

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	West
CATCHMENT AREA	Roscommon
MENTAL HEALTH SERVICE	Roscommon
APPROVED CENTRE	Department of Psychiatry, County Hospital, Roscommon
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry
TOTAL NUMBER OF BEDS	22
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	7 April 2010

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

INTRODUCTION

In 2010, 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 2009 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 2009. 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 County Hospital in Roscommon town. It was a single storey unit with bedrooms at one end, day areas in the middle section and offices and therapy rooms at the other end. The approved centre was bright and spacious. There were 22 beds and on the day of inspection there were 16 residents, eight male and eight female. There were no detained patients. The bedrooms were a mix of single and dormitory rooms that held a maximum of four beds. Three sector teams admitted to the unit.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	22	16	General Adult

QUALITY INITIATIVES

- An audit committee had been set up and the first meeting was planned for 9 April 2010.
- A joint initiative between the occupational therapy department, mental health services, and the cardiac department in relation to exercise, weight loss and stress management had been commenced.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. The approved centre was not suitable for the admission of children and admissions should cease as soon as possible.

Outcome: At the time of the inspection, no children had been admitted in 2010.

2. All residents should have a completed individual multidisciplinary team care plan as described in the Regulations which should be signed by the resident. Residents should receive a copy of their individual care plan.

Outcome: Most residents had individual multidisciplinary team care plans. There was evidence that they had been signed by residents. Residents said they did not receive copies of their individual care plan. One of the sectors was piloting a new form for recording individual care plans but this did not meet the requirements specified in the Regulations.

3. All health and social care professionals should ensure all interventions are recorded in the residents notes kept on the ward.

Outcome: Each resident had one composite set of notes and there was evidence that health and social care professionals were recording their interventions into these notes. When the resident was discharged the notes were amalgamated in their respective Roscommon Mental Health Services clinical files.

4. The therapeutic services and programmes must be clearly linked to the individual care plans and specify the person responsible.

Outcome: This had not been achieved although the service had made significant efforts to rectify this. The occupational therapy assistant on the unit had an individual care plan for each resident and a summary of this should be included in the individual care plan.

5. All policies and procedures should be reviewed, updated, easily retrievable and signed by all staff in a timely manner and should reflect current practice.

Outcome: This had been achieved.

6. All staff should ensure that the registers for seclusion and physical restraint are completed in full and the resident is given the opportunity to discuss the episode and relatives informed of the episodes and recorded in the clinical notes.

Outcome: The seclusion register and Clinical Practice Form book for physical restraint were completed in full. One clinical file was reviewed of a resident who had been secluded and required restraint on several occasions. The nursing notes relating to seclusion and physical restraint were of a high standard and documented opportunities given to the resident to discuss episodes of seclusion or restraint. There was evidence of discussions with relatives.

7. Procedures should be in place to ensure that all staff have read and understood the policies, particularly those in relation to the Rules and Codes of Practice.

Outcome: This had been achieved.

8. All bedroom windows should be reviewed and action taken to ensure privacy for all residents.

Outcome: The service had taken up this issue with the Irish Advocacy Network representative and residents. On the day of the inspection, the Inspectorate spoke to three residents about this issue. They all said they liked having a view out the window. They noted that each bed had a curtain around it and the windows also had curtains.

9. There must be regular audit of documentation standards and implementation of the Rules, Codes of Practice and Regulations under the Mental Health Act (2001).

Outcome: This had not been completed at the time of inspection. The Inspectorate was informed that an audit committee was due to commence the week of the inspection and part of its remit was to review documentation standards and implementation of the Rules, Codes of Practices and Regulations under the Mental Health Act (2001).

10. There must be a sufficient number of health and social care professionals in place to meet the assessed needs of the residents.

Outcome: The numbers of health and social care professionals remained limited in the Roscommon Mental Health Services. There was one whole-time-equivalent senior clinical psychologist, 0.6 whole-time-equivalent occupational therapy manager, one whole-time-equivalent senior occupational therapist, one whole-time-equivalent assistant occupational therapist, one whole-time-equivalent senior social worker and one whole-time-equivalent social worker. The service was hoping to have an additional basic grade occupational therapy post filled in the near future.

11. Procedures should be drawn up to ensure that all residents, admitted for longer than six months have full physical health reviews.

Outcome: On the day of inspection none of the residents had been admitted for longer than six months. Staff reported that a system was in place.

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
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>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Access to a wide variety of recreational activities was provided in the approved centre, for example an art and pottery instructor, aromatherapy masseuse, yoga teacher and musician provided regular sessions as part of the group programme. For residents who had leave from the approved centre, there were community recreational activities available. Some residents were accompanied to a local community internet café.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Four clinical files were examined. One resident did not have an individual care plan as defined in the Regulations.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	

Justification for this rating:

A wide range of therapeutic services and programmes was available to each resident. However, these programmes were not in accordance with each resident's individual care plan.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There were no child residents on the day of inspection. The service had a policy on children's education.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

The approved centre had a policy and was compliant with this Article.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

There was good access to medical consultations in the County Hospital. Physical examinations were carried out on admission. No resident had been in the centre for a period in excess of six months.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Justification for this rating:

Three residents met with the Inspectorate. All had good information about their multidisciplinary team, medication and side effects. A patient information booklet was available on the unit. Leaflets about various aspects of mental health and voluntary and statutory services were provided.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The residents who spoke to the Inspectorate said they had privacy if required for visits and telephone calls. There were concerns in the 2009 inspection that the bedroom windows overlooked the car park compromising privacy. The residents did not have an issue with the bedroom windows. However the bedrooms were on the first floor, most were shielded by bushes and all of the beds had curtains around them and each window also had curtains. This issue had also been taken up by the service with the Irish Advocacy Network representative who informed the Inspectorate that none of the residents had raised it as a concern.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The premises were in good decorative order. They were bright, spacious and clean. One of the group rooms had been painted.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used by the service.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	Nursing	1 Assistant Director of Nursing 1 CNM 2 3 Staff Nurses 1 Clinical Nurse Specialist.	1 CNM3 2 Staff Nurses
	Occupational therapy assistant	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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	X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was a shortage of occupational therapists, although it was reported that a post had been filled but the occupant of that post had not yet commenced duty. There was only one psychologist post throughout the service. It was reported that 20 registered psychiatric nurses had retired and these posts had not been filled. It was reported to the Inspectorate that restrictive Health Service Executive recruitment policies were an obstacle in recruiting a sufficient number of staff with appropriate skills mix.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The admission forms in the clinical charts contained all the information required. This information was entered into an electronic register.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>	X	
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The service was compliant. All outstanding operational policies had been submitted.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
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>		

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

SECLUSION

Use: The seclusion register in use on the day of the Inspection showed that one resident had been secluded on a number of occasions.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The standard of documentation in the nursing notes relating to seclusion was excellent, as was the level of detail recorded in the seclusion register. The centre forwarded a copy of its seclusion policy.

ECT (DETAINED PATIENTS)

Use: ECT was not used in the approved centre.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: The physical restraint Clinical Practice Form book in use on the day of the inspection showed that one resident had been physically restrained on a number of occasions.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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 Clinical Practice Form book reviewed had been completed in full. Episodes of physical restraint were documented in the resident's clinical file. The standard of documentation in the nursing notes relating to physical restraint was excellent, as was the level of detail recorded on the Clinical Practice Forms. The centre forwarded a copy of its physical restraint policy.

ADMISSION OF CHILDREN

Description: At the time of the inspection, no children had been admitted to the Approved Centre in 2010.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection there had been no deaths in the approved centre.

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

Justification for this rating:

The centre forwarded a copy of its Risk Management policy.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the Approved Centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: One clinical file of a resident who had been admitted within the last week was reviewed. At the time of the inspection no resident had been transferred in 2010. One clinical file of a resident who had been recently discharged was reviewed.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Standard assessments were used at admission which covered psychiatric and general health assessment. Standardised risk assessments were completed. The approved centre had a policy on admissions, transfers and discharges to and from an approved centre.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

Psychiatric and nursing assessments were completed at admission. Collateral information was requested. A list of property and possessions was recorded. The centre forwarded its admissions policy.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

At the time of inspection no resident had been transferred in 2010. The approved centre had a policy for transfers.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

A standard discharge form was used, which was forwarded to the resident's general practitioner on the day of discharge. This was followed by a written discharge summary. Follow-up appointments at outpatient clinics, day centres or day hospitals were arranged prior to discharge. Discussions about discharge with the resident had been documented in the clinical file. The centre forwarded its discharge policy.

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

Description: At the time of the inspection there were no residents with an intellectual disability and mental illness.

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	COMPLIANCE INITIATED	NOT COMPLIANT
			X

Justification for this rating:

The service had not yet developed specific policies, protocols or procedures for managing people with an intellectual disability and mental illness.

Breach: 5, 6.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As none of the residents were detained this did not apply.

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

Description: As no children had been admitted to the unit this did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Three service users spoke to the Inspectorate. They all reported being satisfied with their care and treatment. They had some knowledge about their diagnosis and had been given information about it and their medication. They all said they found all staff and nursing staff in particular, very helpful and respectful. One resident complained that it could be noisy at night with other residents walking up and down the corridor. Apart from that they all indicated that they liked the approved centre and felt safe and well cared for. In general they said it was a quiet centre which helped when they were unwell. Two of them said they did not attend the daily groups as they preferred to be on their own. They commented that it was easy to get time to talk to nursing staff.

The Irish Advocacy Network representative, who was there on a weekly visit to the approved centre, also met with the Inspectorate. The Representative informed the Inspectorate that residents in general like the approved centre and found staff helpful and that there were rarely any complaints. The Representative said that staff acted quickly on any concerns or issues highlighted. The Representative indicated that the two issues that came up regularly were that many of the residents found the weekends long, without organised activities and that the fenced outdoor area that contained a smoking shelter was really only big enough for smokers to use. The Representative highlighted that the media and others have been speculating about the future closure of the County Hospital and the transfer of acute psychiatric admission beds and that this was causing concern for residents and service users.

MEDICATION

Medication sheets are in Kardex format. As required (PRN), stat and regular prescriptions are together on the prescription sheet. Most signatures are illegible. There are no indications documented for PRN medication.

MEDICATION ACUTE

NUMBER OF PRESCRIPTIONS:	15
Number on benzodiazepines	9 (60%)
Number on more than one benzodiazepine	0
Number on regular benzodiazepines	6 (40%)
Number on PRN benzodiazepines	4 (27%)
Number on hypnotics	7 (47%)
Number on Non benzodiazepine hypnotics	7 (47%)

Number on antipsychotic medication	10 (67%)
Number on high dose antipsychotic medication	0
Number on more than one antipsychotic medication	0
Number on PRN antipsychotic medication	1 (7%)
Number on antidepressant medication	5 (33%)
Number on more than one antidepressant	0
Number on antiepileptic medication	2 (13%)
Number on Lithium	1 (7%)

OVERALL CONCLUSIONS

The approved centre was well run and had improved its overall compliance since the 2009 inspection. Residents and the Irish Advocacy Network representative indicated that in their view the service was good. In particular they indicated that staff were available and helpful.

RECOMMENDATIONS 2010

1. Each resident must have an individual care plan that meets the requirements of the Regulations.
2. All therapeutic services and programmes that are provided must be in accordance with the individual's care plan.
3. There should be regular audit of documentation standards and implementation of the Rules, Codes of Practice and Regulations under the Mental Health Act (2001). The planned audit committee should progress and ensure that the audits described above are undertaken.
4. There must be a sufficient number of health and social care professionals in place to meet the assessed needs of the residents.
5. The use of the terms "Red Code", "Orange Code" and "Green Code" to categorise levels of observations should be discontinued.
6. Consideration should be given to extending the fenced area and making it into a garden so that more residents can avail of it.