

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE West
APPROVED CENTRE	Unit 9A, Merlin Park University Hospital, Galway
CATCHMENT AREA	Galway West
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Unit 9A
TOTAL NUMBER OF BEDS	30
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Announced
DATE OF INSPECTION	14 July 2009

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

DESCRIPTION

Unit 9A was a stand-alone unit located in a 1950s two-storey building in the extensive grounds behind Merlin Park University Hospital on the east side of Galway City. Its main purpose was to provide rehabilitative care and treatment to the residents but since no rehabilitation team had been developed, and although nursing and medical staff strived to place the focus of care and treatment on rehabilitation, the reality was that continuing care and treatment was what was carried out on the unit. It was reported in the 2008 report that a number of residents were due to transfer to a new community residence in Tully that was expected to be ready for use soon, but a year later there had been no progress in this. Two residents from the acute admissions unit in University College Hospital had been transferred to Unit 9A to sleep to allow for admissions to the acute unit. On the day of inspection there were 26 residents, of whom three were detained under the Mental Health Act 2001.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 9A	30	26	General adult

QUALITY INITIATIVES

- The building was undergoing extensive renovations which were almost complete.
- Four staff nurses had completed a post-graduate diploma in mental health nursing.
- The clinical placement coordinator attached to the unit had undertaken a masters degree in clinical supervision and was offering clinical supervision to staff on a one-to-one basis.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. The issue of privacy for residents in shared rooms must be addressed. This can easily be achieved by supplying curtains around the beds.

Outcome: Although this recommendation was included in the 2007 and 2008 reports, the issue had still not been resolved.

2. Multidisciplinary team meetings should be held regularly and at a specified day and time.

Outcome: The multidisciplinary team consisted mostly of nursing and medical staff. It was reported by the residents that they did not always see their consultant psychiatrist on a regular basis.

3. Each care plan should specify a review date.

Outcome: This had not been implemented.

4. There was an urgent requirement for a rehabilitation team.

Outcome: This had not been achieved.

5. The number of occupational therapy sessions should be increased in order to address the needs of the residents.

Outcome: There were now no occupational therapy sessions for residents.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Staff were regular and knew the residents. Two RPNs administered medications.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

There were water dispenser units on the unit. Food was cooked in the main hospital kitchen, providing a choice of hot main meal each day. Dietary requirements were catered for.

Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

There was no food safety report available on the day of inspection.

Breach: Article 6

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

All residents wore their own clothing. No resident was in night clothes.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A record was maintained of each resident's personal property and possessions and a copy was given to the resident. Provision was made for safe keeping of all personal property and possessions. The service had a policy on residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

A minibus was available to the service for outings including weekend visits to the cinema and restaurants. The activity room was taken up by the building work in progress at the time of the inspection. There was a TV room and a selection of books.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The religious needs of residents were catered for.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had an open approach to visiting. Child visitors had to be accompanied by a responsible adult. There was a written policy and procedure for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

All residents had access to the centre's cordless phone. There was a written policy on communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

It was reported that no searches had ever been carried out. The service had a written policy on searches of a resident, with and without consent.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

There was a written policy on the care of the dying. No resident had died in the unit in the previous year.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		X
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Residents had multidisciplinary care plans. The multidisciplinary team met every two months, with residents sometimes attending. Of three files inspected, two of the residents had not signed, or received a copy of their care plans. In most instances, only nursing and medical staff attended the multidisciplinary team meetings.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Occupational therapy sessions no longer took place at the approved centre, despite a recommendation in last year's report that the number of occupational therapy sessions provided to residents be increased.

The activity room was unavailable due to the building work currently in progress at the time of the inspection.

During the inspection, a number of residents were observed lying on their beds. It was noted that a group activity took place later during the inspection.

Art therapy took place every Thursday.

Breach: Article 16 (1)

Article 17: Children's Education

No children were admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

In the event of transfers, a transfer form and a nurse transfer sheet were completed. Transfers for medical procedures were to the adjacent hospital and transfers for surgical procedures were to University College Hospital. The service had a policy on transfer of residents to other centres.

The centre continued the practice of receiving transfers of residents from the psychiatric unit at University College Hospital to make way for new admissions to that hospital.

Breach: Article 18 (1)

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The centre had a written policy on responding to medical emergencies. There was evidence in the clinical files examined that the general health needs of residents were being met in accordance with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

Details of the residents' multidisciplinary team were displayed. Details of housekeeping practices were available to residents. Verbal and written information on the resident's diagnosis was available and information on medications were available. Details of the relevant advocacy service were displayed. There was a policy on provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The issue of privacy in shared rooms was raised by the Inspectorate in the 2007 report, in the 2008 report and now, again, in this 2009 inspection. Over these three inspections the service stated that it anticipated reducing in-patient numbers to facilitate increased privacy for residents. However, during this inspection, the Inspectorate noted that the bed numbers this year had increased from 28 beds to 30 beds. This was discussed with staff on the day of inspection. If beds were unoccupied and the service was clear in its intention to reverse its non-compliance with this Article, then unused beds must be decommissioned.

Breach: Article 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The premises were clean. Major renovations and building work were currently being undertaken but the upstairs shower and toilet, despite being in need of refurbishment with paint peeling off the ceiling, a grubby carpet and an outdated sink, shower and toilet so obviously in need of replacement, was not being included in the plans. It was reported that this upgrading was to be undertaken at a later phase. The Inspectorate was concerned that staff and residents were going to be subjected to a second period of severe noise and disruption when all the work could have been concluded while the builders were currently on site.

Breach: Article 22 (2)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service had a written policy on ordering, prescribing, storing and administering medication.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service had a written operational policy on health and safety of residents, staff and visitors. A health and safety statement was available on the day of inspection.

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not in use at the time of the inspection.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 9A	Nurse	3 including 1 CNM	2 including CNM2
	NCHD	0.4	0
	Secretarial	1	0
	Ward attendants	1-2	0
	Contract cleaner	1 each weekday	0

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	X	X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

An appropriately qualified member of staff was on duty 24 hours a day. Copies of the Act, Rules, Regulations and Codes of Practice were available on the unit.

A number of residents who spoke with the Inspectorate had questions that a social worker ought to deal with. This was reported to staff on the unit with a suggestion to staff that a social worker be contacted to call to see a number of residents. It was reported that each sector team had psychology and social work input.

It was reported by a number of residents that they were never seen on a formal basis by their consultant psychiatrist. It was also reported that no health care professionals, apart from medical and nursing disciplines, regularly attended the two-monthly multidisciplinary team meetings. There was no occupational therapist attached to the centre.

Breach: Article 26 (2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service had a written policy on maintaining records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The service was compliant.

Article 29: Operating Policies and Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The policy on communication had a review date of August 2008. The policy on provision of information was not signed by the general manager. All other policies had been reviewed as recommended.

Breach: Article 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

Mental health tribunals were facilitated on the acute unit in University College Hospital, Galway. The service was compliant.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		X
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

The designated person to receive complaints was located in Ballinasloe, not at the approved centre. There was no written record of complaints kept in the approved centre. The approved centre had no written policy on complaints.

Breach: Article 31 (1) and Article 31 (4).

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>		

Justification for this rating:

A record of incidents was examined on the day of inspection. The service had a written policy on risk management.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
Not inspected	<i>Inspection did not cover this Article.</i>	X	

Justification for this rating:

The service was compliant.

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

SECLUSION

Seclusion was not used by the service.

ECT (DETAINED PATIENTS)

There was no ECT facility at the approved centre and no patient was undergoing a programme of ECT.

MECHANICAL RESTRAINT

Mechanical restraint was not used by the service.

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

PHYSICAL RESTRAINT

It was reported that physical restraint had never been used by the service. The clinical practice form book was examined and had not been used.

ADMISSION OF CHILDREN

No children were admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service provided notification of deaths and a six-monthly summary report of incidents to the Mental Health Commission.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance	X			

Justification for this rating:

There was a risk management policy in place and also an incident report book. The approved centre was compliant.

ECT FOR VOLUNTARY PATIENTS

There was no ECT facility at the approved centre and no resident was undergoing a programme of ECT.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: The clinical files of three patients detained under the Mental Health Act 2001 were examined.

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

Justification for this rating:

The documentation in relation to the two patients who had refused consent was examined. The written consent by one patient to the continued administration of medication was examined, along with the relevant documentation, and was in order.

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

Section 61 did not apply as no child had been admitted under Section 25.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Four residents asked to be seen by the Inspectorate. All were happy with their care and treatment. One resident expressed some concern about the proposed move to nursing home care.

OVERALL CONCLUSIONS

Unit 9A was a stand-alone unit located to the rear of Merlin Park University Hospital on the east side of Galway City. Its main purpose was to provide rehabilitative care and treatment to the residents but since no Rehabilitation Team had been developed, continuing care and treatment was the main function of the unit. It was reported in last years report that a number of residents had been assessed as suitable for transfer to a new community residence in Tully which it was also reported last year was ready for use but one year on had seen no progress in this regard. The practice of receiving transfers of residents from the acute admissions unit in University College Hospital to Unit 9A to allow for admissions to the acute unit had continued.

RECOMMENDATIONS 2009

1. The issue of privacy for residents in shared rooms must be addressed.
2. Multidisciplinary teams should be provided with appropriate staff to provide a full skill mix.
3. The complaints procedure should be amended to comply fully with the Regulations.
4. The renovation works currently being carried out should include renovation of the upstairs bathroom.
5. The practice of transferring residents to the approved centre from the psychiatric unit in University College Hospital for the purposes of making room for acute admissions to that hospital must cease.
6. The residents who have been assessed as suitable for transfer to the new community residence in Tully should be transferred.