

Report of the Inspector of Mental Health Services 2011

| | |
|--|----------------------------|
| EXECUTIVE CATCHMENT AREA | Galway, Mayo and 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 | No |
| TYPE OF INSPECTION | Unannounced |
| DATE OF INSPECTION | 22 February 2011 |

OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

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

DESCRIPTION

Teach Aisling was a single-storey unit built approximately eight years ago; it was located near the general hospital and was beside a Training Unit. The approved centre had 10 beds, two of which were situated in two individual one-bedroom flats beside the approved centre. There were eight residents in the approved centre on the day of inspection (including one in the flat), but three of these 'residents' were on leave and lived in rented accommodation in Castlebar town.

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

| COMPLIANCE RATING | 2009 | 2010 | 2011 |
|------------------------|------|------|------|
| Fully Compliant | 26 | 29 | 28 |
| Substantial Compliance | 2 | 0 | 2 |
| Minimal Compliance | 1 | 1 | 0 |
| Not Compliant | 1 | 0 | 0 |
| Not Applicable | 1 | 1 | 1 |

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

DETAILS OF WARDS IN THE APPROVED CENTRE

| WARD | NUMBER OF BEDS | NUMBER OF RESIDENTS | TEAM RESPONSIBLE |
|---------------|----------------|---------------------|------------------|
| Teach Aisling | 10 | 8 | Rehabilitation |

QUALITY INITIATIVES

- A clinical psychologist had been appointed to the service and was attending four days each week.
- The individual care plans had been upgraded and improved.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. A psychologist should be made available to the approved centre on a regular basis.

Outcome: A clinical psychologist had been appointed.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 7: Clothing

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to residents' personal property and possessions. These policies and procedures were due for review in May 2012.

Article 9: Recreational Activities

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 10: Religion

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

Justification for this rating:

The inspection of this article was based on self-assessment.

Article 11 (1-6): Visits

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to visits.

Article 12 (1-4): Communication

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to communication.

Article 13: Searches

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to searches.

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

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to care of residents who are dying.

Article 15: Individual Care Plan

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

Justification for this rating:

All residents whose clinical files were inspected had individual care plans.

Article 16: Therapeutic Services and Programmes

| LEVEL OF COMPLIANCE | DESCRIPTION | 2009 | 2010 | 2011 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | | X | |
| Substantial compliance | <i>Evidence of substantial compliance with this Article but additional improvement needed.</i> | | | X |
| 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 occupational therapist, social worker and clinical psychologist attended the multidisciplinary team meetings. Four residents attended the Rural Training Unit and some residents were involved in a horticulture project in Teach Aisling. The clinical psychologist had recently taken up appointment and was in the process of engaging with some residents. An Art therapist provided one session per week.

One resident whose needs indicated that she would be more appropriately placed in a care setting for intellectual disability had not had those needs met. Care for this resident was provided by both the mental health services and the voluntary sector for intellectual disability but suitable accommodation had not yet been sourced.

Breach:16.1

Article 17: Children's Education

The approved centre did not admit children.

Article 18: Transfer of Residents

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

Justification for this rating:

The service had a policy on transfer of residents. No resident had been transferred in 2011.

Article 19 (1-2): General Health

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

Justification for this rating:

Inspection of clinical files indicated that six monthly physical health examinations had been carried out. There was a policy on responding to medical emergencies.

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2009 | 2010 | 2011 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | X | X | 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 service had an information leaflet displayed in the approved centre. There was an up-to-date policy on provision of information.

Article 21: Privacy

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

Justification for this rating:

All residents were accommodated in single rooms.

Article 22: Premises

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

Justification for this rating:

The premises was well-maintained and clean. However, one of the self-contained flats inspected was poorly maintained and grubby and although the service pointed out the value to the resident of developing independent living skills, the condition of the flat did not reflect this.

Breach: 22(1) (a)

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

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

Justification for this rating:

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

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 26: Staffing

| WARD OR UNIT | STAFF TYPE | DAY | NIGHT |
|---------------|----------------------|-----|-------|
| Teach Aisling | Staff Nurse | 4 | 4 |
| | Student Nurse | 2 | |
| | Healthcare Assistant | 1 | |

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

| LEVEL OF COMPLIANCE | DESCRIPTION | 2009 | 2010 | 2011 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | | | X |
| 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 | X | |
| Not compliant | <i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i> | | | |

Justification for this rating:

The service operated the Health Service Executive (HSE) policy on recruitment. A clinical psychologist had been recruited in late 2010. The clinical psychologist, social worker and occupational therapist attended the team meetings.

Article 27: Maintenance of Records

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

Justification for this rating:

The inspection of this Article was based on self-assessment. The service had a fire inspection report of November 2010, and an inspection report of the catering facilities conducted by the Environmental Health Officer dated February 2010.

Article 28: Register of Residents

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

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

Article 30: Mental Health Tribunals

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

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

Justification for this rating:

The inspection of this Article was based on self-assessment. Policies and procedures were in place relating to complaints.

Article 32: Risk Management Procedures

| LEVEL OF COMPLIANCE | DESCRIPTION | 2009 | 2010 | 2011 |
|-------------------------------|--|----------|----------|----------|
| Fully compliant | <i>Evidence of full compliance with this Article.</i> | X | X | 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 inspection of this Article was based on self-assessment. Policies and procedures were in place relating to risk management.

Article 33: Insurance

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

Justification for this rating:

The inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

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

Justification for this rating:

The inspection of this article was based on self-assessment.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

ECT (DETAINED PATIENTS)

Use: ECT was not used in the approved centre and there were no detained patients in the unit.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: At the time of the inspection, four episodes of physical restraint had been recorded on the Clinical practice forms in 2011. Two clinical charts of residents who had been physically restrained were reviewed by the Inspectorate.

| 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 forms had not been completed in full, most often it was not documented whether or not next of kin had been informed and this information was absent from the clinical files also. In one episode of physical restraint, there was no documentation in the clinical file that the resident had been reviewed by a medical practitioner, even though this had been documented on the clinical practice form. Staff training in the prevention and management of violence was provided. Policies and procedures were in place.

Breach: 5.7(a)(b)

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 the previous year.

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

Justification for this rating:

An incident book was maintained in the approved centre. Although the service was compliant with Article 32 on risk management, the policy did not identify the risk manager.

Breach: 4.2

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre and no resident was receiving ECT in another centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: There was little activity in admission, transfer and discharge of residents.

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

| FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | MINIMAL COMPLIANCE | NOT COMPLIANT |
|-----------------|-------------------------|--------------------|---------------|
| X | | | |

Justification for this rating:

The service had policies on admission, transfer and discharge and was compliant with Article 32 on risk management. Residents had individual care plans.

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:

Service users who were referred for admission were discussed by the multidisciplinary team. The most recent resident had been admitted three months prior to the inspection. All residents had individual care plans and a key worker system was in operation.

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 the Adult Mental Health Unit in Mayo General Hospital in October 2010. Two members of staff accompanied the resident. It was reported that a letter of referral was usually written, but there was no evidence of this in the clinical file.

Breach: 31.2

Part 5 Discharge Process

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

Level of compliance:

| FULLY COMPLIANT | SUBSTANTIALLY COMPLIANT | MINIMAL COMPLIANCE | NOT COMPLIANT |
|-----------------|-------------------------|--------------------|---------------|
| | | X | |

Justification for this rating:

The clinical file of one resident who had been discharged three weeks prior to the inspection was available for inspection. The decision to discharge was not noted in the resident's individual care plan and there was no documented comprehensive assessment prior to discharge. There was no letter or discharge summary to the general practitioner, as staff reported that the individual was still being reviewed by them. However, this arrangement had not been documented in the individual care plan. A follow-up appointment was made for two weeks following discharge. Although the service subsequently stated that the resident had not been discharged, the written evidence in the clinical file indicated that the resident had been discharged on a particular date in March 2011.

Breach: 34.1, 34.2, 34.4, 35.1, 42.1

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

Description: Two residents in Teach Aisling had intellectual disability na dmental 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 intellectual disability and mental illness. Training for staff on this policy and on care for people with intellectual disability and mental illness took place in March 2011. All residents had an individual care plan.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were no detained patients in the approved centre, therefore Section 60 did not apply.

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

Description: Children were not admitted to the approved centre, therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection was conducted, but no resident requested to speak directly with the inspectors.

OVERALL CONCLUSIONS

Teach Aisling provided rehabilitation care to eight residents, many of whom had been resident for years. The recent appointment of a clinical psychologist was welcomed and each resident had an individual care plan. Three residents who did not actually reside in the approved centre continued to be noted as residents, despite the fact that at least one of them had left the approved centre two years previously.

It was disappointing to note that one resident whose needs were not being met in the approved centre continued to be a resident, despite documentation in the clinical file pressing the need to transfer this resident to more suitable accommodation. This was the third year in a row where this situation was highlighted and was made more worrying as documents in the clinical file indicated that €155,000 had been made available to Western Care for the management of this resident.

RECOMMENDATIONS 2011

1. A suitable placement for the resident with an intellectual disability should be found without delay.
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 should be adhered to.
3. The flat should be redecorated and refurbished to a suitable standard.
4. Residents who were not residing in the approved centre should be discharged and followed up as out patients.