

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent
HSE AREA	Independent
MENTAL HEALTH SERVICE	Independent
APPROVED CENTRE	Lois Bridges
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Lois Bridges
TOTAL NUMBER OF BEDS	6
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	12 February 2014

Summary

- Lois Bridges, located in a north Dublin suburb, was an Independent provider of in-patient care for adults with an eating disorder.
- All residents had an individual care plan.
- Inspectors did not consider that the number of nursing staff on duty was appropriate to meet the requirements of Article 26 of the Regulations.
- The space allocated to the nurses' office was inadequate.
- The complaints procedure on display was inappropriate for an Independent provider.
- All nursing staff were psychiatrically trained nurses.

OVERVIEW

In 2014, 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 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Lois Bridges was an approved centre situated in a two-storey private residence and located in Sutton, Dublin 13. It was independently owned and managed. The building was a recently refurbished house and was one of a number of individual houses on this road. The approved centre only accepted adults suffering from an eating disorder for admission and operated a waiting list for admission which was currently one month. All residents were voluntary and the approved centre did not accept detained patients. There were six residents in the approved centre on the day of inspection.

CONDITIONS

There were no conditions on the Registration of the approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	27	25	22	
Substantial Compliance	1	1	4	21,22,31,32
Minimal Compliance	0	1	1	23
Not Compliant	0	1	1	26
Not Applicable	3	3	3	17,25,30

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
Lois Bridges	6	6	Eating Disorder team

QUALITY INITIATIVES 2013/2014

- A full-time Clinical Director had been appointed in 2013 and two further consultant psychiatrists were appointed as Acting Clinical Directors.
- Four psychiatric nurses with a special interest in eating disorders had been appointed.
- Three family therapists and two art psychotherapists had been appointed in 2013.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. Individual clinical files must be in one composite file and contain an adequate record of therapeutic interventions.
Outcome: This had been achieved.
2. The registered proprietor must ensure that there is an appropriately trained member of staff on duty and in charge of the approved centre at all times and that the number and skill mix of staff is appropriate to the assessed needs of residents.
Outcome: The person on duty and in charge of the approved centre was a Registered Psychiatric Nurse (RPN).
3. The policy on detention should be changed to reflect the Mental Health Act 2001.
Outcome: This had been achieved.
4. Admissions should meet the standard of the Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.
Outcome: This had been achieved.
5. Policies should be reviewed to ensure coherence with practice on the ground.
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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 photographic identification for each resident and this was attached to the prescription booklets.

Article 5: Food and Nutrition

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 prepared freshly in the approved centre and a choice was offered to residents in the event they did not like the designated meal plan. There was free access to drinking water.

Article 6: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 well equipped kitchen area.

The service had a recent Food Safety inspection report.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 dressed in day clothes. As all admissions were planned, residents were in a position to bring sufficient clothing with them on admission.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 record of each resident's property was maintained and a copy retained in the clinical file. Residents retained their own property in the bedrooms, which were locked during the day. There was a policy on personal property and possessions.

Article 9: Recreational Activities

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 provided comfortable areas for sitting. It was equipped with a large TV in the communal area and residents had access to books. Residents could also attend nearby shops, cinemas and coffee shops, usually accompanied by a member of staff. At weekends, when there was only one nurse on duty, it was reported that access to outdoor activities was curtailed. Subsequent to the inspection, it was reported that access to outside activities at weekends was not curtailed.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 facilitated residents in the practice of their religion.

Article 11: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Visitors were permitted after therapy hours in the evenings and particularly on Sundays. Visitors could be accommodated in the sitting room or group room. There was a policy on visits.

Article 12: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 their mobile phones. There was access to the internet and most residents had their own laptops. The service had a policy 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 been carried out in 2014 to the time of inspection but residents were requested to go through their belongings with a member of staff on admission. The service had policies on searches, with and without consent and on the finding of illicit substances.

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 the care of residents who are dying. In the event of a resident requiring expert medical attention, a resident would be transferred to a general hospital.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 evidence that each resident had an individual care plan which met the requirements of this Article of the Regulations. The care plans were reviewed regularly and the attendance of members of team attending was recorded.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Therapies were provided by a dietician, gestalt therapist, art psychotherapist as well as therapies in cognitive behaviour therapy and family therapy. Residents attended both individual and group therapies, which were specified in the resident's individual care plan.

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.

As children were not admitted to the approved centre, this Article was not applicable.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. Relevant information accompanied the resident on transfer.

Article 19: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 resident was in the approved centre for more than six months. Physical health needs were attended to by a local general practitioner (GP). In the event of an emergency, an ambulance was called to the approved centre. There was a written policy on responding to medical emergencies

Article 20: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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</i>			

	<i>Article.</i>			
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Justification for this rating:

Residents were provided with information about the approved centre. There were information leaflets available on relevant conditions and staff could provide more extensive information if required. A notice regarding an advocate was displayed but staff reported that a different arrangement was being discussed in relation to advocacy. There was a policy on provision of information to residents.

Article 21: Privacy

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Four of the five bedrooms were single rooms. There was one two-bed room, in which a portable screen provided some privacy but this did not afford full 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	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			
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Justification for this rating:

The house was a very pleasant building, well maintained and nicely situated with a garden to the rear. However, there were a significant number of ligature points throughout the approved centre; these were pointed out to a member of nursing staff during the course of the inspection.

The 'room' designated as a nursing office/clinical room was not fit for purpose. It measured 126cm x 176cm, with an alcove measuring 77cm x 69cm. In essence, it was a walk-in cupboard which had no natural lighting or ventilation and was not adequately and suitably furnished for clinical use in respect of providing a service to any number of residents. There was an office located in the grounds of Lois Bridges which was available for use as a nurses' office/clinical room and the service subsequently reported that the room designated and named as an office in the house was actually a nurses' station. However, it remained unsuitable as a nurses' office or station.

The stairwell presented a hazard as it was not high enough to prevent one inspector hitting their head on descending the stairs, although an architect's report submitted by the service subsequently reported that this area of the building was compliant with Building Regulations.

Breach: 22(1) (b),(3)

Article 23: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre did not have suitable practices in regard to the prescription record. Some of the prescriptions were illegible to the inspectors and there were gaps in the administration record of some medications. There was no date or signature when medications were discontinued in some of the prescription records. Medications were stored in a two-drawer locker, which was lockable and stored in the 'nurses' office'. Packages of drugs for emergency use were lying loosely in the drawer and a nurse would have to rummage through other medications to retrieve them. The service had a policy on the ordering, storing, prescribing and administration of medicines but this policy was not operational.

Breach: 23(1)

Article 24: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 relating to health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

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

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
 - (b) it shall be clearly labelled and be evident;*
 - (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
 - (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
 - (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*
- (2) The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*
- (3) The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*
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The service did not use CCTV cameras.

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
Lois Bridges	Unit Manager (RPN)	1	0
	RPN	1	1

Registered Psychiatric Nurse (RPN),

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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	X

Justification for this rating:

The day duty roster for nursing staff comprised one unit manager (RPN) (0900h-1700h) and one RPN. On the day of inspection the unit manager, who had been newly appointed, was unsure as to the nursing grade of their position, in respect of whether it was a Clinical Nurse Manager 1 (CNM) post, CNM2 post or other or, if indeed, the position of unit manager was graded. There was one nurse on duty at night. Subsequent to the inspection, the service reported that a Health Care Assistant (HCA) was now on duty at night with the nurse.

At weekends (Saturday and Sunday), there was one nurse on duty during the day and at night. In addition to the nurse on duty, there was a household member of staff in the approved centre from 1100h to 1500h daily. The unit manager was available on-call at weekends and the roster did not facilitate the unit manager to have any full weekend off duty. The person on duty and in charge outside the hours of 0900h to 1700h was an RPN. All nursing staff were psychiatrically trained nurses.

The staff training log was examined by inspectors and was satisfactory.

There was a consultant psychiatrist available on-call at all times.

The service also employed a number of therapists who provided therapies on a sessional basis.

Inspectors did not consider that the number of nursing staff on duty was appropriate to meet the requirements of Article 26.

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.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 service had a policy relating to the maintenance of records. A copy of the Fire inspection report and the Health and Safety Statement were available for inspection. At the time of inspection, there was no Environmental Health Officer's report available; subsequent to the inspection, the service forwarded a copy of a Food Safety inspection report.

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 maintained a record of the data required by this Article of the Regulations.

Article 29: Operating policies and procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 operational policies were in date.

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 the approved centre did not accept detained patients for admission, this Article of the Regulations was not applicable.

Article 31: Complaints 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	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 relating to complaints and a record of complaints was maintained in the approved centre. The unit manager was the nominated complaints officer. The complaints procedure displayed in the approved centre was the Health Service Executive (HSE) procedure (*Your Service, Your Say*) which, as the service was an independent service, was not appropriate. Subsequent to the inspection, the service forwarded a policy on complaints.

Breach: 31(3)

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	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			
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Justification for this rating:

The service had a policy on risk management which satisfied the requirements of this Article of the Regulations. However, due to the presence of a number of ligature points in the building, the risk management policy was not fully implemented. A record of incidents was maintained in the approved centre.

Breach: 32(1)

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 forwarded a copy of insurance certificate subsequent to the inspection.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was displayed in 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 used in the approved centre.

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: No resident had been physically restrained in the approved centre since it opened.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
5	Orders	NOT APPLICABLE			
6	Resident dignity and safety	NOT APPLICABLE			
7	Ending physical restraint	NOT APPLICABLE			
8	Recording use of physical restraint	NOT APPLICABLE			
9	Clinical governance	X			
10	Staff training	X			
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The service had a policy on the use of physical restraint. Training for nursing staff on the use of physical restraint was up to date.

ADMISSION OF CHILDREN

Description: As children were not admitted to this unit, the Code of Practice on the Admission of Children was not applicable.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre since it opened.

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

Justification for this rating:

A summary of incidents was forwarded to the Mental Health Commission as is required. As the building presented a number of ligature points which posed a hazard to residents, the policy on risk management was not fully implemented. There was an identified person as the risk manager.

Breach: 3.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the 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 up-to-date policies on admission, transfer and discharge. It was not fully compliant with Article 32 in respect of Risk Management.

Breach: 7.1

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:

Admissions were planned and followed a comprehensive assessment by a consultant psychiatrist, carried out prior to the admission. The clinical files of five residents who had been admitted were inspected. Physical examination was carried out by a local general practitioner (GP) usually on the day of or the day after admission. Information about the unit was made available to the resident. A key worker system was in operation. The approved centre was compliant with Article 7 in relation to Clothing, Article 8 in relation to Resident's Personal Property and Possessions, Article 15 in relation to Individual Care Plans, Article 20 in relation to Provision of Information to Residents and Article 27 in relation to Maintenance of Records.

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
NOT INSPECTED			

Justification for this rating:

As no resident had been transferred to another approved centre or hospital, this Code of Practice was not inspected.

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 recently discharged was requested for examination by inspectors. The decision to discharge was made by the responsible consultant psychiatrist. A discharge plan had been developed which focused on the resident's recovery and there was evidence within of follow-up care. An assessment of the resident had taken place prior to discharge and this was documented in the resident's clinical file.

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

Description: No current resident had 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 which stated that the service could admit a person with a mild intellectual disability. Nursing staff had not received training in this aspect of care but the service had arranged to provide this training in the future.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As there were no detained patients in the approved centre, Section 60 was not applicable.

**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 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by inspectors who identified themselves to the residents. No resident wished to speak with the inspectors.

APPLICATION OF THE QUALITY FRAMEWORK- MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team.

Residents in the approved centre had an individual care plan and a programme of therapeutic services was provided. All admissions were planned and residents generally undertook an eight-week residential programme. The service also provided a day service for the specific patient group.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

The service was fully compliant with all of the relevant Regulations pertaining to this standard, with the exception of Article 21 in respect of Privacy and Article 31 in respect of Complaints. Residents' rights were respected. The service was in the process of accessing an advocate more appropriate for the service users.

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

The service was fully compliant with Article 20 in respect of Provision of Information to Residents and Article 34 in respect of Certificate of Registration of the approved centre. Residents were involved in their individual care plan. Information about a complaints procedure, which was not appropriate to the approved centre, was displayed.

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

The approved centre was fully compliant with the Articles of the Regulations pertaining to this Standard, except in the case of Article 21 in respect of Privacy and Article 22 in respect of Premises. There was clear evidence that residents' dietary needs had been assessed and addressed in the approved centre.

Theme 5 Access to services

As the service was provided by an Independent provider, access was limited to those in a position to fund care. This was provided either through a state agency (HSE) or through personal health insurance.

Theme 6 Family/chosen advocate involvement and support

The service respected residents' wishes in respect of sharing information and family involvement in their care.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

The service was not compliant with Article 26 in respect of Staffing, and in particular, the number of nursing staff assigned on a daily basis. Inspectors were also of the view that the proposed roster for nursing staff was overly onerous in respect of week-end working in that the unit manager would never have a full weekend off duty. The service was minimally compliant with Article 23 in respect of Ordering, Prescribing, Storing and Administration of Medicines. In relation to risk management, a number of ligature points were pointed out to staff on the day of inspection.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

The service was fully compliant with the Codes of Practice which were in operation in the approved centre.

OVERALL CONCLUSIONS OF THIS INSPECTION

Lois Bridges was an Independent provider of in-patient services, specifically for residents with an eating disorder. The building was a large modern residential house which provided accommodation in five bedrooms. Communal areas were of a high standard and were very pleasant. Unfortunately, as inspectors pointed out, there were a number of potentially hazardous points in the house, including an insufficiently high stairwell. The space provided for the nurses' office/clinical room was totally unsuitable and provided insufficient space for nursing staff to write reports and take telephone calls in private.

All residents had an individual care plan and physical health care needs were looked after by a local GP. Clinical services were provided by a general adult psychiatrist, nursing staff and individual therapists who worked on a sessional basis.

Inspectors were of the opinion that there was insufficient nursing staff on duty in the approved centre at all times. The rostering of only one member of nursing staff on duty at night and for most of the

weekend in an approved centre was not acceptable. It was not appropriate to rely on a member of household staff to increase staffing levels for four hours daily, as was the current arrangement.

RECOMMENDATIONS 2014

1. The number of nursing staff on duty in the approved centre must be appropriate to the assessed needs of residents of an approved centre.
2. The service should carry out a ligature audit and address the ligature points as pointed out by inspectors.
3. Internal space should be re-organised so as to provide an appropriately sized nurses' office.
4. There should be a suitable storage area for storing medications, both regular and emergency drugs.
5. Prescriptions written in the prescription booklets should be legible and dates and signatures should be written when discontinuing medications.
6. The service should have a complaints procedure which is appropriate to an Independent service.