

## Report of the Inspector of Mental Health Services 2013

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	East Wicklow, Dun Laoghaire, Dublin South East, including the Drug Treatment Centre Board
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	East Wicklow
<b>APPROVED CENTRE</b>	Newcastle
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Glencree Avonmore
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	16 July 2013

### Summary

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- The grounds of Newcastle Hospital campus were very pleasant.
- A number of ligature hazards were identified by inspectors during the course of the inspection. These were pointed out to staff.
- In a sizeable sample of individual care plans inspected, these had been formulated by nursing staff and not by a multidisciplinary team following multidisciplinary team review. These care plans therefore did not meet the requirements of Article 15 of the Regulations.
- A number of residents did not have a physical examination on admission.
- An episode of seclusion had not been recorded in the Register for Seclusion.
- Toilet doors and shower room doors had no locks to afford privacy for residents.

## OVERVIEW

In 2013, 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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

Newcastle Hospital was situated close to the village of Newtownmountkennedy in 36 acres of grounds consisting of woodland and parkland. The gardens in the immediate vicinity of the hospital were well-manicured and pleasant. The hospital was opened for its present purpose in 1970. The approved centre comprised two wards: Glencree, the admission ward and Avonmore, the long stay ward. The Kilmullen Enterprise Centre, which provided recreational activities, was also located in the grounds in a separate unit. Five sector teams admitted to the approved centre. The approved centre also provided in-patient services to the population aged below 65 years of Gorey in North Wexford; persons over the age of 65 of Gorey were admitted to the Department of Psychiatry in Waterford. On the day of inspection there were 35 residents in the approved centre, four of whom were involuntarily detained under the Mental Health Act 2001. One resident was a Ward of Court. There were no child residents on the day of inspection.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	20	23	-
Substantial Compliance	2	9	8	15, 16, 21, 22, 25, 26, 27, 30
Minimal Compliance	1	1	0	-
Not Compliant	0	1	0	-
Not Applicable	0	0	0	-

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Glencree	24	14	General Adult
Avonmore	27	21	General Adult

**QUALITY INITIATIVES 2012/2013**

- The Kilmullen Enterprise Centre was now open at weekends to enable residents to access recreational activities such as pool table and DVDs.
- An excellent reminiscence room had been developed.
- Irish therapy dogs visited Avonmore ward on a regular basis.
- Improved prescribing practices had been introduced with generic prescribing and use of Medical Council Numbers.
- A new shower and toilet en suite for the seclusion room had been completed.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT**

1. All residents should have an individual care plan which is compliant with the Regulations.

Outcome: All residents had an individual care plan, however, nursing staff had made all the entries into a number of these care plans on an almost daily basis and there was no evidence in the clinical files that a contemporaneous multidisciplinary meeting had been held to contribute to these entries.

2. The approved centre should be adequately resourced to provide the skill mix necessary to provide full therapeutic services for residents.

Outcome: This had been achieved.

3. All toilet doors should have locks to afford privacy for residents.

Outcome: All toilet door locks had been temporarily removed in the context of an acute clinical emergency need. Toilet door locks previously missing had all been replaced and were functional up to the week prior to inspection. It was envisaged by the approved centre that the removal of the locks would only be required for the duration of the clinical emergency. A new lock system was being actively procured that would obviate the need to remove locks in future.

4. An adequate number of shower facilities should be provided.

Outcome: This had been achieved.

5. An up-to-date Certificate of Registration should be displayed.

Outcome: An up-to-date Certificate of Registration was displayed.

6. A covering should be put on the current hard walls of the seclusion room that would minimise the risk of injuries.

Outcome: This was being actively sought and was in a process of tender.

**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**

*The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Identification wristbands were offered to residents but it was reported that many residents refused or removed them. Two registered Psychiatric Nurses (RPNs) administered medication. The resident's name was verified by the second nurse prior to the administration of medication.

**Article 5: Food and Nutrition**

*(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.*

*(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a choice of main meal and meal options were provided to residents in the morning time. Dietary requirements were catered for. There was an adequate supply of piped, filtered cold water throughout both wards.

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

*(1) The registered proprietor shall ensure:*

*(a) the provision of suitable and sufficient catering equipment, crockery and cutlery*

*(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and*

*(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.*

*(2) This regulation is without prejudice to:*

*(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;*

*(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and*

*(c) the Food Safety Authority of Ireland Act 1998.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All meals were cooked fresh in the hospital's main kitchen and transported to both wards. The most recent food safety report carried out by the Environmental Health Officer was available to inspectors for examination.

**Article 7: Clothing**

*The registered proprietor shall ensure that:*

*(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;*

*(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents had an adequate supply of their own clothing. A small number of residents were in their night clothes but this had been specified in each resident's individual care plan (ICP).

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

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to residents' personal property and possessions. A record was maintained in duplicate form of each resident's personal property and possessions and was available to the resident. Records relating to each resident's personal property and possessions were kept separately from the resident's individual care plan. Each resident retained control of their personal property and possessions. Razors and other sharps were kept securely by staff and given to residents for use and returned to staff after use. Provision was made for the safe-keeping of all personal property and possessions.

**Article 9: Recreational Activities**

*The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a large TV/sitting room for use by residents. This also had a well stocked book shelf. Board games were kept securely and could be requested any time by residents. This was because of the missing contents of similar type games identified in the inspection of 2012. The Kilmullen Enterprise Centre was open at weekends for access by residents to recreational activities such as the pool table and DVDs. The gardens were pleasant and accessible. Any resident who was unable to go for walks unaccompanied could have fresh air when accompanied by a staff member. There was a bus stop near the entrance to the hospital for access to Bray or Dublin city.

**Article 10: Religion**

*The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents were facilitated in the practice of their religion.

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

*(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*

*(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*

*(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*

*(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*

*(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*

*(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Visiting times were from 1400h to 1600h and from 1800h to 2000h. It was reported that visiting times were reasonably flexible. There were many suitable rooms and areas, including the gardens which afforded privacy during visiting times. Child visitors had to be accompanied by a responsible adult. The approved centre had written operational policies and procedures for visits.

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

*(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.*

*(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.*

*(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.*

*(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents could send and receive mail. Mobile phones were retained by residents. A public pay phone was available. The approved centre had written operational policies and procedures on communication.

**Article 13: Searches**

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

It was reported by nursing staff that no search of a current resident or of their property and possessions had been carried out. The approved centre had a written operational policy for carrying out searches, with the consent of the resident and in the absence of consent of the resident, of the resident, their belongings and the environment in which they were accommodated and on the finding of illicit substances.

Security personnel stated they would search the belongings of visitors and residents if given cause, although they would not do so without consent. This situation was not covered in the approved centre's policy on searches examined by inspectors. This Article requires *"a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted."* and that *"a written record of every search is made, which includes the reason for the search"*.

Subsequent to this inspection, the approved centre informed the Inspectorate that the security person had made comments to inspectors that did not reflect the actual practice or intended policy of the approved centre nor had they ever been carried out as described. The approved centre informed the Inspectorate that the security person has been apprised of this policy position, and the security company also notified.

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

*(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.*

*(2) The registered proprietor shall ensure that when a resident is dying:*

*(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;*

*(b) in so far as practicable, his or her religious and cultural practices are respected;*

*(c) the resident's death is handled with dignity and propriety, and;*

*(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

*(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:*

*(a) in so far as practicable, his or her religious and cultural practices are respected;*

*(b) the resident's death is handled with dignity and propriety, and;*

*(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

*(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.*

*(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies and protocols for the care of residents who are dying. A single room was available to respect the dignity of a resident who was dying.

**Article 15: Individual Care Plan**

*The registered proprietor shall ensure that each resident has an individual care plan.*

*[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents whose clinical files were inspected had an individual care plan which specified needs, goals and outcomes. However, in a number of instances, these were not multidisciplinary care plans. Nursing staff, in these care plans, had made all the entries on an almost daily basis and there was no evidence in the clinical files that a contemporaneous multidisciplinary meeting had been held to contribute to these entries. In many instances, there was no record on the individual care plan of who attended the care plan review. In this regard, it could not be said that these residents had an individual multidisciplinary care plan in keeping with the description of an individual care plan as set out in the Regulations. This was the case in both wards but varied between teams.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

*(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.*

*(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

An occupational therapist had been appointed to the approved centre. A weekly therapy schedule was set out that comprised of a daily therapy such as pre-discharge education on Monday, drug and alcohol awareness on Tuesday, positivity and assertiveness on Wednesday, healthy coping skills on Thursday, overcoming low mood and depression on Friday, solutions for wellness on Saturday and relaxation and mindfulness on Sunday.

In a number of individual care plans inspected, therapeutic services and programmes were provided in accordance with the resident's individual care plan. However this was not the case across the sector teams and so, for these residents, it was not evident, from reading their individual care plans, to what extent they might progress their own health status and psychosocial recovery through engagement in the therapeutic services and programmes provided or to evaluate what gain they might derive from the activities programme beyond the generic benefits of activation, socialisation and diversion.

**Breach: 16(1)**

**Article 17: Children's Education**

*The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		<b>X</b>	

**Justification for this rating:**

No resident was a child. The approved centre had set up a system, examined by inspectors, to provide appropriate educational services in accordance with their needs.

**Article 18: Transfer of Residents**

*(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.*

*(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All relevant information such as a nurse transfer letter, a doctor's referral letter and record of the resident's medication was transferred with the resident. A nurse also accompanied all residents who were transferred and provided receiving personnel with a verbal clinical update.

The approved centre had a written policy and procedures on the transfer of residents.

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

*(1) The registered proprietor shall ensure that:*

*(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;*

*(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;*

*(c) each resident has access to national screening programmes where available and applicable to the resident.*

*(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Most of the residents in Avonmore ward had been admitted more than six months previously, and there was evidence in the clinical files that residents had a physical examination within the past six months. In the clinical file of one resident there was documentary evidence that the resident had refused a physical examination.

The approved centre had written operational policies and procedures for responding to medical emergencies.

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

*(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:*

- (a) details of the resident's multi-disciplinary team;*
- (b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;*
- (c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;*
- (d) details of relevant advocacy and voluntary agencies;*
- (e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.*

*(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All information, as set out in this Article of the Regulations, was provided to residents in written form. The approved centre had written operational policies and procedures for the provision of information to residents.

**Article 21: Privacy**

*The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The locks on all toilets and shower doors had been removed following a nursing clinical decision to do so due to a number of incidents on Glenree Ward during the week prior to inspection. This included an incident in which nursing staff had difficulty accessing a toilet to ensure the safety and wellbeing of a resident. The removed locks were examined by inspectors and were unsuitable for purpose. Having no suitable locks on toilet and bathroom doors did not respect the residents' right to privacy and dignity. It was envisaged that the removal of the locks would only be required for the duration of the clinical emergency. A new lock system is being actively procured that will obviate the need to remove locks in future.

**Breach: 21**

**Article 22: Premises**

*(1) The registered proprietor shall ensure that:*

*(a) premises are clean and maintained in good structural and decorative condition;*

*(b) premises are adequately lit, heated and ventilated;*

*(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.*

*(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.*

*(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.*

*(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.*

*(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.*

*(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A number of ligature hazards were noted by inspectors and so the premises was not maintained with due regard to the safety and well-being of residents. These ligature hazards were pointed out to staff during the inspection of the premises. The premises were very clean and painting contractors had commenced work on the day of inspection. A new Assessment Area for individuals presenting themselves for assessment had been completed. This negated the need for individuals who might not necessarily be admitted to the approved centre from having to enter the clinical area of the approved centre.

**Breach:** 22(3)

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

*(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.*

*(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The 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**

*(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.*

*(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to the health and safety of residents, staff and visitors. The approved centre's Health and Safety Statement was also made available to inspectors.

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

*(1) The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:*

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

*(2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*

*(3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

CCTV was used in a number of areas of the approved centre for security purposes. CCTV was used for the observation of residents in the seclusion room only. Although the approved centre had written notification of the use of CCTV, this notification was not clearly labelled. The approved centre had a written policy and protocols articulating the function of CCTV in relation to the observation of a resident. CCTV was not recordable and could not store images.

**Breach:** 25(1)(b)

**Article 26: Staffing**

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Glencree	CNM2	1	ADON x 1 (shared)
	CNM1	1	0
	RPN	4	2
Avonmore	CNM2	1	ADON x 1( shared)
	CNM2	1	0
	RPN	2/3	3
	Healthcare Assistants	2	0

*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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Health Service Executive (HSE) policy on recruitment, selection and vetting of staff applied. Three occupational therapists, two social workers and one psychologist had commenced employment in a number of sector teams attached to the approved centre. Five community mental health nurses (CMHNs) and four health care attendants had also been employed.

The approved centre contracted the services of a security guard from a security firm who was present on Glenree ward from 0830h to 1630s, Monday to Friday, and who walked along the corridor of the ward, among other duties. Inspectors were informed that the role, as envisaged by the security firm, was to protect staff and residents from injury and to search visitors' and residents' bags if given cause to do so. Residents' belongings would not be searched without their consent.

The numbers of staff and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the approved centre. However, from examination of the clinical files, much if not all clinical entries were from medical and nursing personnel.

An appropriately qualified staff member was on duty and in charge of the approved centre at all times. The training log in relation to nursing staff was examined and was satisfactory.

A copy of the Mental Health Act 2001 and the Regulations, Rules and Codes of Practice were available to all staff in the approved centre.

At the time of inspection there were unfilled vacancies from the 2013 approved posts and an active recruitment process was under way.

**Breach:** 26(2)

**Article 27: Maintenance of Records**

*(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.*

*(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.*

*(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.*

*(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.*

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The dates of entries of progress notes in the clinical files of two residents were inaccurate. There were a number of loose leaves with clinical information, particularly in more bulky clinical files.

The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

Inspectors noted that documentation of inspections relating to food safety, health and safety and fire inspections was maintained in the approved centre.

**Breach:** 27(1)

**Article 28: Register of Residents**

*(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.*

*(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Register of Residents included the information specified in Schedule 1 to the Regulations.

**Article 29: Operating policies and procedures**

*The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies of the approved centre in relation to the Regulations were reviewed every three years.

**Article 30: Mental Health Tribunals**

*(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.*

*(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A section 16(1) breach of the Mental Health Act 2001 was noted by inspectors in relation to the statutory time frame for informing the Mental Health Commission of a renewal order in November 2012.

**Breach:** 30(1)

**Article 31: Complaint Procedures**

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints.

Each resident was made aware of the complaints procedure in *An Information Guide for Patients and their Families* and by a localised complaint procedure framed and displayed in a prominent position in the approved centre. The HSE's *Your Service, Your Say* was also available in a number of areas throughout the approved centre.

A nominated person was available in an approved centre to deal with all complaints. A record of complaints was available to inspectors.

**Article 32: Risk Management Procedures**

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
  - (b) *The precautions in place to control the risks identified;*
  - (c) *The precautions in place to control the following specified risks:*
    - (i) *resident absent without leave,*
    - (ii) *suicide and self harm,*
    - (iii) *assault,*
    - (iv) *accidental injury to residents or staff;*
  - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
  - (e) *Arrangements for responding to emergencies;*
  - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A Risk Management policy was available that satisfied all items set out in this Article of the Regulations. Risk assessment was well documented and undertaken regularly during the length of the residents' stay in the approved centre.

**Article 33: Insurance**

*The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A copy of the State Indemnity insurance certificate was available for inspection.

**Article 34: Certificate of Registration**

*The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Certificate of Registration was framed and displayed in a prominent position inside the entrance to 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		X		
13	Child patients	NOT APPLICABLE			

**Justification for this rating:**

The clinical files of two patients who had been secluded and the Register for Seclusion were inspected. The reasons for seclusion were documented in the clinical files and copies of the orders were placed in the clinical files. There were some inaccuracies in the dates inserted on the order forms in relation to one patient and although one eight hour period of seclusion was documented in the clinical file, this was not documented in the Register for Seclusion. There was evidence that the patients' next of kin had been informed of the episode and there were regular medical and nursing reviews of the patients during the course of seclusion. The seclusion room was adequate and had a lavatory and shower attached. There were plans to provide a soft protective coating to the surfaces of the room. CCTV was used and a small sign indicated its use, however this signage was not clearly labelled. The service had a policy relating to the use of seclusion.

**Breach:** 8.3, 9.2, 12.2(b)

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

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**Use:** ECT was not used in the approved centre and no detained patient was receiving ECT in another facility.

**MECHANICAL RESTRAINT**

**Use:** Mechanical Restraint under Part 5 of the Rules Governing the Use of Mechanical Restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	<b>NOT APPLICABLE</b>			
14	Orders	<b>NOT APPLICABLE</b>			
15	Patient dignity and safety	<b>NOT APPLICABLE</b>			
16	Ending mechanical restraint	<b>NOT APPLICABLE</b>			
17	Recording use of mechanical restraint	<b>NOT APPLICABLE</b>			
18	Clinical governance	<b>NOT APPLICABLE</b>			
19	Staff training	<b>NOT APPLICABLE</b>			
20	Child patients	<b>NOT APPLICABLE</b>			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	<b>X</b>			

**Justification for this rating:**

Four residents required the use of lap belts. At the time of inspection of these mechanical devices by inspectors, in the company of a registered psychiatric nurse, one resident was being administered nursing care by two members of nursing staff, one resident was being cared for without the use of his lap belt which was prescribed for short periods of time only. The remaining two residents were being nursed with the lap belts applied. The functionality of these devices was demonstrated by the accompanying nurse and was satisfactory. The prescriptions in relation to this form of mechanical restraint were examined by inspectors and were satisfactory.

**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, although it had not been used in Avonmore ward since June 2012.

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

**Justification for this rating:**

The clinical file of one patient who had been restrained was inspected. The episode was documented in the clinical file. Two copies of the Clinical Practice Form for Physical restraint had not been placed in the clinical files. Order forms were completed correctly. The service had an up-to-date policy on the use of physical restraint and nursing staff had received appropriate training.

**Breach:** 8.3

**ADMISSION OF CHILDREN**

**Description:** One child had been admitted to the approved centre in 2013 to the date of inspection.

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

**Justification for this rating:**

The clinical file of this child and the clinical file of a child admitted in late 2012 were inspected. The parent of both children had consented to the treatment of their respective child.  
The approved centre was unsuitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There had been three deaths of residents of the approved centre in 2013 to the time of inspection.

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

**Justification for this rating:**

Three deaths were reported to the Mental Health Commission in 2013 to the date of inspection. A summary of incidents was forwarded to the Mental Health Commission every six months as is required. The service had a policy on risk management. There was an identified risk manager.

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

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**Use:** The service had ceased the use of ECT in the approved centre since the previous inspection. Residents who required ECT were facilitated in the approved centre at Elm Mount, St. Vincent's University Hospital in Dublin. No resident was receiving ECT at the time of inspection.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Part 2 Enabling Good Practice through Effective Governance**

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

**Level of compliance:**

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

**Justification for this rating:**

The service had policies on admission, transfer and discharge of residents. The service was compliant with the Regulations on risk management and staff training records were maintained.

### Part 3 Admission Process

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

**Level of compliance:**

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

**Justification for this rating:**

The clinical files of four residents who had recently been admitted were inspected. In general, the admission process was very good and the admission documentation was excellent. Risk assessment was included as part of the admission and was repeated regularly throughout the admission period. In the case of two residents admitted to Avonmore ward, no physical examination had been carried out. A key worker system was in operation in the approved centre. The service was compliant with Article 8 relating to Residents' Personal Property and Possessions and Article 20 relating to Provision of Information. It was not fully compliant with Article 7 relating to Clothing, Article 15 relating to Individual Care Plans or Article 27 relating to Maintenance of Records.

**Breach:** 15.3, 17.1, 22.6, 23.1.1

**Part 4 Transfer Process**

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.*

**Level of compliance:**

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

**Justification for this rating:**

The clinical files of two residents who had been transferred to other facilities were inspected. The decision to transfer the residents was made by medical staff and the reasons for the transfer were documented in the clinical files. In one instance, a copy of the transfer letter was maintained in the file, but not in the case of the other resident. Information was provided and accompanied the resident. The service was compliant with Article 18 relating to Transfer of residents.

**Breach:** 31.2

**Part 5 Discharge Process**

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

**Level of compliance:**

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

**Justification for this rating:**

The decision to discharge a resident was made by the consultant. In the case of one resident whose clinical file was inspected, the decision to discharge was documented in the clinical file and an appointment was made for follow-up.

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

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**Description:** There was one resident in the approved centre with an intellectual disability and a 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
<b>X</b>			

**Justification for this rating:**

There was evidence in the clinical file of the resident who had an intellectual disability and a mental illness that there was collaboration between the mental health and intellectual disability services. The resident had an individual care plan and the resident had not been restrained. Staff had received training in working with people with an intellectual disability and a mental illness and there was a policy in place.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** As no patient had been detained and receiving medication for longer than three months, Section 60 did not apply.

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

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**Description:** There were no detained children in the approved centre, therefore Section 61 did not apply.



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

### **SERVICE USER INTERVIEWS**

No resident requested to speak with inspectors. Residents were greeted during the course of the inspection

### **ADVOCACY**

The peer advocate of the Irish Advocacy Network (IAN) had submitted a report to the Inspectorate which was mostly positive in its content.

### **OVERALL CONCLUSIONS**

The grounds on the Newcastle Hospital campus were very pleasant with beautiful well maintained lawns and flower beds. The practice of prescribing and administering medication by medical and nursing staff respectively was excellent. All residents had an individual care plan, however, in many of the clinical files examined by inspectors it was apparent that nursing staff had made all the entries into these care plans on an almost daily basis and there was no evidence in the clinical files that a contemporaneous multidisciplinary meeting had been held to contribute to these entries. The premises was about to be painted on the day of inspection and a programme of refurbishment was also due shortly. This was an opportune time to affix suitable locks to the doors of toilets and showers.

### **RECOMMENDATIONS 2013**

1. A ligature audit must be undertaken by the approved centre and all ligature hazards must be made safe.
2. All residents must have an individual care plan which is formulated by a multidisciplinary team and not just by nursing staff.
3. All residents must have a physical examination on admission, or if not, the reason should be clearly stated in the clinical file.
4. All episodes of seclusion must be recorded in the Register for Seclusion.
5. All records should be accurately recorded and dated.
6. All toilet doors and shower room doors should have suitable locks to afford privacy for residents.
7. The role of the security guard on the ward must be clarified and a policy on this role must be developed.