

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Mayo
APPROVED CENTRE	Teach Aisling
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Teach Aisling
TOTAL NUMBER OF BEDS	10
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	19 June 2012

Summary

- Teach Aisling was a 10-bed approved centre although the service's own literature described it as a 'high support hostel'.
- Residents had severe and enduring mental illness and many had been transferred some years ago from a long-stay ward in St. Mary's Hospital, Castlebar.
- The door to this stand-alone hospital was routinely locked. A significant number of voluntary residents were not free to leave the unit unaccompanied and depended on the availability of staff to access the wider community.
- The physical care of residents required attention. The service has since addressed this issue.
- The culture of Teach Aisling did not facilitate a robust recovery approach which supported service user voice and autonomy. There was no provision of information to residents in an appropriate format on diagnoses and treatments. There had been no independent advocacy services available to residents for a long time. The complaints procedure was not effective. The information garnered in the Functional Analysis of Care Environments (FACE) assessment was not translated into an action plan incorporating residents' strengths and values and supporting residents to be active partners in their own care.
- A re-inspection visit to this approved centre might be warranted in 2012 owing to the scope of the above findings.

OVERVIEW

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

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Teach Aisling provided care and treatment for individuals with enduring mental illness ranging in age from 42 to 60 years. Many residents had been in Teach Aisling since it opened in 2005, having transferred from a long-stay ward in St. Mary's Hospital. The premises was a single story building, purpose built as a "modern, innovative, state-of-the-art, high support hostel", however, it was registered as an approved centre. Teach Aisling comprised an 8-bed unit with two self-contained bed-sits attached. It was situated in its own grounds, next door to a rural training centre on the Westport Road in Castlebar. On the day of inspection, two patients were detained. The access doors to both the main unit and the two bed-sits were locked and staff reported this to be routine.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	29	28	22
Substantial Compliance	0	2	2
Minimal Compliance	1	0	2
Not Compliant	0	0	4
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Teach Aisling	10	10	Rehabilitation and Recovery Team

QUALITY INITIATIVES 2011/2012

- The service had commenced a peer support project for residents, entitled 'Prosper' which was supported by a voluntary trust.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. A suitable placement for the resident with an intellectual disability should be found without delay.

Outcome: The resident had been discharged to an intellectual disability service.

2. Procedures for the discharge of residents to and from an approved centre as stated in the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre should be adhered to.

Outcome: This had been done.

3. The flat should be redecorated and refurbished to a suitable standard.

Outcome: This had not been done.

4. Residents who were not residing in the approved centre should be discharged and followed up as outpatients.

Outcome: This had not been done. One resident had been discharged yet remained listed with other residents on the office noticeboard and attended the unit twice each day. Staff reported that the individual did not attend community mental health services.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Two nurses administered medication. There was photographic identification in the individual clinical files and an identifier label was affixed to the medication kardex.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Meals were delivered ready-plated from a private catering company. Residents ordered their meals in advance from a menu offering “roast of the day, fish, chicken, mince, vegetarian” choices. Hot porridge was delivered at breakfast time. There was a small kitchen attached to the dining room complete with cooker and fridge. There was a good supply of fresh fruit and drinking water.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 most recent Environmental Health Officer's report was inspected.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 wore day attire. There was provision for the supply of clothing to an individual resident in the event of a person not having their own clothes.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

A property checklist was completed at the time of admission and countersigned by staff and the resident. There was an up-to-date policy on residents' personal property and possessions. Each resident had a wardrobe and locker and there was safe storage for valuables.

Article 9: Recreational Activities

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

Justification for this rating:

There were table games, television, a daily newspaper and a pool table available for residents. A number of residents participated in community recreational activities such as the library, coffee shops, cinema and a Mental Health Association club house. Staff reported that the approved centre had its own multi-person vehicle for outings but that staffing allocations were insufficient for this to have been used to any extent in 2012.

Article 10: Religion

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

Justification for this rating:

Residents were facilitated in the practice of their religion if required. A Roman Catholic chaplain visited from the general hospital.

Article 11 (1-6): Visits

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

Justification for this rating:

There was an up-to-date policy on visits. There was a quiet room available for visits.

Article 12 (1-4): Communication

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

Justification for this rating:

Residents could retain and use their own mobile phone if they wished. The office telephone was available for resident use for both the making and receiving of calls. Residents received their post unopened. There was an up-to-date policy on communications. There was no computer or internet access available for residents' use.

Article 13: Searches

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

Justification for this rating:

There was an up-to-date policy on the making of searches with and without consent and on the finding of illicit substances. Gardai were notified in the event of an illicit substance being found and staff were awaiting the attendance of Gardai to remove a quantity of an illicit substance from the premises.

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

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

Justification for this rating:

There was a policy on the care of patients who are dying. Accommodation was available in a single room where required.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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>			
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>			X

Justification for this rating:

One resident who had been admitted approximately three weeks previously did not have an individual care plan (ICP) in their clinical file. Staff told the inspectors that there was an ICP for this resident, and variously reported that the ICP was on the computer but they were unable to access it, or that the report had gone elsewhere for typing, but were unable to say when it was due to be returned to the resident's clinical file.

There were ICPs for all other residents. The documentation template for ICPs was excellent and some ICPs were detailed in focus with clear specification of therapeutic interventions, time frames and outcomes. Other ICPs did not record whether targeted interventions had been delivered or not. For example, the need for clinical psychology and occupational therapy input had been identified in two ICPs some six to eight months previously but there was no record to indicate whether these interventions had taken place or not.

Some residents signed their own ICP. Where the ICP was unsigned by a resident the reason was not always recorded.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

For the purpose of inspecting against this Article, the inspectors reviewed individual clinical files, spoke with nursing staff and with three residents and looked at equipment and facilities. Residents had severe and enduring mental illness, some had behavioural issues and would require significant rehabilitation to facilitate community placement, all of which pointed up the need for targeted interventions.

A weekly art session was timetabled and staff reported that one resident participated on a regular basis. Staff did not know if the session was contracted in from an art teacher or an art therapist. Other than this, there were no other evidently timetabled therapeutic programmes within the approved centre. There were some jig-saws and table games, aromatherapy oils and a Snoezelen multisensory room, otherwise, there was no equipment or materials evident in the unit.

Nursing staff differed in their opinion about the provision of therapeutic activities. The view was expressed by one nurse that there were currently no therapeutic programmes running owing to a reduction in nursing numbers. Other nursing staff reported that art activities, cooking and gardening were provided. "Medication concordance" featured in several individual clinical files.

There were excellent FACE (Functional Assessment of Care Environment) individual resident profiles completed by nursing staff, however, the clinical documentation did not capture or demonstrate how this assessment data was then translated into action and therapeutic provision.

Two residents attended the rural training centre and another resident attended a nearby training centre.

Individual care plans inspected cited targeted therapeutic interventions. Therapeutic services and programmes were not evidently delivered in a timely manner to support residents' progression on their identified care pathways. This in turn impacted on the requirement by the Regulations to ensure that programmes and services provided "be directed towards restoring and maintaining optimal levels

of physical and psychosocial functioning” of a resident.

There were two residents, one of whom had been resident in the approved centre for seven years, in the bed-sit accommodation for the purpose, amongst other things, of promoting self-care and independent living skills. An occupational therapy assessment had been completed for one individual and the occupational therapy assistant was accompanying the individual into the community. The resident had attended a Wellness Action Recovery Plan (WRAP) group. Both residents expressed a preference not to cook. One cooker was partly broken. The individual care plans did not sufficiently address the functional capacity, motivation, personal values, skill strengths and learning needs, including a time frame, of the two residents.

Some residents had behavioural issues and staff reported that where behaviour was inappropriate a “time-out” approach was taken. This had resulted in individuals being removed for a period from training programmes and activities. It was the view of inspectors that a coherent behavioural management approach with input from a clinical psychologist might support an adaptive behaviour environment tailored to individual needs.

Breach: 16 (1), (2)

Article 17: Children's Education

The approved centre did not admit children.

Article 18: Transfer of Residents

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

Justification for this rating:

There was a policy on transfer and information. All relevant clinical data accompanied a resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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>			
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>			X

Justification for this rating:

Two of the individual clinical files inspected did not have up-to-date six-monthly physical examinations recorded. There was no evident system in place to flag upcoming physical review dates. It was the responsibility of medical staff to ensure a six-month physical review was completed. One individual who had been resident for many years was noted by inspectors to have significant dental decay. There did not appear to be a system in place to ensure residents had access to general health services. On inquiry staff stated that to enable the residents of Teach Aisling avail of health screening programmes, special arrangements would have to be made. It was not recorded whether these services had been offered to residents and declined. The service subsequently advised the Inspectorate that six-monthly physical reviews had now been completed for all residents.

Breach: 19 (1)(b)(c)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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>			
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>			X

Justification for this rating:

The information booklet for Teach Aisling did not reflect the environment and current services being provided there and so was factually incorrect.

There was no readily available information for residents on diagnosis, treatments and medications, including side effects. Staff reported that the majority of residents would not have an interest in or ability to engage with this information. There was no information provided in an appropriate and accessible format suited to the needs of the residents. The minutes of a community meeting recorded that one voluntary resident did not wish to take the prescribed medication which should not be an issue addressed by a community meeting. The individual clinical file was inspected and it was subsequently recorded that the resident had agreed to take medication. "Medication concordance" was recorded in the clinical file but it was unclear what information process and support had been provided to the resident to support informed consent or whether a voluntary incapacitated resident had acquiesced to the administration of medication. Staff identified one resident who was interested in information, however, staff could not recall what information had been provided to this individual or by whom and this was not recorded in the individual clinical file. Staff reported that information was sourced on the internet and provided as required to residents.

The independent advocate was on extended leave and there was no information provided on alternatives or self help groups.

Overall, the service did not provide adequate information in a suitable format to support residents' capacity for autonomy as active partners in their own care.

Breach: 20 (1)

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Privacy of residents was respected throughout the approved centre. With the exception of one bedroom where curtains had been pulled down repeatedly, all other bedrooms had curtains and bathrooms and lavatories had locks fitted.

Article 22: Premises

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

Justification for this rating:

The maintenance and upkeep of the two bed-sits was poor. The cooker did not work properly in one bed-sit and the access pathway had weeds growing and was poorly maintained. The day room in Teach Aisling was devoid of colour and required repainting. The enclosed garden was not well maintained.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 service had a policy on ordering, storing, prescribing and administration of medicines. One medication incident was found where a morning medication of the previous day was recorded in the medication kardex as not having been given, but when the attention of staff was drawn to this by the inspectors, staff reported that it had actually been administered to the resident. This was not in compliance with good practice of administering medication.

Breach: 23

Article 24 (1-2): Health and Safety

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

Justification for this rating:

There were written operational policies and procedures relating to the health and safety of residents, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

There were CCTV cameras at the entrance to the unit and in one of the sitting rooms, and signs were displayed indicating this. The service had a policy relating to the Use of Closed Circuit Television.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Teach Aisling	CNM	1	1
	RPN	2	2
	Student Nurse	1	0
	HCA	2	

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

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

Justification for this rating:

There were written policies relating to recruitment, selection and vetting of staff. Staff training was not up to date and management reported this to be due to staff resources and the difficulty encountered in releasing staff for training.

Inspection of individual clinical files indicated that there was limited input from allied health professionals. There were two instances where these services had been identified as targeted interventions for residents and some six to eight months later there was no record of whether the service had been provided. Given the identified needs of residents, the input of a clinical psychologist was essential to progress along a care pathway. The approved centre did not provide a staff and skill mix appropriate to the assessed needs of residents.

Breach: 26 (2),(4)

Article 27: Maintenance of Records

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

Justification for this rating:

A copy of the Fire certificate, Environmental Health Officer and Health and Safety certificate were seen by the inspectors.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 met the requirements of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Operating policies and procedures required by the Regulations were in place and were reviewed in a timely manner.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 co-operated with Mental Health Tribunals and assistance and support was provided to a patient to attend where required.

Article 31: Complaint Procedures

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

Justification for this rating:

There was a policy in place in relation to complaints and the “Your service, Your say” poster on how to make a complaint was displayed. The Teach Aisling information booklet also outlined the procedure for making a complaint. There was a nominated person to deal with complaints within the approved centre.

Staff reported that no complaints had been received in 2012 up to the time of inspection and there was no complaints log maintained.

Staff said that there was a suggestion box for residents to express their views in writing and these were recorded. The suggestion box log book was inspected and no suggestions had been made for a period of six years. There was a community meeting held occasionally. The minutes of the community meeting were inspected and indicated that the meeting was often cancelled owing to an “incident” on the ward. On one occasion it had taken seven months to reconvene the community meeting. The minutes recorded that in February 2012, one resident had requested to have the main communal sitting area painted with some colour added to the area and to have flowers planted in the garden. There was no information available on how the service had responded to this request. It was a pity to see the enclosed garden space untended with weeds and cigarette butts and the side herb garden overgrown with weeds. The resident concerned had filled some containers at the front door with flowers.

The majority of residents had been living in the approved centre for some years. The service should develop an appropriate and robust system for supporting service user voice and optimising autonomy.

Breach: 31(6),(7)

Article 32: Risk Management Procedures

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

Justification for this rating:

There was an up-to-date policy and procedures on risk management. Risk was usually assessed on admission and a risk assessment was also included in the functional assessment of care environment (FACE) evaluation.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 was insured under the Health Service Executive State Indemnity scheme.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 prominently displayed in the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre and no patient was in receipt of ECT in another hospital.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: Two residents had been physically restrained in 2012 up to the time of inspection.

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 had been completed as required. The recording of each episode of physical restraint in the individual clinical file was not always completed adequately. A copy of the order had not been placed in the clinical file in two instances and multidisciplinary review was not always recorded following the incident of physical restraint.

The staff training log was inspected and training in the therapeutic management of violence and aggression had not been updated since 2008. This was totally unsatisfactory in an area where residents may have behavioural problems and require physical restraint. The service was well aware of this issue and reported that it arose due to difficulties in releasing staff for training owing to staffing resources.

Breach: 8.1, 8.3 9.3, 10.1(e)

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2012 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:

Incidents and deaths were reported to the Mental Health Commission as required. There was an identified risk manager for the mental health service. The incident report book was inspected and in order but the incident relating to the medication error had not been identified until pointed out by the inspectors. It was subsequently entered in the report book.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre and no resident was in receipt of a course of ECT in another hospital.

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 service had policies on admission, transfer and discharge. The approved centre was compliant with Article 32 relating to Risk Management.

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 clinical file of one resident who had been recently admitted on transfer from the Adult Mental Health Unit (AMHU), Mayo General Hospital was inspected. There had been verbal communication with the AMHU prior to the transfer and the resident's clinical file accompanied the resident on transfer. Following admission to Teach Aisling, no risk assessment or physical examination was carried out; this had been done in the previous approved centre some 21 days prior to the transfer. There was no individual care plan in the clinical file for this resident. The service operated a key worker system of care.

The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Personal Property and Possessions and Article 27 relating to Records. It was not compliant with Article 15 relating to Individual Care Plans or Article 20 relating to Provision of Information.

Breach: 15.3, 16.3(c), 17.1, 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 had been transferred to another approved centre, but the clinical file was unavailable for inspection as it had accompanied the resident. Relevant information accompanied the resident on transfer. The service 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
X			

Justification for this rating:

One resident had been discharged since the previous inspection; the clinical file was unavailable for inspection. The discharge had been planned and follow-up arranged. The service had a discharge form which was completed by nursing staff at time of discharge.

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

Description: No resident had a diagnosis of an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had a policy on working with people with an intellectual disability and a mental illness and staff had received training in this area. Seclusion was not used in the approved centre.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two detained patients had been resident and in receipt of medication for approximately three months duration.

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

Justification for this rating:

Two patients had been receiving medicines for a period longer than three months. One patient had signed a consent form and a Form 17 had been completed by a second consultant in relation to the second patient.

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

Description: Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors were introduced to residents as visitors. Inspectors clarified their identity to residents, the purpose of the inspection visit and spoke with three residents. Other residents were also greeted during the course of the inspection. Residents commented positively about the food and meals provided. The residents in the bed-sit accommodation expressed their preference for buying ready made meals rather than self catering.

The independent advocate was on extended leave and had not been replaced.

OVERALL CONCLUSIONS

Teach Aisling, a locked approved centre, provided care and treatment for 10 residents with severe and enduring mental illness. Several residents had been in institutional care for some time necessitating a long lead up to potential community placement. Eight residents were voluntary; however, half of those residents were not free to leave the unit unless accompanied. Nursing staff reported that this was often difficult to facilitate owing to staff resources. Nursing staff were caring and evidently knew the residents well. Staff accounts varied and so it was sometimes difficult to obtain clear and accurate information, e.g., location of an ICP or information about activities and systems in place.

It was the view of inspectors that the “best interests” approach to care did not pay sufficient attention to supporting residents’ voice and autonomy and optimising capacity. Residents did not generally sign their care plans and individual clinical files did not evidence a partnership approach to care. In two instances, staff had written letters to management on behalf of residents who were literate, rather than supporting the residents to write on their own behalf with staff providing supporting evidence in an accompanying letter. Community meetings were not prioritised.

Refurbishment of the bed-sits was urgently required. The bed-sits were the homes of residents and it was unsatisfactory that they were not maintained to an acceptable standard.

One resident had no ICP. Two residents required six-monthly physical reviews.

Teach Aisling was an approved centre yet was described as a high support hostel in its own literature. The mental health service should clarify the core role of Teach Aisling within its spectrum of services as this would facilitate a more focused therapeutic identity, service provision and environment.

A re-inspection of this approved centre might be warranted in 2012 owing to the scope of issues identified in this report.

RECOMMENDATIONS 2012

1. Each resident must have an individual care plan which meets the requirements of the Regulations.
2. The two bed-sit facilities should be refurbished and decorated.
3. Therapeutic services and programmes must be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of each resident.
4. Six-monthly physical reviews must be completed as required by the Regulations.
5. Staff training must be updated.
6. The culture of Teach Aisling should be developed to provide a more robust recovery approach which facilitates service user voice and autonomy. This should incorporate but not be limited to: the provision of information in an appropriate format on diagnoses and treatments; the appraisal of residents about independent advocacy services; a robust complaints procedure; the translation of the FACE assessment into an action plan incorporating residents’ strengths and values.