

## Report of the Inspector of Mental Health Services 2014

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Independent Sector
<b>HSE AREA</b>	Independent Sector
<b>MENTAL HEALTH SERVICE</b>	St. Patrick's Mental Health Services
<b>APPROVED CENTRE</b>	St. Patrick's University Hospital
<b>NUMBER OF WARDS</b>	8
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Dean Swift Vanessa Delaney Grattan Kilroot
<b>TOTAL NUMBER OF BEDS</b>	238
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	9 and 10 December 2014
<b>INSPECTED BY</b>	Seán Logue, Assistant Inspector of Mental Health Services  Orla O'Neill, Assistant Inspector of Mental Health Services  Dr. Enda Dooley, Assistant Inspector of Mental Health Services MCN 004155  Dr. Susan Finnerty, Acting Inspector of Mental Health Services MCN009711
<b>ACTING INSPECTOR OF MENTAL HEALTH SERVICES</b>	Dr. Susan Finnerty, MCN009711

## Summary

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- The range of therapeutic services and programmes was excellent. Care and treatment was provided on a flexible individual basis and generally comprised a combination of individual and group psychotherapy programmes. Therapeutic services and programmes were provided in accordance with individual care plans (ICPs) and were comprehensive in their scope and evidence-based.
- There was an excellent information centre inside the entrance of the approved centre in which books, booklets, information leaflets and web access were provided.
- It was evident that the service sought to create premises which welcomed residents, family and friends. There was a well-designed children's room for family visits. The location of the restaurant, the shop, the information centre and the mini-gallery display space, all contributed to create a friendly health-promoting centre.
- There was an excellent choice at all mealtimes and a menu was displayed. The kitchen catered for special dietary requirements.
- The approved centre was not fully compliant with Article 15 Individual Care Plan in four cases because there was insufficient documentation of goals. In one ICP, no resources were identified and there was insufficient specification of the treatment and care required in two ICPs. However, the remainder of the files inspected demonstrated a good care planning process.

## 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. Patrick's University Hospital was an 18<sup>th</sup> century listed building which was very well maintained and comprised eight wards with a total of 238 beds. It was an independent hospital located in Dublin on the south west side of the city and accepted admissions from all over the country. It offered general adult mental health services, addiction services and an eating disorder programme. The hospital had community mental health clinics called Dean Clinics which were located in Cork, Dublin and Galway. On the days of inspection, there were 238 residents in the approved centre of whom 10 were involuntary patients. All Articles of the Regulations were inspected on Dean Swift Ward. Specific Articles of the Regulations were inspected on the remaining wards, as were the Rules and Codes of Practice.

## CONDITIONS

- There were no conditions attached to 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	29	29	28	
Substantial Compliance	0	0	1	15
Minimal Compliance	0	0	0	
Not Compliant	0	0	0	
Not Applicable	2	2	2	

## 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
Dean Swift	31	31	General Adult
Delaney	32	32	General Adult
Kilroot	31	31	General Adult
Stella	31	31	General Adult
Vanessa	33	33	General Adult Psychiatry of Old Age
Grattan	35	35	General Adult
Temple Centre	38	38	Substance Abuse General Adult
Eating Disorder Programme	7	7	Eating Disorder

### QUALITY INITIATIVES 2013/2014

- A mental health support text message service was available to service users post discharge for six weeks.
- A service user information leaflet on *Clostridium difficile* infection had been produced.
- The service continued its *Outcomes Report Summary* which was published annually and gave an account of clinical programmes and of service user satisfaction survey. An initiative was underway to combine evidence-based information and resident and family feedback on the quality of service received so as to plan and develop future service delivery.
- Outdoor gym equipment had been installed in the gardens and an information leaflet and support staff facilitated residents' use of this facility.
- A dedicated music room had been developed. This featured sound reduction walls and a good range of musical instruments. Song writing workshops for residents were facilitated by a renowned singer and songwriter.
- A clozapine initiation and treatment pathway was introduced to ensure assessment, treatment and monitoring of residents receiving this medication.
- The service was a finalist in the 2014 Hospital Pharmacy Awards for this initiative.
- The service undertook a review of the use of medical and nursing resources to improve the quality of care. This resulted in a new Primary Care Service being developed on the grounds of the hospital. Two registered general nurses will be available during office hours five days

per week and a sessional GP to provide assessment and treatment for the physical needs of residents and service users.

- The Wellness Recovery Action Plan (WRAP) programme for residents was further developed with one-to-one sessions in addition to group work and an excellent personalised workbook was printed. Staff WRAP training was resourced and timetabled.
- A Physical Health Monitoring and Promotion Clinic had been established. This provided residents and service users with six-monthly physical monitoring of cholesterol, blood sugar, blood pressure, weight and waist circumference. An annual ECG was included in the focus of care. The clinic programmes ran in conjunction with the Links to Wellbeing multidisciplinary programmes which included effective communication, lifestyle management and smoking cessation.
- The Depression Programme had been revised to provide a stepped-care model, incorporating the NICE Clinical Guidelines 90 – Depression with four levels of care, to ensure that each resident, carer and practitioner identified and accessed the most effective interventions.

## **PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT**

There were no recommendations from the 2013 inspection report.

**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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

Photographic identification aided the identification of residents by staff when receiving medication, health care or other services. In respect of the administration of medication, two registered psychiatric nurses (RPNs) 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

All residents had access to supplies of fresh drinking water. Residents were provided with food and drink adequate for their needs. There was an excellent choice at all mealtimes and a menu was displayed. Special dietary requirements were catered for.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			



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

**Justification for this rating:**

The Food Safety report carried out by the Environmental Health Officer and dated 09 April 2014 was satisfactory.

## Article 7: Clothing

*The registered proprietor shall ensure that:*

*(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;*

*(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

All residents had a supply of their own clothing. Clothing could be laundered for residents or could be brought home by relatives for laundering. No resident was required to wear their night clothes during the day.

## Article 8: Residents' Personal Property and Possessions

*(1) For the purpose of this regulation "personal property and possessions" means the belongings and personal effects that a resident brings into an approved centre; items purchased by or on behalf of a resident during his or her stay in an approved centre; and items and monies received by the resident during his or her stay in an approved centre.*

*(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures relating to residents' personal property and possessions.*

*(3) The registered proprietor shall ensure that a record is maintained of each resident's personal property and possessions and is available to the resident in accordance with the approved centre's written policy.*

*(4) The registered proprietor shall ensure that records relating to a resident's personal property and possessions are kept separately from the resident's individual care plan.*

*(5) The registered proprietor shall ensure that each resident retains control of his or her personal property and possessions except under circumstances where this poses a danger to the resident or others as indicated by the resident's individual care plan.*

*(6) The registered proprietor shall ensure that provision is made for the safe-keeping of all personal property and possessions.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to residents' personal property and possessions. A "Record of Service User's Property" sheet was completed on admission of the resident. Property for residents in Dean Swift ward was maintained in a property cupboard. Provision for safe keeping of property was available.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

There were many TVs, music systems, DVD players and an electronic game available to residents. Board games, art supplies, makeup supplies and access to books, newspapers and magazines were available to residents.

In the Special Care Unit in Dean Swift Ward, there was access to a beautiful garden. However, this access depended on the availability of staff for the purposes of supervising residents. The garden was opened sporadically for periods during the day. The approved centre was already actively involved in planning a system that would facilitate unfettered access to this garden by residents.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

Each resident was facilitated in the practice of their religion, where applicable.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies and procedures for visits. Visiting times were reported to be flexible given that residents were admitted from all over the country, which would entail travel by relatives. There were many quiet visiting rooms and areas throughout the approved centre that afforded privacy during visiting times. Child visitors were welcome and were required to be accompanied by a responsible adult. The approved centre took all reasonable steps to ensure the safety of residents and visitors.



## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies and procedures on communication. Residents could send and receive mail unopened. Most residents, apart from the residents in the special care unit in Dean Swift ward, used their mobile phones and there was a policy around such usage and non-usage. Internet and email access was available to all residents apart from the residents of the special care unit.

### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies that satisfied all of the requirements of this Article of the Regulations. No resident had been searched.

In the special care unit in Dean Swift Ward, a daily ward search was undertaken. This search was undertaken by two registered psychiatric nurses (RPNs). The search was not of individual belongings but of the ward area and was documented, signed by the two RPNs, dated and the time of search documented. Residents were informed of this procedure from the outset of their admission to the ward.

#### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

Two deaths had occurred of residents being treated in the approved centre. The Mental Health Commission was informed of these deaths within the required timeframe as per Article 14(4) of the Regulations.

The approved centre had written operational policies and protocols for care of residents who are dying.

Single rooms were available on each ward of the approved centre.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>

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

**Justification for this rating:**

In Delaney Ward, all clinical files were inspected and all residents had ICPs. However, four residents' ICPs did not meet the requirements of this Article. Two ICPs had only one goal documented, despite the fact that other needs and problems were identified and the residents themselves had articulated other goals. No resources were identified in one of these ICPs. Two ICPs had "see nursing intervention" documented a number of times instead of documenting appropriate care and treatment. Residents did not get a copy of these nurses' interventions. None of these ICPs reflected the residents' articulated goals which were documented on the patient expectation form. Remaining ICPs inspected on other wards were compliant with Article 15 of the Regulations.

The approved centre was not fully compliant with this Article because

- (a) there was insufficient documentation of goals;
- (b) in one ICP no resources were identified; and
- (c) there was insufficient specification of the treatment and care 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The range of therapeutic services and programmes was excellent. Care and treatment was provided on a flexible individual basis and generally comprised a combination of individual and group psychotherapy programmes. Therapeutic services and programmes were provided in accordance with ICPs and were comprehensive in their scope and evidence-based. The approved centre was fully compliant with this Article.

There was an excellent information pack for residents and this included a one page sheet outlining the role of the key-worker. The key-worker met with the resident within ten days of admission and co-ordinated their care and orientated the resident to therapeutic services and programmes. Therapeutic services were provided by well-trained multidisciplinary staff and outcomes were evaluated and published on an annual basis. Programmes included those with a specific focus, such as: alcohol treatment; anxiety management; bipolar disorder; cognitive behavioural psychotherapy; depression; dual-diagnosis – alcohol or drug dependence and mood disorder; eating disorder; Evergreen, a later life programme; psychosis; and a young adult programme. It was easy to track each resident's participation and progress within these structured programmes because the relevant clinician completed programme report stickers at regular intervals and posted these within the individual clinical file. Therefore, all ward and MDT staff were informed and up to date on residents' progress.

Programme timetables and schedules were well advertised within each ward. Some programmes were aimed at promoting mental and physical well-being and were open to a wide range of residents and had a roll-over schedule. One such programme was the Twilight Programme which provided a wide range of creative and relaxation activities. Staff were to be commended on the variety and innovative activities provided in the seven-day per week schedule. Some activities in the Twilight programme were open to family and friends and this was an excellent way to promote a family friendly health care campus.

Other general therapeutic activities included the daily lecture, anti-tension classes, pre-discharge group, art, pottery, computer skills and physical recreation.

The occupational therapy programmes were well structured and the quality of the information provided to residents was excellent and promoted optimal participation and engagement.

**Article 17: Children's Education**

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*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.*

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Children were not admitted to the approved centre.

## Article 18: Transfer of Residents

*(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.*

*(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

The approved centre had a written operational policy and procedures on the transfer of residents. All relevant information about the resident was provided to the receiving approved centre, hospital or other place. One resident from Dean Swift ward was transferred to a general hospital during the days of inspection. In Vanessa Ward, one resident had been transferred to a general hospital and had since returned to the approved centre and another resident was currently on transfer to a general hospital. No current resident in either Grattan or Kilroot Wards had been transferred to another healthcare facility.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had a written operational policy and procedures for responding to medical emergencies.

Adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. Access to national screening programmes, where available and where applicable, was also facilitated.

One resident in Grattan Ward and one resident in Vanessa Ward had been in-patient for a period in excess of six months and a six-month general physical review had been completed for each resident and was well recorded in the clinical file.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies and procedures for the provision of information to residents. Details of the resident's multidisciplinary team, mealtimes, visiting times and arrangements for personal property and possessions were detailed in the "Information Booklet" within the "Welcome and Information Pack" which was given to all residents on admission.

There was an excellent Information Centre inside the entrance of the approved centre in which books, booklets, information leaflets and web access were provided.

Written information on diagnoses was available to residents.

Information on medication including its effects and side effects was available to residents.

Information on advocacy services was prominently displayed in the approved centre. Advocacy was available through the St. Patrick's Mental Health Service's Consumer Council and the Irish Advocacy Network and a scheme had also been developed in collaboration with previous service users and the service to develop further peer support.



## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

Inspectors noted that privacy and dignity were afforded to residents on the days of inspection.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The premises were very clean, well heated and ventilated, and decorated to a very high standard. The approved centre was an old 18<sup>th</sup> century building which was very well maintained and homely. Dean Swift ward had been well designed for observation purposes and was suitable as an acute admissions unit.

Vanessa Ward catered for older residents. The ward environment was welcoming and care had been taken to provide pictures, plants and a roof-top garden to enhance the living space. The therapy kitchen was particularly well designed and provided an essential facility for both assessment and rehabilitation.

It was evident that the service sought to create premises which welcomed residents, family and friends. There was a well-designed children's room for family visits. The location of the restaurant, the shop, the information centre and the mini-gallery display space, all contributed to create a friendly health-promoting centre.

Maintenance issues were managed promptly.

### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

#### Justification for this rating:

The approved centre had suitable practices and a written operational policy relating to the ordering, prescribing, storing and administration of medicines to residents.

#### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

#### Justification for this rating:

The approved centre had a Safety Statement which was inspected and related to the safety of residents, staff and visitors.

**Article 25: Use of Closed Circuit Television (CCTV)**

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*(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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CCTV was not used in the approved centre.

## 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
Stella	CNM1 or 2	1	0
	RPN	4	2
Dean Swift	CNM1 or 2	2	1
	RPN	7	5
Kilroot	CNM1 or 2	1	0
	RPN	4	2
Delaney	CNM1 or 2	1	0
	RPN	4	2
Vanessa	CNM1 or 2	2	0
	RPN	4	3
Eating Disorder	CNM1 or 2	0	0
	RPN	2	1
	Advanced Nurse Practitioner	0.5	0
	Clinical Nurse Specialist	1	0
Temple Centre	CNM1 or 2	1	0
	RPN	4	2
Grattan	CNM1 or 2	1	0
	RPN	4	2

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had policies in relation to the recruitment, selection and vetting of staff. The training register was examined and was satisfactory. Staff had received up-to-date training in Child Protection; Fire Disaster; Basic Life Support; Mental Health Act 2001; Crisis Prevention Intervention (CPI); de-escalation techniques; and manual handling. Copies of the Mental Health Act 2001, Regulations, Rules and Codes of Practice were available to all staff of the approved centre.

All the teams were fully staffed in respect of health and social care professionals (occupational therapy, psychology and social work).



## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

Copies of the Food Safety report dated 09 September 2014, the Health and Safety Statement dated 2014 and Fire Inspection reports dated 13 January 2014 were made available to inspectors for inspection.

The clinical files were in very good order and were completed to a very high standard. It was easy to retrieve information.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

### Justification for this rating:

The Register of Residents was compliant with Schedule 1 to the Regulations.

**Article 29: Operating policies and procedures**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

All policies were made available to inspectors and were inspected. All policies of the approved centre were reviewed by the service in a timely manner.

### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

#### Justification for this rating:

The approved centre cooperated fully with Mental Health Tribunals. Appropriate assistance was provided by staff of the approved centre where 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints. A localised complaints procedure was highlighted in a prominent area of the wards of the approved centre and was also highlighted in the "Information Booklet" inside the "Welcome and Information Pack" provided to each resident on admission. There was a nominated person in the approved centre for dealing with complaints. A record of complaints was made available to inspectors. These were inspected and had been addressed to a satisfactory level.

## 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			



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

**Justification for this rating:**

The approved centre had a comprehensive written risk management policy in place that satisfied the requirements of this Article. The risk management policy was implemented throughout the approved centre. The risk assessment was added to, where applicable, with other specific risk assessments, such as falls risk assessments, and all these risk assessments fed into a risk management plan.

### 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

#### Justification for this rating:

The Certificate of Insurance was made available to inspectors and was satisfactory.

#### Article 34: Certificate of Registration

*The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

<b>UNSATISFACTORY PERFORMANCE</b>				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 framed and situated in a prominent part of the approved centre, just inside the entrance before the Information Centre.

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

### **SECLUSION**

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**Use:** Seclusion was not used in the approved centre.

### Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

**Use:** ECT was administered in a dedicated ECT suite within the hospital. On the day of inspection one detained patient was receiving ECT.

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	X			

#### Justification for this rating:

There was a clear and well documented process in place for the organisation and administration of ECT. Procedures for the recording and reviewing of consent were clear and it was obvious on inspection of relevant clinical files that the requirements were strictly observed. One involuntary patient was receiving ECT on the day of inspection. Inspection of the clinical file in this case indicated that all documentation was in order and procedures were in place to appropriately address consent. The ECT suite was well maintained and staff were specifically trained in the administration and monitoring of ECT. Recovery area was adequate to deal with throughput. No pregnant patient was currently receiving ECT but procedures in place incorporated planning for such an eventuality. There was a named consultant psychiatrist with overall responsibility for the management of ECT.

## **MECHANICAL RESTRAINT**

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**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:

Two clinical files of residents who had recently been physically restrained were examined.

The Clinical Practice Forms were all in order and had been signed. Next of kin were informed of the episodes of physical restraint. There was evidence that the consultant psychiatrist had discussed the episodes of physical restraint with the residents.

Physical restraint was documented in the clinical files and the episodes had been discussed at the multidisciplinary meetings.

Staff were trained in Prevention and Management of Aggression and Violence.

There was an up-to-date policy with regard to physical restraint.

## **ADMISSION OF CHILDREN**

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**Description:** Children were not admitted to the approved centre.



## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

**Description:** There were two deaths of residents who were being treated in the approved centre.

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:

The approved centre reported both deaths to the Mental Health Commission and provided a summary of all incidents to the Mental Health Commission in accordance with this Code of Practice. A record of all incidents was inspected by inspectors during the days of this inspection. There was a named risk manager and the clinical governance committee reviewed all incident reports.

### Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

**Use:** This approved centre provided ECT in a dedicated facility within the hospital by a dedicated team of staff. On the day of inspection, a total of twelve service users (a number of whom were outpatients) were scheduled to receive ECT.

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:

The ECT facilities were adequate and well maintained. ECT was administered under the direct supervision of a consultant psychiatrist and a consultant anaesthetist with specific experience in this treatment. Appropriate documentation was maintained in all clinical files and was reviewed and updated as required. The clinical files relating to a number of these patients were inspected and both consent and review procedures and recording were excellent. Nursing staff involved in the procedure were specifically trained and worked specifically in this treatment facility. There was a named consultant psychiatrist with overall responsibility for the management of ECT.

## 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, discharge and transfer of residents. The approved centre was compliant with Article 32 Risk Management Procedures.

### 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:

There was an excellent admission process. All admissions were planned. There was a referral form for doctors to use when referring someone to the approved centre. The admission assessment was extremely thorough. Information was readily available for residents. Each resident had a key worker. Each resident had an individual care plan but the approved centre was not fully compliant with Article 15 of the Regulations Individual Care Plan.

The approved centre was compliant with Article 7 Clothing; Article 8 Personal Property and Possessions; Article 20 Provision of information and Article 27 Maintenance of Records.

**Breach: 17.1**

## Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The decision to transfer a resident was made by the registered medical practitioner. The individual clinical files of two residents in Vanessa Ward who had been transferred to a general hospital were inspected. All clinical documentation in relation to the transfer was well completed and recorded in the clinical file, including copies of referral letters. The records showed follow-up liaison with the general hospital. The approved centre was compliant with Article 18 of the Regulations Transfer of Residents.

## Part 5 Discharge Process

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

### Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

### Justification for this rating:

Decisions to discharge were made with the resident and the multidisciplinary team. There was an excellent discharge summary for General Practitioners (GP). Follow-up was arranged with the referring mental health service or the GP, and involved the family if appropriate.

The clinical files of two residents due to be discharged within the week in Vanessa Ward and two residents in Kilroot Ward, and of two discharged residents in Grattan were inspected. Each contained an excellent discharge summary template document.

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

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**Description:** The approved centre did not admit residents with an intellectual disability and mental illness and had a policy relating to this.

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

### SECTION 60 – ADMINISTRATION OF MEDICINE

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**Description:** Two involuntary patients had been detained in the approved centre for a period exceeding three months.

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

**Justification for this rating:**

Both patients' rights under section 60 of the Mental Health Act 2001 had been satisfied in that the continued administration of medicine was approved by the consultant psychiatrist responsible for the care and treatment of the patients and authorised in Form 17 by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist.



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

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**Description:** The approved centre did not admit children so section 61 did not apply.

## **The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland**

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The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland was launched in June 2014. The Mental Health Commission was requested by the Minister of Health to ask approved centres to put processes in place to implement National Clinical Guidelines and that the Office of the Inspector of Mental Health Services takes cognisance of these Guidelines in terms of its inspections and reporting.

### ***Clostridium Difficile***

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The approved centre had many policies on infection control, including a global policy and procedures on infection control, and on many bacteria-type infections, including *Clostridium Difficile*, and national clinical guidelines had been implemented. An infection control nurse was based in the approved centre. There was an infection control committee that met at regular intervals. An information booklet specific to *Clostridium Difficile* was available in the Information Centre inside the entrance to the approved centre.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

One resident requested to speak with inspectors. This resident was happy with their care and treatment.

### **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**

All residents whose clinical files were inspected, apart from four, had an individual care plan as described in the Regulations. There was a system of planned entrance and exit to and from the service. Therapeutic services and programmes were provided for the individual needs of residents. A community service was provided through the Dean Clinics, the community mental health services clinics run by St. Patrick's University Hospital Group.

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

There was an excellent information centre inside the main entrance to the approved centre. Service users' perception on the quality of care offered was garnered by the service focus groups and was used to inform service development in line with recovery.

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

Peer advocacy and support was available for residents. Former service users had also collaborated with the service in providing further peer advocacy support. Care and treatment were recovery focused.

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

The physical environment was safe, therapeutic and of a very high standard. The choice of food was excellent.

**Theme 5 Access to services**

The approved centre was an independent not-for-profit facility and access to services was through general practitioner (GP) referral or through referral by other mental health services. Admission to the approved centre was funded by health insurance or by the resident themselves.

**Theme 6 Family/chosen advocate involvement and support**

Advocacy services were available and family involvement was evident and encouraged.

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

Staff were highly trained, skilled and very motivated. The training log was up to date in all aspects of training.

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

All policies and protocols were evidence-based and quality initiatives referred to the Quality Framework. Clinical and Corporate Governance structures were excellent.

## **OVERALL CONCLUSIONS OF THIS INSPECTION**

St. Patrick's University Hospital was an 18<sup>th</sup> century listed building which was very well maintained and it was evident that the service sought to create premises which welcomed residents, family and friends. There was a well-designed children's room for family visits. The location of the restaurant, the shop, the information centre and the mini-gallery display space, all contributed to create a friendly health-promoting centre. There was an excellent information centre inside the entrance of the approved centre to the right in which books, booklets, information leaflets and web access were provided. The range of therapeutic services and programmes was excellent. Care and treatment was provided on a flexible individual basis and generally comprised a combination of individual and group psychotherapy programmes. Therapeutic services and programmes were provided in accordance with individual care plans and were comprehensive in their scope and evidence-based.

The majority of the individual care plans were excellent and met the requirements of Article 15 Individual Care Plans. However, the approved centre was not fully compliant with Article 15 Individual Care Plan in four cases because in two ICPs there was insufficient documentation of goals, in one ICP no resources were identified and, in another ICP, there was insufficient specification of the treatment and care required.

## **RECOMMENDATIONS 2014**

1. Each resident must have an individual care plan as described in the Regulations.