

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Dublin North
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	Dublin North
<b>APPROVED CENTRE</b>	St. Joseph's Intellectual Disability Service
<b>NUMBER OF WARDS</b>	19
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Knockamann House 1 Knockamann House 8 Knockamann House 11 St. Fiakra's Unit
<b>TOTAL NUMBER OF BEDS</b>	163
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	1 March 2011

## OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

St. Joseph's Intellectual Disability Service was located on the St. Ita's Hospital Portrane campus. The approved centre had opened the Knockamann streetscape development, which was situated on high ground overlooking the sea, beaches and Ireland's Eye Island. Knockamann was an excellent development and comprised ten 6-bed houses and Knockamann Resource Centre laid out in a streetscape design. Residents had moved into Knockamann in mid-December 2010 and all but one house was now occupied. The design features of the houses provided a homely environment with single rooms, domestic style dining, kitchen and living rooms, and access to landscaped gardens and patios. The design incorporated flexible features to accommodate the range of care needs of the residents. The Knockamann Resource Centre incorporated administrative and clinical offices interspersed with activity rooms. This arrangement fostered integration of residents and staff.

On the day of inspection St. Fiacra's Ward, House 1, House 8 and House 11 and the Knockamann Resource Centre were inspected, representing the range of residents being treated in the approved centre. The approved centre had 163 beds and there were 149 residents.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	24	26	26
Substantial Compliance	4	2	3
Minimal Compliance	1	1	0
Not Compliant	0	0	0
Not Applicable	2	2	2

**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
House 1	6	6	General Adult
House 2	6	6	General Adult
House 3	6	6	General Adult
House 4	6	6	General Adult
House 5	6	6	General Adult
House 6	6	6	General Adult
House 7	6	0	General Adult
House 8	6	6	General Adult
House 10	6	6	General Adult
House 11	6	6	General Adult
Failte	6	6	General Adult
St. Vincent's	8	8	General Adult
Fernlodge	6	6	General Adult
St. Fiakra's	16	16	General Adult
Ashlea	20	15	General Adult
St. Clare's	20	18	General Adult
Hillview	20	20	General Adult

(bed numbers provided by the approved centre)

**QUALITY INITIATIVES**

1. The Knockamann houses had opened.
2. Barden Lodge 24-hour nurse staffed residence with four adjoining independent living units had opened in Julianstown, County Meath.
3. The Knockamann Resource Centre's work skills programme had developed a course in digital photography and continued to build on its Green School award with further educational

initiatives, including the development of Fetac accredited courses.

4. Six nursing staff had completed training in percutaneous endoscopic gastrostomy (P.E.G.) tube feeding. It was anticipated that in the future their intervention, supported by the general practitioner, would enable the re-insertion of feeding tubes on site. This would eliminate the need for residents to travel to a general hospital for the procedure and reduce potential stress for residents.
5. The approved centre had commenced a quality assurance and satisfaction survey of residents and staff.
6. The approved centre had produced further information and self-management booklets for residents on topics such as medication, coping with anxiety, coping with epilepsy, communicating and staying well. Booklets were designed to be reader friendly.
7. The approved centre had conducted an excellent audit on the use and management of seclusion.
8. All clinical staff had taken part in training in the operation of the individual care plan process.
9. The Knockamann Resource Centre staff were providing an outreach service to residents on site who were unable to access the resource centre.
10. Two nursing staff had completed a nurse prescribing course.

## **PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. The Knockamann residential houses should open as soon as possible.

Outcome: Nine of the ten houses had opened in November 2010. The approved centre reported that the remaining house was fully commissioned and would open when decisions had been made on reconfiguring beds in the wards and which residents would move into House 7.

2. St. Fiakra's Unit should be renovated to bring the premises up to an acceptable standard for the continuing provision of care to people with intellectual disability and mental illness.

Outcome: Some refurbishment had been done. The heating system had been upgraded, curtains had been fitted on windows and around beds and the sensory room had been upgraded. The unit remained in a poor condition and the layout was unsuited to the needs of residents.

3. A psychologist should be recruited to the service.

Outcome: There had been no progress in securing the appointment of a clinical psychologist. The approved centre had contracted in 17 hours of clinical psychology per week. There were plans to increase this to 35 hours per week.

**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
<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 inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of the Article was based on self assessment.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.



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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment. An up-to-date policy on residents' personal property and possessions was in place.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment. An up-to-date policy on visits was in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment. An up-to-date policy was in place.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment. An up-to-date policy on searches was in place.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 inspection of this Article was based on self-assessment. An up-to-date policy was in place.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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>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 individual clinical files were examined in each house or unit inspected. All had individual care plans (ICPs). The individual care plans were comprehensive and multidisciplinary, and met the requirements of the Regulations. Residents were active agents in their own individual care planning process as ability allowed and had the opportunity to both sign their individual care plan and to choose which multidisciplinary team members to include in their individual care plan review meeting. The quality of the data recorded in the individual care plans was excellent. The individual care plan was also produced for the individual resident in a version illustrated with symbols and in a style to meet their individual communication needs. An up-to-date policy was in place.



**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Programmes and therapeutic interventions were based on individual need as identified and recorded in individual care plans. The range of activities and interventions was balanced and comprehensive and addressed a spectrum of physical and psychosocial needs. The approved centre evidenced a strong recovery ethos and commitment to evidence based practice. Health and social care professionals shared one office and this promoted communication and collaborative intervention.

Programmes in the approved centre included amongst others: physical well-being, individually tailored programmes delivered by a trained physical education teacher in the well equipped new gym and a cycling programme run by the work-skills unit; individual education programmes incorporating Montessori education, education for state examinations and ASDAN (charitable organisation supporting inclusive education) qualifications in living and citizenship skills; individual sensory integration programmes based on occupational therapy assessment; independent living skills and work preparation skills.

**Article 17: Children's Education**

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 policy in place. Relevant clinical information, including medication, treatment, the resident's preferences, style of communication and management accompanied residents on transfer.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 general practitioner looked after the needs of the residents. Residents had access to screening programmes. In all clinical files inspected six-monthly physical reviews had been completed and filed in a readily accessible way.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 an exceptionally high standard in the provision of information to residents, having produced a series of leaflets on care and treatment with illustrations and symbols making them user friendly and accessible. St. Joseph's Intellectual Disability Service also issued a monthly newsletter to update residents and families on life and activities within the service. A planned information and orientation process had been instrumental to the successful move by residents to the Knockamann Units. An up-to-date policy was in place.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 Knockamann houses provided for the privacy of residents. St. Fiakra's Unit had new curtains. Residents on this unit slept mostly in dormitories and there were curtains around the beds.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Dun Haven had been closed. Dun Na Ri Unit was closed for refurbishment. St. Fiakra's Unit had been upgraded, including the heating system, the bathrooms and the multi-sensory room. Overall, the fabric of the building in St. Fiakra's and the design and layout was not suited to the provision of care.

The Knockamann residential units provided a purpose built, homely, adaptable care environment. The units were fitted out to a high standard and afforded residents the opportunity to personalise their own rooms. Care and consideration was evident in the commissioning of residents' art work and photographs of local landscapes to decorate the houses.

**Breach:** 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment. An up-to-date policy was in place.



**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of the Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment. An up-to-date policy was in place.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
House 8 Knockamann	CNM	1	1
	RPN	1	
	HCA	1	
House 1 and 2 Knockamann	CNM	1	3  1
	RPN	6 shared	
	HCA	2 shared	
House 10 and 11Knockamann	CNM2	1 shared 5 days a week	3  1
	CNM 1	1 in each house	
	RPN	4 shared	
	HCA	1 in each house	
St. Fiakra's Unit	CNM	1	1  2
	RPN	4	
	HCA	4	
	Night Superintendent		1 shared across units

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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</i>			

	<i>Article.</i>			
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**Justification for this rating:**

There was one consultant psychiatrist and one consultant psychiatrist post had become vacant and remained unfilled. There was one occupational therapist, one social worker, one physiotherapist, one clinical speech and language therapist, one dietician, one behaviour nurse therapist and two Montessori teachers. Clinical psychology was contracted in from a private provider for 17 hours per week.

The approved centre had particular need of additional clinical psychology and also needed additional health and social care professionals to provide appropriate care for the assessed needs of residents, the size and layout of the approved centre. All of the health and social care professionals were sole practitioners. Line management was provided by the service manager. The “can do” approach and collaborative attitude of staff was notable.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 records inspected were of an excellent standard and well maintained. There was a policy on the maintenance of records.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Assessment of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment.

**Article 30: Mental Health Tribunals**

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No resident was detained under the Mental Health Act 2001.



**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment. An up-to-date policy was in place.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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 the individual clinical files inspected had risk assessments and management plans completed. There was a policy on risk management. The risk management policy did not address (1) residents absent without leave (2) suicide and self harm (3) assault (4) accidental injury to residents or staff. There was a policy on medical emergencies.

**Breach:** 32 (2) (c)

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<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:**

Inspection of this Article was based on self-assessment.

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

**SECLUSION**

**Use:** Seclusion was used in the approved centre. The Seclusion Register and the clinical file of one individual were inspected.

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:**

Seclusion was inspected in House 1 in Knockamann. It was not possible to inspect the facilities as the seclusion room was in use at the time of the inspection. CCTV was in use and there was appropriate signage. The seclusion register was completed correctly and signed. There was evidence of multidisciplinary review of the seclusion episodes. There was evidence that the next of kin had been informed of the seclusion episode. Seclusion was documented in the clinical file. There was evidence of 15 minute observation, two hourly nursing reviews and medical reviews. Training in prevention and management of aggression and violence had taken place for staff.

A recent audit of seclusion had taken place. Recommendations from this audit were being put in place.

**ECT (DETAINED PATIENTS)**

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**Use:** ECT was not used in the approved centre.

**MECHANICAL RESTRAINT**

**Use:** Part 5: the Use of Mechanical Means of Bodily Restraint for Enduring Risk of Self Harm to Self and Others was used in some areas of 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:**

The prescription for Part 5 was documented in the clinical files. Regular reviews of the restraint took place.



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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	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	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

Physical restraint was inspected in House 1, Knockamann. The Clinical Practice Forms for physical restraint were completed and signed. The physical restraint was documented in the resident's clinical file. There was evidence that multidisciplinary review had taken place and that the next-of-kin had been informed. Staff were trained in prevention and management of aggression and violence.

**ADMISSION OF CHILDREN**

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**Description:** No children were admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** The approved centre notified the Mental Health Commission of any deaths and provided details of incidents on a six monthly basis. There had been one death in the approved centre in 2011 up 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	X			

**Justification for this rating:**

The approved centre had a policy and procedures in place and made reports to the Mental Health Commission in a timely manner.

**ECT FOR VOLUNTARY PATIENTS**

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**Use:** ECT was not used in the approved centre.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** The approved centre operated admissions, transfers and discharges.

**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:**

There were up to date policies and protocols in place in relation to the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre. Risk management was robust and documented in all clinical files inspected.

### **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.*

There had been no admissions to the approved centre in 2011 up to the time of inspection.

#### **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.*

There were no transfers from the approved centre in 2011 up to the time of inspection.

## **Part 5 Discharge Process**

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

At the time of inspection there had been no discharges in 2011.



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

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**Description:** All residents in the approved centre 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
<b>X</b>			

**Justification for this rating:**

The approved centre only admitted residents with an intellectual disability. Therefore all policies were relating to residents with an intellectual disability. Staff were trained to work with people with an intellectual disability. There was inter-agency collaboration where appropriate such as in the area of work placements. All residents had an individual care plan. The approved centre used as little restrictive practices as possible and these practices were audited. There was a policy on least restrictive practice. As far as was possible the approved centre encouraged decision making by the resident. Assessing capacity of the resident was part of the assessment of the resident.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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

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

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**Description:** 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 service users in different areas in the approved centres. All professed themselves to be happy within the service. Those that had moved to Knockamann Houses were particularly fulsome in their praise of their new accommodation.

### **OVERALL CONCLUSIONS**

The opening of Knockamann provided excellent living accommodation for 54 residents. The Resource Centre provided numerous therapeutic and recreational services for all residents and the fact that it had extended into units for those residents who could not travel to the centre was to be commended. St. Fiakra's unit remained open despite the fact that the accommodation was completely unsuitable for the residents placed there.

The standard of treatment and care received by the residents was very high and it was obvious that all staff were dedicated and enthusiastic. The complement of health and social care professionals had been increased but still fell short of the required number and professional supervision needed to be developed. Information for the residents was well thought out and presented. Restrictive practices were used minimally and were regularly audited.

### **RECOMMENDATIONS 2011**

1. All efforts should be made to replace St. Fiakra's unit with more suitable accommodation.
2. A full time clinical psychologist should be available to the approved centre.
3. The complement of health and social care staff should be increased.