

## Report of the Inspector of Mental Health Services 2013

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Waterford, Wexford, South Kilkenny
<b>HSE AREA</b>	South
<b>MENTAL HEALTH SERVICE</b>	Waterford
<b>APPROVED CENTRE</b>	Department of Psychiatry, Waterford Regional Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Department of Psychiatry (DOP)
<b>TOTAL NUMBER OF BEDS</b>	44
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	None
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	5 June 2013

### Summary

- There was a beautiful garden available to residents of the sub-acute area of the unit. An outdoor enclosed yard area was available to residents of the acute area of the unit. Both were neat, clean and tidy.
- In the sample of clinical files examined, each resident had an individual care plan as described in the Regulations.
- Despite the completion of building works to the approved centre the two TVs in the acute area of the unit were located in the two four-bed rooms. There was no communal area for residents to watch TV. There was also no communal sitting room or seating area for residents and there was no dining room available to residents of the acute area of the unit.
- There were no visiting areas in the acute area of the approved centre, the only space being at the bedside and because eight of the ten beds were situated in two four-bed rooms, this afforded little or no privacy during visits.
- There was no evidence of parent/guardian consent to the admission and treatment of a child in the approved centre.
- During the factual correction stage of this report, the approved centre failed to comply with a request on the action to be taken following the identification of ligature hazards pointed out by inspectors during the inspection. As a consequence of this, a formal letter was written to the approved centre requesting it to respond in writing within a set time frame. The approved centre responded to the Inspectorate within this time frame that the works required on the ligature hazards would be completed as a matter of priority and not later than the end September 2013.

## OVERVIEW

In 2013, 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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

The Department of Psychiatry, Waterford Regional Hospital was located on the lower ground floor. The 44-bed unit had recently undergone major refurbishment which had been completed in late 2012. Five general adult teams, two psychiatry of old age teams and two rehabilitation teams admitted to the approved centre from the counties Waterford, South Wexford and South Kilkenny. The Department of Psychiatry was one unit divided into two areas: a sub-acute section with 34 beds and an acute section with 10 beds. On the day of inspection there were 11 involuntary patients in the approved centre and no Wards of Court.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	17	25	-
Substantial Compliance	5	7	2	7, 27
Minimal Compliance	0	3	4	9, 11, 16, 22
Not Compliant	0	4	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
Department of Psychiatry	44	40	5 General Adult Teams 2 Psychiatry of Old Age Teams 2 Rehabilitation Teams

**QUALITY INITIATIVES 2012/2013**

The approved centre was requested to forward any quality initiatives for 2013 but failed to do so.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT**

1. Each resident must have an individual care plan.

Outcome: In the sample of clinical files examined, all residents had an individual care plan.

2. Therapeutic interventions and programmes must be specified in individual care plans and must be delivered accordingly, and targeted at optimising the physical and psychosocial functioning of a resident.

Outcome: Therapeutic interventions and programmes were not specified in most of the sample of individual care plans examined by inspectors.

3. Multidisciplinary teams should be fully resourced.

Outcome: This had been achieved.

4. All persons resident for six months or more must have six-monthly physical reviews.

Outcome: No resident was in the approved centre for a period exceeding six months.

5. The approved centre must fully comply with the Rules Governing the Use of Seclusion.

Outcome: This had been achieved.

6. Appropriate provision for visits and for recreation must be provided for residents in the acute section.

Outcome: This was not the case in the acute area of the approved centre despite the completion of refurbishment and building works.

7. The risk management policy should be operationalised including the completion of risk assessment on admission.

Outcome: This had been achieved.

8. The privacy of residents must be protected. An appropriate room should be provided for Mental Health Tribunals and privacy curtains must be provided for sleeping accommodation.

Outcome: These had been achieved.

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

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

**Article 4: Identification of Residents**

*The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Two registered psychiatric nurses (RPNs) administered medication. When a resident was receiving medication or health care or other services, the resident was identified by verifying name, date of birth and MRN number. When residents had similar or same names, "same name" red stickers were placed on the covers of relevant individual clinical files and medication prescription booklets.

**Article 5: Food and Nutrition**

*(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.*

*(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Cold filtered drinking water was readily available for residents. The menu was posted in the dining room and this confirmed a good choice of main meal. Food was of the "Cook Chill" type and was prepared in the kitchens of Waterford Regional Hospital. Porridge and cereals, beans and toast were available for breakfast. Fresh fruit was also available.

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

*(1) The registered proprietor shall ensure:*

*(a) the provision of suitable and sufficient catering equipment, crockery and cutlery*

*(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and*

*(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.*

*(2) This regulation is without prejudice to:*

*(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;*

*(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and*

*(c) the Food Safety Authority of Ireland Act 1998.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 copy of the Food Safety report from the inspection carried out by the Senior Environmental Health Officer on 5 June 2013 was forwarded to the Inspectorate.

**Article 7: Clothing**

*The registered proprietor shall ensure that:*

*(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;*

*(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

All residents had an adequate supply of their own clothing. It was reported to inspectors by senior management during the informal feedback of the inspection that it was the policy that all residents in the acute unit wore night clothes. This was not, however, documented in the approved centre's clothing policy. A "Clothing Policy" is not a requirement of this Article of the Regulations. However, inspectors did not consider that a blanket application of wearing night clothes in the acute area of the approved centre fit with the principles of least restrictive practice. In addition, in a number of clinical files of residents in the acute area of the unit examined by inspectors, not all residents had the requirement to wear night clothes specified in their respective individual care plans.

The clinical file of one resident in the sub-acute unit, who was in their night clothes, had this requirement documented in their individual care plan.

**Breach:** 7(2)

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

(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.

(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.

(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.

(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.

(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 written operational policies and procedures relating to residents' personal property and possessions. A record was maintained of each resident's personal property and possessions and was available to the resident. Each resident retained control of his or her personal property and possessions except when this posed a danger to the resident or others. Provision was made for the safe-keeping of all personal property and possessions.

**Article 9: Recreational Activities**

*The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>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:**

There was a beautiful garden available to residents of the sub-acute area of the unit. An outdoor enclosed yard area was available to residents of the acute area of the unit. Both were neat, clean and tidy. TVs, books, electronic games, board games, Internet, music systems, snooker and table tennis were immediately available to residents of the sub-acute area.

Despite the completion of building works to the approved centre the two TVs in the acute area of the unit were located in the two four-bed rooms. There was no communal area for residents to watch TV. There was also no communal sitting room or seating area for residents and there was no dining room available to residents of the acute area of the unit.

**Breach: 9**

**Article 10: Religion**

*The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 where necessary.

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

*(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*

*(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*

*(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*

*(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*

*(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*

*(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>		<b>X</b>	

**Justification for this rating:**

Visiting times were from 1400h to 1630h and from 1830h to 2030h. The approved centre was flexible and visiting arrangements could be made for visiting outside of these hours.

There were no visiting areas in the acute area of the approved centre, the only space being at the bedside and because eight of the ten beds were situated in two four-bed rooms, this afforded little or no privacy during visits. The outdoor yard area was too small to afford privacy during visits.

In the sub-acute area of the unit there was plenty of room for visits to take place.

Child visitors had to be accompanied by a responsible adult. The approved centre had written operational policies and procedures for visits.

**Breach:** 11(1), (4)

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

*(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.*

*(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.*

*(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.*

*(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Mail was sent and received. Mobile phones could be retained by residents in the sub-acute area and could be accessed for use by residents in the acute area and then returned. The approved centre had written operational policies and procedures on communication.

**Article 13: Searches**

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 current resident had been searched. The approved centre had written operational policies and procedures that satisfied all the requirements of this Article.



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

*(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.*

*(2) The registered proprietor shall ensure that when a resident is dying:*

*(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;*

*(b) in so far as practicable, his or her religious and cultural practices are respected;*

*(c) the resident's death is handled with dignity and propriety, and;*

*(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

*(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:*

*(a) in so far as practicable, his or her religious and cultural practices are respected;*

*(b) the resident's death is handled with dignity and propriety, and;*

*(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

*(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.*

*(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

In the event that a resident was dying a single room was available to maintain the privacy and dignity of that resident. The approved centre had written operational policies and protocols for care of residents who are dying.

**Article 15: Individual Care Plan**

*The registered proprietor shall ensure that each resident has an individual care plan.*

*[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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:**

In a sample of clinical files examined, all residents had an individual care plan (ICP) as described in the Regulations. The approved centre was currently in the process of moving from one ICP template to a newer version.

**Article 16: Therapeutic Services and Programmes**

*(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.*

*(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>		<b>X</b>	

**Justification for this rating:**

There was an excellent programme of therapeutic activities undertaken by a registered psychiatric nurse with responsibility for the day ward area. Programmes available included relaxation, anxiety/stress management and education, yoga, art therapy facilitated by an outside art therapist, evaluating care group, medication management group and discharge planning group. Each resident in the sub-acute area of the unit had access to an appropriate range of therapeutic services and programmes, however, the majority of these services and programmes were not in accordance with the residents' individual care plans.

There was no programme of therapeutic activities provided to residents of the acute area of the unit other than core medical and nursing care.

**Breach:** 16(1), (2)

**Article 17: Children's Education**

*The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Two children had been admitted in 2013 to the date of inspection. Staff reported that in both instances, educational support had not been required by the child. The approved centre had a policy on children's education although it is not a requirement made under this Article of the Regulation.

**Article 18: Transfer of Residents**

*(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.*

*(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 relevant information, including nurses transfer form, doctor's letter and prescription sheet was provided to the receiving approved centre, hospital or any other centre. The approved centre had a written policy and procedures on transfer of residents.

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

*(1) The registered proprietor shall ensure that:*

*(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;*

*(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;*

*(c) each resident has access to national screening programmes where available and applicable to the resident.*

*(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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:**

Adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. There was evidence from examination of the clinical files that each resident's general health needs were assessed regularly. No resident was in the approved centre for a period of time exceeding six months. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

*(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:*

*(a) details of the resident's multi-disciplinary team;*

*(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;*

*(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;*

*(d) details of relevant advocacy and voluntary agencies;*

*(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.*

*(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Details of the resident's multidisciplinary team were provided to residents as were housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements. Verbal and written information on the resident's diagnosis was available. There were details of relevant advocacy and voluntary agencies displayed around a number of areas of the approved centre.

Information on indications for use of all medications to be administered to the resident, including any possible side-effects was available to residents.

The approved centre had written operational policies and procedures for the provision of information to residents.

**Article 21: Privacy**

*The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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:**

Windows in close proximity to the car park and outside areas had one way glass. The privacy and dignity of residents was appropriately respected on the day of inspection.

**Article 22: Premises**

(1) *The registered proprietor shall ensure that:*

(a) *premises are clean and maintained in good structural and decorative condition;*

(b) *premises are adequately lit, heated and ventilated;*

(c) *a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.*

(2) *The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.*

(3) *The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.*

(4) *Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.*

(5) *Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.*

(6) *This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>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 premises were clean and maintained in good structural and decorative condition. Major refurbishment of the approved centre had been completed in late 2012. Despite this, there remained no communal seating area or dining room in the acute area of the approved centre. The garden areas in the unit were clean and well-maintained. Ligature hazards were noted by inspectors on five areas of the approved centre. The specific areas of ligature hazard were reported by inspectors to the senior management team during the informal feedback meeting before the end of this inspection. A ligature audit had been undertaken by the approved centre in February 2013. This ligature audit was forwarded electronically to the Inspectorate on the day following this inspection. However, it was unclear to inspectors if the approved centre were intending to take action to remedy these ligature hazards.

During the factual correction stage of this report, the approved centre was requested to indicate the action to be undertaken following the identification of ligature hazards pointed out by inspectors during the inspection and following the completion of the approved centre's ligature audit. However, the approved centre failed to comply with this request. As a consequence of this, a formal letter was written by the Inspectorate to the approved centre on 19 August 2013 requesting it to respond in writing by 23 August 2013. The approved centre responded to the Inspectorate within this time frame that the works required on the ligature hazards would be completed as a matter of priority and not later than the end September 2013.

**Breach:** 22(2), (3)

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

*(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.*

*(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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

*(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.*

*(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 Health and Safety statement was available to inspectors for examination.

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

*(1) The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:*

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

*(2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*

*(3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 was used in the seclusion room, the garden areas of both the acute and sub-acute areas and the entrance to the unit. This CCTV was for the observation of residents. CCTV was clearly labelled and evident. The approved centre had a written operational policy and protocols articulating the function of CCTV in relation to the observation of residents. CCTV was incapable of recording and storing images. The use of CCTV in the approved centre was disclosed to all as clearly written in the CCTV signage.



**Article 26: Staffing**

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	CNM	1	0
	RPN	9	5

*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	2011	2012	2013
<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:**

HSE policies and procedures relating to recruitment, selection and vetting of staff applied. It was reported that all sector and specialist teams were adequately staffed with health and social care professionals such as occupational therapists, social workers and clinical psychologists and as such, the numbers of staff and skill mix of staff were appropriate to the assessed needs of residents, the size and layout of the approved centre. There was an appropriately qualified staff member on duty and in charge of the approved centre at all times. The training register in relation to nursing staff only was examined by inspectors and this was satisfactory. Copies of the Mental Health Act 2001, Rules, Regulations and Codes of Practice were available to all staff in the approved centre.

**Article 27: Maintenance of Records**

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

*(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.*

*(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.*

*(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.*

*The Inspectorate did not inspect and has no expertise in assessing fire risk*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

A number of clinical files examined had loose leaves and it was not easy to retrieve information from within. Similar findings by inspectors were reported during the 2012 inspection. The approved centre had written operational policies and procedures relating to the creation of, access to, retention of and destruction of records. The Health and Safety statement was available to inspectors as was the fire report. The fire report was for review in December 2013 and detailed a report on fire procedure, fire detector and alarm system, evacuation plan, fire fighting equipment, fire prevention, fire safety training, furniture and fittings and building refurbishment work. A copy of the Food Safety report from the inspection carried out by the Senior Environmental Health Officer on 5 June 2013 was forwarded to the Inspectorate.

**Breach:** 27(1)

**Article 28: Register of Residents**

*(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.*

*(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 Register of Residents was inspected and was compliant with Schedule 1 of the Regulations.

**Article 29: Operating policies and procedures**

*The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 required under the Regulations were reviewed every three years.

**Article 30: Mental Health Tribunals**

*(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.*

*(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 new Mental Health Tribunal room was built as part of the new refurbishment. Appropriate assistance was provided to patients to attend Mental Health Tribunals where applicable.

**Article 31: Complaint Procedures**

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 complaints procedure was displayed in a number of prominent positions in the approved centre and was also available in the information booklet for residents. A nominated person was available in the approved centre to deal with all complaints. The nominated person maintained a record of all complaints relating to the approved centre. A record of complaints was made available to inspectors and was examined by inspectors.

**Article 32: Risk Management Procedures**

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
  - (b) *The precautions in place to control the risks identified;*
  - (c) *The precautions in place to control the following specified risks:*
    - (i) *resident absent without leave,*
    - (ii) *suicide and self harm,*
    - (iii) *assault,*
    - (iv) *accidental injury to residents or staff;*
  - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
  - (e) *Arrangements for responding to emergencies;*
  - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 approved centre had a written operational policy on risk management that satisfied all the requirements of this Regulation. The Sainsbury Risk Assessment tool was used and implemented throughout the approved centre.

**Article 33: Insurance**

*The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 was covered under the State Indemnity scheme of insurance.

**Article 34: Certificate of Registration**

*The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 framed and displayed in a prominent position in the entrance to the approved centre.

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

**SECLUSION**

**Use:** Seclusion was used in the approved centre.

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:**

The clinical files of two patients who had been secluded in 2013 up to the date of inspection were inspected. In both instances the clinical files had been completed to a high standard with copies of the seclusion policy, seclusion checklist and seclusion care plan, kept in each individual clinical file. The Seclusion Register was inspected and was completed satisfactorily in all episodes of seclusion. There was documentary evidence that the episodes of seclusion had been reviewed by members of the multidisciplinary team.

The new seclusion facilities were of a very high standard. The furniture and fittings were of a very high quality and the raised soft bed was a notable feature. CCTV cameras were used and they were evident and clearly labelled.

The approved centre had a written policy on the use of seclusion and in the use of CCTV and seclusion.

The training register in regard to seclusion was satisfactory.

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

**Use:** ECT was administered in the approved centre. No detained patient was receiving ECT at the time of inspection.

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



**Justification for this rating:**

The ECT suite was very well laid out with plenty of space. There was a waiting area, treatment room and recovery room. All equipment, protocols and drugs were in place. There was a named consultant psychiatrist, anaesthetist for ECT and a number of nursing staff had trained in ECT.

The information booklet was good. The centre had received ECT Accreditation Service (ECTAS) approval.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint was not used in the approved centre.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	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 Clinical Practice Form book was inspected and all documentation was in order. The clinical files of two residents who had been physically restrained were inspected. In both cases next of kin had been informed, the multidisciplinary teams had reviewed the incident of restraint and a physical examination had been completed within the specified time frame. However a number of physical restraint forms remained in the Clinical Practice Form book and were not filed in the clinical files.

The policy on physical restraint was up to date and staff training in the therapeutic management of violence and aggression had been completed.

**Breach:** 8.3

**ADMISSION OF CHILDREN**

**Description:** Two children had been admitted to the approved centre in 2013 to the date of inspection.

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

**Justification for this rating:**

There was no child resident on the day of inspection. Two children had been admitted on a voluntary basis to the approved centre in 2013 to the date of inspection. The clinical file of one child was unavailable to inspectors. One clinical file was available to inspectors and was examined. The Mental Health Commission had been notified of both child admissions. In the clinical file made available to inspectors, there was no evidence that the child's parent/guardian had consented to the admission of the child. There was also no evidence that the child's parent/guardian had consented to the child's treatment in the approved centre.

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

**Breach:** 2.5, 2.8, 3.2

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There had been no deaths in the approved centre in 2013 up to the time of inspection.

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

**Justification for this rating:**

A record of incidents was maintained and was available to inspectors. The Risk Management policy clearly identified the risk manager with responsibility for the approved centre.

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

**Use:** Three voluntary residents were receiving ECT in the approved centre.

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:**

The ECT suite was very well laid out with plenty of space. There was a waiting area, treatment room and recovery room. All equipment, protocols and drugs were in place. There was a named consultant psychiatrist and anaesthetist for ECT and a number of nursing staff had trained in ECT.

The ECT register was correctly completed in all cases. The clinical files of the three residents who were receiving ECT were inspected. An information booklet on ECT was available and there was evidence that consent for ECT had been obtained. A physical examination and tests had been carried out and one consultant was designated for ECT and there was a trained staff nurse. Assessments carried out following the administration of ECT were documented.

The centre had received ECT Accreditation Service (ECTAS) approval.

**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 approved centre had policies on admission, transfer and discharge of residents that satisfied this Code of Practice. There was a policy on risk management and an identified risk manager. Although no resident had been transferred in 2013 to the date of inspection, it was reported that all information upon transfer of a resident was copied into the resident's clinical file. The training register of nursing staff was examined and was satisfactory.

### 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 service endeavoured to admit residents on a planned basis; otherwise admissions were via the Emergency Department. The decision to admit was made by the non consultant hospital doctor or by the consultant. There was an admission form and this was completed in the clinical files inspected. All residents had an individual care plan and were assigned a key worker on admission.

There was a policy in relation to admissions.

The approved centre was compliant with Article 8 of the Regulations in relation to Personal Property and Possessions, Article 20 on the Provision of Information to Residents and Article 15 in relation to Individual Care Plans. The approved centre was not fully compliant with Article 7 of the Regulations in relation to Clothing and Article 27 in relation to Maintenance of Records.

**Breach:** 23.1.1, 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>NOT APPLICABLE</b>			

**Justification for this rating:**

No resident had been transferred in 2012 up to the time of inspection. There was a policy on the transfer of residents and the transfer of clinical information to accompany each resident.

## 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 individual clinical file of one resident, who had been recently discharged, was inspected. The discharge process was very good. The decision to discharge was taken by the consultant psychiatrist and there was evidence of multidisciplinary team involvement in the plan for discharge. A discharge form was used and discharge summaries sent to the referring teams. There was evidence in the clinical file that the decision had been discussed with the resident, family and a follow up appointment had been made.

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

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**Description:** There were no residents with intellectual disability in the approved centre on the day of inspection.

*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 approved centre had a policy on the care and management of an individual with intellectual disability and a mental illness. Staff training on the care and management of individuals with intellectual disability and mental illness had commenced.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** One detained patient was receiving medication for a period longer than three months.

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

**Justification for this rating:**

<p>One detained patient in the acute section had been detained for a period exceeding three months. The patient had given consent in writing to the continued administration of medication.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001  
ORDER IN FORCE**

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**Description:** No child had been admitted to the approved centre under Section 25 of the Mental Health Act 2001 and therefore Section 61 did not apply.

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

### **SERVICE USER INTERVIEWS**

No resident requested to speak with inspectors. Residents were greeted by inspectors during the course of the inspection.

### **ADVOCACY**

No advocacy report was available to the Inspectorate for 2013 to the date of inspection.

### **OVERALL CONCLUSIONS**

The ECT facilities were spacious and of a high standard. All residents, whose clinical files were examined by inspectors, had individual care plans as described in the Regulations. The Seclusion facilities were very good. The documentation in relation to seclusion was very good. A number of physical restraint forms remained in the Clinical Practice Form book and were not filed in the clinical files. Despite the completion of building works to the approved centre the two TVs in the acute area of the unit were located in the two four-bed rooms. There was no communal area for residents to watch TV. There was also no communal sitting room or seating area for residents and there was no dining room available to residents of the acute area of the unit. There were no visiting areas in the acute area of the approved centre, the only space being at the bedside and because eight of the ten beds were situated in two four-bed rooms, this afforded little or no privacy during visits.

There was no evidence of parent/guardian consent to the admission and treatment of a child in the approved centre.

### **RECOMMENDATIONS 2013**

1. The ligature hazards noted by inspectors and identified by the approved centre's ligature audit must be remedied expeditiously.
2. If night clothes are required to be worn by residents during the day, then this must be specified in the residents' respective individual care plans.
3. In the event of a child being voluntarily admitted to the approved centre, consent to the admission and to treatment must be obtained by the approved centre from the parent or guardian.
4. There should be a communal area for residents of the acute area of the unit and a dining room should also be available to those residents.
5. There should be adequate space in the acute area of the approved centre to afford privacy during visits.