

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	East Wicklow, Dun Laoghaire, Dublin South East, including the Drug Treatment Centre Board
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	East Wicklow
APPROVED CENTRE	Newcastle
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Glencree Avonmore
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	1 March 2012

Summary

- Although all residents had an individual care plan, they did not meet the requirements of the Regulations.
- The continued lack of an occupational therapist limited the scope of therapeutic services available.
- The quality of information leaflets on medication and illnesses was of a very good standard.
- Although the unit was outdated, it was clean and reasonably well maintained.
- The provision of ECT treatment had resumed following the training of a nurse in ECT.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Newcastle Hospital was situated in a scenic rural area. It was opened in the 1970s having previously been a sanatorium. Originally consisting of several buildings, the approved centre now consisted of just two wards, one acute and one continuing care ward. The Kilmullen Enterprise Centre (KEC) was an activities unit which was situated in a separate building in the grounds of the hospital; however, it was only available to those residents who could leave the wards. Since the closure of St. Senan's Hospital, in-patient services were also provided to the population of Gorey in North Wexford. On the day of inspection there were 42 residents in the approved centre; a further 3 residents had been transferred to other hospitals. There were 4 detained patients in the acute unit and no children in the approved centre on the day of inspection.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	28	20
Substantial Compliance	4	2	9
Minimal Compliance	1	1	1
Not Compliant	0	0	1
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	22	General Adult
Avonmore	27	20	General Adult

QUALITY INITIATIVES 2011/2012

- The PROTECT (Personalised Recovery Orientated Treatment, Education & Cognitive Therapy) project which was an early intervention programme had been expanded.
- A number of audits had been extended.
- RESTART, a programme to support service users to gain independent living and employment, had commenced.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Occupational therapy should be available to residents in the approved centre.

Outcome: This had not been achieved.

2. Conversion of the bathroom and other maintenance issues in Glencree must be addressed as soon as possible.

Outcome: An ensuite bathroom and shower had been provided in the seclusion room which could be used when the seclusion room was not in use; however, there continued to be a shortage of shower facilities in Glencree. Maintenance issues had not been addressed.

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

Outcome: This had not happened.

4. A system to flag the need for six-monthly general physical examination should be put in place in Glencree Unit.

Outcome: Six- monthly physicals had been completed.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A wristband system was in place in Avonmore ward only. Other residents were identified by nursing staff, two of whom were present for administration of medication.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents had access to fresh drinking water. No written menu was displayed but residents could select from a choice of meals the previous day.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent Environmental Health Officer's report dated September 2011 was seen by the inspectors at the time of inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were provided with clothes when necessary. A number of residents were in night attire during the day in Glencree ward and this was not specified in their individual care plan; it was reported that this was residents' personal choice but this was not reflected in the clinical notes. The Regulations state that 'night clothes are not worn by residents during the day, unless specified in a resident's individual care plan'.

Breach: 7(2)

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A record of personal property was retained in the residents' clinical file. There was a safe for safe-keeping valuables. The service had a policy relating to residents' personal property.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents had access to televisions and DVD players and there were a number of books in the day rooms. There were also board games but many of the boxes were depleted or empty.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A chaplain visited the unit regularly and services were conducted weekly; residents of other faiths were also facilitated.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Visiting hours were displayed but staff were flexible on permitting visitors outside these hours. There was a visitors' room and the service had a policy for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were permitted use of mobile phones and there was a public phone in Glencree ward. There was a policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Searches were conducted when indicated; staff endeavoured to seek a resident's consent but could search without consent. There was a policy on searching a resident or his or her belongings with consent, but the policy did not specify searching without consent. However, the service had written procedures for searching without consent.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There had been no deaths in the approved centre in 2012 to the time of the inspection. Residents who were dying were accommodated in a single room. There was a policy on care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents whose clinical files were examined had individual care plans. However, they were often not completed in line with the Regulations. While goals and interventions were identified, the resources required or the person responsible for completing them was not identified. The review documentation did not link progress to the original identified goals. While members of the multidisciplinary teams were documented as attending some of the meetings, this did not apply to all and staff reported this was due to staff shortages. There was little evidence of a multidisciplinary approach to patient care in the clinical notes.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was no occupational therapist or dedicated activities nurse in either the acute or continuing care wards. When residents were able to leave the ward, they could attend the Kilcullen Enterprise Centre (KEC) which provided a range of activities. However, for those residents confined to the ward, there were no therapeutic activities available in the ward. Staff reported that the KEC was run by two staff nurses who could not provide an in-reach service to the approved centre without leaving the KEC understaffed.

The continuing care ward had a programme of activities which residents attended. However these were not linked to individual care plans.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
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>			X

Justification for this rating:

Staff reported there were no arrangements in place to provide a child who was resident with appropriate educational services. There were six child admissions to Newcastle in 2011, including one involuntary admission, and one child admission in 2012 since the date of the inspection in March 2012.

Breach: 17

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy in place. All relevant information about a resident who was transferred was sent with the resident. Staff usually accompanied a resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Staff reported that residents had access to general health facilities in St. Columcille's Hospital. No resident had been in the acute unit for more than six months. The clinical files of two residents in Avonmore unit were examined and six-monthly physical reviews had been completed. Residents in the continuing care ward had access to national screening programmes as required.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A very useful range of information leaflets on diagnoses and medication had been printed by the Friends of Newcastle, a voluntary group. Details of advocacy groups were posted on the notice board in the ward. The service had a policy for the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Most residents were accommodated in shared rooms and there were partition curtains around all beds. Several toilets in both wards did not have locks. It was reported that locks had been fitted subsequent to the inspection.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The premises were very clean. Toilets were old fashioned and in need of up-grading; several toilets did not have locks. Tiling in some bathrooms was damaged. An ensuite bathroom had been added to the seclusion room. The sitting area in Glencree was bare and institutional looking. Staff reported that some furniture had been removed to prevent it being used as a weapon.

Breach: 22(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a policy on the ordering, prescribing, storing and administering of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service had a Health and Safety Statement and a policy relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

CCTV was in use in the seclusion area and one three-bed room. Signs were in place and the service had a policy on the use of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Glencree	CNM2	1	ADON x 1 (shared)
	CNM1	1	0
	Staff Nurse	4	2
Avonmore	CNM2	1	ADON x 1(shared)
	CNM2	1	0
	Staff Nurse	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	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Three teams admitted to the approved centre; residents of the North Wexford catchment area were looked after by the Wexford team. The service had two social workers who provided a service to residents as requested; one psychologist conducted a group once weekly. There was no occupational therapist or activities therapist in the approved centre. There was a policy relating to recruitment, selection and vetting of staff. Staff had not all received training in the use of physical restraint.

Breach: 26(2),(4)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	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:

Copies of the food safety, fire safety and health and safety statement certificates were available for inspection. The service had a policy relating to records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
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 Register of residents did not contain all the information required in Schedule 1 of the Regulations.

Breach: 28(2)

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies were in date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre facilitated Mental Health Tribunals for detained patients.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Information on the complaints procedure was posted on noticeboards in the wards. The complaints officer was located in the approved centre and complaints in the first instance were relayed to the senior nurse on duty. A record of complaints was available for inspection.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The service had a risk management policy which was compliant with the Regulations.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The certificate of insurance was available for inspection.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
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 Certificate of Registration which was displayed at the entrance to the Approved Centre was out of date.

Breach: 34

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

SECLUSION

Use: Seclusion was used in Glenree ward; it was not used in Avonmore unit.

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	X			

Justification for this rating:

A new ensuite bathroom had been added to the existing facility in Glenree unit which enhanced patient's privacy and dignity; however, the design of the seclusion room was such that the walls were hard and could constitute a safety risk for a secluded person. The CCTV camera was in place and clearly identified. The clinical file of one resident who had been secluded was examined. The register was appropriately completed. The patient had been offered an opportunity to discuss the episode with the clinical team. Entries made in the clinical file documented that next of kin had been informed. The patient's refusal to permit or not permit this had been recorded. A record was kept of staff training but not all staff had received training in seclusion. A policy was available and staff reported that a system was in place on each unit whereby staff were asked to sign off that they had read the policy.

Breach: 8.3, 11.1

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: No detained patient had received ECT in 2012 to the time of the inspection.

MECHANICAL RESTRAINT

Use: Mechanical Restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint was used in Avonmore ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
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:

The clinical files of two residents in the continuing care unit were examined; the use of a lap belt was ordered with a review date. The exploration of less restrictive alternatives was documented in the patient's individual care plan.

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

PHYSICAL RESTRAINT

Use: Staff reported that physical restraint was frequently used in Glenree unit but was not used in Avonmore.

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:

A policy was available. The clinical file of one resident who had been physically restrained was examined. Some sections of the clinical practice form had not been completed. Although the approved centre had a policy on physical restraint, not all members of staff were trained in the use of prevention and management of violence.

Breach: 5.7(b), 10.1(b)

ADMISSION OF CHILDREN

Description: No child had been admitted in 2012 up to the time of inspection.

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

Justification for this rating:

The approved centre was unsuitable for the admission of children. The Mental Health Commission was notified of the admission of a child to the unit.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2012 to the time of inspection.

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

Justification for this rating:

Incidents were recorded and were notified to the Mental Health Commission as required. The service had a risk management policy and included a nominated risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in 2011 but one resident had commenced a course of ECT in 2012.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	X			
5	Information	X			
6	Prescription of ECT	X			
7	Assessment of voluntary patient	X			
8	Anaesthesia	X			
9	Administration of ECT	X			
10	ECT Suite	X			
11	Materials and equipment	X			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The clinical file of the resident having ECT and the ECT register were inspected. There was evidence of consent obtained from the resident and information on ECT was given to the resident by the treating doctor. The resident was assessed by the anaesthetist and reviewed by the medical practitioner following the treatment. The ECT facilities comprised a waiting room, treatment room and a recovery room. There was a designated doctor for ECT and a trained nurse assisted.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Five residents of a community residence in the grounds of the approved centre were admitted to Avonmore ward in 2012 to the time of inspection. Policies on admission transfer and discharge and risk management policy were available. Appropriate levels of information accompanied patients who were transferred. A record was kept of staff training.

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:

A policy was available. There was evidence in the clinical files of letters to GPs, assessment on admission and risk assessments. Information leaflets, which had been developed with the assistance of the 'Friends of Newcastle Hospital', were displayed on legal rights and on various mental illnesses and treatments. A representative of the Irish Advocacy Network visited fortnightly. Although all residents had an individual care plan, these were not fully compliant with Article 15. A record was kept of the members of the multidisciplinary team who attended clinical meetings; however, staff reported that incomplete staffing of multidisciplinary teams limited this involvement. A key worker system was in place. Contact details for various community organisations were displayed on the notice boards. Records were generally well kept, however, some were untidy with loose pages stuck in the back of the clinical files. Day of admission assessments were documented, however the approved centre was not fully compliant with Article 7 of the Regulations relating to Clothing. Staff reported that social work staff helped in assessing services for homeless people who were admitted.

Breach: 17.1, 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
X			

Justification for this rating:

The clinical file of one resident who had been transferred to a general hospital was available for inspection. The decision to transfer was made by the medical practitioner and a copy of the doctor's referral letter was retained in the clinical file. The service used a transfer form which was completed by nursing staff and was also sent with the resident on transfer; a copy was also retained in the clinical file. A nurse accompanied the resident on transfer to the other hospital.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident who had recently been discharged was inspected. The decision to discharge was recorded in the resident's individual care plan. A follow-up appointment was made for the outpatient clinic prior to discharge and a letter was sent to the resident's GP.

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

Description: Six residents in Glencree ward had an intellectual disability.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

Training had been provided by the Consultant Psychiatrist in Intellectual Disability. However the policy which was available was inadequate. The service was not fully compliant with Article 15 relating to Individual Care Plans. There was evidence of inter-agency collaboration in that one resident was awaiting transfer to a specialised intellectual disability service.

Breach: 5.2, 8.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As no patient had been detained more than three months, section 60 did not apply.

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

Description: There were no detained children in the approved centre at the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection was conducted, but no resident requested to speak formally with the inspectors.

OVERALL CONCLUSIONS

The approved centre at Newcastle was compliant with many of the Regulations but was not compliant with the Articles relating to individual care plans or therapeutic services. The lack of an occupational therapist was a particular drawback in the ability to provide a comprehensive service for residents; whilst some residents could avail of activities in the enterprise centre in the grounds of the approved centre, not all residents could and had little or no access to therapeutic services. Perhaps because of this, a number of residents in the approved centre were seen dressed in night clothes, which was not reflected in the individual's care plan. There was evidence of continued input from the Friends of Newcastle in many aspects of the approved centre, for example in the provision of information leaflets and the garden in Avonmore ward. The development of an ensuite facility in the seclusion suite was welcomed but there remained a deficit in shower facilities for other residents. Following the training of an ECT nurse, the approved centre was once again in a position to offer ECT as a treatment for residents.

RECOMMENDATIONS 2012

1. All residents should have an individual care plan which is compliant with the Regulations.
2. The approved centre should be adequately resourced to provide the skill mix necessary to provide full therapeutic services for residents.
3. All toilet doors should have locks to afford privacy for residents.
4. An adequate number of shower facilities should be provided.
5. An up-to-date certificate of registration should be displayed.
6. A covering should be put on the current hard walls of the seclusion room that would minimise the risk of injuries.