

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	East Wicklow, Dun Laoghaire, Dublin South East
HSE AREA	Dublin Mid-Leinster
CATCHMENT AREA	East Wicklow
MENTAL HEALTH SERVICE	East Wicklow
APPROVED CENTRE	Newcastle Hospital
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Glencree Avonmore
TOTAL NUMBER OF BEDS	55
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 February 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

Newcastle was originally a sanatorium built on 36 acres of ground in a scenic area of County Wicklow. The approved centre was a stand-alone building separate from the administrative block. It was divided into the two ground-floor wards: Glenree the main admission ward, and Avonmore the continuing care ward. Average age of residents on Avonmore was 70-80 years. No one was there less than five years; the majority were residents for about 30 years. This elderly group of residents were in need of general nursing care.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Glenree	27	17	General Adult
Avonmore	28	25	General Adult

QUALITY INITIATIVES

- Nursing staff had initiated daily therapy group meetings based on individual need assessments. There were plans for the community psychologist and social worker to assist in the development of the group programme.
- Staff were undertaking a review of all residents in hostel accommodation, with a view to facilitating people to move to more suitable accommodation where appropriate.
- Hourly checks on all in-patients had been initiated on the day before the visit by the Inspectorate.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. There should be an occupational therapist available on both units.

Outcome: This had not been achieved.

2. All therapeutic activities must be linked to a specific goal in the individual care plan.

Outcome: This had been achieved.

3. If the approved centre continues to admit children out of necessity then the service must ensure full compliance with Section 2.5 of the Code of Practice.

Outcome: This had not 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	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Specific diets were catered for. Plans to introduce this were ongoing and choice of meals was now available in Glencree unit.

Breach: 5(2)

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Multidisciplinary individual care plans had been introduced into the service and were being used by staff. However, the clinical file of one resident examined by the Inspectorate had no such individual care plan. Risk assessments were in use in the service. Residents were being asked to sign their individual care plans. Regular team meetings were held.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Those residents who were able could attend daily activities including relaxation, flower arranging, and art groups. Nursing staff ran daily groups on the wards, to which residents were invited based on an individual needs assessments. Where residents refused to attend, this was documented in their clinical file. On Avonmore ward, nursing staff provided hand massage. Karaoke, arts and crafts groups were available. There was no occupational therapist in the service.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There were no children in the hospital on the day of Inspection. Education could be facilitated if a child were admitted.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

One patient had been transferred into the service from another facility. A referral letter, but no formal risk assessment had accompanied the patient. A nursing risk assessment was carried out during the admission process.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Six-monthly general health reviews were not carried out on some residents in both Glencree and Avonmore wards. A system was in place on Avonmore, but the reviews had nevertheless not been carried out. Residents who needed general medical care could avail of services in Loughlinstown Hospital or St. Vincent's Hospital. A part-time physiotherapist provided a service to Avonmore ward.

Breach: 19(b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Information leaflets were available on the wards. Psycho-education groups were held on Glenree ward on a daily basis. A leaflet containing housekeeping information was left in a folder at each resident's locker. A representative of the Irish Advocacy Network visited Glenree on a fortnightly basis, but did not visit Avonmore.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All beds had individual curtains. The covering on some windows in the three-bed observation ward had peeled away and needed to be replaced. This was completed following Inspection.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The building was old and institutional in appearance. While it was clean, it was not well maintained in parts. There was evidence of peeling paint. Incomplete tiling in shower areas and mildew on the ceilings were addressed following Inspection. Generally, there was a shortage of shower rooms in Glenree with two showers and one disabled bathroom for all residents. Where residents were placed in seclusion, lack of appropriate facilities meant a commode had to be used.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was 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
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Glencree	Nurses	8	3
Avonmore	Nurses	7	3
	Care Assistants	1	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>	X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

There was no access to an occupational therapist.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt had been made to achieve compliance but significant progress was still needed.</i>		
Not compliant	<i>Service was 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 continued to be used in 2010.

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 seclusion room was situated on a main corridor with no bathroom or toilet facilities, which necessitated the use of a commode in the seclusion room if the resident could not travel to a nearby bathroom. On the day of Inspection the room had an unpleasant smell. This was remedied following the Inspection with the installation of a fan.

Breach: 8

ECT (DETAINED PATIENTS)

Use: ECT was rarely used in the approved centre.

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

Justification for this rating:

ECT was rarely used. There was a consent form and all other documentation was in order. The ECT room was fully equipped and there was a waiting room, recovery room and treatment room.

MECHANICAL RESTRAINT

Use: Mechanical restraint 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.

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:

Physical Restraint was in compliance with the Code of Practice. All documentation was in order and the Clinical Practice Forms were up-to-date. There was evidence that the next-of-kin had been informed. There was a policy in place.

ADMISSION OF CHILDREN

Description: No child had been admitted since January 2010

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 unit was not suitable for the admission of children

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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 service was fully compliant with the Code of Practice. There was a policy on incident reporting and deaths were reported the Mental Health Commission. Incidents were reported and there was a review system in place.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was rarely used in the approved centre.

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

Justification for this rating:

ECT was in compliance with the Code of Practice. There was a consent form and all other documentation was in order. The ECT room was fully equipped and there was a waiting room, recovery room and treatment room.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

There was an admission, discharge and transfer policies in place. A risk assessment was completed. A key worker was assigned to each resident.

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
X			

Justification for this rating:

Decisions to admit residents were taken by the consultant psychiatrist or non consultant hospital doctor under the supervision of a consultant psychiatrist. A referral letter was seen in one clinical file examined. Nursing risk assessment was carried out on admission. Individual care plans were in place. A form was signed by some residents to the effect that treatment options had been explained to them.

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
X			

Justification for this rating:

A referral letter was seen for a resident who had been admitted on transfer. Staff were satisfied with the information provided. However, a formal risk assessment would have been beneficial.

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
X			

Justification for this rating:

Decision to discharge was taken at the multidisciplinary team meetings. The social worker liaised with the family to discuss issues that may arise and provided information and support.

HOW MENTAL HEALTH SERVICES SHOULD WORK WITH PEOPLE WITH AN INTELLECTUAL DISABILITY AND MENTAL HEALTH 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	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The clinical file examined did not have an individual care plan. Staff were unaware of any policy in relation to people with intellectual disability and mental health illness.

Breach: 8

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No resident was receiving medication under Section 60.

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

Description: No resident was receiving medication under Section 61.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident expressed an interest in speaking to the Inspectorate. The resident stated that they were happy with their care and treatment.

MEDICATION

The medication sheets were of good quality. Names, date of birth and hospital number were clearly written. Signatures were legible in most cases. Indications for as required (PRN) medication were not given.

Eighty eight percent of residents were prescribed benzodiazepines and 65% of residents were prescribed night sedation.

NUMBER OF PRESCRIPTIONS:	17
Number on benzodiazepines	15
Number on more than one benzodiazepine	3
Number on regular benzodiazepines	7
Number on PRN benzodiazepines	5
Number on hypnotics	11
Number on Non benzodiazepine hypnotics	5
Number on antipsychotic medication	14
Number on high dose antipsychotic medication	1
Number on more than one antipsychotic medication	2
Number on PRN antipsychotic medication	4
Number on antidepressant medication	5

Number on more than one antidepressant	3
Number on antiepileptic medication	2
Number on Lithium	2

OVERALL CONCLUSIONS

Overall the service continued to provide good care to residents. In the absence of occupational therapy the nursing staff had put in considerable effort to provide therapeutic and recreational activities for residents. The location of the seclusion room was unsatisfactory. The number of residents prescribed benzodiazepines was high.

Staff informed the Inspectorate that many residents in Avonmore unit were suitable for nursing home care. However, in some instances families were resisting such a move because of the financial implications under the Fair Deal scheme. This might mean a charge would be levied against the property of the resident to pay for their care.

RECOMMENDATIONS 2010

1. Ongoing maintenance issues should be addressed.
2. A review of benzodiazepine prescribing should take place.