

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE West
<b>APPROVED CENTRE</b>	Ballytivnan Sligo/Leitrim Mental Health Services
<b>CATCHMENT AREA</b>	Sligo/Leitrim
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Special Care Unit Male Admissions Unit Female Admissions Unit
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	19 August 2009

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

**DESCRIPTION**

The approved centre was a two-storey structure built in the 1930s, located in Ballytivnan where it shared the grounds with the Institute of Technology. The Male Admissions Unit and the Special Care Unit were located on the ground floor and the Female Admissions Unit, which was locked on the day of inspection, was located on the first floor. Five sector teams admitted to the unit. There were four specialist teams which also admitted to the unit: rehabilitation, psychiatry of later life, intellectual disability and child and adolescent.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Male Admissions	21	16	All teams
Female Admissions	21	21	All teams
Special Care	10	10	All teams

**QUALITY INITIATIVES**

- There had been an excellent response to the Arts Initiative in Mental Health, which provided a variety of programmes to residents in visual arts, creative writing, dance and movement.
- One nurse had undertaken the nurse prescribing course and two more were in training.
- Training in the Wellness Recovery Action Plan (WRAP) programme was currently being facilitated for residents, staff and family members.
- A care for carers programme was being facilitated by the service.
- Approval had been granted for the recruitment of a senior occupational therapist, cognitive behavioural therapist, senior clinical psychologist, registrar and senior speech and language therapist to the child and adolescent service.
- One of the NCHDs was to lead audits on physical restraint and compliance with completion of seclusion forms.
- The occupational therapist manager reported the development of a new therapeutic horticulture and healthy living project run as a joint occupational therapy and national organic centre project. This could be accessed by all residents, including special care unit residents.

**PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT**

*1. Privacy issues on the units in relation to observation panels should be addressed.*

**Outcome:** Work had begun in the Special Care Unit to rectify this and was expected to follow through to the Male Admissions Unit and Female Admissions Unit.

*2. Advocacy services should be provided that are easily accessible to residents and service users should be included in the running of the service.*

**Outcome:** A member of the Irish Advocacy Network (IAN) visited the approved centre each Wednesday. Details of the IAN and the Leitrim Advocacy Network were prominently displayed in the centre.

*3. Funding should be provided to ensure that the multidisciplinary teams are fully resourced and the mix of disciplines was in accordance with the needs of the residents and national mental health policy.*

**Outcome:** Approval for the recruitment of a senior occupational therapist, cognitive behavioural therapist, senior clinical psychologist, registrar and senior speech and language therapist to the child and adolescent service had been granted.

*4. The Special Care Unit would benefit from an outdoor smoking area similar to that provided in the Male Admissions Unit.*

**Outcome:** A smoking shelter had been provided for the residents in the Special Care Unit, however a more user-friendly smoking shelter for this unit was currently being sourced.

*5. Funding should be made available to progress the plans for a purpose-built unit in Sligo General Hospital.*

**Outcome:** This had not been achieved.

*6. Individual care plans could be enhanced by facilitating the signing of the care plan by the resident and provision of a copy of the care plan to them.*

**Outcome:** This had not been achieved.

*7. The remaining refurbishment work on the Male Admissions Unit should be completed, including the upgrading of the shower room, creation of a wheelchair-accessible toilet, relocation of a bath, and redecoration of areas affected by damp.*

**Outcome:** This had been achieved.

**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	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

Wrist bands were worn. Two RPNs administered medication.

**Article 5: Food and Nutrition.**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There were machines throughout the unit which dispensed bottled water. There was a good choice for breakfast and the evening teatime meal. Special dietary requirements were catered for. The main meal of the day was provided, freshly cooked, from the kitchens of St. John's Hospital. However there was a lack of choice of hot meal. Neither residents nor staff knew in advance what was to be provided for this meal until it was taken from the heating trolleys on the units immediately prior to consumption by the residents.

**Breach:** Article 5 (2)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The Environmental Health Officer's reports of 27 April 2009 and 6 May 2009 were examined. The service was asked to provide written evidence to the Inspectorate demonstrating what actions had been taken to remedy the unsatisfactory matters listed in these reports.

The service subsequently forwarded written evidence that the matters listed in the Environmental Health Officer's reports were being addressed.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service provided a small amount of clothing that could be used and retained by a resident if a resident did not have an adequate supply. Funds were also kept aside to facilitate clothing purchase. Night clothes were not worn by residents during the day unless this was specified in the resident's individual care plan.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had written operational policies and procedures. A record was maintained of each resident's personal property and possessions. Two RPNs countersigned these records. Provision was made for the safe keeping of all personal property and possessions.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

There were two TV rooms on each ward. A radio was also available. Copies of two broadsheet newspapers were delivered to all wards daily and copies of three local newspapers were delivered to each ward weekly. Sligo Library regularly donated books to the centre. Board games were available and access to a computer was available. Supervised access to email was facilitated if requested.

**Article 10: Religion.**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service demonstrated that the religious needs of residents were facilitated as far as was reasonably practicable.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had written operational policies and procedures for visiting. Hours of visiting were prominently displayed and the service reported that it was reasonably flexible regarding visiting times. Child visitors had to be accompanied by a responsible adult. A number of rooms could be used for visits.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had written operational policies and procedures for visiting. Mail was posted and received by residents. Mobile phones were retained by residents. There was supervised access to email.

**Article 13: Searches.**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service had written operational policies and procedures that were compliant with this Article. It was reported that searches were carried out only after discussion with the resident's team.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had written operational policies and procedures on the care of residents who were dying. A single room was used for caring for a person who was dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

An integrated care plan had been developed but the residents did not receive a copy of their own plan.

**Breach:** Article 15

**Article 16: Therapeutic Services and Programmes.**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Needs-based therapeutic activities were provided but not all were linked to the resident's individual care plan.

**Breach:** Article 16 (1)

**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was evidence of compliance with this Article.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service had a written policy and procedures on the transfer of residents. The service demonstrated compliance with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

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

*Male Admissions Unit:* Two clinical files were examined. There was evidence that the general health needs of the residents on this ward were assessed at least every six months.

*Female Admissions Unit:* Two clinical files reviewed showed that no general health checks were completed.

*Special Care Unit:* Two clinical files reviewed highlighted that the six-monthly general health checks were not completed.

**Breach:** Article 19 (1)(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Details of the residents' multidisciplinary teams were displayed on each unit. Information on housekeeping practices, personal property, meal times, visiting times and visiting arrangements were provided. Information on residents' diagnoses was provided if requested. Details of relevant advocacy services were provided with contact details. A folder on various medications was maintained on each ward in conjunction with the pharmacist.

The service had written operational policies and procedures for the provision of information to residents.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Observational panels were still in place in the doors of single bedrooms and bathrooms on the Male Admissions Unit and Female Admissions Unit. The bedrooms windows overlooked a garden area and did not provide adequate privacy for residents.

**Breach:** Article 21

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

All areas of all units were clean. In all the wards inspected there was evidence of paint peeling from the walls or window ledges and were in need of redecoration.

**Breach:** Article 22 (1)(a)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had appropriate and suitable practices and written operational policies compliant with all aspects of this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service had written operational policies and procedures.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

CCTV was used in the seclusion room in the Special Care Unit but there was no sign advertising its use to the residents. The service had a written policy and protocols relating to the use of CCTV.

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

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male Admissions Unit	Nurse Household	1 CNM2 and 3 RPN 2	2 RPN 0
Female Admissions Unit	Nurse Household	1 CNM2 and 3 RPN 2	2 RPN 0
Special Care Unit	Nurse Household Ward clerk Occupational therapy	1 CNM2 and 7 RPN 2 1 1 Acting Senior, 1 Basic	4 RPN 0 0 0

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The skill mix was not appropriate for meeting the needs of the residents.

**Breach:** Article 26 (2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The approved centre had written policies and procedures. Information was easy to retrieve from the clinical files.

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service was compliant with this Article on the day of inspection.

**Article 29: Operating Policies and Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service was compliant with this Article on the day of inspection.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service was compliant with this Article on the day of inspection.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

A record of complaints was maintained. The complaints procedure was displayed in prominent areas throughout all wards. A nominated person was available to deal with all complaints.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service had a comprehensive risk management policy compliant with this Article. A record of incidents was examined on the day of inspection.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The service was compliant with this Article on the day of inspection.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

The certificate of registration was framed and displayed in a prominent position in the approved centre.

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

**SECLUSION**

**Use:** The seclusion register was examined on the day of inspection. The Special Care Unit had four episodes of seclusion with two residents.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Patient dignity and safety	X			
4	Monitoring of the patient	X			
5	Renewal of seclusion orders	X			
6	Ending seclusion	X			
7	Facilities	X			
8	Recording	X			
9	Clinical governance		X		
10	Staff training	X			
11	CCTV		X		
12	Child patients	NOT APPLICABLE			

**Justification for this rating:**

There was no documentation that the resident was informed of the reason for, or likely duration of seclusion or whether the next of kin were informed. Review of the incidents of seclusion by the multidisciplinary team was not documented. The approved centre must review its policy on seclusion as required and in any event at least on an annual basis. CCTV was used in the seclusion room but was not clearly labeled.

**Breach:** Section 2.9, Section 2.10 (a)(b), Section 9.1 (d), Section 9.2, and Section 11.2 (b).

**ECT (DETAINED PATIENTS)**

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ECT was not used at the approved centre. ECT was used where indicated but was administered in Sligo General Hospital.

## **MECHANICAL RESTRAINT**

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The Inspectorate was informed on the day of inspection that mechanical restraint was not used on the wards and the policy reflected this. Staff reported that mechanical means of bodily restraint for enduring self harming behaviour were not used on the wards.

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

**PHYSICAL RESTRAINT**

**Use:** The physical restraint register was examined on the day of inspection. The approved centre had twelve episodes of physical restraint with eight residents.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Resident dignity and safety	X			
4	Ending physical restraint	X			
5	Recording use of physical restraint	X			
6	Clinical governance		X		
7	Staff training	X			
8	Child residents	N/A			

**Justification for this rating:**

There was no documentation showing that the resident was informed of the reason for, or likely duration of physical restraint or whether the next of kin were informed.

The approved centre should review its policy on physical restraint as required and in any event at least on an annual basis.

Review of the incidents of seclusion by the multidisciplinary team was not documented.

**Breach:** Section 2.9, Section 2.10 (a) (b), Section 6.1 (d), and Section 6.2.

**ADMISSION OF CHILDREN**

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**Description:** There were no children admitted to the approved centre on the day of inspection. Two children had been admitted to the approved centre in 2009.

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

**Justification for this rating:**

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

**Breach:** Section 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

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**Description:** Incidents and deaths were recorded and reviewed by the Inspectorate.

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

**Justification for this rating:**

The approved centre was compliant with this Article on the day of inspection.

**ECT FOR VOLUNTARY PATIENTS**

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ECT was not used at the approved centre. ECT was used where indicated but was administered in Sligo General Hospital.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** Section 60 was in order on the day of inspection.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
Section 60 (a)	<b>X</b>			
Section 60 (b)(i)	<b>X</b>			
Section 60 (b)(ii)	<b>X</b>			

**Justification for this rating:**

The approved centre was compliant on the day of inspection.

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

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Section 61 was not applicable on the day of inspection.

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

### **SERVICE USER INTERVIEWS**

One service user asked to speak to the Inspectorate on the day of inspection. His concerns were relayed verbally to the ward staff with his consent.

### **OVERALL CONCLUSIONS**

The approved centre was located in Ballytivnan and shared grounds with the local Institute of technology. The special care unit and male admissions were located on the ground floor. The female admissions unit was located on the first floor.

It was of concern to the Inspectorate that children continued to be admitted to this adult unit.

This service had suffered a reduction in staff numbers during the year and staff reported that those who had left tended to be the more experienced people and the expectation was that this would impact on service delivery in the future.

### **RECOMMENDATIONS 2009**

1. The main meal of the day for residents should involve an element of choice. A link must be initiated and maintained between a senior staff member of the approved centre and the kitchens of St. John's Hospital so that the residents are made aware of the menu in a timely way.
2. A programme of redecoration needs to commence throughout the approved centre with immediate attention to those areas identified by the Inspectorate on the day of inspection.
3. The unit was not suitable for the admission and treatment of children.
4. All residents should have a completed individual multidisciplinary team care plan as described in the Regulations and should be signed by the resident. Residents should receive a copy of their individual care plan.
5. All health and social care professionals should ensure all interventions are recorded in the residents' notes kept on the ward.
6. All staff should ensure that the registers for seclusion and physical restraint are completed in full, that the resident is given the opportunity to discuss the episode, and that relatives are informed of the episodes, and that these actions are recorded in the clinical notes.
7. All bedroom windows should be reviewed and action taken to ensure privacy for all residents.
8. There must be regular audit of documentation standards and implementation of the Rules, Codes of Practice and Regulations under the Mental Health Act 2001.
9. There must be a sufficient number of health and social care professionals in place to meet the assessed needs of the residents.
10. Procedures should be drawn up to ensure that all residents admitted for longer than six months have full physical health reviews.
11. All policies and procedures should be reviewed, updated, easily retrievable and signed by all staff in a timely manner and should reflect current practice.