

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin North
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Dublin North
APPROVED CENTRE	St. Joseph's Intellectual Disability Services
NUMBER OF WARDS	15
NAMES OF UNITS OR WARDS INSPECTED	Ashlea St. Clare's Ward House 1 House 11
TOTAL NUMBER OF BEDS	135
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	19 March 2013

Summary

- Staff of the approved centre were caring, knowledgeable and enthusiastic.
- There was an excellent choice of food for residents.
- Residents had access to a range of therapeutic services including occupational therapy, speech and language therapy, psychology and social work and these were in accordance with each of their individual care plans.
- Ashlea Ward was not fit for purpose and was due to be closed in May 2013.
- Non consultant hospital doctors (NCHDs) should be more diligent when discontinuing prescriptions and cognisant of the Medical Council's guidelines.

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

St. Joseph's Intellectual Disability Service was located on the campus of St. Ita's Hospital, Portrane in County Dublin and consisted of 15 units accommodating 132 residents on the day of inspection. Sixty residents were accommodated in the Knockamann streetscape development of ten single-story houses. St. Fiacra's Unit had closed in July 2012. One remaining ward, Ashlea Ward, was located in the original hospital (St. Ita's Hospital), and was due to be closed in May 2013. Four units were inspected: Ashlea Ward, St. Clare's Ward, House 1 and House 11. All Articles of the Regulations and a number of Codes of Practice were inspected in Ashlea Ward. The Rules and a number of Regulations and Codes of Practice were inspected in St. Clare's Ward, House 1 and House 11.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	19	23	
Substantial Compliance	3	9	5	8, 11, 21, 23, 26.
Minimal Compliance	0	1	1	22
Not Compliant	0	0	0	
Not Applicable	2	2	2	17, 30

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
House 1	6	6	Intellectual Disability Adult
House 2	6	6	Intellectual Disability Adult
House 3	6	6	Intellectual Disability Adult
House 4	6	6	Intellectual Disability Adult
House 5	6	6	Intellectual Disability Adult
House 6	6	6	Intellectual Disability Adult
House 7	6	6	Intellectual Disability Adult
House 8	6	6	Intellectual Disability Adult
House 10	6	6	Intellectual Disability Adult
House 11	6	6	Intellectual Disability Adult
Grove Lodge	11	11	Intellectual Disability Adult
Falte	5	5	Intellectual Disability Adult
Ashlea	19	19	Intellectual Disability Adult
St. Clare's	20	17	Intellectual Disability Adult
Hillview	20	20	Intellectual Disability Adult

QUALITY INITIATIVES 2012/2013

- Education of three nursing staff on percutaneous endoscopic gastrostomy PEG insertion, including input from dietician and general practitioner (GP).
- A Clinical Nurse Manager 2 liaison nurse was appointed in conjunction with Beaumont Hospital to improve access for residents of the approved centre attending general hospitals.
- Implementation of a multidisciplinary team (MDT) Behaviour Pathway focusing on the reduction of seclusion and restraint. This care pathway had developed an integrated MDT standardised approach towards assessment, formation, intervention and outcome measures around challenging behaviour.
- One assistant director of nursing and three clinical nurse managers successfully completed the specialist modules on Infection Prevention and Control in the Royal College of Surgeons Ireland.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. St Fiacra's Unit and Ashlea must close as neither is suitable for the care and treatment of residents.

Outcome: St. Fiacra's Unit had closed but Ashlea, which had increased the number of residents in the ward to 19, remained open. Ashlea, it was reported, was due to close in May 2013.

2. Information must be available in the units for residents.

Outcome: This had been achieved.

3. Signage for CCTV must be in place.

Outcome: This had been achieved.

4. There must be a property list for each resident.

Outcome: This had been achieved.

5. There should be an increase in health and social care staff

Outcome: There had been no increase of staff in this regard.

6. Basic hygiene must be provided in the access areas of the approved centre.

Outcome: The front access area to Ashlea was dreary and desolate looking. Inspectors even wondered if they were in the right place before presenting themselves. There were many loose tiles on the floor and this was most certainly a health and safety issue for slips, trips or falls. Photographic evidence was taken.

7. All residents should have a physical examination carried out every six months.

Outcome: This 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
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:

Photographic identification was used on clinical files and medication kardexes to help ensure that each resident was readily identifiable by staff when receiving medication, health care or other services. Two registered nurses administered medication.

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
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:

Fresh drinking water, tea and juices were served on a regular basis to residents. The main meal of the day was inspected by inspectors. There was an excellent choice of food: on the day of inspection there was chicken or roast beef and an alternative of minced chicken or minced beef. Finger food was also available each day for main meal. Dietary requirements were catered for.

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
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 Environmental Health Officer's Food Safety report dated 14 March 2012 was made available to inspectors and was satisfactory.

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
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:

All clothing was individualised and was clearly labelled. Clothing was washed in each individual unit in individual bundles. No resident was required to wear night clothing during the day.

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
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:

There was a property list on each of the four units inspected. The approved centre had written operational policies and procedures relating to residents' personal property and possessions. Provision was made for the safe keeping of personal property and possessions. However, in Ashlea Ward the keys of the safe were not available to staff on the day of inspection as they were held on the person of the CNM2 who was off-duty on that day. It was therefore not possible for each resident, or for any person on their behalf, to retain control of his or her personal monies in these circumstances.

Breach: 8(5)

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
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:

In Ashlea, a number of residents attended programmes in the day service. There were TVs and music systems in all units inspected. Residents were accompanied on walks around nearby amenities. The service owned a minibus used to transport residents on outings. A number of residents bought daily newspapers.

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
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:

In Ashlea all residents were Roman Catholic. Three residents attended Mass regularly. A number of residents were also transported to Mass. A Minister of the Eucharist visited residents regularly. Anointing of the sick took place annually.

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
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:

It was reported that visitors usually phoned ahead prior to visiting residents. Visiting hours were open. There was a visiting room and child visitors were required to be accompanied by a responsible adult. The approved centre had written operational policies and procedures for visits. Outside the main entrance to Ashlea, a large section of the floor area was full of cracked, displaced and missing floor tiles and posed a hazard to anyone entering the main entrance to the ward. Photographic evidence of this was taken by inspectors.

Breach: 11(3)

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
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:

Letters and cards could be sent and received. Phone calls could be made using the ward office phone. Mobile phones were used by a number of residents. 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
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:

No searches had taken place in the approved centre in 2013 to the date of inspection. The approved centre had written operational policies and procedures to satisfy this Article of the Regulations.

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;

(d) 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
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 protocols for care of residents who are dying. A single room was available to ensure the dignity of a resident who is 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
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:

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

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
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:

Although the teams were not fully staffed with health and social care professionals, there was evidence in the clinical files inspected that residents had access to a range of therapeutic services including dedicated nursing care, occupational therapy, speech and language therapy, psychology and social work and these were in accordance with each of their individual care plans.

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.

Children were not admitted to the approved centre.

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
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 transfer to another hospital or other place, all relevant documentation accompanied the resident. The approved centre had a written operational policy and procedures on the 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
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 majority of residents had been resident for longer than six months. In the clinical files inspected, there was evidence that six-monthly physical examinations had been carried out. There was a policy on 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
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:

A large selection of information booklets in pictorial style was displayed in each unit inspected. This information satisfied the requirements set out in this Article of the Regulations.

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

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
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:

In Ashlea Ward, there were no curtains surrounding three of the beds in the dormitory. It was reported that a resident had pulled these down. The provision of dormitory accommodation was not conducive to privacy.

Breach: 21

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
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
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	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a fire door connecting House 1 and 2, but it was reported that this door could not be opened, even with a key. Staff reported that this matter had been raised with Maintenance staff on a number of occasions. A hoist, a commode, a weighing chair and a feeding table were stored in the corridor of House 1 beside an emergency door.

Outside the main entrance to Ashlea was drab and dilapidated and a large section of the floor area was full of cracked, displaced and missing floor tiles and posed a hazard to anyone entering the main entrance to the ward.

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

There was a policy relating to the ordering, storing, prescribing and administration of medicines. Inspection of the medication kardex of one resident recently admitted indicated that medication which the resident had been prescribed up to the date of admission had been (presumably) discontinued by means of a large X drawn through the kardex, without a signature or date contrary to the Medical Council's guidelines.

Breach: 23(1)

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
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 Health and Safety Statement was available for examination by inspectors.

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;

(b) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;

(c) 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;

(d) it must not be used if a resident starts to act in a way which compromises his or her dignity.

(3) 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.

(4) 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
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:

CCTV was used in the seclusion rooms. There was signage regarding this in House 1.

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
House 1	CNM2	1	0
	Registered Nurses	5	1
	HCA's	2	1
House 2	Registered Nurses	6	1
	HCA's	2	1
House 3	CNM2	1	0
	Registered Nurses	5	2
	HCA's	2	0
House 4	Registered Nurses	5	1
	HCA's	2	1
House 5	CNM2	1	0
	Registered Nurses	4	1
	HCA's	2	0
House 6	Registered Nurses	5	1
	HCA's	2	0
House 7	CNM2	1	0
	Registered Nurses	4	1
	HCA's	2	0
House 8	Registered Nurses	5	1
	HCA's	2	1
House 10	CNM2	1	1
	Registered Nurses	5	1

Inspectorate of Mental Health Services

	HCA's	2	0
House 11	Registered Nurses	7	1
	HCA's	2	1
Fáilte	CNM2	1	1
	Registered Nurses	5	1
	HCA's	4	0
Ashlea	Registered Nurses	12	2
	HCA's	6	1
St Clare's	CNM2	1	2
	Registered Nurses	12	1
	HCA's	6	0
Hillview	CNM2	1	1
	Registered Nurses	11	1
	HCA's	6	0

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	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:

HSE policies on recruitment, selection and vetting of staff applied.

The numbers of staff and skill mix of staff were not appropriate to the assessed needs of residents. There were two consultant psychiatrists, two non consultant hospital doctors (NCHDs), one occupational therapist, one psychologist, one social worker and two nurse behaviour therapists attached to the service. There was also a physiotherapist, a speech and language therapist a dietician and two Montessori teachers.

There continued to be insufficient health and social care professionals to provide care and treatment to residents.

There was an appropriately qualified staff member on duty and in charge of the approved centre at all times.

The training register for nursing staff was examined and was satisfactory. Copies of the Mental Health Act 2001, Regulations and Rules and Codes of Practice were available to staff.

Breach: 26(2)

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
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:

In the clinical files inspected it was easy to retrieve information. All records were kept up to date and were in good order. The approved centre had written operational policies relating to the creation of, access to, retention of, and destruction of records.

Copies of the current food safety report and the health and safety statement were made available to inspectors. A current fire certificate of servicing and testing of alarm systems was made available to inspectors.

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
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 compliant with Schedule 1 to 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
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:

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.

As there were no detained patients in the approved centre this Article was not 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
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:

Each resident was made aware of the complaints procedure. The complaints procedure was displayed in a prominent position in the approved centre. There was a nominated person in the approved centre to deal with complaints. There were written operational policies and procedures in place for dealing with complaints.

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
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:

An excellent risk assessment process was used for all residents and the approved centre had a written operational policy and procedure that satisfied the requirements set out in this Article.

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
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 Insurance was available for examination by inspectors and was satisfactory.

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
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 inside the entrance to the approved centre.

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

SECLUSION

Use: There were seclusion facilities in House 1 and 2, House 3 and 4 and House 11. When residents from other Houses required seclusion, these residents were transferred to the Houses with seclusion facilities.

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 three residents who had been secluded from Houses 1, 6 and 11 were inspected as well as the Seclusion Registers. The Seclusion Register was completed in each case. In one instance, the resident's next of kin was not informed and the reason for this was not documented in the clinical file. Patients in seclusion were monitored by means of CCTV cameras, the monitor for which was located in the nurse's office. Signs indicating the use of CCTV in the seclusion room were clearly displayed. The seclusion room in House 1 was located a short distance from the front door and across the corridor from the sitting room. There was no mattress for the resident to lie on but a seat had been incorporated into the design of the wall of the room. Access to lavatory and showering facilities were across the corridor.

Breach: 3.7

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: There were no ECT facilities and no detained patients in the approved centre.

MECHANICAL RESTRAINT

Use: Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
14	Orders	N/A			
15	Patient dignity and safety	N/A			
16	Ending mechanical restraint	N/A			
17	Recording use of mechanical restraint	N/A			
18	Clinical governance	N/A			
19	Staff training	N/A			
20	Child patients	N/A			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

Justification for this rating:

The clinical files of four residents who were mechanically restrained were inspected. These contained a record of the prescription of the specific mechanical restraint which included the type of restraint, the situation of its use, the duration of the restraint and the duration of the order.

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	N/A			

Justification for this rating:

The clinical file of one resident in House 1 who had been restrained was inspected. The episode was documented in the clinical file and the order form was completed, a copy of which was placed in the resident's clinical file. The order form did not indicate whether the resident's next of kin had been informed of the episode of restraint. There was an up-to-date policy relating to the use of physical restraint.

Breach: 5.9

ADMISSION OF CHILDREN

As children were not admitted to the approved centre, the Code of Practice on Admission of Children did not apply.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre notified the Mental Health Commission of all deaths and a summary of all incidents was forwarded every six months. No death had occurred in 2013 to the date 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:

The Risk Management policy identified the Risk Manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: There were no ECT facilities in the approved centre, and no resident was receiving ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on admission, transfer and discharge of residents.

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:

The decision to admit a resident was taken by the consultant psychiatrist. The clinical file of one resident who had recently been admitted was inspected; this resident had been admitted from a community residence. The admission assessment included an assessment of mental state and a risk assessment. A physical examination was not carried out on one admission. The resident had an individual care plan which was in use in the community residence and this plan was continued in the approved centre. The service operated a key worker system for residents. The service was compliant with Article 7 relating to Clothing, Article 15 relating to Individual Care Plans, Article 20 relating to Provision of Information to Residents and Article 27 Maintenance of Records. It was not fully compliant with Article 8 relating to Resident's Personal Property and Possessions.

Breach: 15.3, 23.1.1

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:

One resident from House 1 had been transferred to a general hospital. The reason for the transfer and a copy of the doctor's referral letter were documented in the clinical file. Staff reported that a copy of the resident's 'Traffic Light' documentation would have been sent with the resident on transfer. This document identified a resident's likes and dislikes, and provided information about the resident in an easily accessible form for staff who are not known to the individual resident. There was no copy of a nurse transfer document in the clinical file. The approved centre was compliant with Article 18 relating to 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
NOT APPLICABLE			

Justification for this rating:

No resident had been discharged from the approved centre in 2013 to the time of inspection.

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

Description: All residents in the approved centre had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy on intellectual disability. The approved centre was a specialist intellectual disability service. All residents had an individual care plan and a key worker.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were no detained patients in the approved centre.

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

Description: As children were not admitted to the approved centre, Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with inspectors. Inspectors greeted residents during the course of the inspection.

ADVOCACY

No advocacy report was available.

OVERALL CONCLUSIONS

It was pleasing to note that St. Fiacra's Unit had closed. Ashlea Ward, which was unfit for purpose and the entrance of which was drab and dilapidated, was due to close in May 2013. Inspectors noted the dedication of staff of the approved centre who were caring, knowledgeable and enthusiastic. The contents of the food trolley were inspected prior to the serving of the main meal in Ashlea Ward and there was an excellent choice of food for residents. Residents had access to a range of therapeutic services including dedicated nursing care, occupational therapy, speech and language therapy, psychology and social work and these were in accordance with each of their individual care plans. NCHDs needed to be more diligent when discontinuing prescriptions and cognisant of the guidelines set out in section 59 of the Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*.

RECOMMENDATIONS 2013

1. Ashlea Ward, which is due to be closed, should close as soon as possible.
2. The Medical Council's guidelines on prescribing should be adhered to.
3. The Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint must be adhered to.
4. The Code of Practice on Physical Restraint should be adhered to.