

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	North Dublin
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	North Dublin
APPROVED CENTRE	O'Casey Wing, St. Vincent's Hospital, Fairview
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	O'Casey Wing
TOTAL NUMBER OF BEDS	25
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	24 June 2011

OVERVIEW

In 2011, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

This was the first inspection by the Inspectorate of this new approved centre. O'Casey Wing was opened as an approved centre in March 2011 and was situated adjacent to St. Vincent's Hospital, Fairview, Dublin. The new approved centre was opened as a result of the closure of Unit 1 Male, Unit 1 Female and Unit 9 in St. Ita's Hospital, Portrane. The approved centre informed the Inspectorate that the residents of these units were transferred St. Ita's Hospital on a temporary basis, for approximately twenty months, whilst a new three million euro purpose built accommodation was being completed in the grounds of St. Ita's Hospital in Portrane.

The approved centre occupied a section of the second floor of this two-storey purpose built health care facility. It was owned by the Health Service Executive and leased to the North Dublin Mental Health Service on a temporary basis. The approved centre had 25 beds within the facility. The layout of the ward was spacious, bright and there was access to an enclosed secure garden area on the first floor for all residents. Access to the approved centre was via a long driveway which had a well kept garden area and ample parking.

O'Casey Wing provided care for some residents with dementia and behaviour disturbance and some residents with functional illness. Many of those with functional illness had been resident in St. Ita's Hospital for a number of years. The age profile of residents ranged from 63 years of age to 96 years of age. On the day of inspection there were 22 residents in the approved centre. All were voluntary and two were Wards of Court.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	0	0	23
Substantial Compliance	0	0	2
Minimal Compliance	0	0	3
Not Compliant	0	0	0
Not Applicable	Not Applicable	Not Applicable	3

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
O'Casey Wing	25	22	Psychiatry of Old Age

QUALITY INITIATIVES

- A new biographical data sheet which captured all important information regarding the resident on one sheet of paper was introduced when the approved centre opened in March 2011.
- A 0.5 whole-time-equivalent (WTE) clinical nurse specialist post for dementia care had been advertised.
- The service had a 0.5 WTE clinical nurse specialist in tissue viability.
- Staff had received training from the speech and language therapist in managing dysphasia.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

There were no recommendations from 2010 as the approved centre opened in March 2011.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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' clinical files contained a photograph of the resident. Two Registered Nurses administered medication to residents.

Article 5: Food and Nutrition

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

Justification for this rating:

Residents had access to fresh drinking water and there was a good choice of meals available for them. Following inspection, the approved centre informed the Inspectorate that all residents had access to a menu on a daily basis. A dietician attended the ward when requested by staff.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 provided the Inspectorate with an up-to-date food safety report on the day of inspection. The approved centre was Hazard Analysis and Critical Control Points (HACCP) compliant.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 wore their own clothes which could be laundered either by the approved centre or family members. Residents were supplied with clothes if necessary with due regard to their dignity and bodily integrity. It was noted by the Inspectorate on the day of inspection that there was no policy on the wearing of night clothes during the day. This was highlighted to the approved centre on the day of inspection. The approved centre informed the Inspectorate in writing following the inspection that a new policy had been introduced regarding the wearing of night clothes during the day and all staff were aware of the new policy. No residents were wearing night clothes during the inspection which was undertaken during the day.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The approved centre had up-to-date policies on resident's personal property and possessions. A record of the resident's personal property and possessions was maintained by the approved centre.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 bedrooms had flat screen televisions and there was a dedicated activities nurse in the approved centre. There was a dedicated activities room on the ward which was occupied by residents and the activities nurse on the day of inspection. Drawing, music and knitting were available. The approved centre had a large day room with a television and music player. A hairdresser attended the ward twice weekly and the residents had access to chiropody services and daily newspapers were delivered to the ward. Staff reported they bring residents out shopping locally where possible.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 afforded the opportunity to practice their religion. Some residents attended weekly Mass in St. Vincent's Hospital in Fairview and staff accompanied these residents. For residents unable to attend mass there was the facility to watch mass on the television in their bedroom. The approved centre also had access to Pastoral Care from the local Catholic parish church.

Article 11 (1-6): Visits

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

Justification for this rating:

The approved centre had an up-to-date policy on visits and provided a visitor's room on the ward.

Article 12 (1-4): Communication

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

Justification for this rating:

The approved centre had up-to-date policies regarding communication.

Article 13: Searches

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

Justification for this rating:

The approved centre had up-to-date policies on searching residents and staff were aware of the policy and procedures on searching and particularly in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 policies and procedures regarding the care of residents who are dying. The approved centre had a single room available for residents who were dying. There had been two deaths in the approved centre since March 2011 and these had been reported to the Mental Health Commission.

Article 15: Individual Care Plan

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

Justification for this rating:

In the clinical files examined by the Inspectorate on the day of inspection, there was evidence of an individual care plan (ICP) for all residents. However many of these ICPs had no outcomes stated on them and some had no review date. Most ICPs were generalised in nature and not specific to the resident. It was difficult to navigate around the ICP to find specific goals and outcomes.

Many of the ICPs examined was not completed in full and only involved input from medical, nursing, occupational therapy and the recreational therapist.

There was no involvement from the social worker or clinical psychologist into the ICP.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Individual care plans did not identify specific services or programmes for residents, therefore, therapeutic services and programmes were not in accordance with each resident's individual care plan as required by this Article.

There were no occupational therapy services available to the approved centre. No therapeutic services and programmes were identified by nursing or medical staff in the residents' individual care plans. A dedicated activities nurse was appointed to the approved centre in the past month and was engaging residents in activities on the day of inspection. The activities nurse provided reminiscence therapy, relaxation therapy and memory box therapy. Residents were referred to the activity nurse and at the time of inspection, 14 residents had been referred.

The Psychiatry of Old Age teams did not have an adequate complement of occupational therapy, social work and clinical psychology staff and this compromised the approved centre's ability to provide optimal psychosocial care to residents.

Breach: 16 (1)

Article 17: Children's Education

The approved centre did not admit children.

Article 18: Transfer of Residents

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

Justification for this rating:

There was a policy on the transfer of residents. Nursing staff accompanied a resident on transfer. Both medical and nursing notes accompanied the resident on transfer and generally a pre-transfer report preceded the resident. Several residents had been transferred to other treatment centres for care in 2011 up to the time of inspection. These included nursing homes and private psychiatric facilities.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 clinical files examined by the Inspectorate all residents had their six-monthly physical examinations completed. The approved centre had a system for ensuring that all six-monthly examinations were undertaken on time.

The approved centre had up-to-date policies for responding to medical emergencies.

Access to general medical services was available. All residents had medical cards.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	
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 was in the process of editing a new information booklet for residents which would include details of the new approved centre, the resident's multidisciplinary team, housekeeping practices on the ward, including arrangements for personal property, mealtimes, visiting times and visiting arrangements. Information was available for residents on their diagnosis and medication. There was a policy in place on the provision of information to residents.

Breach: 20 (1) (a) (b)

Article 21: Privacy

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

Justification for this rating:

On the day of inspection there was evidence that the privacy and dignity of residents was appropriately respected and there was ample room for visiting and communal space.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 ward comprised one 4-bed bedroom with an ensuite and two 2-bed bedrooms with ensuite facilities. The remaining bedrooms were all single rooms with en suite facilities and were decorated to a high standard. All bedrooms were personalised for each resident. All bedrooms had lovely views of green field areas and were bright and clean. The ward layout was open and spacious and well decorated.

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

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

Justification for this rating:

There was a policy on the ordering, prescribing, storing and administration of medicines.

The approved centre had developed systems for the ordering, prescribing, storing and administration of medicines. All medication was delivered by St. Vincent's Hospital, Fairview, to the approved centre for the residents. The general practitioner prescribed medication specifically relating to medical conditions and the consultant psychiatrist prescribed all psychiatric medication. It was reported to the Inspectorate that this system was working efficiently and the approved centre had an up-to-date policy reflecting this practice.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

An up-to-date health and safety policy was examined by the Inspectorate.

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
O'Casey Wing	Assistant Director of Nursing (ADON)	0800h – 1700h	0
	CNM3	0	1
	CNM2	1	0
	RPN	6	3
	Healthcare Assistant	3	2
	Recreational Therapist	0900h – 1700h	0

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	
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 reported that the CNM2 position for the ward had been advertised and it was hoped that the person would be appointed in the near future. Following the inspection, the approved centre confirmed in writing that a CNM2 had been appointed. An ADON was situated on the ward on a daily basis from Monday to Friday and there was a CNM3 who managed the ward to ensure senior cover up to 2300h.

There was no psychology service available to the approved centre on the day of inspection and an occupational therapist attended the ward on a referral basis only. Following the inspection, the approved centre confirmed in writing that a clinical psychologist had been appointed. There was no social worker on the Psychiatry of Old Age team.

The dedicated activities nurse worked Monday to Friday and provided an excellent service for the residents.

A Health Service Executive (HSE) policy was available on the recruitment, selection and vetting of staff.

Staff had access to both mandatory training and continuous professional development training and a register of training was maintained and examined by the Inspectorate.

Breach: 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

All the clinical files examined by the Inspectorate were large and bulky. The clinical files were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval of information. Not all clinical files examined were in good order with many having essential letters, test results and correspondence stuffed into the back of the notes in a random manner.

The clinical files were in one composite set of notes but they were not sequential in date order and were difficult to navigate and to find information in.

There was a policy on the maintenance of records. Documentation relating to fire inspections was not available to the Inspectorate on the day of inspection.

Breach: 27 (1) (3)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 examined by the Inspectorate and was up to date.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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:

Not all policies and procedures for the approved centre were available on the day of inspection. All staff signed a document stating that they had read and understood the approved centre policies and procedures. Following the inspection, the approved centre confirmed in writing that all policies were up to date.

Article 30: Mental Health Tribunals

The Inspectorate was informed by the approved centre that they did not detain any residents.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 complaints policy in operation and the complaints procedure was displayed in a prominent position in the approved centre. The approved centre had a nominated person available to deal with complaints.

Notices were posted on the units to notify residents and families about how to make a complaint.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 risk management policy was comprehensive and up to date.

The risk management policy contained procedures for responding to suicide and deliberate self-harm, absent without leave and included details on prevention and management of violence and challenging behaviour.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 insurance certificate was examined by the Inspectorate and was up to date.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009 / 2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 certificate of registration was displayed.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT (DETAINED PATIENTS)

Use: ECT was not used in the approved centre.

MECHANICAL RESTRAINT

Use: Four patients were prescribed Mechanical Restraint for Enduring Risk of Harm to Self or Others under Part 5 of the Rules.

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

Justification for this rating:

Prescriptions for Part 5 of Mechanical Restraint were documented in the individual clinical file for all residents prescribed Mechanical Restraint and there was evidence of regular review.

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

PHYSICAL RESTRAINT

Use: Physical Restraint was not used in the approved centre. The approved centre had a policy to this effect.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection there had been two deaths in the approved centre in 2011.

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

Justification for this rating:

There had been two deaths in the approved centre since March 2011 and these had been reported to the Mental Health Commission.

One of the clinical files inspected contained a letter regarding an incident and correspondence between the family and the approved centre. This incident had been dealt with swiftly and appropriately and communicated to relevant staff. A record of all incidents was maintained in the approved centre.

The approved centre's risk management policy was up-to-date and comprehensive. The approved centre had a nominated risk manager or person with responsibility for risk management within the mental health service.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre opened in March 2011. All residents had previously been resident in wards in St. Ita's Hospital which were now closed. Twenty-five residents from these wards had been transferred to this new facility on a temporary basis whilst new accommodation was being constructed within the grounds of St. Ita's hospital. One resident who had been transferred from St. Ita's Hospital to a private psychiatric facility had been readmitted to this new approved centre since March 2011. One resident had been transferred back to St. Ita's Hospital since March 2011. No resident had been discharged from approved centre since it opened in March 2011.

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 written policies and procedures in place regarding the admission, transfer and discharge of residents. The approved centre operated a key worker system.

The approved centre was compliant with Articles 8 (Residents' Personal Property and Possessions), 23 (Ordering, Prescribing, Storing and Administration of Medicines), 29 (Operating Policies and Procedures) and 32 (Risk Management Procedures) of the Regulations.

The approved centre had developed protocols for the admission and discharge of people with intellectual disability and mental illness.

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 approved centre operated a key worker system.

The approved centre was compliant with Article 7 (Clothing) of the Regulations.

The approved centre was not compliant with Articles 15 (Individual Care Plan), 20 (Provision of Information to Residents) and 27 (Maintenance of Records) of the Regulations.

In the clinical files examined by the Inspectorate on the day of inspection, there was evidence of an integrated care plan (ICP) for all residents. However many of these ICPs had no outcomes stated on them and some had no review date. Most ICPs were generalised in nature and not specific to the resident.

Many of the ICPs examined was not completed in full and only involved input from medical and nursing staff. The only other input into some of the other ICPs were from the recreational therapist.

There was no involvement from the social worker, clinical psychologist or occupational therapist into the ICP.

The clinical files in the approved centre examined on the day of inspection were not maintained in a manner so as to ensure completeness, accuracy and ease of retrieval of information. Not all clinical files examined were in good order with many having essential letters, test results and correspondence stuffed into the back of the notes in a random manner.

The approved centre did not have one composite set of clinical notes and these notes were difficult to navigate and to find information in. There was a policy on the maintenance of records.

In the clinical files inspected the decision to admit was taken by the consultant psychiatrist. There was a full assessment by both nursing and medical staff on admission. This included a risk assessment. A new information booklet was being developed by the new approved centre.

Breach: 16.3 (a), (b), (c), (d), 17, 22.1, 22.6, 22.7

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on the transfer of residents. Nursing staff accompanied a resident on transfer. Both medical and nursing notes accompanied the resident on transfer and generally a pre-transfer report preceded the resident. One resident had been transferred to St. Ita's Hospital since the approved centre opened in March 2011 up to the time of inspection.

Transfers were decided by the consultant psychiatrist. Each resident was assessed prior to transfer. The approved centre was compliant with Article 18 (Transfer of Residents) of the Regulations.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Up to the time of inspection, no resident had been discharged. The policy stated that discharges were decided by the multidisciplinary team or by the consultant psychiatrist.

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

Description: At the time of inspection there were two residents in the approved centre with an intellectual disability and mental illness.

The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre operated a key worker system for residents.

There were evidence-based policies or protocols in relation to the delivery of person-centred mental health care and treatment planning to residents with an intellectual disability and mental illness.

Restrictive practices was kept to a minimum. There was evidence of inter-agency collaboration. The residents had an individual care plan. The environment and therapeutic programme were suitable for a person with an intellectual disability and mental illness. There was a policy on capacity to consent to treatment.

Staff were aware of the policy in place within the approved centre but did not have training specific to the needs of this group of residents. The approved centre notified the Inspectorate in writing following the inspection that the Nurse Practice Development Department were in the process of introducing a training course for staff in conjunction with a qualified nurse who had formal training in both disciplines.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were no detained patients in the approved centre.

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

Description: Section 61 did not apply as children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate spoke with a number of residents during the inspection with their relatives present. All stated that they were happy with their care and treatment and that the nursing staff were courteous, helpful and friendly.

OVERALL CONCLUSIONS

This was the first inspection by the Inspectorate of this new approved centre. O'Casey Wing was a bright, spacious, clean and well planned ward. Much work had been undertaken by the staff in the approved centre to quickly resettle and orientate the residents to their new surroundings from the units closed in the long term wards in St. Ita's Hospital. Staff should be commended for this work within this short time scale. Many residents who spoke to the Inspectorate were comfortable and happy with their new surroundings and the decor and facilities were to a high standard.

It was obvious that the staff endeavoured to provide the best care and treatment to the residents in this new approved centre.

Some work was still required by the approved centre to achieve full compliance with the Rules and Regulations but staff were enthusiastic to improve compliance levels in the short term.

RECOMMENDATIONS 2011

1. All residents should have a completed individual care plan as described in Article 15, which should be signed by the resident where possible. Residents should receive a copy of their individual care plan.
2. Therapeutic services and programmes must be provided as specified in individual care plans, and must be directed towards restoring optimal physical and psychosocial functioning of each resident.
3. The new information booklet that is being developed by the approved centre must be completed and made available for all residents and families.
4. The multidisciplinary team should be fully staffed to meet the needs of all residents.
5. Further efforts must be made to develop the clinical notes in sequential order.
6. A front sheet should be developed for each set of clinical notes with demographic and admission data.
7. Policies on Admission, Transfer and Discharge to and from an Approved Centre and Guidance for Persons working in Mental Health Services with People with Intellectual Disabilities should be updated and all staff should be trained in the new Codes of Practice.