

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Kildare/West Wicklow, Longford/Westmeath, Laois/Offaly
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Kildare/West Wicklow
<b>APPROVED CENTRE</b>	Lakeview Unit, Naas General Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Lakeview
<b>TOTAL NUMBER OF BEDS</b>	29
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	21 May 2012

### Summary

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- All residents had an individual care plan.
- There was no occupational therapist in the approved centre.
- A good programme of therapeutic interventions was provided by a dedicated clinical nurse manager (CNM1) and a staff nurse.
- The seating area on the lower floor comprised a through-corridor and the sitting room on the upper level was closed from 2000h.
- Single rooms did not have a curtain or blind on the glass panel of the doors which limited privacy for these residents. These were provided following the inspection.

## OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection. Conditions were in operation regarding the registration of the approved centre in relation to the number of showers and the Rules Governing the Use of Seclusion.

## DESCRIPTION

The approved centre at Lakeview was situated in Naas General Hospital on the outskirts of Naas town. The unit extended over two floors with activity rooms, sitting room and garden on one level, and bedrooms on the lower level. There were 29 beds in the unit with 21 residents in the ward at the time of inspection.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	22	23
Substantial Compliance	4	8	8
Minimal Compliance	2	1	0
Not Compliant	0	0	0
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
Lakeview	29	21	General Adult

**QUALITY INITIATIVES 2011/2012**

- An education programme for staff had commenced and sessions were held weekly.
- The service had designed a new prescription booklet which was due to replace the current kardex system shortly.
- A range of assessments which were carried out on all new residents had been introduced.
- The service was in the process of obtaining ethical approval for staff to conduct research with residents on their experience of physical restraint.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

1. The transfer of residents to alleviate bed shortages should cease.  
Outcome: No resident had been transferred to alleviate bed shortages.
2. The approved centre should conduct audits of transfers and, out of this, develop good practice initiatives for managing admissions within their bed complement.  
Outcome: The service had developed a policy on transferring residents.
3. Statutory forms in relation to the practice of seclusion, electroconvulsive therapy (ECT) and physical restraint must be completed.  
Outcome: There was a system in place to ensure this was done.
4. In cases where seclusion, ECT or physical restraint is used, the residents involved must be afforded the protections and the opportunities outlined in the relevant Rules and Codes of Practice.  
Outcome: There was a system in place.
5. The number of showers provided for residents should be increased.  
Outcome: This had been done and six new showers had been constructed.

**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	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents wore identity wristbands and two nurses administered medication.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents had access to a supply of drinking water. Food was prepared on-site in the hospital.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

An Environmental Health Officer's report of January 2012 was available and reported satisfactory conditions in the kitchens apart from a few minor issues which were addressed by the service.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents except one were dressed in day attire; the reason for one resident in night attire was highlighted in their individual care plan. There was a supply of night clothes in the store for residents who did not have sufficient clothes.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A record of residents' property was kept in the clinical files. There was a safe for keeping valuables. The service had a policy relating to residents' personal property and possessions.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a sitting room in the activities area upstairs which was closed at 2000h in the evening. There was a seating area which was essentially a through corridor in the sleeping area and a quiet room was also available. Each area had a TV, books and some board games. In addition, there was a table-tennis table, a *Füzbball* table, a power hockey table and a pool table, again located upstairs which were not accessible in the evenings after 2000h.

**Breach: 9**

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents were facilitated in the practice of their religion. A Roman Catholic chaplain visited the unit each Sunday and the service had a list of ministers from other religions as required.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a quiet room where visitors could be accommodated, including children. Visiting hours were flexible. The service had policies and procedures for visits.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The public phone in the unit was out of order but residents could use the office hands-free phone if necessary. Residents could also use their own mobile phones unless clinically indicated. There was a policy on communication. Letters could be sent and received by mail.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

No searches had been carried out in recent months. The service had policies on searches and on finding illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

One resident of the approved centre had died in 2012 to the time of inspection. There was a policy on care of residents who are dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>		

**Justification for this rating:**

All residents whose clinical files were inspected had an individual care plan which met the requirements of the Regulations.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents had access to an activities programme which was run by two activities nurses. The residents were involved each Monday morning in setting the week's programme to suit their individual needs. These interventions were specified in the individual care plans. At the time of inspection, a number of residents were engaged in a gardening and renovation project in the garden. There was also a Snoezelen room available.



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had a policy on providing educational services to children who were resident, but there were no procedures for implementing this policy.

**Breach: 17**

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Staff reported that all relevant information was transferred with a resident on transfer. There was a policy on the transfer of residents.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was evidence that all residents whose clinical files were inspected had a physical examination carried out within the previous six months. There was a policy on responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an information leaflet on housekeeping and details of the resident's multidisciplinary team. Details of the advocate were posted on the notice board in the unit, but there was no suitable written information on diagnosis and medications available for residents.

**Breach:** 20(1)( c)

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Accommodation was in a mix of single and shared bedrooms. Each bed in the shared rooms had a partition curtain for privacy and all windows had curtains or blinds. Single rooms had a large glass panel in the door; it was reported that the curtains on these doors had all been torn down. A request to the maintenance had been made to replace them. Following the inspection, it was reported that these curtains had been replaced.

**Breach: 21**

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The unit was clean and bright. There was access to a rooftop garden and there were several therapy/activation rooms. The sitting room and quiet room were unavailable after 2000h in the evenings and the only other seating area was on a through-corridor. A number of showers had been refurbished in the past year and the unit now had six showers.

The furnishings and structure of the Tribunal room were unsuitable. Even with the door closed, it was difficult to hear a person speaking due to the poor acoustics. An applicant or member of the tribunal team seated on one side of the table faced into a large mirror on the wall opposite. The Tribunal room also contained a pool table and table-tennis table; the notice board was covered in graffiti.

**Breach:** 22(3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had appropriate and suitable practices and a written policy relating to the ordering, prescribing, storing and administration of medicines.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a health and safety statement.



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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

CCTV cameras were in use at the entrance, in the seclusion suite and in the garden. Signs indicating their use were visibly displayed.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Lakeview	CNM1	1	1
	CNM2	1	0
	RPN	5	3
Activities Unit	CNM1	1	0
	RPN	1	0

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The activities unit was staffed by two nurses whose time was dedicated to the activities programme. There was no occupational therapist but one was accessible if a specific assessment was required. Access to psychology or social work was determined by the availability of these disciplines on the relevant community mental health teams (CMHTs).

**Breach:** 26(2)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Clinical files were generally well-kept, but some had loose pages. Information was easy to retrieve. The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. Documentation of inspections relating to food safety, health and safety and fire were made available to inspectors on the day of inspection.

**Breach:** 27(1)

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A Register of residents detailing information required by the Regulations was kept, but residents' PPS numbers were not recorded.

**Breach:** 28(2)

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies were in date and reviewed in a timely way.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Mental Health Tribunals were facilitated but the room where tribunals were held was unsuitable.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service operated the 'Your Service, Your Say' complaints procedure of the Health Service Executive and residents were informed of the complaints process at the weekly community meetings. There was a complaints officer in the approved centre and the service had a policy relating to complaints.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A risk assessment was carried out on all residents admitted to the approved centre and was reviewed at intervals throughout the admission if necessary. There was a comprehensive policy on risk management which satisfied the requirements of the Regulations.



**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The insurance certificate was available to the inspectors.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Certificate of Registration was displayed in the entrance area to the unit.

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

**SECLUSION**

**Use:** The approved centre used seclusion.

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

**Justification for this rating:**

Two clinical files of residents who had been secluded were examined by inspectors. The seclusion register was examined. It was clearly evident from the clinical files that de-escalation techniques had been attempted prior to both seclusion episodes.

The door of the seclusion room had been damaged by a resident on the morning prior to the arrival of the inspectors. A maintenance request had already been sent by the clinical nurse manager (CNM2) for the repair of this door and the maintenance department had completed the work satisfactorily prior to the end of the inspection. CCTV was used in the seclusion room and there was clear and evident signage displayed regarding this. A clock was also visible to residents who were in seclusion. En suite facilities were also available. The next of kin obligations under the Rules had been completed satisfactorily by the approved centre. There was evidence that both residents had been afforded the opportunity to discuss their respective seclusions with members of their multidisciplinary teams. The training register examined by inspectors indicated that all staff had received training in therapeutic management of violence and aggression (TMVA). A policy on seclusion was available.

**Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)**

**Use:** No detained patient was receiving ECT.

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

**Justification for this rating:**

No detained patient was receiving ECT at the time of inspection. There was a good information leaflet for patients relating to ECT and the ECT suite was satisfactory. There was a designated consultant for ECT and the ECT nurses had received training in ECT.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint was not used in the approved centre and there was a policy which stated this.

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

**PHYSICAL RESTRAINT**

**Use:** The approved centre used physical restraint.

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

**Justification for this rating:**

Two clinical files of residents who had been physically restrained were examined by inspectors. The Clinical Practice Form book was examined. It was clearly evident from the clinical files that de-escalation techniques had been attempted prior to both episodes of physical restraint. The next of kin component of the Code of Practice had been completed satisfactorily by the approved centre. There was evidence that both residents had been afforded the opportunity to discuss their respective episodes of physical restraint with members of their multidisciplinary teams. The training register examined by inspectors indicated that all staff had received training in therapeutic management of violence and aggression (TMVA). A policy on physical restraint was available.



**ADMISSION OF CHILDREN**

**Description:** No child was resident at the time of the inspection and no child had been admitted in 2012 to the time of inspection. However, children were admitted at times to the approved centre.

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

**Justification for this rating:**

The approved centre was unsuitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** One resident of the approved centre had died in 2012 to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance (identified risk manager)		X		

**Justification for this rating:**

Deaths and incidents were reported to the Mental Health Commission. The service had a risk management policy but this did not identify the risk manager for the approved centre.

**Breach:** 4.2

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

**Use:** No resident was receiving ECT at the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIAL LY COMPLIANT	MINIMAL COMPLIANCE	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	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

The ECT suite was of a good standard. There was a named consultant psychiatrist with overall responsibility for the management of ECT and two nurses were trained in ECT. There was a named consultant anaesthetist with overall responsibility for anaesthesia. The inspection team spoke to one of the designated ECT nurses and another registered nurse.

ECT was administered by registrars under the direct supervision of the responsible consultant psychiatrist. Training was provided to registrars on a six monthly basis by the named consultant psychiatrist responsible for the management of ECT and the designated ECT nurse. Anaesthetic was usually administered by the on call consultant anaesthetist. Three nurses were present in the ECT suite during the procedure. The resident's key nurse remained with the resident at all stages during the ECT process.

The individual clinical file of one resident who had ECT in 2011 was examined. The approved centre used an ECT pack but mentioned they were in the process of updating this. Relevant documentation was recorded in relation to consent, provision of information and prescription of ECT. It was noted that the use of a more developed ECT pack would be beneficial, particularly in relation to recording of anaesthetic assessment.

Policies and procedures were in place for the administration of ECT.

As the approved centre provided less than ten programmes of ECT in a year, it was suggested that extra training be undertaken by staff in order to maintain skills.

**ADMISSION, TRANSFER AND DISCHARGE**

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

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The service had policies on admission, transfer and discharge. All residents had an individual care plan and the service was compliant with Article 8 relating to Personal Property and Possessions, Article 23 relating to the Ordering, Storing, Prescribing and Administration of Medication and Article 32 relating to Risk Management of the Regulations.

**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
	<b>X</b>		

**Justification for this rating:**

The clinical files of two residents who had been recently admitted were inspected. One resident had been admitted following a domiciliary visit by the community mental health team (CMHT) and the second resident had been admitted following assessment by the general practitioner. Following admission, each resident had a mental state examination and risk assessment. A physical examination was carried out on one resident and the reason for not doing so in the other case was documented. A key-worker system was in operation and all members of the multidisciplinary team worked to one set of documentation. The service was compliant with Articles 7 relating to Clothing, Article 8 relating to Personal Property and Possessions and Article 15 relating to Individual Care Plans of the Regulations but was not fully compliant with Article 20 relating to Provision of Information and Article 27 relating to Records.

**Breach:** 16.3(c), 22.6

**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
	<b>X</b>		

**Justification for this rating:**

Three patients had been transferred to another approved centre for therapeutic reasons since December 2011 and remained there up to the time of this inspection. The reasons for the transfer were documented in the clinical files of the residents but in one case, this was not documented until the day of the transfer. The plan to transfer any of these residents was not referred to in their individual care plans. No copy of the referral letter or transfer form was retained in the clinical files of two of these residents. The approved centre was compliant with Article 18 relating to Transfer of Residents.

**Breach:** 31.1, 31.2

## 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
<b>X</b>			

### Justification for this rating:

The clinical file of one resident who had been recently discharged was available for inspection. The admission had been a short one. Prior to discharge, the resident had been assessed by the consultant and had been given a follow-up appointment for the outpatient clinic. A prescription had been given and a copy was retained in the clinical file.



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

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**Description:** There was no resident in the approved centre with an intellectual disability and a 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
<b>X</b>			

**Justification for this rating:**

The service had a policy on working in Mental Health Services with people with an intellectual disability and mental illness. Staff had received training in this area.

**2.5 EVIDENCE OF COMPLIANCE WITH SECTIONS 60/61 MENTAL HEALTH ACT 2001 (MEDICATION)**

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** Two patients had been detained in the approved centre for a period exceeding three months.

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

**Justification for this rating:**

Both patients detained under the Mental Health Act 2001 (the Act) for a period exceeding three months had their statutory rights satisfied under section 60 of the Act.

## **SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001 ORDER IN FORCE**

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**Description:** There was no child resident in the approved centre so section 61 did not apply.

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

#### **SERVICE USER INTERVIEWS**

One resident requested to speak with the inspectors. He reported himself to be reasonably satisfied with the approved centre.

#### **OVERALL CONCLUSIONS**

The unit was clean and well maintained. It was good to see the provision of additional showers for residents and the garden, part of which had been recently reclaimed, was a pleasant aspect of the unit. All residents whose clinical files were inspected had an individual care plan and therapeutic activities were provided by a dedicated CNM1 and a staff nurse. Three patients had been transferred to another approved centre, two of whom were transferred in December 2011. Staff from the approved centre at Lakeview maintained clinical responsibility for these patients, prompting some concern in the Inspectorate that the care of these residents could 'fall between two stools' due to the bi-location of staff.

#### **RECOMMENDATIONS 2012**

1. There should be written information available on diagnoses and medications for residents.
2. There should be a definite arrangement for providing education for children who are admitted.
3. The room used for Mental Health Tribunals was unsuitable for this purpose and should be relocated.