

## Report of the Inspector of Mental Health Services 2012

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Dublin West, Dublin South West, Dublin South City
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Dublin West/Dublin South West
<b>APPROVED CENTRE</b>	Acute Psychiatric Unit, AMNCH Tallaght
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Rowan Ward Cedar Ward Aspen Ward
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	3 May 2012

### Summary

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- The service had well developed therapeutic and recreational services and had a Recovery ethos.
- Maintenance work identified by the Inspectorate in its 2011 Report had not yet been undertaken.
- Problems identified with the maintenance of the clinical files in the 2011 Report of the Inspectorate had not been addressed.
- This approved centre was a very busy acute unit with a considerable diversity in the case mix.
- The Inspectorate was impressed by the in-depth knowledge staff displayed of the residents' histories and conditions.

## OVERVIEW

In 2012, 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 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

The Acute Psychiatric Unit located within the Adelaide and Meath Hospital, incorporating the National Children's Hospital was a 52-bed unit located in Tallaght, South West Dublin. Five teams admitted to the unit which consisted of three wards: a six-bed high observation ward (Aspen Ward), a male admission ward (Rowan Ward), a female admission ward (Cedar Ward) with a Psychiatry of Old Age and Rehabilitation Team. There were 9 involuntary patients in the unit on the day of inspection.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	22	29	29
Substantial Compliance	7	2	2
Minimal Compliance	2	0	0
Not Compliant	0	0	0
Not Applicable	0	0	0

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Rowan Ward	23	23	General Adult Psychiatry of Old Age
Cedar Ward	23	22	General Adult Psychiatry of Old Age
Aspen Ward	6	4	General Adult

**QUALITY INITIATIVES 2011/2012**

- A new Risk of Violence and Aggression (ROVA) assessment document was being piloted and audited.
- A new website about the service had been developed with the help of GENIO funding.
- A new seclusion booklet was being planned which would address some of the previously identified administrative deficiencies in the seclusion process.
- A new ECT booklet was introduced for use by the anaesthetist administering ECT.
- An art exhibition of the work undertaken by service users had taken place during the year.

**PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT**

1. The shower rooms should be refurbished without delay.

Outcome: The shower rooms had not been refurbished despite the securing of capital funding for the project. Since the 2011 inspection, the shower rooms in both Cedar and Rowan wards had deteriorated due to the high volume of usage and should be refurbished. The extractor fans in all the shower rooms were inadequate to deal with the usage of the shower rooms and there was evidence on the day of inspection of damp and signs of mould in the shower rooms and should be upgraded when the refurbishment is undertaken as a matter of urgency.

2. Staff must be trained in the care and treatment of persons with an intellectual disability and mental illness.

Outcome: Staff had undertaken a training course in the care and treatment of persons with an intellectual disability and mental illness in conjunction with Cheeverstown House, Hospital.

3. Psychology input should be recorded in the resident's clinical file.

Outcome: The individual clinical files inspected did not contain a record of clinical psychology input.

4. The faulty observation facilities in the seclusion room in Rowan ward must be repaired without delay.

Outcome: The CCTV cameras in both seclusion rooms were fully functioning at the time of inspection.

5. The residents' clinical files should be upgraded to meet the Regulations.

Outcome: Despite the best efforts of the approved centre to work with the general hospital to ensure that the residents clinical files were fit for purpose in a very busy acute psychiatric unit, this had not happened. Many of the clinical files examined on the day of inspection were bulky with loose sheets falling out and there was difficulty navigating the notes.

**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	2010	2011	2012
<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>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:**

A policy was in place. It was reported that residents wore wrist bands and this was observed to be the case.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

Residents had a choice of menu and fresh water was available for residents. The service had access to the services of a dietician and speech and language therapist for assessment of swallowing difficulties.

**Article 6 (1-2): Food Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

Food was brought to the approved centre from the general hospital kitchen where it was prepared. It was temperature probed before serving. The service provided the most recent Environmental Health Officer's Report.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A policy was available. Residents were in their own clothes on the day of inspection. Residents' clothing was stored in individual wardrobes at the bed side.



**Article 8: Residents' Personal Property and Possessions**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

An up-to-date policy was in place on residents' personal property and possessions. An inventory of residents' property was taken on admission.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 was a Snoezelan (multi-sensory) relaxation room available for residents on Cedar ward and a separate room with a pool table, table tennis and some gym equipment. The latter could not be operated because of the absence of a trained gym instructor. Staff reported they were trying to negotiate membership of the local public gym for service users. TV, DVDs, radio and newspapers were provided. The approved centre had a well-kept garden area for residents to access.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 was evidence on the day of inspection that residents were facilitated in the practice of their religion.

**Article 11 (1-6): Visits**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A separate designated family room for visitors with children was available. A policy was in place on visits. On the day of inspection, one ward was observed to be overcrowded with several visitors at most beds. Staff reported that they recognised this problem and were in the process of developing another visitor's room.

**Article 12 (1-4): Communication**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

An up-to-date policy was available in the approved centre. Residents had access to a telephone. It was the policy of the approved centre that residents could use their own mobile phones. Residents could receive and send mail. Internet access was available to residents under staff supervision.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

Appropriate policies were in place. It was reported that residents' properties were examined at the time of admission in the company of the resident and relatives. At the time of inspection, it was reported by staff that no searches had taken place in 2012.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A policy was available in the approved centre. At the time of inspection there was a single room that could be used if a resident was dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 individual care plans as defined in the Regulations.



**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 the clinical files examined there was evidence of written occupational therapy assessments on all residents referred to the occupational therapy department. These assessments were detailed. Each resident had access to an appropriate range of therapeutic services and programmes which were linked well with the resident's individual care plan. Art therapy was provided by the art therapist employed by the service. Imaginative and creative work was undertaken with residents involving music, art and yoga.

**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 children's education policy that was incorporated into the policy on the admission of children. There had been no admissions of children to the approved centre in the year up to the day of inspection.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

An up-to-date policy was in place. All documentation accompanied the resident on transfer. There was no resident on transfer on the day of inspection.

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Staff reported that residents had access to the general health services of the hospital, including chiropody, dietician and dental care.

There were up-to-date operational policies and procedures in place.

Four clinical files on Rowan ward and three clinical files on Cedar ward were examined and the six-monthly general health reviews had been completed.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A comprehensive information booklet was given to each resident on admission. Housekeeping information was displayed on notice boards. Staff reported that a representative of the Irish Advocacy Network visited regularly and an up-to-date policy on the provision of information to residents was available. Written information on various diagnoses and treatments was available.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

Curtains were provided for all beds. Frosting was provided on all exterior windows. There was evidence that the approved centre respected the resident's privacy and dignity.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<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 ward areas except the shower rooms and toilets were clean and well maintained. Since the last inspection, all the shower rooms and the majority of toilets on Cedar and Rowan wards had deteriorated and were in need of refurbishment. The extractor fans were insufficient to deal with the amount of usage which had resulted in the shower rooms being damp and in some instances there was evidence of mould, rust and chipped plasterwork. Residents had access to an enclosed garden that was well maintained.

**Breach:** 22 (1) (c)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.



**Article 24 (1-2): Health and Safety**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

An up-to-date health and safety statement was available.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 was a policy on the use of CCTV in the approved centre and there was signage around the approved centre indicating the use of CCTV.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Approved Centre	Consultant Psychiatrist	(Monday-Friday) 1	0
		1	0
	Assistant Director of Nursing	0	1
	Nursing CNM 3	1	0
	Art Therapist	1	
Rowan Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	4	3
	Hospital Attendant	1 – (0800h – 2040h)	0
	Household Staff	1 – (0800h – 2040h)	0
Cedar Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	4	3
	Hospital Attendant	1 – (0800h – 2040h)	0
	Household Staff	1 – (0800h – 2040h)	0
Aspen Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	2	2
	Hospital Attendant	1 - (0800h – 1645h)	0

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 mental health teams had access to all health care disciplines to provide a range of therapeutic services and programmes for residents. A CNM 3 was in charge of the approved centre at night. In all the clinical files examined interventions were well detailed by all disciplines with the exception of psychology which was similarly reported in the Inspection Report of 2011. Staff reported that psychology services could be difficult to access.

An occupational therapist and art therapist were present in the approved centre on a full-time basis Monday to Friday. All staff members had attended training on the Mental Health Act 2001. A record of attendance for training was maintained and was examined by the Inspectorate. A Health Service Executive (HSE) policy was available on the recruitment, selection and vetting of staff.

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A composite set of clinical notes was kept for each resident. It was unclear whether psychology notes were included in the main clinical file. The majority of these clinical files examined on the day of inspection were bulky with loose sheets falling out and the service needed to address the issue of providing a robust clinical file that was fit for continued usage in the approved centre, in conjunction with the general hospital. This was a recommendation to the approved centre in the Inspection Report of 2011.

Appropriate policies and procedures were in place.

Copies of the latest Health and Safety Report and Food Safety Report were made available to the Inspectorate.

A Fire Inspection Report was available.

**Breach:** 27 (1)

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 of the Regulations.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 and procedures for the approved centre were up-to-date and staff had signed a document stating that they had read and understood the approved centre policies and procedures.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

It was reported that all staff in the approved centre cooperated with Mental Health Tribunals and assisted residents as necessary.



**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A complaints policy was in place. The complaints procedure was displayed. The Assistant Director of Nursing, who was based on the premises, was the nominated person for dealing with complaints. A service user and staff committee had been established to address issues raised by the Irish Advocacy Network Ltd.

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 risk management policy that was compliant with this Article. Appropriate risk assessments took place. There was a nominated risk manager.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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:**

A copy of the insurance certificate was available to the Inspectorate on the day of inspection.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
<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>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 displayed in a prominent position on the ward.

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

**SECLUSION**

**Use:** Seclusion was used on Cedar and Rowan ward. At the time of inspection there had been eleven episodes of seclusion on 5 residents on Rowan ward and no episodes of seclusion on Cedar ward in 2012.

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

**Justification for this rating:**

The seclusion facilities on both Cedar and Rowan ward were inspected. The Inspectorate examined the Seclusion Register on both wards.

On both wards the seclusion rooms were clean and there was CCTV signage in the seclusion rooms. The CCTV signage on Cedar ward was quite small and may be difficult to read and the staff informed the Inspectorate that the signage size would be increased for easy reading.

The CCTV cameras in both seclusion rooms were fully functioning.

There was no record in the case of one patient whose clinical file was examined that the family had been informed. There was no record indicating the reason for this.

Following an audit by the approved centre into the usage of seclusion and the completion of the Seclusion Register, the service had introduced a new seclusion booklet which had been developed to a high standard and should ensure continued full compliance with the Rules.

**Breach: 3.7**

**ECT (DETAINED PATIENTS)**

**Use:** The Approved Centre provided ECT for detained patients.

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	N/A			

**Justification for this rating:**

The ECT suite was of a good standard overall. Since December 2010, ECT has been administered in theatre. There appeared to be a positive working relationship between theatre staff and psychiatric staff from the unit. There was a named consultant in charge of ECT in the approved centre. Three nurses had trained in ECT and maintained competency. The inspection team spoke to one of the designated ECT nurses and the recovery theatre sister.

ECT was administered by the responsible consultant psychiatrist. Anaesthetic was usually administered by a post call anaesthetic registrar, who was reported to be under the supervision of a consultant anaesthetist. Where there were concerns about medical status of the resident, a consultant anaesthetist would be present.

A new ECT pack (modeled on College of Psychiatry guidelines) was recently introduced to the approved centre and was now completed on all patients. Up to date policies and procedures were in place for the administration of ECT with the most recent update occurring in February 2012.

At the time of inspection, one patient was undergoing involuntary ECT. The individual clinical file was examined and details in relation to capacity and consent were appropriately completed. A copy of Form 16 was also noted.

Recent innovations include the updating of the patient information leaflet, the introduction of an ECT pack and an audit of aspects of the service. Future plans include the development of a student information pack on ECT and provision of a lecture on ECT to nursing students.



**MECHANICAL RESTRAINT**

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**Use:** Mechanical Means of Bodily Restraint was not used in the approved centre. Mechanical Means of Bodily Restraint under Part 5 of the Rules was not used.

**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. At the time of inspection there had been 9 episodes of physical restraint on 5 residents on Cedar ward and 9 episodes of physical restraint on 6 residents on Rowan ward in 2012.

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:**

A policy was available. There was no evidence in one clinical file examined that the patient's family had been informed of the incident of physical restraint. A record of staff who had read the policy was available and staff were trained in the Prevention and Management of Aggression and Violence. The staff training record and the clinical practice form book were examined by the Inspectorate on the day of inspection.

**Breach:** 5.9

**ADMISSION OF CHILDREN**

**Description:** At the time of inspection, no children had been admitted to the approved centre in 2012.

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

**Justification for this rating:**

A policy and protocols were available. Policies and procedures were in place with regard to family liaison, parental consent and confidentiality. The approved centre was not suitable for the admission of children.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** At the time of inspection there had been no deaths in the approved centre in 2012.

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

**Justification for this rating:**

At the time of inspection there had been no deaths in the approved centre. A record of incidents was made available to the Inspectorate. The Risk Management Policy was compliant with Article 32 of the Regulations (S.I. No. 551 of 2006).

There was an identified risk manager for the mental health service. A risk management group was in place and staff reported that no major incidents had taken place in the approved centre to the time of inspection in 2012.

**ECT FOR VOLUNTARY PATIENTS**

**Use:** The Approved Centre provided ECT for voluntary patients.

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	N/A			

**Justification for this rating:**

The ECT suite was of a good standard overall. Since December 2010, ECT has been administered in theatre. There appeared to be a positive working relationship between theatre staff and psychiatric staff from the unit. There was a named consultant in charge of ECT in the Approved Centre. Three nurses had trained in ECT and maintained competency. The inspection team spoke to one of the designated ECT nurses and the recovery theatre sister.

ECT was administered by the responsible consultant psychiatrist. Anaesthetic was usually administered by a post call anaesthetic registrar, who was reported to be under the supervision of a consultant anaesthetist. Where there were concerns about medical status of the resident, a consultant anaesthetist would be present.

A new ECT pack (modeled on College of Psychiatry guidelines) was recently introduced to the Approved Centre and was now completed on all patients. Up to date policies and procedures were in place for the administration of ECT with the most recent update occurring in February 2012.

The individual clinical files of three patients undergoing voluntary ECT were examined. The newly commenced ECT packs were available in all files. One consent form for a voluntary patient was not in the clinical file. All other details appeared to be completed correctly. Two patients having voluntary ECT at the time of the inspection gave positive feedback in relation to their experience of care in relation to ECT at the Approved Centre. A newly updated information booklet was also readily available.

Recent innovations include the updating of a patient information leaflet, the introduction of an ECT pack and an audit of aspects of the service. Future plans include the development of a student information pack on ECT and the provision of a lecture on ECT to nursing students.

**Breach: 4.9**

**ADMISSION, TRANSFER AND DISCHARGE**

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**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
<b>X</b>			

**Justification for this rating:**

There were admission, transfer and discharge policies. The approved centre was compliant with Article 32 on Risk Management. There were policies on transfers and confidentiality. Staff were well informed on the day of inspection about all aspects of the service, both administrative and patient care. There were few information leaflets on mental health issues and treatment on display in the approved centre. The staff training record was examined on the day of inspection and was up to date.

**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
	<b>X</b>		

**Justification for this rating:**

The admission process was good. Residents were assessed prior to admission and the decision to admit was taken by the multidisciplinary team. All residents had a physical and psychiatric assessment on admission. Each resident had an individual care plan. There was evidence in the clinical files of family involvement in the admission and on-going care of residents. A representative of the Irish Advocacy Network visited weekly. A policy on the provision of information was available. The approved centre was compliant with Articles 7 and 8 of the Regulations on Clothing and Personal Property and Possessions.

The approved centre was not fully compliant with Article 27 of the Regulations with regard to Maintenance of Records.

**Breach:** 16.3 (c), 22.6



**Part 4 Transfer Process**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

Decisions to transfer residents were made by the consultant psychiatrist. The approved centre was compliant with Article 18 of the Regulations on the Transfer of Residents. There were no residents on transfer on the day of inspection.

## 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
<b>X</b>			

**Justification for this rating:**

Discharge procedures were in place. Decisions to discharge were made by the multidisciplinary team. A discharge summary was sent to the general practitioner. Follow-up was arranged as appropriate. The resident's key worker was involved in the discharge planning. There was evidence of focus on Recovery in the discharge plans. There was evidence of contact with relevant outside agencies.

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

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**Description:** It was reported that there were no residents with intellectual disabilities and mental illness in the approved centre on the day of inspection.

*The following aspects were considered: 5. policies, 6. education and training, 7. inter-agency collaboration, 8. individual care and treatment plan, 9. communication issues, 10. environmental considerations, 11. considering the use of restrictive practices, 12. main recommendations, 13. assessing capacity.*

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

There was a policy on intellectual disability and mental illness. Training in intellectual disability and mental illness had taken place in conjunction with Cheeverstown House, a voluntary intellectual disability service.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** On Rowan ward, four patients had been admitted for longer than three months and all were consenting to medication. On Cedar ward, one patient had been admitted for longer than three months and was consenting to medication.

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

**Justification for this rating:**

There was documentary evidence examined by the Inspectorate on both Rowan and Cedar wards that all patients detained for longer than three months had consented to medication.

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

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**Description:** Up to the day of inspection no children had been admitted to the approved centre in 2012.

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

### **SERVICE USER INTERVIEWS**

A number of service users were greeted by the Inspectorate and all professed themselves happy with the service. One person informed the Inspectorate that they had found the help given by the art therapist particularly useful.

### **OVERALL CONCLUSIONS**

The Approved Centre demonstrated evidence of good quality patient care. On the day of inspection the approved centre was full. One discharge had taken place that morning and an admission was due from the Emergency Department in the afternoon. Staff reported that because of the Ministerial directive that waiting times for patients waiting to be admitted to the hospital from the Emergency Department are kept to a 6-hour maximum, there was always pressure on beds in the unit. The case mix was diverse and it was clear that there was a need for the comprehensive risk management which had taken place within the service. However, the staff clearly demonstrated their knowledge of the individual case histories and a commitment to a recovery ethos for service users.

Maintenance issues which were identified in last year's report had still not been addressed. Showers and bathrooms were in poor condition with inadequate air extractor systems so that some shower rooms that had been used in the mornings were still humid by the afternoon. There was evidence of peeling paint, rust and stained ceilings in shower rooms also. Wards were overcrowded at visiting time and the quality of the air was stuffy. Staff reported that they hoped the commissioning of another visitors' room would help address this.

Some clinical records were too bulky and pages were loose in some instances. This problem was identified in the report of the Inspectorate in 2011. Efforts to address it with the general hospital committee responsible had been unsuccessful.

### **RECOMMENDATIONS 2012**

1. Essential maintenance should be carried out throughout the approved centre.
2. Clinical records must be maintained in good order and in such a way as to ensure completeness, accuracy and ease of retrieval.
3. Care should be taken to ensure all aspects of Seclusion and Physical Restraint Orders are appropriately documented in the clinical files.