

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Dublin South East, Dun Laoghaire, Wicklow
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Dublin South East
APPROVED CENTRE	Elm Mount Unit, St. Vincent's University Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Elm Mount Upper Elm Mount Lower Psychiatry of Old Age
TOTAL NUMBER OF BEDS	39
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13 May 2011

OVERVIEW

In 2011, the Inspectorate inspected this approved centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006. The approved centre at Elm Mount did not furnish the Inspectorate with a completed self-assessment form for compliance with approved centre Regulations, Rules and Codes of Practice as requested prior to the inspection and therefore the approved centre was inspected against all of the Regulations, Rules and Codes of Practice.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Elm Mount Unit, St. Vincent's University Hospital, a 39-bed unit was the approved centre for Dublin South East. In addition to serving the Dublin South East general psychiatry catchment area, it also provided specialist in-patient services for psychiatry of old age to Dublin South and South East, an eating disorders service for the Dublin Mid-Leinster region, a liaison service to St. Vincent's University Hospital and a peri-natal service for the National Maternity Hospital, Holles Street, Dublin. It provided Electroconvulsive Therapy (ECT) for patients of St. Brendan's Hospital and the Central Mental Hospital, Dublin. St. Vincent's University Hospital had the only Emergency Department in the supercatchment area.

The approved centre, which opened in 2005, was located on the ground floor and lower ground floor of the general hospital. Despite its location on the lower ground floor, it was a bright, light filled space owing to the design which incorporated a well planted atrium. The standard of décor and upkeep of the unit were excellent. On the day of inspection there were 38 residents, three of whom were detained. There was no children resident on the day of inspection.

The staff on Elm Mount Lower, on the lower ground floor stated to the Inspectorate that the ward was staffed for 13 residents. However, there had been occasions when there had been 14 residents on the unit in 2011 due to a demand for the service from the Emergency Department. It was also noted by the Inspectorate that there were 19 beds on this ward despite the staffs' assurance that the ward was only staffed for 13 residents and there were 13 residents on the unit on the day of inspection.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	28	26	30
Substantial Compliance	2	3	0
Minimal Compliance	0	1	0
Not Compliant	0	0	0
Not Applicable	1	1	1

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
Elm Mount Upper	20	19	General Adult
Elm Mount Lower	13	13	General Adult and Eating Disorders
Psychiatry of Old Age	6	6	Psychiatry of Old Age

QUALITY INITIATIVES

- The approved centre had introduced new recovery individual care plans four weeks prior to the inspection.
- The approved centre had introduced a pre-discharge group to facilitate residents discharge either to their home, nursing home or another approved centre.
- A patient advocate now visited the approved centre on a weekly basis.
- The approved centre had introduced protected time for the nurse and resident when administering medication to residents. This was in line with the general hospitals policy in an effort to reduce potential medication errors and time for the resident to speak with the nurse regarding their medication.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. Individual multidisciplinary care plans should be completed for all residents in accordance with the Regulations.

Outcome: The approved centre had introduced a new recovery model individual care plan for each resident approximately four weeks prior to the inspection. All the individual care plans examined by the Inspectorate on the day of inspection were of a high standard with clear evidence of multidisciplinary team and resident involvement.

2. A review of benzodiazepine prescribing should take place.

Outcome: A benzodiazepine audit was currently being undertaken in conjunction with the audit department of St. Vincent's University Hospital.

3. The approved centre should, as a matter of course, inform residents of who comprises their multidisciplinary treatment team.

Outcome: This had been achieved and all residents were informed of their key worker and their multidisciplinary team.

4. The provision of therapeutic services and programmes should be linked to assessed need as recorded in individual care plans.

Outcome: This had been achieved successfully with the introduction of the new recovery model individual care plans.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Residents wore an ID bracelet and two registered nurses administered medication.

Article 5: Food and Nutrition

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

Justification for this rating:

Residents were offered a good choice of meals and access to fresh water on the ward.

Article 6 (1-2): Food Safety

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

Justification for this rating:

A food safety policy and report were examined by the Inspectorate and were satisfactory.

Article 7: Clothing

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

Justification for this rating:

On the day of inspection, it was observed by the Inspectorate that one resident was wearing night clothes during the day. This was noted in the resident's individual care plan and risk assessment.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The approved centre had an up-to-date policy and procedures relating to residents' personal property and possessions. Property was stored securely and residents could access their stored property as they wished.

Article 9: Recreational Activities

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

Justification for this rating:

The approved centre had a wide range of recreational activities available for the residents. The approved centre was spacious, quiet and had sufficient rooms available for residents to access for recreational purposes.

Article 10: Religion

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

Justification for this rating:

Residents were facilitated in the practice of their religion.

Article 11 (1-6): Visits

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

Justification for this rating:

The approved centre had an up-to-date written policy for visits. Rooms were available on the unit for visitors and their families.

Article 12 (1-4): Communication

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

Justification for this rating:

The approved centre had up-to-date policies regarding communication. Residents were ensured the freedom to communicate at all times with regard to their well being, safety and health.

Article 13: Searches

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

Justification for this rating:

The approved centre had up-to-date policies regarding the searching of a resident with consent and without consent and on the finding of illicit substances.

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

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

Justification for this rating:

The approved centre had written operational policies and procedures for the care of residents who are dying. At the time of inspection, there had been no deaths in the approved centre in 2011.

Article 15: Individual Care Plan

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

Justification for this rating:

The approved centre had introduced a new recovery model individual care plan approximately four weeks prior to the inspection. The approved centre had in conjunction with this new individual care plan introduced a pre-ward round patient review document whereby all residents spoke with their key nurse on a Saturday. At that meeting, the residents' individual care plan was discussed and goals and actions were identified and written into the individual care plan.

On the day on inspection, all residents had an individual care plan and they were all completed to a high standard. There was evidence of multidisciplinary input to the individual care plan and all residents signed and were given a copy of their individual care plan. If residents did not want to receive a copy of their individual care plan or were not given a copy for any reason, this was documented on the individual care plan.

The approved centre must be commended on the progress since the last inspection with regards to this Regulation. It was obvious to the Inspectorate that much work had taken place within the multidisciplinary team and in conjunction with the residents to ensure full compliance with this Regulation.

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Elm Mount Unit had excellent facilities within the approved centre for the provision of therapeutic services and programmes. The approved centre had access to a wide range of health and social care professionals to provide individual therapeutic services and programmes that were linked to the individuals' care plan. In all the individual care plans examined by the Inspectorate there was a clear link between identified needs and therapeutic interventions.

Article 17: Children's Education

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

Justification for this rating:

There were no children in the approved centre on the day of inspection. The approved centre addressed the educational needs of any child admitted as appropriate to their needs.

Article 18: Transfer of Residents

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

Justification for this rating:

The approved centre had an up-to-date policy on the transfer of residents. Written clinical information was transferred with the resident. Residents were accompanied by nursing staff whilst being transferred to another hospital.

Article 19 (1-2): General Health

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

Justification for this rating:

A number of residents had been in the approved centre for six months or more and all the clinical files examined by the Inspectorate contained a record of six-monthly physical examinations. Residents had access to national screening programmes.

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

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

Justification for this rating:

The approved centre had written operational policies and procedures for the provision of information to residents. A key worker system was in operation in the approved centre. A representative of the Irish Advocacy Network visited the approved centre weekly. There were information leaflets available on mental illness and treatments on a carousel on the ground floor eating disorders unit. Staff reported that a further range of leaflets were being developed.

Article 21: Privacy

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

Justification for this rating:

The approved centre ensured that the resident's privacy and dignity were appropriately respected at all times.

Article 22: Premises

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

Justification for this rating:

Elm Mount Unit was a bright, clean and well-kept approved centre.

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

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

Justification for this rating:

The approved centre had an up-to-date policy on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The approved centre 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)

The approved centre did not use CCTV to monitor residents.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Elm Mount Upper	CNM 2	1	0
	CNM 1	1	0
	RPN	4	3
Elm Mount Lower	CNM 2	1	0
	CNM 1	1	0
	RPN	2	2
Psychiatry of Old Age	CNM 2	1	0
	RPN	2	1
	Healthcare Assistant	0	1
Eating Disorder Service	CNM 2	1	0
	RPN	2	0
Electro Convulsive Therapy Nurse (ECT)	RPN	0.5	0

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

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

Justification for this rating:

There were appropriate policies and procedures in place in the approved centre in relation to the recruitment, selection and vetting of staff.

The approved centre had an appropriate number of staff and skill mix for the assessed needs of residents.

Article 27: Maintenance of Records

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

Justification for this rating:

The clinical files inspected were in good order, were integrated and it was easy to retrieve information. The approved centre had written policies and procedures relating to the creation of, access to, maintenance of and destruction of records.

It was obvious from the clinical files examined on the day on inspection that there was good multidisciplinary input from all health professionals.

Article 28: Register of Residents

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

Justification for this rating:

The Register of Residents was in accordance with the Regulations.

Article 29: Operating policies and procedures

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

Justification for this rating:

The approved centre strived to ensure that all operating policies and procedures were reviewed at least every three years. Some policies were not available on the day of inspection and these policies are highlighted in the relevant Regulation, Rule or Code of Practice section within this report.

Article 30: Mental Health Tribunals

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

Justification for this rating:

Mental Health Tribunals were facilitated as required by the Regulations.

Article 31: Complaint Procedures

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

Justification for this rating:

The approved centre had an up-to-date policy on complaints. Residents were informed about how to voice any concerns or make a complaint. The nominated complaints person was located within the approved centre.

Article 32: Risk Management Procedures

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

Justification for this rating:

The approved centre had a risk assessment procedure in operation. There were policies and procedures relating to risk management and the approved centre used the Trust in Care guidelines.

Article 33: Insurance

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

Justification for this rating:

The current insurance certificate was inspected and in order.

Article 34: Certificate of Registration

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

Justification for this rating:

The certificate of registration was displayed in a prominent position within the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre. Two rooms which had been commissioned for seclusion had not been used.

ECT (DETAINED PATIENTS)

Use: At the time of inspection there had been three detained patients who had received ECT since the beginning of 2011. The clinical files of the three residents were examined by the Inspectorate.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	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:

All residents consented to ECT and this was recorded in their clinical file. There was a named consultant psychiatrist with overall responsibility for the management of ECT and a registered nurse who was trained in ECT care.

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: At the time of inspection there had been 19 episodes of physical restraint on six residents since the beginning of 2011.

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:

The approved centre had a written policy in relation to the use of physical restraint. There was a written record highlighting that all staff had read and understood the policy. At the time of inspection the approved centre had two Clinical Practice Form books in operation for 2011 at the same time. Following the inspection, the approved centre notified the Inspectorate in writing that only one Clinical Practice Form book was now being used.

The Clinical Practice Form book for Physical Restraint had not been signed by the consultant psychiatrist or duty consultant psychiatrist in one order for physical restraint (Section 17 of the Clinical Practice Form for Physical Restraint). Following the inspection, the approved centre notified the Inspectorate in writing that this form had been completed by the consultant psychiatrist and placed in the residents' clinical file. At the time of inspection, two completed Clinical Practice Forms had not been placed in the resident's clinical file. Following the inspection, the approved centre notified the Inspectorate in writing that these forms had been placed in the resident's clinical file.

Breach: 5.7 (c), 8.3

ADMISSION OF CHILDREN

Description: At the time of inspection there had been no children admitted to the approved centre in 2011.

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 not suitable for the admission of children.

The approved centre had a policy in relation to the admission of children. The approved centre strove not to admit a child except as a last resort and in the best interests of the child.

Breach: 2.5 (b), (i), (l)

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection there had been no deaths in the approved centre in 2011.

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

Justification for this rating:

The approved centre had a system for reporting incidents and deaths. There was a policy and procedure in place under the health and safety statement.

ECT FOR VOLUNTARY PATIENTS

Use: At the time of inspection there had been five residents who had undergone ECT in 2011. The clinical files of those residents were examined by the Inspectorate.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY 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	NOT APPLICABLE			

Justification for this rating:

Up to date policies and procedures were in place. Written information on ECT was available. There was a dedicated ECT nurse and a consultant psychiatrist with responsibility for ECT.

ADMISSION, TRANSFER AND DISCHARGE

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

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had up-to-date policies and procedures on the admission, transfer and discharge of residents and children. All staff had read and signed to acknowledge they understood the policies. The approved centre operated a key worker system.

The approved centre was compliant with Articles 8 (Residents' Personal Property and Possessions), 23 (Ordering, Prescribing, Storing and Administration of Medicines), 29 (Operating Policies and Procedures) and 32 (Risk Management Procedures) 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
X			

Justification for this rating:

Admission and discharge plans were excellent. There were policies and procedures in place regarding admission which include the admission of a homeless person. Clinical files were integrated and sequential and there was evidence of multidisciplinary input.

The approved centre had introduced a new recovery model individual care plan for all residents and was compliant with Article 15 (Individual Care Plan) of the Regulations.

The approved centre was compliant with Articles 7 (Clothing), 8 (Residents' Personal Property and Possessions), 20 (Provision of Information to Residents) and 27 (Maintenance of Records) of the Regulations.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy and procedure in place regarding the transfer of residents to other healthcare facilities or home. There was evidence of multidisciplinary involvement in the transfer of residents. Documentation was of a high standard and the approved centre was compliant with Article 18 of the Regulations in respect to the Transfer of Residents.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy in place for the discharge of residents which included the discharge of a homeless person. Residents could attend pre-discharge groups. Four clinical files were examined on the day of inspection which contained excellent discharge plans with evidence of mental health follow up in the community.

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

Description: At the time of inspection there were two residents in the approved centre with an intellectual disability and mental illness. Both clinical files were examined by the Inspectorate.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre was in the process of developing policies and procedures to ensure compliance with this Code of Practice.

There was no training available to staff in caring for residents with an intellectual disability and mental illness.

Both residents had an individual care plan which had been signed by the resident and each resident had received a copy of their individual care plan. Each resident had an assigned key worker.

The environment on the ward was spacious, clean and bright.

Breach: 5, 6.1, 6.2

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Three patients were detained for longer than three months.

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

Justification for this rating:

The approved centre complied with section 60. Clinical files examined on the day of inspection highlighted that all patients had consented to the continued administration of medication.

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Several residents spoke to the Inspectorate during the inspection. All were happy with their care and treatment in the approved centre. All residents knew of their individual care plan and acknowledged the care given to them from the multidisciplinary team.

OVERALL CONCLUSIONS

This was the first year that the approved centre was deemed fully compliant with the Mental Health Act 2001 (Approved Centres) Regulations 2006.

Elm Mount Unit was a modern, attractive and spacious approved centre located within St. Vincent's University Hospital, Dublin. The approved centre was accessed via the main hospital but also had a separate entrance to facilitate convenience for persons admitted to the approved centre.

The approved centre stated to the Inspectorate that Elm Mount Lower ward was staffed for 13 residents but had on several occasions in 2011 exceeded that number of residents due to increased demand for beds from the Emergency Department. At the time of inspection there were 19 beds in Elm Mount Lower with 13 residents. It was a concern to the Inspectorate that these extra beds may in future facilitate extra residents despite the ward only being staffed for 13 residents.

Since the last inspection a significant amount of work had been undertaken by the approved centre in implementing a new recovery model individual care plan which was linked to therapeutic services and programmes. All residents spoken to by the Inspectorate were aware of their individual care plan and many residents had opted to receive a copy of it. All clinical files were in good order, integrated and sequential and it was obvious to the Inspectorate that there was multidisciplinary input throughout the residents stay in the approved centre.

RECOMMENDATIONS 2011

1. The approved centre should develop policies, procedures and training that meet the requirements of the Code of Practice on Persons working in Mental Health Services with People with Intellectual Disabilities.
2. The approved centre should remove the empty beds in Elm Mount Lower and ensure that there are only 13 beds in this ward. The practice of exceeding this number of residents should cease.