

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Laois/Offaly/Longford/Westmeath/Kildare/West Wicklow
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Laois/Offaly
APPROVED CENTRE	Department of Psychaitry, Portlaoise
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Female Ward Male Ward
TOTAL NUMBER OF BEDS	39
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	28 March 2012

Summary

- There was a good activities unit providing therapeutic services for residents.
- Individual care plans did not meet the full requirements of the Regulations.
- The unit was clean, comfortable and provided spacious sitting and dining room areas.
- People who presented at the unit at any time of day or night, either referred by their GP or self-presenting, were seen by approved centre staff. In addition to increasing the demands made on unit resources, staff also reported that this led to an increase in admissions. Staff stated that this situation arose due to a reluctance by staff in the Emergency Department to assess people with psychiatric presentations.
- Following the recent move of staff from the ECT suite, the approved centre no longer had nursing staff trained in ECT.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The approved centre in the Department of Psychiatry was located on the ground floor of the Midland Regional Hospital in Portlaoise town and was easily accessible within the hospital. The unit had 39 beds and 33 residents in two wards at the time of inspection; four patients were detained and two residents were on leave. The number of beds in the unit had been increased from 30 at the time of the last inspection in February 2011. Both wards had a high observation area with five beds in each and residents had access to a pleasant garden within the unit.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	28	26
Substantial Compliance	3	1	5
Minimal Compliance	1	0	0
Not Compliant	0	2	0
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	20	17	General Adult Psychiatry of Old Age Rehabilitation
Male Admission	19	16	General Adult Psychiatry of Old Age Rehabilitation

QUALITY INITIATIVES 2011/2012

- The service had conducted an audit of feedback from service users who had been discharged.
- Audits of individual care plans were conducted three monthly.
- Training in the care and management of individuals with an intellectual disability and mental illness had taken place.
- Three sector teams now had community based nurse assessment.
- The post of liaison nurse, within the Accident and Emergency department, facilitated appropriate care pathways during office hours for those presenting with mental health issues.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan as defined in the Regulations.
Outcome: All residents had an individual care plan.
2. Consideration should be given to de-commissioning one of the male seclusion rooms and providing ensuite facilities for the remaining seclusion room.
Outcome: The service continued to operate two seclusion rooms.
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.
Outcome: The service had developed a policy on working with people with intellectual disability and a mental illness, and staff had received training in this area of mental health.

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	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were issued with wristbands for identification. Residents were also known to staff.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Food was provided from the hospital kitchen. Residents had a choice of meal and special diets and requirements were catered for. The dining room was bright and airy and overlooked the internal courtyard. Fresh drinking water was available for residents.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent Environmental Health Officer's report of 2011 was available for inspection and was satisfactory.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Night clothes were not worn by residents during the day unless they were in the high observation area of the ward. There was a supply of clothing available when a resident did not have an adequate supply of their own.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A list of resident's property was kept in the resident's clinical file and there was a safe for valuables. The service had a policy relating to resident's personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Each ward had a TV and DVD player; there was a reading room and a supply of books in the wards.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Chaplains were based in the hospital and visited the approved centre regularly. A Communion service was conducted weekly in the ward for Roman Catholic residents; persons of other faiths were also facilitated in the practice of their religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Visiting hours were the same as those in the general hospital but staff were flexible in enforcing these. Sitting rooms were used as visiting areas. The service had an up-to-date policy for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were public phones in the wards. Residents were permitted to retain their mobile phones unless they were in the high observation area. Residents could post mail. There was no internet access for residents. The service had a policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Searches by staff were carried out in the wards but to date only searches with consent had been conducted. There were policies on searching, with and without consent and there was a policy on the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There had been no deaths in the unit in 2012 to the time of the inspection. The service had a policy for care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

A number of clinical files in each ward were reviewed. All residents whose clinical file was inspected had an individual care plan (ICP). The initial individual care plan focussing on the initial 72 hours following admission was good and incorporated risk assessment and nursing care. The individual care plans emanating from the multidisciplinary team review were often vague in specification of goals and interventions, not sufficiently individualised and therefore did not meet the standard required by the Regulations. There was no place in the care plan to identify which members of the multidisciplinary team had attended the team meeting. The ICP documentation made provision for the resident's input and signature.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

Residents attended the activities unit in the ward where therapeutic services were provided by designated activities nursing staff. The activities room was well equipped and the programme of activities was diverse and balanced. The occupational therapist (OT) based on-site provided individual OT interventions and these were recorded in the individual clinical files. The unit had access to a small kitchen for activities of daily living assessment and promotion. Access to a psychologist and a social worker was through the sector team as requested. The timetable and the clinical files inspected conveyed a sense that therapeutic programmes were devised and delivered in a parallel manner rather than interdisciplinary collaboration.

The approved centre was not fully compliant with this Article because therapeutic provision was not adequately linked to identified needs and goals and specified in the individual care plans.

Breach: 16 (1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The system for providing education to a child who is resident was arranged on an individual basis. There was no child resident at the time of inspection.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents who were transferred were accompanied by a member of nursing staff and a transfer form was used to convey relevant information. The service had a policy on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A number of residents had been resident for longer than six months and there was evidence in the clinical files that each resident had a physical examination carried out in the previous six months. There was a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The names of members of the multidisciplinary teams were posted on the noticeboards in each ward. Written information was available to residents on diagnoses and medication and residents could also discuss this with their doctor. Information about the advocate was also posted on the noticeboards.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All beds had partition curtains but two windows did not have curtains. One of the enclosed gardens was overlooked by the paediatric ward on the first floor and was therefore used infrequently.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The unit was clean, comfortable and reasonably well maintained; the dining room and activities areas were particularly spacious. Residents had access to two gardens but the smaller of these was overlooked.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service had a policy relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy relating to health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

CCTV cameras were in use at the entrance, exits and one corridor in the unit. The use of CCTV was for monitoring only and there were signs indicating its use. The service had a policy on the use of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Female Admission	CNM 1 / 2	1	CNM 3 (shared) 0
	Staff Nurse	5	3
Male Admission	CNM 1 / 2	1	CNM 3 (shared) 0
	Staff Nurse	4	2

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Most teams were staffed with an adequate skill mix. The service followed the Health Service Executive (HSE) policy relating to recruitment of staff and there was an appropriately qualified member of staff on duty at all times. The service had implemented a training programme for staff in mandatory training and a record of training was available to the inspectors at the time of inspection; however, not all staff had been trained.

Breach: 26(4)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All notes for each resident were kept in the one clinical file; there were separate clinical files for general hospital use and mental health in-patient services. Clinical files were well maintained. There was a policy relating to records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The register of residents contained all relevant information as described in the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies were in date and available for inspection.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Mental Health Tribunals were held in the unit and patients were facilitated by staff to attend tribunals as required.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service had a complaints policy and complaints were made to the senior nurse on duty in the first instance. The complaints officer was not based in the approved centre, as required by the Regulations, but in a different approved centre near-by. There was no complaints log within the approved centre. A complaints log was delivered to the approved centre for inspection. Several complaints, which were minor and may have reflected the clinical status of a resident on the day. For example, a complaint about the sharing of cigarettes might more appropriately have been dealt with by staff at the time of the incident rather than generating a sheaf of correspondence between senior nursing and administrative staff and a letter to the complainant post discharge. Whilst it was commendable that all complaints were taken seriously, a staged approach would be in the interests of residents.

Breach: 31.4

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service operated a risk management policy in line with the Regulations. A record of incidents was kept in the approved centre and the Mental Health Commission was notified of incidents. The individual clinical files inspected contained timely and appropriate risk assessment.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was covered for insurance by the State Claims Agency.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was displayed in the entrance area of the unit.

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

SECLUSION

Use: Seclusion was used in the approved centre, often for periods in excess of 72 hours and seven or more times over seven consecutive days. There was no one in seclusion on the day of inspection.

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:

There was an excellent care plan document governing seclusion. The seclusion registers were inspected and were completed as required. Next of kin were notified and if not notified a note was entered in the clinical file. There was evidence of regular review by nursing and medical staff and by the multidisciplinary team. The two seclusion rooms on the male side of the unit did not have ensuite facilities and therefore any male being secluded had to cross a busy corridor to access toileting facilities. This was not in the best interests of a secluded resident and did not ensure respect for privacy. Inspectors were of the view that due consideration might be given to the conversion of one of the seclusion rooms to an ensuite facility. The staff training log was inspected and up to date.

Breach: 8.1

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

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

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

Justification for this rating:

The ECT suite provided a waiting area, treatment room and a recovery room. There was a comprehensive information leaflet for patients undergoing ECT. The ECT nursing staff had changed recently and neither of the two new ECT nurses had training in ECT. There was a designated ECT consultant.

Breach: 11.6

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
5	Orders	X			
6	Resident dignity and safety	X			
7	Ending physical restraint	X			
8	Recording use of physical restraint	X			
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The Clinical Practice Form book for physical restraint was inspected and in order. A number of individual clinical files were inspected and evidenced accurate and timely recording of events leading up to any incident of physical restraint, of de-escalation efforts and of the debriefing of a resident post restraint. Next of kin were informed as appropriate. The staff training log was up to date.

ADMISSION OF CHILDREN

Description: No child was 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	X			
4	Leave provisions	NOT APPLICABLE			

Justification for this rating:

The clinical file of one child who had been resident recently was available for review. The parent of the child had signed consent to the admission and administration of medication to the child. When a child was admitted, the child was accommodated in a single room and a member of nursing staff assigned to the child. The unit was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There were no deaths in the unit in 2012 to the time of the inspection.

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

Justification for this rating:

Deaths were reported to the Mental Health Commission (MHC) as required. A record of incidents was kept in the ward and reported to the MHC at regular intervals. The approved centre had a risk management policy which was compliant with Article 32 of the Regulations and there was an identified risk manager with responsibility for the approved centre.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

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

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

Justification for this rating:

The ECT suite provided a waiting area, treatment room and a recovery room. There was a comprehensive information leaflet for patients undergoing ECT. The ECT nursing staff had changed recently and neither of the two new ECT nurses had training in ECT. There was a designated ECT consultant.

Breach: 12.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had policies on admission, transfer and discharge; there was a policy on individual care plans and a key-worker system was in operation. The risk management policy was compliant with the Regulations. The record of staff training was up to date.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical file of one resident who had been admitted recently following self-referral was inspected. The decision to admit was made by the consultant. A risk assessment and physical examination were carried out on admission. All residents had an individual care plan and a key-worker system was in operation. The multidisciplinary team used one set of documentation. The approved centre was compliant with Articles 7 of the Regulations relating to clothing, Article 8 relating to personal property and possessions, Article 20 relating to provision of information and Article 27 relating to records. The service was not fully compliant with Article 15 of the Regulations relating to individual care plans.

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
X			

Justification for this rating:

No resident was transferred from the approved centre to another approved centre or general hospital in 2012 to the time of the inspection. The decision to transfer was made by the consultant and the service utilised a transfer form to relay information about the resident. The approved centre was compliant with Article 18 in respect of information 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
X			

Justification for this rating:

The decision to discharge a resident was made by the multidisciplinary team. A discharge summary was conveyed to the resident's general practitioner. A follow-up appointment was made and coordinated by the key-worker. Protocols were in place for the discharge of specific groups such as the homeless, elderly or individuals with intellectual disability.

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

Description: No resident with a formal diagnosis of intellectual disability was resident 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
X			

Justification for this rating:

The service had a policy for persons working in Mental Health Services with people with intellectual disabilities and staff had received training in this area. All residents had an individual care plan.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Three detained patients were resident for longer than three months and werew receiving medication.

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

Justification for this rating:

<p>Each patient had either given consent to medication in writing or a Form 17 had been signed by a second consultant psychiatrist.</p>

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

Description: No child was resident in the approved centre under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by the inspectors during the course of the inspection, but no resident requested to speak individually with the Inspectorate team.

OVERALL CONCLUSIONS

The approved centre was a clean, bright unit with 33 residents at the time of inspection and was compliant with most of the Regulations, Rules and Codes of Practice. It was not compliant with the Articles relating to individual care plans or therapeutic services. During the course of inspection it became apparent to the inspectors that the approved centre had developed a practice of accepting transfers of residents from another approved centre (Naas) for the purpose of providing specialist facilities or for alleviating a bed shortage in that approved centre. Transferring residents from one approved centre to another for the purpose of alleviating a bed shortage is not in the best interests of residents.

The service also operated a system of assessing people who presented at the unit at any time of the day or night, with or without a referral letter and whether or not they were existing service users. This system was reported by staff to be in response to a reluctance on the part of the Emergency Department in the hospital to assess patients with a psychiatric complaint who presented to that department. This practice placed additional pressure on staff of the approved centre particularly at night when, for example six patients had presented at the unit during the night of 26 March 2012. This practice did not facilitate optimum care provision to these individual residents and the practice operating in the Midland Regional Hospital Emergency Department was atypical.

RECOMMENDATIONS 2012

1. The quality of individual care plans should be improved to to incorporate specific interventions and outcomes.
2. ECT should not be administered in the approved centre unless the designated nurse has completed training in ECT.
3. A complaints officer within the approved centre should be nominated and the complaints procedure should be reviewed.
4. The service should review the practice of facilitating assessment of people who present to the approved centre at any time.