorate. The advocate drew attention to the lack of toilet facilities in the seclusion room and stated that there had been some difficulties because of this. He also stated that the wearing of pyjamas on the unit during the day was commonplace.

### **OVERALL CONCLUSIONS**

The Department of Psychiatry was bright and well maintained. There was a range of therapeutic services and programmes provided for residents. Policies and protocols were up to date and regularly reviewed. The service provided was well organised and responsive to residents' needs as evidenced by service user interviews, ongoing review of the recovery and activities programme and review of the quality of care comment card to obtain more feedback from residents. The reduction of five beds in each of the wards may provide some opportunity for further development, pending funding. For example, the clinical room on the female ward was very small and poky, while the seclusion rooms on the male ward did not have en-suite facilities.

An excellent initial medical and nursing assessment on admission was in place which generated an initial care plan. Unfortunately, follow-on individual care plans were not as thorough and seemed only to be used by nursing staff. None of the other disciplines were involved in the individual care plan. There was a dearth of other goals and interventions documented in the individual care plan although these were being provided as evidenced in the continuation notes.

### **RECOMMENDATIONS 2011**

1. Each resident must have an individual care plan as defined in the Regulations.
2. Consideration should be given to de-commissioning one of the male seclusion rooms and providing ensuite facilities for the remaining seclusion room.
3. Staff should be trained in management of people with intellectual disabilities and mental illness. There should be policies and protocols for the management of people with intellectual disabilities and mental illness.