

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Donegal, Sligo, Leitrim, West Cavan
<b>HSE AREA</b>	West
<b>CATCHMENT AREA</b>	Sligo/ Leitrim
<b>MENTAL HEALTH SERVICE</b>	Sligo/ Leitrim
<b>APPROVED CENTRE</b>	Ballytivnan Sligo/Leitrim Mental Health Services
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Male Admission Female Admission Special Care Unit
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	13 October 2010

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

**INTRODUCTION**

In 2010, 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 2009 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

**DESCRIPTION**

The mental health unit at Ballytivnan was a two-storey building which had been previously used as a sanatorium. It was located on the outskirts of Sligo town adjacent to the town's Institute of Technology and the mental health service had moved there when the old psychiatric hospital in Sligo had closed approximately ten years ago. The unit had two admission wards, each with 21 beds, and a special care unit with ten beds. It was reported that the service was in the process of reducing the number of beds in the approved centre and had de-commissioned one bed in each of the admission wards. Several teams admitted to the unit, including five sector teams, a rehabilitation team, a Child and Adolescent team(CAMHS), psychiatry of old age (POA) team and a mental health of intellectual disability team(MHID). On the day of inspection there were 38 residents, of whom 11 were detained. There were no children in the approved centre on the day of inspection.

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Female Admission	21	15	Sector, Rehabilitation, Psychiatry of Old Age
Male Admission	21	17	Sector, Psychiatry of Old Age, Mental Health Intellectual Disability, Rehabilitation
Special Care Unit	10	6	Sector, Rehabilitation

**QUALITY INITIATIVES**

- The approved centre had run several Caring for Carers programmes, a Cooperation and Working Together Project (CAWT).
- The approved centre had provided an eleven week training programme for Traveller community health workers, on mental health and mental illness, with a special focus on the needs of Travellers, including mapping out available services and contacts.
- The social work staff had provided a support and education programme for children whose parent/s had a mental illness.
- The occupational therapy department had developed an organic gardening project for residents. This project was awarded the Anne Becket Memorial Award, a prize awarded annually by the professional body for occupational therapy (AOTI) for outstanding best practice.

## **PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

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 aware of the menu within a reasonable timeframe.

Outcome: A choice of meal had been introduced to the diet and residents received a plan of the next day's meals the day before.

2. A programme of redecoration needed to commence throughout the approved centre with immediate attention to those areas identified by the Inspectorate on the day of inspection.

Outcome: The approved centre had been re-painted in the past year.

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

Outcome: This remained the case despite the fact that children continued to be admitted to the approved centre.

4. All residents should have a completed individual care plan as described in the Regulations which should be signed by the resident. Residents should receive a copy of their individual care plan.

Outcome: A recovery care plan had been introduced and a duplicate copy of the plan was given to the residents.

5. All health and social care professionals should ensure all interventions are recorded in the residents notes kept on the ward.

Outcome: This had been done.

6. All staff should ensure that the registers for seclusion and physical restraint are completed in full and the resident is given the opportunity to discuss the episode and relatives informed of the episodes and recorded in the clinical notes.

Outcome: A checklist had been developed to ensure all documentation was completed. On inspection, it was noted that this had not been done in all cases.

7. All bedroom windows should be reviewed and action taken to ensure privacy for all residents.

Outcome: This had been done.

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.

Outcome: An audit committee carried out a monthly review of incidents of seclusion and physical restraint.

9. There must be a sufficient number of health and social care professionals in place to meet the assessed needs of the residents.

Outcome: There had been an increase in the number of occupational therapists and psychologists.

10. Procedures should be drawn up to ensure that all residents, admitted for longer than six months had a full physical health review.

Outcome: A checklist had been drawn up to ensure compliance with the Regulations.

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.

Outcome: This had been done.

**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
<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>		

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

A choice of meal had been introduced for residents. There was evident effort to enhance meal times and there were cloth table covers and decorative flower vases on each table.

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 7: Clothing**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 9: Recreational Activities**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 10: Religion**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 13: Searches**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>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>		

**Justification for this rating:**

The approved centre had introduced a new care plan entitled “recovery care plan” which replaced the integrated care plan. A number of clinical files were examined. The quality of the care plans was variable, with some providing limited specific plans for residents, and in some cases, no care plan was evident in the file. The individual care plans did not consistently identify who attended the multidisciplinary review and who was charged with carrying out specific interventions. The individual care plans did not meet the requirements of the Regulations and this was regrettable because reviews and information recorded in the individual clinical files inspected indicated timely and comprehensive care planning and follow up. All disciplines made entries in the clinical files with the exception of psychology.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Although not all residents had individual care plans, there was evidence in the clinical files of good individual therapeutic services and programmes. In cases where residents had individual care plans the therapeutic services and programmes were linked.

**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The approved centre made arrangements for education where indicated when children were admitted.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The approved centre had a policy on the transfer of residents. Information was transferred with the resident who was accompanied by a staff member when transferred.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>X</b>	
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

The clinical files of residents who had been in-patient for longer than six months were examined. There was evidence that physical health examinations had been carried out within the previous six months.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Information detailing housekeeping practices, personal property, meal times and menu, visiting arrangements and complaints procedures were displayed. Information on diagnosis and medication was provided if requested.

There was an informative leaflet on the role of the multidisciplinary team review which was posted outside the meeting room. This leaflet invited the resident's participation in their own review, their role in their own recovery and emphasised how the team valued this.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>	

**Justification for this rating:**

All bedrooms had curtains and afforded privacy. Lavatories and shower rooms were all lockable from the inside. The seclusion room in the Special Care Unit had an observation panel in the door which looked directly onto the main unit corridor and did not protect the privacy of any occupant. This window required blinds or curtains or some other mechanism to protect the dignity and privacy of any individual in seclusion.

**Breach: 21**

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The approved centre had been repainted and all areas were bright and clean.

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

CCTV was used in the visiting area and in the seclusion room of the Special Care Unit. Signs were displayed on the wall. The signage in relation to CCTV in seclusion might have more usefully been placed at the door to seclusion rather than on the opposite wall where it might be missed.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Male unit	CNM 2 or 1 Staff nurses	1 3	CNM shared across units 2
Female unit	CNM 1 or 2 Staff nurses	1 3	CNM shared across units 2
Special care Unit	CNM 1 or 2 Staff nurses	1 7 (includes 2 female staff nurses)	CNM shared across units 4
3 units	Housekeeping Ward clerk Occupational therapist	9 1 2	0 0 0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>X</b>	
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

**Justification for this rating:**

The approved centre had improved the skill mix of health and social care professionals with the recruitment of additional occupational therapists and psychologists, but it still fell short of a full skill mix.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 28: Register of Residents**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 29: Operating policies and procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 30: Mental Health Tribunals**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 31: Complaint Procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 32: Risk Management Procedures**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 34: Certificate of Registration**

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

**SECLUSION**

**Use:** The seclusion room was situated in the special care unit. The seclusion register and the clinical files of some residents who were secluded were examined. No resident was in seclusion at the time of inspection.

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

**Justification for this rating:**

The approved centre had a policy on seclusion. The seclusion register was examined and several order forms were not completed. In many cases, Section 18 of the order form was not completed and in one case, it was not clear whether seclusion had ended or been extended. There was a sign indicating the use of CCTV but this was located on the wall of the corridor, not beside the seclusion room. There was a glass panel in the door of the seclusion room, through which anyone on the corridor could look and observe a patient inside. Staff had not received training in seclusion

**Breach:** 3.4, 11.1, 12.2(b)

**ECT (DETAINED PATIENTS)**

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**Use:** ECT was not provided in the approved centre. If required, ECT was provided in Sligo General Hospital. There was no resident in receipt of ECT on the day of Inspection.

## **MECHANICAL RESTRAINT**

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**Use:** Mechanical Restraint was not used in the approved centre. Staff reported that mechanical means of restraint for enduring self harming behaviour was not used in the approved centre.

**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. The Clinical Practice Form book was examined.

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

**Justification for this rating:**

The Physical Restraint Clinical Practice Form book was inspected and some forms were found to be incomplete. In one instance, there was no record of physical restraint written in the clinical file. Mandatory training had not taken place due to difficulties with funding and the ability of the approved centre to release staff to be trained.

**Breach:** 5.3, 5.7, 8.1, 10

**ADMISSION OF CHILDREN**

**Description:** Children were admitted to the approved centre.

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

**Justification for this rating:**

The clinical file of one child who had been discharged on the day prior to the inspection was examined. The approved centre was not suitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** No deaths had occurred in the approved centre since the last inspection of 2009.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	<b>NOT APPLICABLE</b>			
3	Incident reporting	<b>X</b>			
4	Clinical governance	<b>X</b>			

**Justification for this rating:**

A copy of the incident record was forwarded to the Mental Health Commission on a regular basis. The approved centre had a risk management policy.

**ECT FOR VOLUNTARY PATIENTS**

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**Use:** ECT was administered in the General Hospital when required. No resident was receiving ECT at the time of inspection.

**ADMISSION, TRANSFER AND DISCHARGE**

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

**Description:** A number of sector and specialist teams admitted residents to the approved centre.

*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	COMPLIANCE INITIATED	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The approved centre had policies governing admission, transfer and discharge of residents. The policy on admission was comprehensive. Staff roles were established regarding these processes.

**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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre had a comprehensive policy on admission to the approved centre. Assessments were carried out following admission and information given to the resident about the approved centre. A key-worker system was in operation. The approved centre was not fully compliant with the Regulations on Individual Care Plans.

**Breach: 17**

**Part 4 Transfer Process**

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The approved centre had a policy on transferring a resident and the team was involved in the decision to transfer. Residents were accompanied by staff when transferred.

**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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The decision to discharge a resident was taken by the consultant in conjunction with the multidisciplinary team. The policy outlined the procedures involved in planning a discharge. There was no reference to discharge of vulnerable residents, e.g. homeless or elderly residents.

**Breach: 44**

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

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**Description:** Two residents in the approved centre had an intellectual disability and mental illness and were under the care of the Mental Health of Intellectual Disability (MHID) team.

*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	COMPLIANCE INITIATED	NOT COMPLIANT
			<b>X</b>

**Justification for this rating:**

The approved centre did not have a policy on admission of people with intellectual disability and mental illness. Staff had not received specific training in dealing with residents with intellectual disability and mental illness.

**Breach:** 5, 6, 7

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** Four patients in the Special Care Unit had been resident for longer than three months and were prescribed medication. The clinical files of two patients were examined.

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

**Justification for this rating:**

There was evidence in the clinical files that patients had provided written consent to the continued administration of medication.
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE**

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**Description:** One child had been admitted under Section 25, but had been discharged prior to the inspection. The child had not been resident for more than three months.

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

#### SERVICE USER INTERVIEWS

One resident spoke with the Inspectorate .Other residents were greeted as the inspection was conducted.

#### MEDICATION

The medication sheets were in booklet format. They were legible and easy to follow. Each prescription used a medical council registration number of the prescriber as well as a signature which was excellent. PRN (as required) medication was separate from regular medication. No indications for PRN medication were documented.

#### MEDICATION ACUTE

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>43</b>
Number on benzodiazepines	<b>18 (42%)</b>
Number on more than one benzodiazepine	<b>3 (7%)</b>
Number on regular benzodiazepines	<b>10 (23%)</b>
Number on PRN benzodiazepines	<b>12 (28%)</b>
Number on hypnotics	<b>13 (30%)</b>
Number on Non benzodiazepine hypnotics	<b>11 (26%)</b>
Number on antipsychotic medication	<b>26 (60%)</b>
Number on high dose antipsychotic medication	<b>2 (5%)</b>
Number on more than one antipsychotic medication	<b>8 (19%)</b>
Number on PRN antipsychotic medication	<b>5 (12%)</b>
Number on antidepressant medication	<b>15 (35%)</b>
Number on more than one antidepressant	<b>1 (2%)</b>

Number on antiepileptic medication	<b>6 914%)</b>
Number on Lithium	<b>3 (7%)</b>

**MEDICATION LONG STAY**

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>9</b>
Number on benzodiazepines	<b>4</b>
Number on more than one benzodiazepine	<b>1</b>
Number on regular benzodiazepines	<b>2</b>
Number on PRN benzodiazepines	<b>4</b>
Number on hypnotics	<b>2</b>
Number on Non benzodiazepine hypnotics	<b>2</b>
Number on antipsychotic medication	<b>7</b>
Number on high dose antipsychotic medication	<b>1</b>
Number on more than one antipsychotic medication	<b>3</b>
Number on PRN antipsychotic medication	<b>6</b>
Number on antidepressant medication	<b>1</b>
Number on more than one antidepressant	<b>0</b>
Number on antiepileptic medication	<b>2</b>
Number on Lithium	<b>2</b>

## **OVERALL CONCLUSIONS**

The unit at Ballytivnan provided acute care to 38 residents on the day of inspection. New individual care plans had been introduced and most residents had an individual care plan. Some of these individual care plans were quite vague and a review of many clinical files noted an absence of psychology notes. The approved centre was very clean but only residents in the special care unit had direct access to a garden area. All of the patients in the special care unit, three of whom had been detained for several years had had a full rehabilitation assessment carried out in the previous two years, but the lack of an appropriate facility for ongoing care of detained patients in the special care unit was a barrier to their rehabilitation.

## **RECOMMENDATIONS 2010**

1. All residents should have an individual care plan.
2. Resources should be provided to enable staff to be released for training in Physical Restraint.
3. A psychologist should provide an input to the multidisciplinary aspect of care for residents.
4. Privacy for residents in Seclusion should be enhanced.