

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Galway, Mayo, Roscommon
HSE AREA	West
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	Unannounced
DATE OF INSPECTION	22 March 2011

OVERVIEW

In 2011, the Inspectorate inspected this approved centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006. The Department of Psychiatry, Roscommon County Hospital, did not furnish the Inspectorate with a completed self-assessment form for compliance with approved centre Regulations, Rules and Codes of Practice as requested prior to the inspection and therefore the approved centre was inspected against all of the Regulations, Rules and Codes of Practice.

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 (DOP) was situated within Roscommon County Hospital, and was well sign-posted and conveniently located within a few feet of the main entrance. The approved centre generally had an open-door policy except where the clinical need of a resident required otherwise. The unit was bright and clean throughout and was decorated in co-ordinated pastel colours. The unit had 22 beds and there were 14 persons resident on the day of inspection. Three residents were detained.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	22	27	27
Substantial Compliance	3	2	2
Minimal Compliance	3	1	1
Not Compliant	2	0	0
Not Applicable	1	1	1

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
Department of Psychiatry	22	14	3 Sector Teams

QUALITY INITIATIVES

- A new primary care centre was due to open by early summer and a mental health service day hospital would be located there.
- The service was a partner in the Mental Health Commission funded research study entitled “A prospective evaluation of the operation and effects of the Mental Health Act 2001 from the viewpoint of service users and health professionals”.
- The service was now developing a rehabilitation stream which would provide a more robust care pathway for residents in the approved centre.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan that meets the requirements of the Regulations.

Outcome: All clinical files inspected contained satisfactory individual care plans.

2. All therapeutic services and programmes that are provided must be in accordance with the resident’s individual care plan.

Outcome: All the individual care plans inspected specified the therapeutic services and programmes required for the care and treatment of the individual concerned. The clinical files clearly recorded how the individual resident was progressing in the specified goals and interventions.

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.

Outcome: The audit committee met regularly.

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

Outcome: There were insufficient social work and clinical psychology staff to meet the needs of residents.

5. The use of the terms “Red Code, Orange Code and Green Code” to categorise levels of observations should be discontinued.

Outcome: The approved centre had discontinued this practice.

6. Consideration should be given to extending the fenced area and making it into a garden so that more residents can avail of it.

Outcome: No progress had been made.

PART TWO: EVIDENCE OF COMPLIANCE WITH REGULATIONS, RULES AND CODES OF PRACTICE, AND SECTION 60, MHA 2001

2.2 EVIDENCE OF COMPLIANCE WITH REGULATIONS UNDER MENTAL HEALTH ACT 2001 SECTION 52 (d)

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Two members of the permanent nursing staff administered medication. There was a policy in place in relation to the identification of residents.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

There was no menu posted in the dining room. Residents were not informed about what food was on the menu. There was one choice only provided at mealtimes. Food arrived ready plated from the main hospital kitchen. If a resident particularly objected to what was on offer staff would go to the kitchen to get another choice. This did not meet the requirements of the Regulations which state that food should involve "an element of choice".

Dietary needs were catered for and a dietician was available as required.

The approved centre has advised that a menu choice will be available to residents from June 2011 onwards.

Breach: 5 (2)

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 was inspected and was in order.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 wore day clothes unless otherwise specified in the clinical notes. There was an up-to-date policy in place in relation to residents' clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 an up-to-date policy in place on residents' personal property and possessions. Provision was made for residents to secure their belongings and property was logged on admission by two members of staff.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

There was a reasonable range of recreational activities available within the unit and staff arranged activities including outings at the week-end as resources allowed. A day room within the unit was sparse, with empty shelves and a small number of chairs and might be better resourced and enhanced as a living space.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 hospital chaplain was visiting the unit at the time of inspection and there was a small Roman Catholic oratory in the unit. The approved centre facilitated residents in the practice of their religion insofar as was reasonably practicable.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 an up-to-date policy on visits. There were sufficient communal seating areas, including a quiet room, to facilitate visiting and privacy.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 in place about communication. There was a public telephone on the unit and residents were also facilitated to make calls in an office and could use mobile phones with discretion.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had an up-to-date policy on searches with and without consent.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 and protocol in place on the care of the dying. There were single rooms available if required.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	
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:

There were 14 residents on the day of inspection and seven individual clinical files were inspected. All files inspected contained individual care plans (ICPs) which had been recently reviewed. The ICP was in concise single page format. The information recorded in the ICPs reflected a comprehensive approach to care and presented a clear snapshot of the individual resident's goals, interventions, concerns and progress. The ICP recorded which members of the multidisciplinary team were present at the care plan review and who had responsibility for what intervention and the outcome achieved. Residents had the option of signing their ICP and where they declined to do so this was recorded.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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	
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:

Individual care plans specified therapeutic interventions and distinguished clearly between general activation programmes and more psychotherapeutically oriented care. The approved centre provided a range of both group and individually tailored therapeutic services and programmes. There was an occupational therapist and a clinical nurse specialist within the unit.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 no child resident on the day of inspection. Where a child was admitted, the approved centre had a protocol to address educational needs as appropriate.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had an up-to-date policy on transfers and all relevant clinical information accompanied a resident when being transferred. A member of nursing staff accompanied a resident during transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

On the day of inspection no individual had been resident in the approved centre for six months or more. A physical examination was completed on admission and residents had access to medical consultation within the County Hospital and to national screening programmes.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had an information booklet for residents detailing the care, treatment, visits and housekeeping arrangements in the Department of Psychiatry. There were additional leaflets about various aspects of mental health including diagnoses and medications, voluntary and statutory services. Information was posted on notice-boards about the availability of an advocate from Irish Advocacy Network.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

Residents' privacy was respected and adequately provided for within the unit. At the time of inspection the window on one single room had paper covering as a means of ensuring privacy. Staff reported that this was temporary and recent as a curtain had become detached and was scheduled to be replaced.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 Department of Psychiatry was bright, in good decorative order and adequately maintained. One of the doors on a female lavatory did not lock and staff reported that a new lock had been ordered and awaited fitting.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had up-to-date policies on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 safety statement and policy in place and this was inspected.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	Acting CNM2	1	0
	RPN	3	2
	Acting CNM3	0	1

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

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

Justification for this rating:

An occupational therapist (OT) had commenced work in the Department of Psychiatry, bringing the occupational therapy complement to a 0.5 whole-time equivalent Senior OT, 1 Basic Grade OT, 1 OT Manager and an OT Assistant. A clinical nurse specialist was employed within the unit and provided a range of recovery oriented programmes. There was one clinical psychologist and one social worker shared across three sector teams. An additional social work post was inactive due to extended sick leave. There was no evidence of clinical psychology or social work input recorded in the individual clinical files that were inspected. The service had been unable to recruit to posts owing to the Health Service Executive's moratorium on recruitment. The number and range of health and social care professionals was inadequate to meet resident and service user needs.

Breach: 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 records inspected including policies, individual clinical files and the incident reporting book were in order and adequately maintained.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

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

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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:

The approved centre had a well-laid-out folder of all the required policies. A number of policies had been due for review in February 2011 and were under active review and in the process of being updated.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 facilitates as required in the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 nominated complaints officer was located in community care and not in the approved centre as required by the Regulations. There was no information displayed within the unit, as required by this Article, to tell residents how to make a complaint if necessary, however, the resident's information leaflet did give this information. Nursing staff on duty at the time of inspection were well informed about complaints procedures so as to ensure complaints were dealt with in a timely way.

Breach: 31(3), 31(4)

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 had a risk management policy and procedures in place as specified by the Regulations. Any incidents occurring in the approved centre were notified to the Mental Health Commission and the incident reporting book was inspected.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 under the Health Service Executive insurance policy.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
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 at the entrance to the approved centre.

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

SECLUSION

Use: The approved centre had seclusion facilities located in a separate seclusion suite. No resident had been secluded in 2011 to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
3	Orders	NOT APPLICABLE			
4	Patient dignity and safety	NOT APPLICABLE			
5	Monitoring of the patient	NOT APPLICABLE			
6	Renewal of seclusion orders	NOT APPLICABLE			
7	Ending seclusion	NOT APPLICABLE			
8	Facilities	X			
9	Recording	NOT APPLICABLE			
10	Clinical governance	X			

11	Staff training		X		
12	CCTV	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

It was reported that staff had not been recently trained in the Rules Governing the Use of Seclusion. The seclusion register was examined and was satisfactory. Seclusion facilities were examined and were satisfactory. The approved centre had a policy on seclusion.

Breach: 11

ECT (DETAINED PATIENTS)

Use: Electroconvulsive therapy (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: Physical restraint was used in the approved centre. No resident had been physically restrained in 2011 to the date of inspection.

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

Justification for this rating:

The Clinical Practice Form book was examined and was satisfactory. There was evidence of regular training of staff in Crisis Prevention Intervention. There was evidence that the policy on physical restraint was under review at the time of inspection.

ADMISSION OF CHILDREN

Description: No child had been admitted in 2011 up to the time of inspection.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2011 up 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	X			

Justification for this rating:

The approved centre had a risk management policy. The approved centre notified the Mental Health Commission of any deaths or incidents as required in the Code of Practice. The incident report book was inspected and satisfactory.

ECT FOR VOLUNTARY PATIENTS

Use: Electroconvulsive therapy (ECT) was not provided in the approved centre. On the day of inspection no resident was receiving ECT treatment in another hospital.

ADMISSION, TRANSFER AND DISCHARGE

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
X			

Justification for this rating:

The approved centre had policies on admission, transfer and discharge of residents. The approved centre had a risk management policy. All residents were risk assessed.

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 files of two residents who had been recently admitted were examined by the Inspectorate. Both residents had individual care plans. The decision to admit was documented. There was evidence of on-going assessment. There was evidence of family involvement in the admission. There was evidence of multidisciplinary involvement in the care and treatment of the residents. The resident had an assigned key worker.

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:

It was reported that no resident had been transferred in 2011 to the date of inspection. The approved centre had a policy on 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	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident who had been recently discharged was examined. The resident had an individual care plan. The decision to discharge the resident was documented. There was documentary evidence of a discharge plan. There was evidence of a pre-discharge assessment. The resident had had a key worker while in the approved centre. There was evidence of family involvement in the discharge.

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

Description: On the day of inspection no resident had a mental illness and an intellectual disability.

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:

Staff reported that they did not have specific training on the management of an individual with an intellectual disability and mental illness. The approved centre did not have a policy on the care and management of individuals with intellectual disability and mental illness.

The approved centre subsequently advised that a policy had been developed and would be operational from the 11th of April 2011 and that arrangements had been made with a voluntary learning disability service to run in-house staff training.

Breach: 5, 6.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was one patient detained over three months and the individual clinical file was inspected.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)	NOT APPLICABLE			
Section 60 (b)(i)	X			
Section 60 (b)(ii)	X			

Justification for this rating:

The continued administration of medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patient and authorised by another consultant psychiatrist in the appropriate form (Form 17).

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

Description: No child had been detained in the approved centre in 2011 up to the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with the Inspectorate. One resident approached a member of the Inspectorate and engaged in conversation. He was generally happy with his care and treatment.

OVERALL CONCLUSIONS

On the day of inspection there were a number of psychosocial programmes underway within the unit and the majority of residents were actively participating. Staff reported that a more defined rehabilitation programme was being developed and this was to be welcomed as it provided a more robust care pathway for residents. Interactions between staff and residents were observed to be open and friendly and there was a sense that staff had a good knowledge of individuals and their needs. The information recorded in the individual care plans reflected a comprehensive approach to care and presented a clear snapshot of the individual resident's goals, interventions, concerns and progress.

RECOMMENDATIONS 2011

1. Information on how to make a complaint should be displayed within the unit. The nominated complaints officer should be available within the approved centre.
2. Residents should be offered a menu choice for meals.
3. Sector teams should be adequately resourced with health and social care professionals, social work and clinical psychology in particular.
4. Residents should be afforded ready access to fresh air and the garden area should be landscaped and enclosed to facilitate this.
5. Training of staff in the Rules Governing the Use of Seclusion should be to be addressed and logged.