

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE Dublin Mid Leinster
APPROVED CENTRE	Lakeview Unit
CATCHMENT AREA	Kildare/West Wicklow
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Lakeview
TOTAL NUMBER OF BEDS	29
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	30 April 2009

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

DESCRIPTION

Lakeview Unit was attached to Naas General Hospital and was situated on two floors. The entrance was on the upper floor, which was bright and welcoming. The activities and the dining area, ECT suite and some offices were on this floor. The in-patient ward was on the lower level. Residents there had access to an enclosed garden space which was used for smoking and relaxation but which needed regular maintenance and upgrading. The space within the ward itself was limited. On the day of inspection, the unit was fully occupied and appeared busy and crowded to such an extent that it was not therapeutic for people with severe psychotic or depressive conditions. An attempt had been made to extend the space available with the development of a roof garden on the upper floor. This was in a neglected state on the day of inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Lakeview	29	29	General adult and rehabilitation

The service reported that five service users were waiting for beds, with two services users out on leave, and their beds were occupied on the day of inspection.

QUALITY INITIATIVES

- A community day hospital accommodating 8-10 people per day was to open in mid-June 2009.
- A new Functional Analysis of Care Environment (FACE) assessment form had been introduced in March 2009.
- The psycho-education programme had been initiated during the year.
- A clinical nurse specialist was developing a drama therapy group in the community for young adults.
- A clinical nurse specialist in bereavement had been appointed.
- A patient information programme had been developed in North Kildare.
- There were plans to renovate the roof garden with the help of the local mental health association.
- All nursing staff in the community either had obtained or were working towards obtaining a post-graduate qualification relevant to mental health.
- The role of hostels in the community was being reviewed as the population was changing from old to new long stay.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *Funding should be made available to develop alternatives to in-patient admissions.*

Outcome: A community day facility accommodating 8-10 people per day was to open in mid-June 2009.

2. *Each resident must have an individual multidisciplinary care plan.*

Outcome: Multidisciplinary team (MDT) care plans were not being implemented. There was some indication that the introduction of MDT care plans was not being adequately supported by some members of the multidisciplinary team.

3. All of the policies required under the Regulations, Rules and Codes of Practice must be developed, implemented, signed and up to date. There must be a system in place for regular review of the policies in line with the Regulations or Recommendations of the Inspectorate.

Outcome: This had been achieved.

4. As the unit admits children, all staff must have Garda vetting. While this happens automatically for new staff or promoted staff, a system should be in place to ensure that existing staff, especially those in the service for a number of years, are also subject to Garda vetting.

Outcome: The Inspectorate was informed that all new staff were vetted by the Garda but vetting of existing staff remained an ongoing industrial relations issues.

5. Funding should be made available to fully resource the teams, in particular the rehabilitation team.

Outcome: This had not been done.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Wristbands had been introduced, although not all residents were willing to wear them. A system of primary care nursing was in place. Policy and procedure required two registered psychiatric nurses (RPNs) to administer medication to the residents. The resident's name was called by one RPN to the other, and identification of that resident was confirmed by the second RPN.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A bottled water dispenser with plastic cups was available to residents on both levels of the unit. Meals were prepared in Naas General Hospital's main kitchens. A copy of the menu was examined by the Inspectorate. There was a good choice at all meal times. All residents greeted by the Inspectorate spoke positively about the quality of the food. Special dietary requirements were catered for.

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The outstanding issues highlighted in previous Environmental Health Officer's reports, which were highlighted in the 2008 Report, had been addressed. The Inspectorate viewed written confirmation by the Environmental Health Officer to this effect on the day of the inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

All residents wore their own clothing. In exceptional circumstances clothing was given to a resident who required it, who subsequently retained possession. A small fund was available to purchase items of clothing.

On the day of the inspection, one resident was required to be nursed in his night clothes. This was not documented in the resident's clinical file or in the nursing documentation.

Breach: Article 7 (2)

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Each resident had a wardrobe and a bedside locker. A property sheet was completed on admission and was signed by the resident or, if the resident was unable to, by two RPNs. Residents were encouraged to send home valuables with next of kin. There was a safe in the office, the key of which was in the possession of the CNM2. Durable pouches with windowed name tags for each resident were being introduced for this purpose and individual financial records maintained in them.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A full activities programme was mounted in the activities centre, which was located above the residential area. A full-time occupational therapist, CNM1 and staff nurse worked in this area. Staff from the activities centre liaised with staff working in the residential area when activities were required for those residents unable to attend the centre or who required supervision while attending. Kildare Library and Art Services, in association with Friends of Naas Hospital, facilitated a book-borrowing programme for all residents.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The oratory could be accessed by all residents. All residents were facilitated in the practice of their religion as required.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The quiet room, which had a view of the lake, could be used for visiting. All child visitors had to be accompanied by an adult. A policy on visiting was in place.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A communication policy was now in place. There were two private telephone booths on the unit. Mobile phones were retained by residents. Camera phones were discouraged, but in any event residents were informed that use of the camera component of mobile phones was prohibited. Residents, in exceptional circumstances, could send or receive emails or faxes under supervision.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy, compliant with the Regulations, was in place. The unit had the use of a single room with en suite facilities if needed.

Article 15: Individual Care Plan

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

Justification for this rating:

The Inspectorate found no evidence that any resident had an individual care plan as defined in the Regulations.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

There was a wide range of appropriate therapeutic programmes available to each resident. However, these were not linked to a multidisciplinary individual care plan. With regard to the residential part of the unit on the lower floor, it was difficult for the Inspectorate to contemplate how any meaningful therapeutic interventions could occur in such a busy and crowded environment. However, the Inspectorate was informed that the activities centre now remained open until the commencement of the night nursing shift, which was a positive development. Three residents were in receipt of “special” one-to-one nursing care observations. The “special” nurses for two of these residents were seated on the corridor looking into the rooms, minimising any potential for meaningful engagement.

Breach: Article 16 (1)

Article 17: Children's Education

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

Justification for this rating:

The approved centre was unsuitable for the care and treatment of children.

Breach: Article 17

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A policy compliant with the Regulations was in place. This had a review date of July 2009. In the event of a transfer, the clinical file remained in the approved centre. A medical transfer letter was written, along with a nursing transfer form. The consultant made telephone contact with the hospital the resident was being transferred to.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

There was evidence from the clinical files examined that individuals who were resident in the approved centre for periods greater than six months had their general health needs assessed.

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

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

Justification for this rating:

The service had begun to compile information on various diagnoses, which was to be retained in folders and made available to residents. Information on the relevant advocate were not displayed on the unit, although staff said it always had been and that it might have been inadvertently removed. No resident information leaflets were displayed on the unit on either floor. When the Inspectorate enquired about this, following a brief search by staff, two boxes of leaflets were discovered and the contents promptly dispersed around the unit. This “patient information leaflet” was excellent in that it offered much necessary information in a concise form to residents. Staff should ensure that residents have ready access to these leaflets. The policy on provision of information to residents had not been signed.

Breach: Article 20 (2)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Each resident had a bedside wardrobe and locker. Privacy curtains on collapsible rails encircled each bed. There were three single rooms, one with en suite facilities. All windows had curtains. There was sufficient bed area space.

Article 22: Premises

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

Justification for this rating:

It was reported to the Inspectorate that the programme of routine maintenance was adequate. The activities centre on the top floor was large and spacious with plenty of space for therapies and confidential clinical input. The enclosed garden area was in need of regular maintenance and upgrading. The residential area on the lower floor was cramped and crowded; on the day of the inspection there appeared to the Inspectorate to be much upheaval in this area. There appeared to be a lack of office space for facilitating confidential clinical input, individual or group interventions. Three residents were in receipt of one-to-one nursing special care observations; two of these special care nurses were seated on the corridor looking in.

Breach: Article 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

There were appropriate practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However none of them was signed.

Breach: Article 23 (1)

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

CCTV was used to observe residents only in the seclusion room. It was clearly labeled and evident. CCTV was used outside the entry and exits for security purposes only. The policy was for review in July 2009.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Lakeview	Registered psychiatric nurse Senior occupational therapist Activities nurse	I CNM2 + 6 Staff 1 1 CNM1 + 1 Staff	I CNM3 + 4 Staff 0 0

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Each social worker had dedicated time on the unit. There was a full-time occupational therapist attached to the unit. No psychologist was attached to the unit.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The policies on food safety, fire inspections, and health and safety were inspected and were satisfactory.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

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

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

During the inspection, the Inspectorate team became aware that much work had been carried out, particularly by the CNM3, on policy development.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

An area in the activity centre was used for the purposes of carrying out mental health tribunals.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The HSE complaints procedure document *Your Service, Your Say* was displayed. A suggestion box was located on the unit.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A system for recording, reporting and learning from serious incidents was in place. The hospital had a risk manager. The general hospital policy that was used in the unit addressed the requirements of this Article.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was covered by the HSE group policy.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
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 has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The certificate of registration was displayed at the entry to the unit.

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

SECLUSION

Use: Seclusion was used by the service.

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

Justification for this rating:

A number of clinical files were examined. The seclusion register was examined.

There was no record of the resident's next of kin being informed of the resident's seclusion. There was no record in the clinical files that the resident was reviewed every four hours by a medical practitioner. The resident's individual care plan did not address the assessed needs of the resident in seclusion.

There was no record in the clinical file that the resident was afforded the opportunity to discuss the seclusion episode. The seclusion register was only partially completed for the seclusion episode.

The approved centre did not provide information to residents regarding seclusion. There was no written record on the day of inspection indicating that all staff involved in seclusion had read and understood the policy. There was no record on the day of inspection that the approved centre reviewed their policy on seclusion on an annual basis. There was no evidence on the day of inspection that the multidisciplinary team involved in the residents care was reviewing the episode of seclusion. There was no evidence on the day of inspection that the approved centre compiled an annual report on the use of seclusion.

The Inspectorate obtained photocopy evidence of the above.

The information on staff training on the day of inspection was limited and did not comply fully with the Regulations.

Breach: Section 2.4, Section 2.10 (a)(b), Section 4.4, Section 4.6, Section 5.1, Section 5.2, Section 5.3 (a)(b), Section 6.3, Section 8.2, Section 9.1 (a)(b)(d), Section 9.2, Section 9.3, Section 10.1, and Section 10.2.

ECT (DETAINED PATIENTS)

Use: ECT was used by the service.

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:

A number of clinical files were examined. The approved centre was compliant with the Rules on the day of inspection.

MECHANICAL RESTRAINT

Use: It was the policy of the approved centre not to use any form of mechanical restraint

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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:

Not applicable because it was the policy of the approved centre not to use any form of mechanical restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used by the service.

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

Justification for this rating:

A number of clinical files were examined. On the day of inspection in the clinical files reviewed for physical restraint, it was not evident that the registered medical practitioner was notified of the episode of physical restraint. The Clinical Practice Form for Physical Restraint was only partially completed. There was no record in the clinical notes that the resident's next of kin was informed of the physical restraint episode.

The use of physical restraint was not clearly recorded in the clinical notes reviewed on the day of inspection. The Clinical Practice Form for Physical Restraint was incomplete on the day of inspection. There was limited evidence that staff involved in physical restraint have had read and understood the policy.

The approved centre did not review its policy on an annual basis. There was no record of discussion with the multidisciplinary team. There was no record of the approved centre compiling an annual report. The record of attendance at training was limited and was not representative of the staffing numbers.

Breach: Section 2.6, Section 2.8, Section 2.10 (a) (b), Section 5.1, Section 5.2, Section 6.1 (b), Section 6.1 (d), Section 6.2, Section 6.3, and Section 7.2.

ADMISSION OF CHILDREN

Description: The approved centre was unsuitable for the care and treatment of children.

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

Justification for this rating:

The approved centre was unsuitable for the care and treatment of children.

It was not evident from the file of one child that was examined that treatment was administered in accordance with the Code of Practice.

Breach: Section 2.5, Section 2.8,2. Section 2.2, Section 2.23, and Section 2.24.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There were no deaths in the approved centre in 2009.

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 risk management policy was in draft.

Breach: Section 3.1, Section 4.1, Section 4.2, and Section 4.3

ECT FOR VOLUNTARY PATIENTS

Use: ECT was used by the service.

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

Justification for this rating:

A sample of clinical files was examined. The approved centre was compliant with this Code of Practice on the day of inspection.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

No patient had been detained for a period greater than three months.

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

Section 61 did not apply as no child was detained under Section 25 on the day of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

All residents who were greeted by the Inspectorate spoke positively about their care and treatment.

OVERALL CONCLUSIONS

Lakeview Unit was attached to Naas General Hospital and the ward was situated on two floors. The residents slept in the lower floor where space was limited and appeared busy and crowded. Due to the limited number of beds, five residents were awaiting admission on the day of inspection and six residents were accommodated elsewhere.

RECOMMENDATIONS 2009

1. All of the policies required under the Regulations, Rules and Codes of Practice must be developed, implemented, signed and up to date. There must be a system in place for regular review of the policies in line with the Regulations or recommendations of the Inspectorate.
2. Each resident must have an individual MDT care plan as defined in the Regulations.
3. Funding should be made available to fully resource the teams, in particular the rehabilitation team and psychology services.
4. The approved centre was unsuitable for the care and treatment of children.
5. Details of the relevant advocacy service should be visible and accessible to residents.
6. As there was little compliance with the Rules for Seclusion, a number of corrective actions need to be addressed as a matter of urgency.
7. As there was little compliance with the Rules for Physical Restraint, a number of corrective actions need to be addressed as a matter of urgency.
8. Night clothes should be worn in the daytime only if specified in the resident's individual care plan.
9. A rationale for the practice of detained patients having extended leave of absence should be articulated by the service.
10. The patient information leaflet should be accessible to residents at all times.
11. The complaints procedure needs to be updated and made more visible to residents.
12. The enclosed garden area should be upgraded for pleasant and safe use by residents.