

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin West, Dublin South West, Dublin South City
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	Dublin West/Dublin South West
APPROVED CENTRE	Acute Psychiatric Unit (APU), Adelaide, Meath and the National Children's Hospital (AMNCH), Tallaght
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Rowan Aspen Cedar
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	12 June 2013

Summary

- This was a busy acute unit. Nursing staff impressed as being professional, committed and having good knowledge of and good communication with individual residents.
- Residents were generally up and dressed and engaged in the day's activities and programmes at the time of inspection. The unit was ordered and calm.
- Inspection of individual clinical files showed that each resident had an individual care plan and that hospital admission constituted part of a well developed, community focused mental health service.
- The admission pathway was clear and the admission assessment was excellent and was well documented in each clinical file.
- The approved centre had introduced a concise discharge information booklet for residents which was exemplary in the clarity of follow-up support and relapse prevention plan for each individual.

OVERVIEW

In 2013, 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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The APU, AMNCH, Tallaght provided acute admission facilities for the Dublin West and Dublin South West catchment population of approximately 268,000. The ground floor unit was well signposted and accessible via the main hospital entrance. The unit, which was locked at the time of inspection, comprised three wards: a male ward, a female ward and a high observation ward. Residents were generally up and dressed and engaged in the day's activities when inspectors arrived. There was an activity centre and occupational therapy adjacent to the wards and these together with the garden area were busy and occupied. Four general adult sector teams and a psychiatry of old age team admitted residents to the unit. On the day of inspection there were 46 residents, nine of whom were detained.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	29	29	30	-
Substantial Compliance	2	2	1	22
Minimal Compliance	0	0	0	-
Not Compliant	0	0	0	-
Not Applicable	0	0	0	-

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Rowan Ward	23	20	General Adult Psychiatry of Old Age
Cedar Ward	23	20	General Adult Psychiatry of Old Age
Aspen Ward	6	6	General Adult

QUALITY INITIATIVES 2012/2013

- A bedside information folder had been introduced to give residents and families details about the unit, treatments and therapies, and supports available.
- An excellent “Going Home From Hospital” booklet had been introduced for residents which detailed follow up care and a personal relapse prevention plan. This included key contact numbers.
- Nursing staff provided a twice weekly psycho-education group.
- The service had, in liaison with local Gardai Siochana, developed a protocol for the involuntary admission of patients under Section 9 or Section 12 of the Mental Health Act 2001.
- A new comprehensive seclusion care booklet had been introduced in all wards.
- A service user feedback initiative “Valued Comments” group and process had been introduced on Cedar ward.
- An excellent psychiatric in-take assessment form had been introduced.
- The approved centre produced annual reports on ECT, and on seclusion.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. Essential maintenance should be carried out throughout the approved centre.

Outcome: Some essential maintenance had taken place since the last inspection. However broken toilet seats, poor ventilation in bathrooms and damaged flooring was observed during inspection. Staff reported that funding approval had recently been received to address these issues.

2. Clinical records must be maintained in good order and in such a way as to ensure completeness, accuracy and ease of retrieval.

Outcome: Clinical records were well maintained.

3. Care should be taken to ensure all aspects of Seclusion and Physical Restraint Orders are appropriately documented in the clinical files.

Outcome: In at least one instance, both the Register for Seclusion and the Clinical Practice Form Book for Physical Restraint were carelessly recorded.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two members of nursing staff administered medication. Wrist bands were offered to residents on admission. Where a resident didn't consent to wearing this identifier, this was duly noted in the individual clinical file.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was fresh drinking water available for residents. Each resident was provided with a covered bedside jug of water which was replenished during the day. There was a menu which provided a reasonable choice of food for residents. The services of a dietician and a clinical speech and language therapist were provided as needed and interventions were recorded to a high standard in the individual clinical files. These services were key to improving the quality of life of the residents concerned.

Article 6 (1-2): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Food was prepared and cooked in the main hospital kitchen and transported to the APU. The most recent Environmental Health Officer's report was available for inspection.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were dressed in day attire at the time of inspection. Where a resident was required to be nursed in night clothes then this was documented in the individual clinical file. Where a resident did not have a sufficient supply of their own clothes on admission there was a contingency plan to acquire personal clothing.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on residents' personal property and possessions. A property inventory was completed in duplicate on admission. Each resident had their own wardrobe and there was safe storage available in the unit also.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Each ward had a seating area with television, DVD player and music player. There were books and table games available also. There was a pool table, table tennis and a Fußball table available. The garden area was well kept and well used by residents. An activity area provided a range of activities throughout the week and staff endeavoured to provide some activities at the weekend if resources allowed. A daily newspaper was available within each ward.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents of all faiths were facilitated in the practice of their religion insofar as was practicable. Residents were accompanied to daily Mass/services if they wished. There was a team of professionally trained healthcare chaplains who provided Pastoral Care to residents of all faiths, traditions and none, while respecting beliefs, dignity, culture, practices and the values of each person. The Chaplains provided a 24 hour service, seven days a week.

Article 11 (1-6): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on visits. Visiting times were from 1400h to 1600h and from 1800h to 2000h. Outside of these visiting times family visits were accommodated Children could visit if supervised by a responsible adult and there was a designated family room for visits in addition to another visiting room.

Article 12 (1-4): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a policy on communication. Residents could retain their personal mobile phone. Residents had access to a telephone and there was internet access under supervision.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the carrying out of searches with and without consent and on the finding of illicit substances. The belongings of a voluntary resident in Cedar ward had been searched on return from leave with consent given. This was noted in the individual clinical file.

Article 14 (1-5): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy on the care of residents who are dying. Single room accommodation was available. Staff within the APU had established links with the palliative care team.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Each resident had an individual care plan (ICP) which met the requirements of this Article. The ICPs were reviewed and updated on a weekly basis by the multidisciplinary team (MDT) in conjunction with the individual resident. With the exception of one sector team, the ICPs were well recorded and had maintained the standards achieved in the previous two years. A key worker system was in operation. Inspection of individual clinical files indicated that family members were included in the ICP process as appropriate and that discharge was kept in focus from the outset. The ICPs were Recovery oriented, firmly incorporated a resident's strengths and deficits, and outcomes were well recorded. Residents routinely signed their individual care plan and where this did not happen the reason was documented. There was a weekly monitoring system in place to audit compliance with this Article and the benefits of this practice and effort were evident in the standard of the ICPs.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The programme of therapeutic services was crafted to meet the assessed needs of residents. The programme contained a good balance between task activities, creative and social activities, daily living skills, physical recreation and talking therapies such as cognitive behaviour therapy. The individual clinical files contained written occupational therapy (OT) assessments for those residents referred for OT. The assessments were detailed and provided good baseline information on functional capacity and individualised OT programmes. The clutter in the OT kitchen and the art and crafts rooms attested to the busy activity therein. An art therapist and a music therapist provided sessions also. There was good evidence of multidisciplinary collaboration in the delivery of a range of talking therapies and Recovery oriented groups.

Article 17: Children's Education

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were no children resident on the day of inspection and the two child admissions earlier in 2013 had not required educational input. The approved centre's policy on the admission of children included a contingency plan for the provision of educational services if required.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a policy and procedures in relation to the transfer of residents. A medical transfer letter, a copy of the prescription form and a nursing transfer form accompanied a resident on transfer.

Article 19 (1-2): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Eight residents had been in-patient for a period in excess of six months. There was a log maintained for the six-month physical examinations and all residents had a completed physical examination recorded in their individual clinical file. The approved centre had a policy and procedures on responding to a medical emergency. Residents had access to national health screening programmes.

Article 20 (1-2): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A bedside folder with comprehensive information for residents and families had been developed by nursing staff. This incorporated details of housekeeping practices, visiting arrangements, arrangements for personal property, therapeutic programmes, key working and the role of the MDT, meal times and advocacy services. Written information was available on diagnoses and medications. The notice boards within the units contained up-to-date information on community services, voluntary agencies and self-help groups.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were surround curtains for each bed. Lavatories and shower rooms were lockable. Frosting had been applied to external windows. There was evidence that the approved centre staff respected the residents' privacy and dignity.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was clean and orderly. The fabric of the building was showing wear and tear throughout. There were three showers working for 23 beds on the female ward. A shower was out of order. Two lavatory seats were broken and were a hazard. The shared dining room was drab. The formica table tops were badly worn and stained. The ceiling in the activity room was stained. The floor in the female seclusion room was stained. Overall, the unit was drab despite staff's efforts at posting colourful pictures and art work. The unit would benefit from fresh painting and added colour. The recreation room was akin to a bric-a-brac shop with its assortment of mismatched furniture. New furniture, seating and tables in particular would enhance the ward environment. Shower and lavatory facilities should be upgraded where needed. There was a very nice garden space for all residents and this was well used by residents. A wheelchair ramp was needed for access to the garden and staff stated that this was due to be fitted now.

Breach: 22 (1)(a),(c), (2)

Article 23 (1-2): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had policies and practices on the ordering, prescribing, storing and administration of medicines. A designated pharmacist was assigned to the approved centre and visited daily, reviewed the prescription and administration kardexes and met with staff. This was good practice. The non consultant hospital doctors did not always use their Medical Council Numbers (MCN) when writing prescriptions as they ought to have done.

Article 24 (1-2): 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a Health and Safety statement particular to the approved centre. There was an up-to-date policy and procedures in relation to health and safety.

Article 25: Use of Closed Circuit Television (CCTV)

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

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on CCTV. The use of CCTV was well signposted throughout 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
Cedar Ward	CNM 3 (shared)	0	1
	CNM2	1	0
	CNM1	1	0
	RPN	4	3
	Hospital Attendant	1	0
Rowan Ward	CNM3 (shared)	0	1
	CNM2	1	0
	CNM1	1	0
	RPN	4	3
	HCA	1	0
Aspen Ward	CNM3 (shared)	0	1
	CNM2	1	0
	CNM1	1	0
	RPN	2	2
	HCA	1	0

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All the sector teams had access to health and social care disciplines to provide for the assessed needs of residents. Non consultant hospital doctors were assigned to each team. The person in charge at night time was a CNM3 and was shared across the three wards. There was a whole-time-equivalent (WTE) occupational therapist assigned to the approved centre and the merits of this were evident in both programme delivery and in the quality of the assessment and individual progress notes. Residents had access to a dietician and to walking groups. A clinical speech and language therapist provided groups also with a particular focus on communication and assertion. There was one WTE art therapist assigned to the unit also. It was evident that the MDTs collaborated well together to provide a range of therapeutic programmes to meet the assessed needs of residents and to enable a pathway to the community.

The Health Service Executive's policies on the recruitment, selection, vetting and appointment of staff applied. The training log for nursing staff was inspected and was up to date.

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.

The Inspectorate did not inspect and has no expertise in assessing fire risk

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Environmental Health Officer's report and a Fire Engineers report were available, in addition to the service record for fire prevention and control equipment.

The clinical files, although bulky were well maintained and data was accessible. There was an up-to-date policy on records.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

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

Article 29: Operating policies and procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies and procedures related to the Regulations were up to date and reviewed within a two year timeframe.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre cooperated fully with Mental Health Tribunals.

Article 31: Complaint 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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures relating to the making, handling and investigation of complaints. The complaints procedure was well signposted throughout the APU. The Assistant Director of Nursing, who was based on the premises was the nominated person for dealing with complaints. The CNM2 in charge of each ward was identified as the person to deal with complaints in the first instance within the ward and all complaints were notified to the nominated complaints officer and a log was maintained. The complaints log was available for inspection.

The approved centre had established a "Valued Comments Group" which was akin to a community meeting and was scheduled weekly within the APU. A record of minutes was kept and this group dealt with the issues raised by residents. Inspection of the minutes showed that issues important to daily living within the APU were being voiced and brought forward for action. Items included, leaking tea pots, lack of bath and shower mats and grab rails, the need for stronger reading lights and so forth. It was good to see a culture in place whereby residents would readily voice their views.

In addition, there was a monthly forum, comprising senior nursing staff, representatives from all the health and social care disciplines, the independent advocate and a carer representative, to address issues and initiatives.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The risk management policy met the requirements of the Regulations. All individual clinical files inspected contained risk assessments and cogent risk management plans. Therefore, it was evident that the policies were being applied in practice. The individual clinical files inspected showed that risk was being discussed by the MDT and that, in addition to meeting immediate risk management needs, a community focus was maintained which facilitated successful care pathway planning.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was insured under the State Indemnity scheme.

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	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was prominently posted within the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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:

There were seclusion facilities in both Cedar and Rowan wards. There were no seclusion facilities in the Aspen ward but if seclusion was deemed necessary the seclusion facilities in Cedar or Rowan were used. The seclusion facilities were good. They were clean and had a toilet and shower and had CCTV signage. The CCTV was fully functioning. The flooring in the seclusion room in Cedar had been damaged and the inspectors were informed by staff that quotes were being processed to have it replaced.

The Seclusion Registers were examined.

In Cedar Ward there had been eleven episodes of seclusion in 2013 up to the time of inspection. The Register was inspected and had been adequately completed except for the time and date of commencement on one form. This information was recorded lower down on the page but the omission at 9 and 10 was careless. One current resident in Cedar Ward had been detained and the individual clinical file was inspected. The resident was afforded the opportunity to discuss the episode with staff, a physical examination had been carried out by the non consultant hospital doctor and next of kin had been informed of the episode. There was a good seclusion care booklet in place and this was well completed and provided a clear account of care.

In Rowan ward three of the seclusion order forms were still in the Register and no copy had been placed in the residents' clinical files. One order form had not been signed by the consultant psychiatrist. The standard of documentation in two of the files was good. Next of kin had been informed and there was evidence that the episode of seclusion had been discussed with the resident. However in one of the clinical files examined in Rowan ward the white sheets had not been placed in the file and the consultant psychiatrist had not signed one of the order forms.

The policy on seclusion was in date. The training log for staff was up to date also. The Seclusion Care Booklet developed by the approved centre staff was good.

Breach: 3.5, 9.3

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: One detained patient in Cedar Ward had received ECT treatment.

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

Justification for this rating:

One resident had received two sessions of ECT. The individual clinical file was inspected and details in relation to capacity and consent were appropriately completed. A copy of Form 16 was on file. There was an excellent ECT pack based on the Royal College of Psychiatrists Guidelines on ECT and there was a patient information leaflet also. ECT was administered in a hospital theatre. Three nurses were trained in ECT care, there was a named consultant psychiatrist in charge of ECT and a named consultant anaesthetist. The policy on ECT treatment was up to date.

MECHANICAL RESTRAINT

Use: Mechanical restraint had been used for one patient in 2013 up to the time of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
14	Orders	X			
15	Patient dignity and safety	X			
16	Ending mechanical restraint	X			
17	Recording use of mechanical restraint	X			
18	Clinical governance		X		
19	Staff training		X		
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	NOT APPLICABLE			

Justification for this rating:

Mechanical restraint was used for one detained patient for the purpose of administering treatment. The Mechanical Restraint Register was completed appropriately and there was a good record in the individual clinical file. The patient had consented to the application of restraint. The clinical records indicated that the resident had been treated with dignity and respect and that staff communication had been clear and supportive of the resident. The clinical records provided clear evidence that least restrictive forms of care had been tried unsuccessfully and the patient's health was at a crucial stage and treatment was required. The episodes of mechanical restraint had been reviewed by the MDT.

The approved centre was not compliant in relation to governance because the policy stated that mechanical restraint was not used in the APU for immediate management of self-harm, when in this instance it was used. Mechanical restraint was deemed to have been used by the clinical staff who had completed the Mechanical Restraint register accordingly. The approved centre had a policy on Part 5: Use of Mechanical Means of Bodily Restraint for Enduring Self-harming Behaviour.

The inspector requested information about the provision of staff training in relation to the use of mechanical restraint, however, this was not provided. As the approved centre considered that they did

not use mechanical restraint, it would follow that no training was likely to be provided.

Breach: 18.2, 19.1, 19.2

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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

Justification for this rating:

The Clinical Practice Form books for physical restraint were inspected in all three wards. In Rowan Ward, in one instance the consultant psychiatrist had not signed the form and in another instance a copy of the order for physical restraint had not been placed in the resident's clinical file.

The approved centre had a written operational policy on physical restraint. A record of training was available to inspectors and was satisfactory.

Breach: 5.3, 8.3

ADMISSION OF CHILDREN

Description: Two children had been admitted to the approved centre in 2013 up to the time of inspection.

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

Justification for this rating:

Both children had been admitted on Saturday via the emergency department. The children were subsequently transferred to Linn Dara Child and Adolescent approved centre. The individual clinical files of the two children, now discharged, were not available for inspection. The APU was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death of a resident in 2013 up to the time of inspection.

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

Justification for this rating:

The death of the resident, which had occurred whilst on leave from the approved centre, had been notified to the Mental Health Commission. The approved centre notified incidents as required also. The incident log was inspected and was satisfactorily recorded. There was a named risk manager with responsibility for mental health services.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was administered in the approved centre.

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	NOT APPLICABLE			

Justification for this rating:

One resident in Rowan Ward had received a course of ECT treatment. The clinical file was examined. The resident had received 8 sessions of ECT and there were eight signed consent forms in the clinical file. All other details had been completed correctly. There was an excellent ECT pack based on the Royal College of Psychiatrists Guidelines on ECT and there was a patient information leaflet also. ECT was administered in a hospital theatre. Three nurses were trained in ECT. There was a named consultant psychiatrist in charge of ECT and a named consultant anaesthetist. The policy on ECT treatment was up to date.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had written operational policies and procedures for the admission, transfer and discharge of residents. Procedures for the admission of children were included in the admission policy as were policies on individual care plans, confidentiality and consent. The approved centre was compliant with Article 32 in respect of Risk Management and Article 18 on the Transfer of Residents. 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
X			

Justification for this rating:

The admission procedure was of good quality. There were very good psychiatric admission records and physical examinations were completed in all cases. Each resident had a risk assessment and an individual care plan and key worker. There was evidence of family and advocate involvement. The approved centre was compliant with Article 7 on Clothing, Article 8 on Personal Property and Possessions, Article 20 on the Provision of Information to Residents and Article 27 on the Maintenance of Records.

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre was compliant with Article 18 of the Regulations in respect of Transfer of Residents. All relevant information accompanied the resident. The decision to transfer was made by the consultant psychiatrist in conjunction with the multidisciplinary team. None of the current residents had been transferred to another hospital, however, one resident was due to transfer to another approved centre and the clinical documentation in relation to this was inspected. Family were involved in the decision to transfer and a medical report had been forwarded to the receiving hospital.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The discharge process was very good. An excellent “Going Home From Hospital” booklet had been introduced for residents and families which detailed follow up care and a personal relapse prevention plan. This included key contact numbers. The multidisciplinary team were involved in the plan for discharge. There was evidence of contact with relevant outside community teams and agencies.

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

Description: On the day of inspection there was no resident with an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was an up-to-date policy on the admission of persons with an intellectual disability and a mental illness (MHID). Staff training in relation to care and management of persons with MHID had been completed.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was one patient detained for a period in excess of three months and in receipt of medication.

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

Justification for this rating:

The patient had provided written consent for the administration of medication.
--

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

Description: No child was detained on the day of inspection and Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents throughout the course of the inspection. No resident sought to meet individually with the inspectors.

ADVOCACY

The independent advocate met with inspectors and commented positively on the culture within the approved centre in relation to staff support of the role of the advocate, a willingness to seek out views and improve the service and the monthly meeting held with the Director of Nursing, the advocate and a carer representative. A written report provided by the advocate stated that although communication between nurses and residents was generally very good, that some residents felt nurses were busy and residents had to ask repeatedly for assistance. Residents stated that the OT service was good and the walking programme and outings in the community such as to the cinema were much valued.

OVERALL CONCLUSIONS

Residents were up and dressed and engaged in the day's activities at the time of inspection and this busy acute unit was calm and ordered. Each resident had an individual care plan and the provision of therapeutic activities was excellent. The assessment in relation to admission, including risk management, was of a good standard. The clinical files indicated that admission was a component of a Recovery oriented and community based mental health services.

RECOMMENDATIONS 2013

1. Records in relation to physical restraint and seclusion must meet the standards of the relevant Code of Practice and Rules.
2. The policy on Mechanical Restraint must be amended to reflect practice.
3. Lavatories and showers should be upgraded as needed. The dining room and recreation room furniture should be upgraded and the unit would benefit from redecoration.