

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Independent
HSE AREA	Independent
MENTAL HEALTH SERVICE	St. John of God Services Ltd.
APPROVED CENTRE	St. John of God Hospital
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	St. Peter's Suite, Carrig Dubh Ginesa St. Brigid's Suite
TOTAL NUMBER OF BEDS	183
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	26, 27 August 2014
INSPECTED BY	Dr. Susan Finnerty MCN 009711 Acting Inspector of Mental Health Services Dr. Fionnuala O'Loughlin MCN 08108 Assistant Inspector of mental Health Services

Summary

- The approved centre provided good care and treatment of residents in well maintained buildings.
- There was good access to therapeutic services and programmes.
- All residents had an individual care plan but some did not fully meet the requirements of the Regulations.
- Doctors' prescriptions were not always of a good standard. A number of doctors did not use their Medical Council numbers (MCNs), as required by law. Some prescriptions and signatures were illegible and, in one case, the MCN was illegible. The prescriptions were untidy and sometimes hard to decipher. Generic medication names were not often used and the pharmacist had to write generic names under the prescriptions.
- The service was not fully compliant with the Code of Practice on Admission.
- The policy of insisting that assisted admissions of private patients must first be admitted to their local approved centre and then transferred to St. John of God Hospital is unacceptable. It has the potential to cause unnecessary hardship and distress to patients and is not in their best interests.

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

St. John of God Hospital was located in Stillorgan in Dublin and provided both private and public beds. It had eight wards and 183 beds. This also included a child and adolescent unit, Ginesa. The gardens were pleasant and a lovely amenity for residents. The wards were a mix of old and new buildings but the condition of the wards was good. As a private facility, its catchment was nationwide. It also provided a public in-patient service for the catchment of the Cluain Mhuire Mental Health Services, in South Dublin.

On the day of inspection there were 159 residents, 14 of whom were detained.

CONDITIONS

There were no conditions attached to 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	30	29	26	
Substantial Compliance	1	2	5	15, 22, 23, 27, 32
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
St. Peter's Suite	18	19	General Adult and Psychosis Team
St. Paul's Suite	34	27	General Adult Team
St. Joseph's Suite	28	26	General Adult Team
St. Brigid's Suite	24	23	General Adult Team and Eating Disorder Team
St. Camillus Suite	27	24	Addiction Team
Carrigfergus	24	23	Psychiatry of Old Age Team
Carrig Dubh	16	10	Psychiatry of Old Age Team
Ginesa Suite	12	7	Child and Adolescent Team

QUALITY INITIATIVES 2013/2014

- Eight service users and carers had formed a consumer and carer panel in December 2013, which had input into the hospital suicide prevention strategy.
- A family room, the Darro Room, had been constructed from an existing room to provide a room for visiting families with children.
- The Irish Advocacy Network representative was preparing a DVD about the advocacy service in the hospital.
- The approved centre received the Irish Medical Times Mental Health Award for its observation policy.
- The observation policy was excellent. There were notices in the wards for residents and their families about the observation policy and the levels of observation were clearly outlined.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. All residents in hospital for more than six months must have a physical examination and this must be documented

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 were residents' photographs on the medication Kardexes. Two nurses administered medication.

Article 5: Food and Nutrition

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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 supply of drinking water available from water dispensers in the wards.

While an element of choice was provided in the main meal, it only consisted of one meat dish and a vegetarian meal or salad which had to be ordered separately at breakfast time. The salad was not clearly evident on the menu as a choice at lunchtime. This was unusual, as most approved centres carry more choice on their menus.

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:

The recent Environmental Health Officer's report was available and any deficits were being addressed.

There was sufficient crockery, cutlery, storage and refrigeration in the kitchens and dining rooms. The kitchen and dining rooms were very clean.

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:

Any resident in their night clothes was so attired at their own request. There was an adequate supply of extra clothing for use in case of necessity. All clothing was individualised.

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 was kept, in triplicate, of residents' personal property and possessions and a copy kept in the residents' clinical files. There was safe storage in residents' wardrobes. Money and valuables were stored in the hospital's main safe.

There was a policy with regard to 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:

There was a good selection of recreational activities in each of the wards inspected. There were TVs, DVD players, electronic game consoles, games, books and newspapers. Nursing staff and occupational therapists provided a wide range of activities, including activities at weekends. There was a gym, tennis courts and extensive grounds for walking.

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:

A Roman Catholic chaplaincy service was available in the approved centre. There was a list of Ministers of other religions available. There was a church in the approved centre and Mass was held regularly.

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:

Visiting was actively encouraged. Visiting time was from 1630h to 1730h and from 1830h to 2030h. There was a coffee shop where visits could take place and visiting was permitted in residents' bedrooms. A new visiting room for families, the Darro Room, had been opened. Children were not allowed in the wards.

There was a policy with regard to visiting.

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
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:

There was a policy with regard to communication.

In St Peter's Suite, mobile phones were not permitted. They were permitted in other adult wards in the hospital. There was a public phone in the corridor outside the nurses' office in St. Peter's Suite, which was not conducive to privacy. Post to and from residents was unopened by staff.

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:

There was a policy with regard to searches, both with and without consent. There was also a policy with regard to the finding of illicit substances. There was no resident in the wards inspected who had been searched. There was a form for recording searches that was excellent. Two nurses always carried out searches.

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:

No resident had died in the wards inspected since January 2014 to the date of inspection. Single rooms were available in which to provide care in the event of a resident dying.

There was a policy with regard to care of the dying.

Article 15: Individual Care Plan

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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:

Each resident, in the wards inspected, had an individual care plan. This was maintained on the Mental Health Information System (MHIS), the service's computerised system for records.

The template used "Need"; "Problem/Goal"; "Action" and "Action by" as the prompts for the ICPs. It was unusual to have problems and goals as one heading. This seems to have resulted, in some cases, in documenting lengthy problem lists and progress notes but no goals. Also, in a number of ICPS, no resources required were identified. In others, "MDT" was documented as the only resource identified, even for review of medication. In fact, in a small number of cases "MDT" was documented

as the only resource for every action.

Residents received a copy of their ICPs. There was evidence of multidisciplinary involvement in the ICP and attendance at team meetings was clearly recorded. The ICPs were regularly reviewed.

The inspectors were of the opinion that good effort had been made in relation to ICPs but further training and a review of the template was required.

Breach: 15

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:

There was evidence of excellent therapeutic activities available in the approved centre. The occupational therapists ran a very good programme that was needs based. Groups were held by the psychology department. Relaxation, mindfulness, cognitive therapy and individual psychotherapy were available. There was an addiction programme and an eating disorder programme.

Article 17: Children's Education

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

LEVEL OF COMPLIANCE	DESCRIPTION	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:

Schooling for residents in Ginesa ward was provided by one teacher and one teaching assistant. There was a school room off the ward and schooling was provided for adolescents who were deemed clinically able to receive education. Prior to discharge, the teacher liaised with the adolescent's own school. The approved centre was a designated exam centre for residents who took State school exams.

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:

One resident from St. Peter's suite and one from Carraig Dubh had been transferred to a general hospital. Residents were accompanied by a member of staff. Relevant information accompanied the resident on transfer. There was a policy on transfer of residents.

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
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:

All residents, in the wards inspected, had a six-monthly physical examination. There was a physiotherapist employed by the hospital. A dentist and optician were available in the community for residents. Medical treatment, requiring general hospital care, was carried out in St. Vincent's University Hospital.

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 Article.</i>			

Justification for this rating:

There was a policy with regard to the provision of information to residents. Each resident received an information pack on admission, which was very comprehensive. It contained details of the resident's multidisciplinary team, housekeeping arrangements and availability of therapies. Information about diagnosis and medication was available on the intranet and this contained excellent information. Some staff appeared to be unaware of the existence of the intranet information. Information on medication was also available from the pharmacy. Residents could visit the pharmacy to talk with the pharmacists, which was an excellent service.

Notices about advocacy services were posted throughout the hospital.

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	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:

On the day of inspection, it was evident that privacy was respected. There were curtains around each bed and single rooms were available. The public phone in St. Peter's ward would benefit from a phone hood or enclosure in order to enhance privacy.

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		
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>			

Justification for this rating:

The approved centre, overall, was clean. However, St. Peter's Suite required cleaning at the time of inspection. The hospital was brightly lit, warm and ventilated. The furniture was appropriate and comfortable. The gardens were very pleasant and well kept.

The ligature anchor points identified in the 2013 report (for safety reasons, they are not detailed here) were still in existence. However, a ligature anchor point review had been carried out. Three rooms had the identified ligature anchor points remedied and it was planned to roll out these improvements to all areas in the hospital.

Breach: 22

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>			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:

There was a policy with regard to the ordering, prescribing, storage and administration of medication. However, there were a number of deficits in the prescribing and administration of medication. A number of doctors did not use their Medical Council numbers (MCN), as required by law. Some prescriptions and signatures were illegible and, in one case, the MCN, was illegible. The prescriptions were untidy and sometimes hard to decipher. Generic medication names were not often used and the pharmacist had to write generic names under the prescriptions. In two cases in St. Brigid's Suite the 0900h prescription had not been administered by 1120h and no reason was

documented.

The pharmacists had a good system of reviewing prescriptions.

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:

There was a health and safety statement in compliance with this Article.

Article 25: Use of Closed Circuit Television (CCTV)

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

(a) it shall be used solely for the purposes of observing a resident by a health

professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;

(b) it shall be clearly labelled and be evident;

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

(d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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:

CCTV was in use in the approved centre. It was monitored by health care professionals and there was clear signage throughout the approved centre. The CCTV was incapable of recording.

There was a policy with regard to the use of CCTV.

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
St Peter's Suite	CNM 1 or 2	1	0
	RPN RPN	6 morning 5 evening	3
St. Paul's Suite	CNM 1 or 2	1	0
	RPN RPN	5 morning 4 evening	2
St. Camillus Suite	CNM 1 or 2	1	0
	RPN RPN	5 morning 3 evening	2
Ginesa Suite	CNM 1 or 2	1	0
	RPN RPN	5 morning 4 evening	2 plus 1 twilight 2000h to 2300h
Carraig Dubh	CNM 1 or 2	1	0
	RPN RPN	5 morning 4 evening	2

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Carrigfergus	CNM 1 or 2	1	0
	RPN RPN	4 morning 3 evening	2
St. Joseph's Suite	CNM 1 or 2	1	0
	RPN RPN	5 morning 4 evening	2
St. Brigid's Suite	CNM 1 or 2	1	0
	RPN RPN	4 morning 3 evening	2

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN),

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 sufficient access to psychology, occupational therapy and social work for residents.

The training record for staff was available to the inspectors and showed satisfactory ongoing training for staff.

There was a policy with regard to the selection, recruitment and vetting of staff.

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>			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:

A fire report was available as was the Environmental Health Officers report. All deficits had been addressed.

Clinical records were kept on the Mental Health Information System (MHIS), a computerised information system. Access to all clinical records was by password and limited to approved personnel.

In Ginesa, an admission record was unavailable on the MHIS for five days due to a technical difficulty. There was no way of accessing or retrieving admission information during this period.

There was a policy with regard to the creation of, access to, retention of and destruction of records.

Breach: 27(1)

Article 28: Register of Residents

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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 Register of Residents was in compliance with Schedule 1 to these 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 policies were present and 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.

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:

Mental Health Tribunals were facilitated.

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	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 were excellent records of complaints which demonstrated that each complaint had been, or was being, addressed. Communication with the complainants was particularly respectful.

There was a complaints officer in the approved centre. The complaints procedure was displayed and available in the information packs for residents.

There was a policy with regard to the making, handling and investigation of complaints.

Article 32: Risk Management Procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	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:

There was a risk management policy in place but it did not cover absence of a resident without leave.

All adult residents had a risk assessment in their clinical file which led to a risk management plan.

Three residents in Ginesa ward did not have a documented risk assessment on admission.

Because of the continued presence of ligature anchor points, the approved centre was not implementing a comprehensive risk management policy. The Inspectors noted that work was underway to address the ligature anchor points.

Breach: 32 (1),(2)(c)(i)

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:

There was an in-date insurance certificate available.

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 prominently displayed.

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

SECLUSION

Use: Seclusion was used in the approved centre in St. Peter's Suite only.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
3	Orders		X		
4	Patient dignity and safety	X			
5	Monitoring of the patient			X	
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording		X		
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	X			
13	Child patients	X			

Justification for this rating:

The clinical files of three residents, who had been secluded for four episodes of seclusion and the seclusion register were inspected. All the seclusion order forms were completed correctly but three order forms had not been placed in the residents' clinical files. The episodes of seclusion were documented in the clinical files.

Seclusion orders permit the use of seclusion for up to eight hours, before renewal of the order. However, in some cases, the seclusion orders were renewed after four hours instead of eight hours; this occurred usually at midnight. As a result, the new order did not require renewal until 0800h next morning. However, there was no record of the resident having been assessed after four hours in the case of two residents, which is a requirement of the Rules. The purpose of

renewing seclusion orders after four hours was unclear even after discussion with staff.

In two cases of seclusion, the resident's next of kin was not informed but there was no record of why this was the case. In a third case, there was no indication on the order form of whether or not the resident's next of kin had been informed.

The seclusion facilities were excellent and comprised two seclusion rooms with a large area outside the rooms with seating where residents could walk around. CCTV cameras were in use and there was adequate signage in place. The service had an up-to-date policy on the use of seclusion.

Breach: 3.7, 5.4, 9.3

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was administered in the approved centre.

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

Justification for this rating:

One patient who was detained was receiving ECT. This patient gave consent for ECT and anaesthesia.

The information booklet for ECT was satisfactory. There were excellent Nursing ECT packs and Medical ECT packs, which contained all the relevant forms and checklists. There was documentation of the administration of ECT and of anaesthesia that was in compliance of the Rule Governing the Use of ECT. A prescription for ECT was in the Medical pack.

There was a fully equipped ECT suite and all required materials and equipment were present. The ECT register was in order.

The approved centre had received ECT Accreditation Service (ECTAS) approval through the Royal College of Psychiatrists and had received an overall score of “Excellent”.

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: Physical restraint was used in the approved centre.

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

Justification for this rating:

The clinical files of three residents who had been restrained and the clinical practice form book for the use of physical restraint were inspected. All episodes of restraint were recorded in the clinical files and in the clinical practice form book. A copy of the order was placed in each resident's clinical file and the resident's next of kin was informed, where the residents had provided consent. The service had an up-to-date policy on the use of physical restraint.

No resident of Ginesa suite had been physically restrained.

ADMISSION OF CHILDREN

Description: Adolescents, from 14 to under 18 years, were admitted to Ginesa suite.

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

Justification for this rating:

Admissions to Ginesa suite were planned and did not take place at week-ends. All residents in Ginesa were voluntary residents. Each adolescent had an individual care plan but the ICPs did not identify goals for the resident. In four of the ICPs inspected, several interventions were to be carried out by "the MDT", rather than a specified member of the team. There was an excellent record of members of the MDT attending the ICP meeting.

In the case of one adolescent admitted, there was no record of the medical admission until five days after the admission. On inquiry by inspectors, it was reported by the admitting doctor that the admission had been conducted on the day of admission, but for some technical reason, this was not recorded on the electronic system.

All adolescents had consent for admission and treatment signed by a parent/guardian. There was no record of risk assessment at the time of admission in the case of two adolescents. In one instance, a risk assessment carried out three days prior to admission by another service, was relied on. There was no access to age-appropriate advocacy services. The service had policies relating to the admission of children.

Breach: 2.5 (g),(i)

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been three deaths in the approved centre since January 2014 to the date of inspection.

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

Justification for this rating:

All deaths in the approved centre were notified to the Mental Health Commission.

Incidents were documented and these were made available to the inspectors.

The approved centre was not fully compliant with Article 32 of the Regulations on Risk Management Procedures.

There was an identified risk manager in the approved centre.

Breach: 3.1, 3.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: Five voluntary residents were receiving ECT at the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	X			
5	Information	X			
6	Prescription of ECT	X			
7	Assessment of voluntary patient	X			
8	Anaesthesia	X			
9	Administration of ECT	X			
10	ECT Suite	X			
11	Materials and equipment	X			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	X			

Justification for this rating:

Five residents were receiving ECT and had all signed consent for ECT and anaesthesia.

The information booklet for ECT was satisfactory. There were excellent Nursing ECT packs and Medical ECT packs, which contained all the relevant forms and checklists. There was documentation of the administration of ECT and of anaesthesia that was in compliance of the Code of Practice Governing the Use of ECT. A prescription for ECT was in the Medical Pack.

There was a fully equipped ECT suite and all required materials and equipment were present. The ECT register was in order.

The approved centre had received ECT Accreditation Service (ECTAS) approval through the Royal College of Psychiatrists and had received an overall score of "Excellent".

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:

There was a policy with regard to admission, transfer and discharge. The approved centre was not fully compliant with Article 32 Risk Management Procedures.

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:

The clinical files of three residents recently admitted were inspected. In the case of one resident, the admission was excellent. A mental state examination and a physical examination had been carried out. A risk assessment was documented on a risk assessment form. In another case, there was no record of a mental state examination being carried out at the time of admission. In the case of three adolescents admitted to Ginesa suite, there was no record of risk assessment carried out at the time of admission. There was a key worker system in operation.

The service was compliant with Article 7 Clothing; Article 8 Residents' Personal Property and Possessions; Article 20 Provision of Information to Residents.

The approved centre was not fully compliant with Article 15 Individual Care Plans or with Article 27 Maintenance of Records.

Breach: 15.3, 17.1, 22.6

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents transferred to a general hospital were inspected. The reasons for the transfer were documented in the residents' clinical files. The residents were accompanied by staff, who waited with the resident until admitted. A referral letter was written but no copy of the letter was retained in the clinical file of one of the residents transferred. The service was compliant with Article 18 Transfer of Residents.

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:

Discharge summaries were not completed until at least two weeks after discharge. There was no communication with the resident's general practitioner (GP) before then. The senior management were urged to consider the system in Health Service Executive (HSE) approved centres where a short discharge summary is sent to the GP on the day of discharge and a more comprehensive discharge follows later.

Discharge planning was good and each resident was reviewed by the consultant psychiatrist prior to discharge. There was evidence that the resident's multidisciplinary team was involved in the discharge process.

Breach: 38.2

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

Description: There were no residents in the approved centre with 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.
Staff had been trained in intellectual disability and mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were two patients in the approved centre who were prescribed medication for longer than three months.

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

Justification for this rating:

Both patients had given written consent to the continued administration of medication.

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

Description: There was no detained child in the approved centre at the time of inspection and therefore section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of service users spoke with the inspectors, mainly about confidential matters. However, they reported that the approved centre was comfortable, that the food was good and the nursing staff very caring. One resident particularly liked the information pack they had received on admission. Two residents said that they had received a copy of their individual care plan. The coffee shop and the gardens were praised also.

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

The approved centre was compliant with Articles 17 Children's Education and Article 19 General Health. It was not fully compliant with Article 15 Individual Care Planning. The approved centre was fully compliant with Article 16 of the Regulations Therapeutic Services and Programmes.

There was evidence of multidisciplinary input to the individual care plans and in the therapeutic services and programmes in the unit.

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

The approved centre was compliant with the following Articles of the Regulations: Article 10 Religion; Article 13 Searches; Article 14 Care of the Dying; and Article 20 Provision of Information to Residents. The information pack given to residents on admission was particularly good. The approved centre was compliant with Article 16 Therapeutic Services and Programmes and with Article 21 Privacy. Service users had access to advocates and there were notices of attendance times and contact details of the advocate. Confidentiality was respected. There was no evidence of discrimination.

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article Residents' Personal Property and Possessions; Article 11 Visits; Article 20 Provision of Information to Residents and Article 30 Mental Health Tribunals. It was fully compliant in relation to Article 31 Complaints. The complaints procedure and records were excellent.

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

The approved centre was compliant with the following Articles of the Regulations: Article 20 Provision of Information to Residents and Article 34 Certificate of Registration.

There was access to interpretation services where necessary. There was a complaints officer in the approved centre. There was a policy with regard to complaints. Service users were able to express choice through their ICP and were actively encouraged to do so. Advocacy services were available.

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

The approved centre was compliant with the following Article of the Regulations: Article 6 Food Safety, Article 7 on Clothing; Article 8 Resident's Personal Property and Possessions; Article 9 Recreational Activities; Article 11 Visits; Article 12 Communication; Article 13 Searches; Article 14 Care of the Dying; Article 18 Transfer of Residents; Article 20 Provision of Information to Residents; Article 24 Health and Safety and Article 25 Use of Closed Circuit Television. It was compliant with Article 21 Privacy and Article 22 Premises.

Food was nutritious and an element of choice was offered. However, the inspectors were of the opinion that a more extensive choice should be offered. A menu was displayed.

Theme 5 Access to services

Access to the approved centre was through GPs, outpatients departments and other mental health services.

Assisted admissions were available for public patients from the Cluain Mhuire Mental Health Services catchment area. However, private patients who required an assisted admission had to be first admitted to the approved centre in their catchment area and then transferred to St. John of God Hospital. This meant that the patients had to go through two admission and assessment processes and increased travelling. For a patient who is acutely unwell, distressed and possibly frightened, this causes unnecessary hardship and is not in the best interests of the patient. There had been a number of complaints about this policy to both the approved centre and the Inspector of Mental Health Services.

Theme 6 Family/chosen advocate involvement and support

Information was available in the approved centre about the service and about the approved centre. There was especially good information about observation levels for both residents and their families. There was documentation in the clinical files where staff had met with residents' families.

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

The approved centre was fully compliant with Article 26 of the Regulations Staffing. Staff availed of training opportunities and were trained in the prevention and management of aggression and violence and other mandatory training. There was a risk management policy and opportunities to learn from documented incidents.

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

There were evidence-based policies and procedures that were all up to date. There was an integrated information system which contained all clinical records.

There was a documented organisational structure that identified lines of accountability. The mental health service management structure reflected the membership of the multidisciplinary team, but did not yet have service user representation.

There was a clinical governance system in operation for improving clinical care including risk management, audits, training, evidence based care and treatment and legal compliance.

OVERALL CONCLUSIONS OF THIS INSPECTION

Overall, St. John of God Hospital offered good care and treatment to residents in pleasant surroundings. Staff were enthusiastic about improving quality of care.

All residents had an individual care plan but the format and recording of these required some work. Therapeutic services and programmes were very good and a wide range was available for all residents. The pharmacy provided an invaluable service for both residents and staff.

It was disappointing to see that the quality of prescription writing was frequently poor. It was evident that there was carelessness in documentation, which should never be the case when writing prescriptions.

The Mental Health Information System (MHIS) was an excellent system and staff were enthusiastically using it. However, a technical problem was blamed for the failure of a documented medical admission of one resident to be accessible for five days. In addition, there was a lack of documented risk assessment in the case of a number of adolescents admitted to Ginesa suite.

Documentation on seclusion and physical restraint was generally good but medical examinations every four hours must be recorded in the case of seclusion or, if not, the reason for this must be documented.

Assisted admissions were available for public patients from the Cluain Mhuire Mental Health Services catchment area. However, private patients who required an assisted admission had to be first admitted to the approved centre in their catchment area and then transferred to St. John of God Hospital. This meant that the patients had to go through two admission and assessment processes, a transfer

process and increased travelling, which was completely unnecessary. For a patient who is acutely unwell, distressed and possibly frightened, this causes unnecessary hardship and is not in the best interests of the patient. There had been a number of complaints about this policy to both the approved centre and the Inspector of Mental Health Services.

RECOMMENDATIONS 2014

1. All individual care plans should be in accordance with Article 15 of the Regulations, using the definition of an individual care plan provided in the Regulations.
2. Prescriptions should be legible, generic drug names should be used and the prescribing doctor's Medical Council registration number documented.
3. The risk management policy must cover residents who are absent without leave.
4. All residents in seclusion for longer than four hours must be medically examined, unless the clinical reason for not waking a patient is documented.
5. The service must remedy ligature anchor points as soon as possible.
6. The approved centre must provide for assisted admissions for private patients.