

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin North Central / North West Dublin
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Dublin North Central, Mater Sector
APPROVED CENTRE	St. Aloysius Ward, Mater Misericordiae University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	St. Aloysius Ward
TOTAL NUMBER OF BEDS	15
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	4 May 2011

OVERVIEW

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

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. In addition to the core inspection process, information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Aloysius ward was located in the main building of the Mater Misericordiae University Hospital. Access was past a kitchen area and another medical ward. The approved centre had 15 beds. There was one detained patient on the day of inspection. Unscheduled admissions were through a busy Emergency Department while scheduled admissions came directly to the ward. Ten beds were used by the Mater sector team and five beds were used by liaison psychiatry and the academic team. The ward was small with no access to outside space. To indirectly access outside space patients must obtain leave from the ward as appropriate or if necessary must be accompanied by staff. Due to the layout of the ward, observation of residents was limited. Occasionally residents requiring high observation were transferred to St. Vincent's Hospital in Fairview and since October 2010 to the date of inspection, one patient requiring high observation had been transferred to St. Vincent's Hospital. At the time of inspection there were three patients transferred to St. Brendan's Hospital under sections 20 and 21 of the Mental Act 2001 on Form 10 since January 2011.

The recent loss of full-time social worker and non consultant hospital doctor (NCHD) had stretched the approved centres delivery of services to residents.

A new 48-bed unit was planned using existing medical ward space within the Mater Misericordiae University Hospital building but this had not progressed beyond the planning stage.

The approved centre did not complete a self assessment as requested by the Inspectorate. The approved centre had one condition attached to its registration: The Mental Health Commission requires that full compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint must be obtained from 19 July 2010.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	25	23	20
Substantial Compliance	1	5	6
Minimal Compliance	3	3	2
Not Compliant	2	0	3
Not Applicable	0	0	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Aloysius ward	10	10	General Adult Psychiatry
	5	1	Liaison Psychiatry and Academic Team

QUALITY INITIATIVES

- Attempts were under way to engage outside agencies such as GROW and SHINE to provide therapeutic groups and lectures for the residents on the ward on a monthly basis on a wide range of mental health issues.
- The approved centre held a community meeting with residents and staff once a week. This provided the residents with an opportunity to discuss any issues on the ward i.e. house-keeping issues, activities or complaints. It was hoped to initiate a quality circle with input from the residents through the community meeting to further improve the quality of the services delivered to residents.
- There was a research project underway investigating the barriers to carers in obtaining information on residents' diagnosis, treatment and care from health care professionals.
- Audits were underway reviewing service users who present to the Emergency Department who self-harm.
- Arrangements for transfer of residents requiring high observation to St. Vincent's Hospital Fairview had been initiated.
- Nursing staff had started a journal club to enhance professional competence.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The approved centre should provide access to fresh air and to the garden directly outside.

Outcome: This had not been achieved.

2. Senior management must take appropriate steps to ensure the provision of therapeutic services and programmes and psychological therapies as befits a modern mental health facility within a teaching hospital.

Outcome: There was evidence that nursing staff had made considerable effort to provide therapeutic services and programmes within the ward. Art sessions were now available once a week. Occupational therapy input was still insufficient.

3. Senior management must identify how best to support and enhance recreational opportunities and activities in the approved centre, particularly at week-ends, so as to offset the dissatisfaction resulting from boredom as expressed by residents.

Outcome: The nursing staff had provided recreational activities.

4. Individual clinical files must comprise a single composite file.

Outcome: This had not been achieved. Nursing staff continued to maintain separate nursing notes.

5. The individual care plans should clearly record the identity and role of the signatory.

Outcome: This had been achieved.

6. The approved centre's risk management policy must meet the requirements of the Regulations.

Outcome: This had not been achieved. A number of key elements of the risk policy were missing.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Two nurses administered medication. Identity bracelets were provided but were not always worn by the residents.

Article 5: Food and Nutrition

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

Justification for this rating:

Meals came from the main hospital kitchen. There was a menu available and this was displayed on a notice board and special diets were catered for. Drinking water was available.

Article 6 (1-2): Food Safety

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

Justification for this rating:

A food safety certificate was made available.

Article 7: Clothing

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

Justification for this rating:

No resident was in night clothes on the day of inspection.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

A property list for each resident was maintained. Valuables were kept in a safe on the ward or in the main hospital safe. The approved centre had up-to-date policies and procedures relating to residents' personal property and possessions.

Article 9: Recreational Activities

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

Justification for this rating:

Substantial improvement had been made in the provision of recreational activities by the nursing staff.

Article 10: Religion

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

Justification for this rating:

Residents were accommodated in the practice of their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

There were fixed visiting times. While there was no dedicated visiting room there was a private area at the end of the unit that could be used. If children were visiting an office was used. The approved centre had up-to-date policies and procedures for visiting.

Article 12 (1-4): Communication

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

Justification for this rating:

Mobile phones were freely allowed in the ward as the pay phone was broken. Restrictions on the use of mobile phones for confidentiality reasons were planned with the development of a new policy.

Article 13: Searches

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

Justification for this rating:

There was a policy on searching both with and without consent. Two nurses conducted searches and searches were documented. There was a policy on the searching of residents and in relation to the finding of illicit substances.

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

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

Justification for this rating:

At the time of inspection, no resident had died in the approved centre in 2011. The approved centre had up-to-date policies and procedures for care of residents who are dying.

Article 15: Individual Care Plan

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

Justification for this rating:

The majority of residents had individual care plans that were regularly reviewed. There was no evidence that the resident had input into the individual care plans. There was an excellent initial 72 hour care plan drawn up by nursing staff and the admitting doctor for all residents.

One team informed the Inspectorate that they had made the decision not to implement individual care planning for residents.

As each resident did not have an individual care plan the requirements of this Article were not met.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

The nursing staff had developed an extensive list of therapeutic services and programmes in consultation with residents. Art sessions had been imaginatively resourced and residents had been successful in a recent art competition.

Occupational therapy was provided once a week and this was insufficient. There were no kitchen facilities available for assessment in activities of daily living. This had been provided previously but had been removed by the direction of the Health and Safety Officer.

Nursing staff had developed an excellent therapeutic activities care plan.

Unfortunately, and despite the excellent efforts of staff in implementing therapeutic services and programmes, individual care plans were not operational for all residents. Therefore, therapeutic services and programmes were not in accordance with each resident's individual care plan as required by this Article.

Breach: 16 (1)

Article 17: Children's Education

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

Justification for this rating:

All admissions of children had been of short duration. Should a child need facilitation of education the team would liaise with St. Joseph's Adolescent Centre in Fairview.

Article 18: Transfer of Residents

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

Justification for this rating:

All relevant information was sent with the resident on transfer. There was a nursing transfer form. There was a policy on transfer of residents.

Article 19 (1-2): General Health

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

Justification for this rating:

There were two residents in hospital for more than six months. Both had six monthly general health examinations completed. Residents had access to national screening programmes. The approved centre had an up-to-date policy on responding to medical emergencies.

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

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

Justification for this rating:

The information booklet was comprehensive. There was access to relevant information on diagnosis and medication through the St. Vincent's Hospital, Fairview website. There was information displayed about advocacy services. The approved centre had up-to-date policies on the provision of information to residents.

Article 21: Privacy

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

Justification for this rating:

All beds had surrounding curtains. The six-bed dormitory was very small and the beds were very close together. One bathroom door had no lock which did not ensure the resident's privacy and dignity at all times.

Breach: 21

Article 22: Premises

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

Justification for this rating:

Refurbishment of some bathrooms had been completed. One of the toilet facilities were closed awaiting refurbishment. The bathroom in the seclusion room required refurbishment. There was a beautiful outside garden area that residents could not access. This had been repeatedly highlighted to the approved centre in previous inspection reports.

Breach: 22 (1) (a), (c), (3)

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

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

Justification for this rating:

The approved centre had no up-to-date policy on the ordering, prescribing, storing and administration of medicines to residents.

Breach: 23 (1)

Article 24 (1-2): Health and Safety

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

Justification for this rating:

A health and safety statement was provided.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

There was non-recording CCTV on one of the entrance doors to the ward. There was no signage to indicate the use of CCTV.

CCTV was used in seclusion. There was adequate signage on the seclusion room door.

The approved centre had an up-to-date policy on the use of closed circuit television (CCTV).

Breach: 25 (b)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
St. Aloysius ward	ADON	1	0
	CNM2	1	0
	RPN	3	3

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

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

Justification for this rating:

There was no social worker since January 2011. There was also a vacancy for a non consultant hospital doctor (NCHD). The occupational therapist was only available for one session per week. Access to psychology was through a referral system. The approved centre had up-to-date policies and procedures relating to the recruitment, selection and vetting of staff.

A training record for staff was provided.

The skill mix within the approved centre did not meet the assessed needs of residents.

Breach: 26(2)

Article 27: Maintenance of Records

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

Justification for this rating:

Although the clinical files were bulky they were neat and information was easily retrievable. All records were up-to-date. There was safe storage in the nursing office. The approved centre had up-to-date policies and procedures relating to the maintenance of records.

A fire safety report and a food safety report were made available.

Article 28: Register of Residents

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

Justification for this rating:

A register of residents was kept manually. There was no facility for recording PPS numbers as required by Schedule 1 of the Regulations.

Breach: 28 (2)

Article 29: Operating policies and procedures

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

Justification for this rating:

The approved centre had a number of policies and procedures that were up to date; those that were not available were highlighted in the relevant Rules, Regulations or Codes of Practice within this report.

All staff signed a record to ensure that they had read and understood the policies and procedures available on the unit.

Breach: 29

Article 30: Mental Health Tribunals

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

Justification for this rating:

Mental Health Tribunals were facilitated by the approved centre.

Article 31: Complaint Procedures

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

Justification for this rating:

There was a complaints policy. While the complaints procedure was contained in the resident's information leaflet it was not displayed as required by this Article. There was no person nominated to deal with complaints in the approved centre although the risk assessment officer was nominated in the general hospital.

The approved centre had up-to-date policies and procedures relating to making, handling and investigating complaints.

Breach: 31 (4)

Article 32: Risk Management Procedures

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

Justification for this rating:

The approved centre had a policy on risk management but it did not meet the requirements of the Regulations.

Breach: 32 (1) (2)

Article 33: Insurance

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

Justification for this rating:

An insurance certificate was available.

Article 34: Certificate of Registration

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

Justification for this rating:

A certificate of registration was displayed. The approved centre had one condition attached to its registration: The Mental Health Commission requires that full compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint must be obtained from 19 July 2010.

The approved centre was awaiting an up-to-date certificate from the Mental Health Commission detailing this condition.

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

SECLUSION

Use: At the time of inspection, one resident had been secluded in 2011. The patient's clinical file and seclusion register were examined by the Inspectorate.

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				
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The seclusion bathroom shower was mouldy and required refurbishment.

The nurses ordering the seclusion did not fully complete the seclusion register in sections 11(a) and 11(b).

The patient's next of kin was informed of the seclusion episode and the patient was afforded the opportunity to discuss the seclusion episode with their key worker.

The approved centre had an up-to-date policy in relation to seclusion and all staff had read and understood the policy.

Breach: 3.3 (b), 8.2

ECT (DETAINED PATIENTS)

Use: At the time of inspection, no detained patient was receiving Electro Convulsive Therapy (ECT).

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	NOT APPLICABLE			
6	Patient assessment	NOT APPLICABLE			
7	Anaesthesia	NOT APPLICABLE			
8	Administration of ECT	NOT APPLICABLE			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	NOT APPLICABLE			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

ECT was administered in theatre. There was an ECT nurse and a consultant psychiatrist with responsibility for ECT. Consent forms were available and there was a good ECT information leaflet.

MECHANICAL RESTRAINT

Use: At the time of inspection no resident had been Mechanically Restrained in 2011. No resident had undergone Mechanical Restraint under Part 5 of the Rules.

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

Justification for this rating:

The approved centre had one condition attached to its registration: The Mental Health Commission required that full compliance with the Rules Governing the Use of Mechanical Means of Bodily Restraint must be obtained from 19 July 2010.

The Mechanical Restraint register was examined by the Inspectorate and there had been no episodes of Mechanical Restraint. There had been no breach of the condition attached to the approved centre by the Mental Health Commission.

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

PHYSICAL RESTRAINT

Use: At the time of inspection there had been no episodes of Physical Restraint in the approved centre in 2011. The Physical Restraint Clinical Practice Form book was examined by the Inspectorate.

ADMISSION OF CHILDREN

Description: At the time of inspection, two children had been admitted to the approved centre.

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

Justification for this rating:

Two children had been admitted to the approved centre. One child overnight and the other child for three days. There was a generic policy on the admission of children but this did not contain any procedures for the admission of children with the Code of Practice on Admission of Children under the Mental Health Act 2001.

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

In the clinical files of the two children admitted to the approved centre there was no evidence that parental consent had been obtained before the children were treated.

Breach: 2.5, 3

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection there had been no deaths in the approved centre

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

Justification for this rating:

The approved centre had had a policy on risk management but it did not meet the requirements of the Code of Practice.

All incidents were notified to the Mental Health Commission in a timely manner.

There was a risk manager in the general hospital with responsibility for the approved centre.

Breach: 4.1

ECT FOR VOLUNTARY PATIENTS

Use: ECT was administered in theatre. No resident was receiving ECT at the time of inspection.

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

Justification for this rating:

ECT was administered in theatre. There was an ECT nurse and a consultant psychiatrist with responsibility for ECT. Consent forms were available and there was a good ECT information leaflet.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted, transferred and discharged residents.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

No evidence was found by the Inspectorate that there were any protocols for dealing with individuals who self-present or who present in the company of a relative to the approved centre.

The approved centre had a generic policy on the admission of children but there were no procedures included in this policy on the admission of children in accordance with the Code of Practice.

The approved centre had no up-to-date policy in the approved centre on the ordering, prescribing, storing and administration of medicines to residents and was not compliant with Article 23.

The approved centre had no protocols for the admission and discharge of people with intellectual disability for mental health care and treatment.

There was no evidence found by the Inspectorate that the approved centre had developed protocols for the discharge of older persons.

A number of policies and procedures were not available to the Inspectorate on the day of inspection. Although the approved centre had a number of policies and procedures that were up to date, those that were not available were highlighted in the relevant Rules, Regulations or Codes of Practice within this report.

All staff signed a record to ensure that they had read and understood the policies and procedures available on the unit.

The approved centre was not compliant with Article 32 of the Regulations in respect of risk management procedures.

The approved centres admission, transfer and discharge policy did not highlight staff training in individual care planning, multidisciplinary team working, risk assessment or risk management.

Breach: 4.5, 4.6, 4.10, 4.16, 4.17, 4.19, 7.1, 9.3

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre had a key worker system in operation.

No evidence was found by the Inspectorate that there were any protocols for dealing with individuals who self-present or who present in the company of a relative to the approved centre.

As each resident did not have an individual care plan the requirements of this Code of Practice were not met.

An integrated approach to record-keeping had not been adopted by the approved centre. The nursing notes were separate from the resident's clinical file.

The service was compliant with Article 27 as required by this Code of Practice.

Breach: 11.2.1, 17.1, 22.1

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre was compliant with Article 18 of the Regulations in respect of Transfer of Residents. The approved centre operated a key worker system.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre operated a key worker system. Discharge was planned through the multidisciplinary team. A discharge letter to the General Practitioner was completed. Residents and their families were informed of the discharge plan. Follow-up care was arranged.

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

Description: At the time of inspection there were no residents in the approved centre with a intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
			X

Justification for this rating:

On the day of inspection there were no residents in the approved centre with a mental illness and intellectual disability. The approved centre operated a key worker system for residents.

There were no evidence based policies or protocols in relation to the delivery of person-centred mental health care and treatment planning to residents with intellectual disability.

The approved centre did not provide education, training or policy and procedures for training staff to enable the effective delivery of care and treatment of persons with an intellectual disability and mental illness.

The service did not provide a robust communication protocol to ensure appropriate and relevant communication and close liaison with relevant external agencies for people with intellectual disabilities and mental illness.

Breach: 5, 6, 7.2, 10.3, 11.3

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: At the time of inspection there was one detained patient in the approved centre in excess of three months who was receiving medication.

SECTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
Section 60 (a)	NOT APPLICABLE			
Section 60 (b)(i)	X			
Section 60 (b)(ii)	X			

Justification for this rating:

The patient's clinical file was examined by the Inspectorate.

The detained patient had been examined by a second consultant psychiatrist and Form 17 had been completed in respect of this patient.

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

Description: This was not applicable as there were no children in the approved centre on the day of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with the Inspectorate.

OVERALL CONCLUSIONS

There was a marked improvement in the availability of therapeutic services and programmes due to the hard work of the nursing staff. The activity care plan was excellent as was the initial care plan. The Art sessions were a good addition to the programme and showed imaginative use of existing resources. The withdrawal of the kitchen training facilities by the hospital was hard to understand as this was part of accepted assessment and therapy for activities of daily living. More occupational therapy input was required.

There were difficulties in the suitability of the ward as an acute admission ward. Observation was difficult although this has been ameliorated by the initiation of the process of transfer of residents requiring high levels of observation to the observation unit in St. Vincent's Hospital, Fairview. Toilets on the corridor required refurbishment as did the bathroom in the seclusion room. The lack of outdoor space continued to be a problem and this must be remedied in the new planned unit. The new 48-bed unit was still at planning stage.

It was obvious that individual care plans were in place for the majority of residents and they were regularly reviewed. However residents need to be more involved in their care planning process. Individual care plans are a statutory requirement for approved centres under the Mental Health Act 2001. Despite this it was stated that a decision had been made by one team not to implement individual care plans.

RECOMMENDATIONS 2011

1. All residents must have individual care plans in accordance with the Mental Health Act 2001 (Approved Centres) Regulations 2006.
2. Enhanced occupational therapy input should be provided with access to assessment and therapy, including activities of daily living.
3. Outstanding refurbishment of toilets and the seclusion bathroom should be completed.
4. The non consultant hospital doctor vacancy and the social work vacancy should be filled as soon as possible.