

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE 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	24 April 2012

Summary

- The approved centre was not fully compliant with the Rules Governing the Use of Seclusion.
- The complaints procedure was not displayed in a prominent position in the approved centre.
- The approved centre was not fully compliant with the Code of Practice on Physical Restraint.
- Sector teams were not sufficiently well resourced to enable the provision of an adequate skill mix of staff.

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 Department of Psychiatry (DOP), was situated just inside the main entrance of Roscommon County Hospital. Although an open door policy normally applies, the door to the approved centre was locked with an explanatory note for visitors in this regard. The unit was clean and bright and well-decorated in pastel shades. There were 22 beds in the approved centre. On the day of inspection there were 18 residents of whom six were involuntary detained under the Mental Health Act 2001.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	27	27	24
Substantial Compliance	2	2	5
Minimal Compliance	1	1	1
Not Compliant	0	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	18	3 sector teams

QUALITY INITIATIVES 2011/2012

The service had recently carried out an audit on individual care plans.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

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.

Outcome: Your Service Your Say leaflets were available but the complaints procedure was not displayed in a prominent position in the approved centre.

2. Residents should be offered a menu choice for meals.

Outcome: There was now a choice of main meal. A menu card was available for completion by all residents in a timely fashion prior to the serving of the main meal.

3. Sector teams should be adequately resourced with health and social care professionals, social work and clinical psychology in particular.

Outcome: Sector teams remained minimally resourced in social work and psychology.

4. Residents should be afforded ready access to fresh air and the garden area should be landscaped and enclosed to facilitate this.

Outcome: This had not been achieved.

5. Training of staff in the Rules Governing the Use of Seclusion should be addressed and logged.

Outcome: Training had taken place and the training register was examined by inspectors.

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:

Two registered psychiatric nurses (RPNs) administered medications. Identification was verified by double-checking the name with the resident. The residents' date of birth was also verified.

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
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 breakfast menu and a main meal menu “check-card” was distributed to all residents for completion to choose their main meal. Food was freshly cooked in the hospital. All dietary requirements were catered for. Fresh drinking water was available.

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 Environmental Health Officer (EHO) had inspected the kitchens on the day prior to inspection. The most recent available EHO report on food safety dated 14 March 2011 was available for examination.

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:

In the event that a resident did not have a suitable supply of clothing, staff contacted the Community Welfare Officer in order to seek funding. No resident was in their night clothes on the day of inspection.

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:

The approved centre had written operational policies and procedures relating to residents' personal property and possessions. A triplicate record was maintained of each resident's personal property and possessions. Sharps, including razors, were retained by staff in personalised envelopes in a cupboard in the sluice room which were returned to residents for use and handed back for safe storage again. Provision was made for the safe-keeping of all 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:

Four bedrooms had a TV as well as the “Day Sitting Room” and “Night TV Room”. Newspapers were not delivered and this ought to be the case for both recreational and therapeutic reasons. It was reported that two newspapers were delivered each morning up to three years ago but this had ceased due to cutbacks. The town was accessible to residents who wished to go out for a coffee or with relatives during evening time. Nursing staff accompanied those residents who were unable to go for walks by themselves for clinical reasons. The occupational therapist assistant also accompanied residents on a one to one for outside recreational activities. Board games and arts and crafts and books were available to residents.

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:

There was a chapel for Roman Catholic residents adjacent to the approved centre. Mass took place at 0815h on Sunday mornings. All residents were 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 times were described as “open”. All reasonable steps were taken to ensure the safety of residents and visitors. Arrangements were in place and facilities were available for children visiting a resident. All child visitors must be accompanied by a responsible adult. The approved centre had written operational policies and procedures 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:

All residents were free to communicate at all times. Incoming mail was received by residents who could also send mail. The approved centre had written operational policies and procedures on communication. A phone was available to residents. Mobile phones were retained by residents.

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:

No search was carried out in 2012 to the date of inspection. The approved centre had appropriate policies and procedures in place to satisfy this Article of the Regulations.

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:

No death had occurred in 2012 to the date of inspection. A single room could be made available in such an event. The approved centre had written operational policies and protocols 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>		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:

A number of clinical files were inspected and all except one resident whose clinical files were reviewed, had an individual care plan. However, these did not meet all the requirements of the Regulations and were vague and generic in description. Disciplines to carry out interventions were not specified and the term 'MDT approach' was used in a number of care plans.

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>		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:

Whilst there was evidence of therapies being used with residents and there were entries in the clinical files by the social worker and occupational therapist, these interventions were not linked to individual care plans.

Breach: 16

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:

No child had been admitted to the approved centre in 2012 to the date of inspection. The clinical files of three children who were admitted in 2011 since the 2011 inspection were examined. Their stay was of too short durations to warrant the facilitation of educational needs.

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:

No resident had been transferred in 2012 to the date of inspection. In the event of a transfer to a general hospital or another approved centre. A transfer form was completed by nursing staff, a doctor's referral was completed and a photocopy of the resident's prescription was also forwarded. It was reported that photocopies of all such documentation was retained in the resident's clinical file. The approved centre had a written policy and procedures 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	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:

Adequate arrangements were in place for access by residents to general health services. Although examination of a sample of clinical files by inspectors found that three residents did not have a physical examination on admission to the approved centre the standard for this Article “not less than every six months” was complied with. There was evidence from the sample of clinical files examined by inspectors that each residents’ health needs were assessed regularly. A number of residents had accessed national screening programmes. The approved centre had written operational policies and procedures for 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:

Details of the residents' multidisciplinary team were available to residents. housekeeping practices were outlined in the "Patient Information Booklet". Written information on diagnoses and indications for use of all medications including possible side-effects was available to residents. Details of peer advocacy was available as well as the peer advocate's contact number. The approved centre had written operational policies and procedures for the provision of information to residents.

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 in shared rooms had partition curtains. Residents could lock lavatories and bathrooms. The outside smoking area was overlooked by wards on the first floor of the hospital.

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 approved centre was clean, bright with natural light and in good decorative order. Maintenance, located on site, was described as prompt. The approved centre environment was developed and maintained with due regard to the specific needs of residents.

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 approved centre had appropriate and suitable practices and written operational policies 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:

The Health and Safety Statement was available for examination by inspectors. The approved centre had written operational policies and procedures relating to health and safety of residents, staff and visitors.

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	CNM 2	1	1
	RPN	3	2
	Student Nurse	2	0
	Multitask Attendant	1	0
	Security Officer	0	1

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>			
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:

There was a 0.5 WTE (whole time equivalent) occupational therapist post and one occupational therapy assistant in the approved centre. The three sector teams shared one social worker and one psychologist; there was a senior nurse on duty at night. The service had a policy relating to recruitment, selection and vetting of staff. The training register was examined by inspectors and was satisfactory.

Breach: 26(2)

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:

The approved centre had written policies and procedures relating to the creation of, access to, retention of but not the destruction of records.

Clinical files examined were well-maintained and it was easy to retrieve information. All documentation of inspections relating to food safety, health and safety and fire inspections were made available to inspectors and were examined on the day of inspection.

Breach: 27(2)

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 was in electronic form and complied with Schedule 1 of 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 written operational policies and procedures of the approved centre were reviewed at least every three years.

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:

A Mental Health Tribunal was in progress on the day of inspection. In circumstances where a patient was the subject of a Mental Health Tribunal and required assistance from staff of the approved centre, such assistance was provided.

Article 31: Complaint Procedures

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:

The approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints. The complaints procedure was not displayed in a prominent position in the approved centre. A nominated person was available in the approved centre to deal with all complaints. A record of complaints (which was empty, as no written complaint had been made) was available to inspectors for examination.

Breach: 31(3)

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 risk management policy satisfied all the requirements of this Article. Risk assessment and management was evident in the clinical files examined.

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 Health Service Executive's (HSE's) State Indemnity Insurance Certificate was available for examination by inspectors and was satisfactory.

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 approved centre's current Certificate of Registration was framed and displayed in a prominent position in the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The clinical files of two residents who had been secluded and the Register for Seclusion were inspected. In the case of one resident, the order forms from the Register of Seclusion were completed, but not all copies were placed in the clinical file; however, the incidents of seclusion were documented in the clinical file. There was evidence that the resident's next of kin was informed but there was no evidence to show that the resident had the opportunity to discuss the seclusion with the multidisciplinary team afterwards.

In the case of the second resident, the order forms in the Register for Seclusion were completed, but there was no documentation in the clinical file relating to seclusion. The section relating to ending seclusion in the Register for Seclusion was not completed. The inspectors were informed afterwards that the resident had not actually been in seclusion.

There were two blind spots in the seclusion room when the door was closed and CCTV cameras were not used. The service had an up-to-date policy on seclusion.

The training register in relation to seclusion was examined by inspectors and was satisfactory.

Breach: 7.4,8.3, 9.3

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not used in the approved centre and no detained patient was in receipt of a programme of ECT in another 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.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIAL LY 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:

Two residents had been physically restrained in 2012 to the date of inspection. The clinical file of one current resident who had been physically restrained was examined. The Clinical Practice Form book was examined. The approved centre name and the date of birth of the resident on whom the physical restraint was used had not been documented in the Clinical Practice Form. The next of kin had been informed. All other necessary documentation in the clinical file and Clinical Practice Form book had been completed. The training register in relation to physical restraint was examined by inspectors and was satisfactory.

Breach: 8.3

ADMISSION OF CHILDREN

Description: There was no child resident in the approved centre at the time of inspection, and none had been admitted in 2012 to the time of inspection but four children had been admitted since the inspection of 2011.

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 admitted in 2011 was available for inspection. The child had been resident in the approved centre in Roscommon for a period of five days in 2011 because of a lack of beds in the nearest Child and Adolescent Inpatient Unit. The parent/guardian had signed the consent form for the admission and treatment of the child. During the course of the admission the child was accommodated in a single room.

The approved centre was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had occurred in 2012 to the date of admission.

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:

A summary of all incidents was submitted to the Mental Health Commission in keeping with the requirements of this Code of Practice. A record of incidents was examined by inspectors and was satisfactory. The Risk Management policy did not identify the risk manager or the person with responsibility for risk management within the mental health service.

Breach: 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre and no detained patient was in receipt of a programme of ECT in another centre.

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 approved centre had policies on admission, transfer and discharge of residents that satisfied this Code of Practice. The approved centre used risk assessment and the management of risk was evidenced in the clinical files examined. Although no resident had been transferred in 2012 to the date of inspection, it was reported that all information upon transfer of a resident was copied into that resident's clinical file. The training register of nursing staff was examined and was satisfactory.

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 three recently admitted residents were inspected. The decision to admit was made by the non consultant hospital doctor (NCHD) or by the consultant. Residents were assessed on admission and risk assessment was conducted on two residents; the service operated a key-worker system. There was no evidence of a physical examination being carried out in any of the three residents at the time of admission; one resident did not have an individual care plan. The service was compliant with Articles 7 Clothing, Article 8 Residents' Personal Property and Possessions and Article 20 Provision of Information to Residents, but was not fully compliant with Article 15 Individual Care Plan and Article 27 Maintenance of Records.

Breach: 15.3, 17.1, 22.6

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
NOT APPLICABLE			

Justification for this rating:

No resident had been transferred in 2012 to the date of inspection.

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
NOT APPLICABLE			

Justification for this rating:

No clinical files were available to inspectors in relation to discharges.

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

Description: One resident had 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	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical file of this resident was examined. The resident had an individual care plan. The approved centre had a written operational policy in regard to this Code of Practice. No education and training in relation to this Code of Practice had commenced.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No resident had been detained for a period exceeding three months so section 60 Mental Health Act 2001 did not apply.

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

Description: No child was resident in the approved centre so section 61 Mental Health Act 2001 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Three residents requested to speak with inspectors but one later rescinded prior to being seen by inspectors. Both residents were happy with their care and treatment.

OVERALL CONCLUSIONS

The Department of Psychiatry in Roscommon was a clean and bright ward located in Roscommon County Hospital. On the day of inspection there were a number of therapeutic programmes taking place when inspectors entered the premises and throughout the day. There was an excellent and productive activities centre. It was unfortunate that there had been slippage in the full compliance rating acquired by the approved centre for Article 15 Individual Care Plan and Article 16 Therapeutic Services and Programmes following the inspection in 2011. Only slight work was required to regain full compliance in both. The approved centre needed to improve the quality of its documentation in relation to the Rules Governing the Use of Seclusion and the Code of Practice on Physical Restraint so as to be compliant with the Rules and Code of Practice respectfully.

RECOMMENDATIONS 2012

1. All residents must have an individual care plan which meets the requirements of the Regulations.
2. The seclusion facilities should be improved to allow full observation from outside the seclusion room. The Rules governing the use of seclusion must be complied with.
3. Sector teams should be sufficiently well resourced to enable the provision of an adequate skill mix of staff.
4. The complaints procedure must be displayed in a prominent position in the approved centre.
5. The Code of Practice on Physical Restraint must be complied with.