

Report of the Inspector of Mental Health Services 2014

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	Tallaght Hospital
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	Rowan Cedar Aspen
TOTAL NUMBER OF BEDS	52
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	10 and 11 June 2014

Summary

- Overall, the approved centre was a pleasant bright space with a nice central garden. There was available space for therapies and activities. However, there were a number of issues in the environment that required attention.
- Privacy and dignity were compromised by the absence of a number of curtains surrounding some of the beds.
- All residents had an individual care plan and many were very comprehensive. However, a significant number were not reviewed in a timely manner and some showed evidence of carelessness or lack of knowledge in completing them.
- Therapeutic services and programmes were excellent with a dedicated occupational therapist providing a comprehensive activity and therapy programme. The psychologist also provided dedicated sessions in the approved centre. There was a music therapist and an art therapist.
- The presence of a pharmacist in the unit, who was an integral part of the clinical team, provided education for residents, which was excellent.
- A drug detection dog and An Garda Siochana were brought into the approved centre garden at irregular intervals, in a response to the increasing quantities of illicit substances being brought into the approved centre. These searches were directed at the physical environment only. The absence of a policy, protocols and information about the practice for residents was not good practice and breached Article 13 of the Regulations on Searches.

OVERVIEW

In 2014, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

The approved centre consisted of three wards: Rowan, a male ward with 23 beds; Cedar, a female ward with 23 beds and Aspen, a high observation unit with 6 beds. There were no vacant beds in the approved centre at the time of inspection. The approved centre was located in Tallaght Hospital and accessible through the main entrance. It was designed around a central garden which was open throughout the day.

On the day of inspection there were seven detained patients and two Wards of Court in the approved centre.

CONDITIONS

There were no conditions attached to the registration of the approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	29	30	25	
Substantial Compliance	2	1	8	6, 13, 15, 21, 22, 25, 27, 31
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	23	23	General Adult Team Rehabilitation Team Psychiatry of Old Age Team
Cedar	23	23	General Adult Team Rehabilitation Team Psychiatry of Old Age Team
Aspen	6	6	General Adult Team Rehabilitation Team Psychiatry of Old Age Team

QUALITY INITIATIVES 2013/2014

- A Recovery room was about to be developed which would contain Recovery themed information for residents and families.
- The service was in the process of introducing Plain English policies and co-producing new policies with family members.
- This approved centre and Jonathan Swift Clinic sit jointly on a Policy Committee.
- The unit had implemented a smoke free campus since May 2014 and a smoking education/cessation programme was in operation.
- Individual care plans followed the residents on discharge to the community. This ensured that each service user had one individual care plan throughout their care pathway.
- The pharmacist was an integral part of the clinical teams and provided education for residents.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. Records in relation to physical restraint and seclusion must meet the standards of the relevant Codes of Practice and Rules.

Outcome: Records in relation to seclusion failed to meet the standard required by the Rules. Records in relation to physical restraint did meet the standard of the Code of Practice.

2. The policy on Mechanical Restraint must be amended to reflect practice.

Outcome: The policy on Mechanical Restraint reflected current practice.

3. Lavatories and showers should be up-graded as needed. The dining room and recreation room furniture should be up-graded and the unit would benefit from redecoration.

Outcome: The unit was fully repainted in 2013 with the addition of art murals in communal areas and in the foyer.

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

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

Article 4: Identification of Residents

The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.

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

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

Justification for this rating:

The residents wore identity bracelets. Two nurses administered medication.

Article 5: Food and Nutrition

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

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

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

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

Justification for this rating:

Jugs of water and beakers were provided at each bedside locker.

There was no menu but there was a choice of food at each meal. There were healthy options available. The kitchen provided for special dietary requirements. There was a dietician on the staff of the approved centre.

Article 6: Food Safety

(1) The registered proprietor shall ensure:

(a) the provision of suitable and sufficient catering equipment, crockery and cutlery

(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and

(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.

(2) This regulation is without prejudice to:

(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;

(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and

(c) the Food Safety Authority of Ireland Act 1998.

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

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

Justification for this rating:

There was sufficient crockery and cutlery for residents. A new fridge had been ordered and, in the meantime, foods were refrigerated in a nearby pantry. The kitchen was clean.

The Environmental Health Officer's report was reported to be dated 2006 but was not available in the approved centre. There were emails dated 2014 from the approved centre requesting an environmental health report.

Breach: 6(2)

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

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

Justification for this rating:

There were a number of residents in their night clothes but this was at their own request. There was an adequate supply of clothes for use in case of emergency. All clothing was individualised.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

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

Justification for this rating:

There was a policy with regard to personal property and possessions. A property record was maintained in a property book and copies placed in the clinical files. There was a safe for the safe-keeping of valuables.

Article 9: Recreational Activities

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

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

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

Justification for this rating:

There was a recreation room which contained a table-tennis table, table football and a pool table. This room was open until 2000h each evening. There was a television in each ward but the seating areas around them in Rowan and Cedar were very small with only a few seats. A television had been ordered for the large sitting room. There was a well-stocked library which was a pleasant, quiet space. Newspapers were delivered. Residents were encouraged to leave the unit to use the hospital restaurant and coffee shops. Staff accompanied residents who were unable to avail of unaccompanied leave off the unit.

Article 10: Religion

The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.

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

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

Justification for this rating:

There were hospital chaplains who visited regularly for Roman Catholic and Church of Ireland residents. Other religions were facilitated. There was a hospital chapel where Mass was held regularly.

Article 11: Visits

(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.

(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.

(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.

(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.

(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.

(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.

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

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

Justification for this rating:

Visiting times were in the afternoon and evening, in line with the general hospital visiting times. In the event of families wishing to visit outside of these times, their visits were accommodated by arrangement. There was a family room for visitors and this was suitable for visiting children, with toys and books. Any child under 14 years of age was only allowed to visit in the family room. All staff had trained in *Children First*.

There was a policy with regard to visits.

Article 12: Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

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

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

Justification for this rating:

Mobile phones were allowed, provided photos or videos were not taken. Residents could also use the office phone if necessary. Post was delivered to, and sent for, residents unopened.
 There was a policy with regard to communication.

Article 13: Searches

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

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

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

Justification for this rating:

There was a policy with regard to searching, both with and without consent, and with regard to the finding of illicit substances.

Searches were carried out with two nursing staff and consent was always sought. Searches were documented in the clinical file.

The approved centre had recently started the practice, which was operational in the Emergency Department, of allowing drug detection dogs and An Garda Síochána into the garden area of the approved centre to search for illicit substances. The checks were directed at the physical environment and were not directed at residents. No notice about the practice was displayed for residents' information. There was no policy with regard to environmental searches by an Garda Síochána and drug detection dogs.

Breach: 13(1)

Article 14: Care of the Dying

(1) The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.

(2) The registered proprietor shall ensure that when a resident is dying:

(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;

(b) in so far as practicable, his or her religious and cultural practices are respected;

(c) the resident's death is handled with dignity and propriety, and;

(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(3) The registered proprietor shall ensure that when the sudden death of a resident occurs:

(a) in so far as practicable, his or her religious and cultural practices are respected;

(b) the resident's death is handled with dignity and propriety, and;

(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.

(4) The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

(5) This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.

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

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

Justification for this rating:

There was a policy with regard to care of the dying. No death had occurred in the approved centre since January 2014 to the date of inspection.

Article 15: Individual Care Plan

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

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

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

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

Justification for this rating:

Each resident had an individual care plan (ICP). There was evidence of service user involvement in that they signed the care plan. The ICPs were good, outlining needs, goals, interventions, resources and outcome. There was evidence of multidisciplinary involvement and members of the multidisciplinary team attending the team meeting were documented.

The review of the goals and ICPs were not timely and, in some cases, extended to three weeks before the ICP was reviewed, even in the case of acutely unwell residents. There appeared to be some difficulties with staff knowing the definition of need, goal and intervention. In one case, the

goal was documented as “urine testing”, in another “trial of medication”. One ICP was illegible.
In one case, the resources outlined in the ICP were “MDT” for all interventions including self-care and medication, which would suggest an element of carelessness.
Other ICPs were excellent and showed a Recovery based care pathway.

Breach: 15

Article 16: Therapeutic Services and Programmes

(1) The registered proprietor shall ensure that each resident has access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

(2) The registered proprietor shall ensure that programmes and services provided shall be directed towards restoring and maintaining optimal levels of physical and psychosocial functioning of a resident.

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

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

Justification for this rating:

There was a wide range of therapeutic services and programmes. The psychologist had dedicated sessions in the approved centre once a week. The occupational therapists had an excellent programme of activities and programmes. There was also an art therapist and music therapist. A Snoezelan room was available.

Therapies were linked to individual residents' ICPs.

It was very unfortunate that the occupational therapy kitchen, which was supposed to be a therapeutic space, was used by staff as a tea room. At the time of inspection, it was very untidy and

cluttered with dishes, with staff food in the fridge and could not be used as a therapy room. Apparently, there was another area that could be used as a staff tea room but it was reported to the inspectors that staff had declined to use it.

Article 17: Children's Education

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

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

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

Justification for this rating:

There were no children resident in the approved centre at the time of inspection. Education would be facilitated 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	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

At the time of inspection, no resident had been transferred to another hospital or approved centre. On transfer to the main hospital, the clinical file and medication sheet accompanied the resident. There was a policy with regard to the transfer of residents.

Article 19: General Health

(1) The registered proprietor shall ensure that:

(a) adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;

(b) each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;

(c) each resident has access to national screening programmes where available and applicable to the resident.

(2) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.

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

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

Justification for this rating:

All residents in Rowan, Aspen and Cedar in the approved centre for more than six months had a physical examination completed and documented.

There were no difficulties accessing medical care. There was access to a physiotherapist, dietician and clinical speech and language therapist on request from the main hospital.

There was a policy on responding to medical emergencies.

Article 20: Provision of Information to Residents

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

(a) details of the resident's multi-disciplinary team;

(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;

(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;

(d) details of relevant advocacy and voluntary agencies;

(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

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

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

Justification for this rating:

There was an excellent practice of having a holder fixed to the wall beside each bed, which contained a welcome pack with information about the approved centre, the multidisciplinary team and advocacy arrangements.

In Cedar and Aspen, there were notices displayed about advocacy services. Such notices were not displayed in Rowan but was in the welcome pack.

Access to information about medication and diagnosis was through the Medicines Information Online website and this information could be printed and given to the resident.

Article 21: Privacy

The registered proprietor shall ensure that the resident's privacy and dignity is appropriately respected at all times.

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

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

Justification for this rating:

The dormitories in both Rowan and Cedar did not have adequate privacy curtains around some of the beds and privacy was thereby compromised. Also, one single room in Cedar had no blind or curtain over the observation panel in the door.

Otherwise, privacy and dignity were observed to be respected on the day of inspection.

Breach: 21

Article 22: Premises

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

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

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

Justification for this rating:

The approved centre was warm, well ventilated and bright. It appeared spacious and there was a nice central garden.

The TV areas were too small in both Rowan and Cedar and there was insufficient seating. One single bedroom had no wardrobe or bedside table and the floor was badly stained. In Rowan, one toilet had no toilet roll or toilet roll dispenser. The dining room had only 32 places for 46 residents. Although staff said that there was no problem catering for all residents, it was difficult to see how this could be the case. The occupational therapy kitchen, as outlined above, was untidy and cluttered because staff used it as a tea room.

There were numerous fixtures in the approved centre, in all three wards, considered by the inspectors to be ligature anchor points (for reasons of safety they are not detailed here). These were communicated to the clinical nurse manager during the inspection of each of the three wards and to senior management on the days of inspection. Some ligature anchor points had been made safe following a ligature anchor point audit in 2012. The inspectors requested a ligature audit be carried out as soon as possible.

Breach: 22(1)(c),(2),(3)

Article 23: Ordering, Prescribing, Storing and Administration of Medicines

(1) The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

(2) This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).

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

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

Justification for this rating:

There was a policy with regard to the ordering, prescribing, storage and administration of medication.

There was a pharmacist assigned to the approved centre. There was evidence in the clinical file that the pharmacist was an integral part of the clinical teams, documented medication in the clinical files and provided education to residents in formal sessions and individually.

Most, but not all, doctors used their Medical Council registration numbers when prescribing medication.

Article 24: Health and Safety

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.

(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.

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

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

Justification for this rating:

There was a policy with regard 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	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X

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

Justification for this rating:

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

CCTV was used in the seclusion rooms in both Cedar and Rowan wards. It was used in Aspen ward, including the bedrooms.

CCTV was non recording and non transmittable.

There were printed notices disclosing the presence of CCTV but these were too small to be seen properly. Moreover, they were not appropriate if a resident had difficulty reading. The inspectors suggested the use of professional notices, that were clear, evident and which would include a relevant image or diagram.

Breach: 25(1)(b)

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
Rowan	ADON	1(Shared)	0
	CNM3	0	1(Shared)
	CNM2	1	0
	CNM1	1	0
	RPN	4	3
	HCA	1	0
Cedar	ADON	1(Shared)	0
	CNM3	0	1(Shared)
	CNM2	1	0
	CNM1	1	0
	RPN	4	3
	HCA	1	0
Aspen	ADON	1 (Shared)	0
	CNM3	0	1 (Shared)
	CNM2	1	0
	CNM1	1	0
	RPN	2	2
	HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Assistant Director of Nursing (ADON), Health Care Assistant (HCA).

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

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

Justification for this rating:

A psychologist provided a dedicated session to the approved centre on Fridays. There was an occupational therapist in the approved centre who offered a comprehensive programme. A social worker was available for individual sessions.

The Health Service Executive (HSE) policies on recruitment, selection and vetting of staff applied. The log for staff training 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.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

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

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

Justification for this rating:

The clinical files were not in good order and there were multiple loose pages in most files. This made it difficult to navigate the files and there was the risk of losing important documentation. The files were safely stored in a cabinet in the nurses' office.

There was a policy that met the requirements of this Article.

The Environmental Health Officer's report was reported to be dated 2006, but was not available to the inspectors on the day of inspection.

The Fire Officer's Report was available but dated 2008.

There were discrepancies in accuracy of records noted by inspectors between the dates documented in one resident's clinical file in relation to a series of seclusion orders that did not correlate with the same series of orders for seclusion completed in the seclusion register. This appeared to relate to night nursing staff documenting incidents of seclusion that occurred pre-midnight using the post-midnight date.

Breach: 27(1)

Article 28: Register of Residents

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

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

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

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

Justification for this rating:

The Register of Residents met the requirements of Schedule 1 to the Regulations.

Article 29: Operating policies and procedures

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

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

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

Justification for this rating:

All available policies were up to date and regularly reviewed.

Article 30: Mental Health Tribunals

(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.

(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.

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

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

Justification for this rating:

Mental Health Tribunals were facilitated.

Article 31: Complaints Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

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

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

Justification for this rating:

There was a policy with regard to the making of a complaint. In Rowan, there was no complaint procedure or name of complaints officer displayed. In Cedar, the complaints procedure and name of the complaints officer were displayed.

The complaints log was inspected and all complaints were addressed.

Breach: 31(3)

Article 32: Risk Management Procedures

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

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

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

Justification for this rating:

There was a risk management policy that met the requirements of this Article. All clinical files contained a risk assessment and management plan.

Article 33: Insurance

The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.

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

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

Justification for this rating:

The approved centre was insured under the State Indemnity Scheme and there was a statement to this effect.

Article 34: Certificate of Registration

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

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

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

Justification for this rating:

The Certificate of Registration was prominently displayed.

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

SECLUSION

Use: The approved centre used seclusion.

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:

No current resident in Aspen Ward had been secluded. The seclusion register in Aspen ward was examined by inspectors and was in order.

The clinical file of one resident in Rowan Ward who had been secluded during a previous admission in 2014 was examined by inspectors. The seclusion register in Rowan Ward was examined by inspectors. In the case of this seclusion, in respect of seclusion orders, the seclusion register had not been signed by the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist, even though the seclusion occurred in March 2014. Moreover, in respect of this seclusion, a copy of the seclusion register had not been placed in the patient's clinical file.

The clinical files of three residents in Cedar ward who had been secluded were examined by inspectors. The seclusion register in Cedar Ward was examined by inspectors. There were discrepancies in accuracy of records noted by inspectors between the dates documented in one resident's clinical file in relation to a series of seclusion orders that did not correlate with the same series of orders for seclusion completed in the seclusion register. This appeared to be in relation to night nursing staff documenting incidents of seclusion that occurred pre-midnight using the post-midnight date. In the case of one episode of seclusion, in respect of seclusion orders, the seclusion register had not been signed by the consultant psychiatrist responsible for the care and treatment of the patient until 17 days following the commencement of seclusion.

CCTV signage was not evident and clearly labelled. The training log was inspected and was satisfactory. The approved centre had a policy on seclusion.

In all cases of seclusion the next of kin had been informed or where they had not, the reasons why had been clearly documented in the residents' clinical files. The residents had been afforded an opportunity to discuss their respective seclusion episodes with members of their multidisciplinary team. There was evidence in all clinical files in relation to seclusion that each episode of seclusion had been reviewed by the residents' respective multidisciplinary teams.

The documentation entitled "Seclusion Pathway" was excellent and ensured that much of the requirements of the Rules in relation to Seclusion were adhered to by staff.

Breach: 3.5, 9.3, 12.2(b)

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was provided by the approved centre. No detained patient in the approved centre was receiving a programme of ECT.

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

Justification for this rating:

The quality of the ECT information pack was excellent and was based on the Royal College of Psychiatrists Guidelines. ECT was administered in a hospital theatre. Three nurses were trained in ECT and there was a named consultant psychiatrist with overall responsibility for ECT. The approved centre had an up-to-date policy on ECT.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: The approved centre used physical restraint.

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:

No resident in Aspen ward had been physically restrained. The Clinical Practice Form book in Aspen ward was inspected.

One resident in Rowan ward had been physically restrained. The Clinical Practice Form book in Rowan ward was inspected; all documentation had been completed satisfactorily. There was documentary evidence in the clinical file that all alternative interventions to manage the resident's unsafe behaviour had been attempted. The resident's next of kin had not been informed about the resident's physical restraint and the reason for this had been clearly documented in the resident's clinical file. There was documentary evidence in the clinical file that the resident had been afforded the opportunity to discuss their episode of physical restraint with a member of the multidisciplinary team.

Two residents on Cedar ward had been physically restrained. The Clinical Practice Form book in Cedar ward was inspected; all documentation had been completed satisfactorily. There was documentary evidence in both clinical files that all alternative interventions to manage the residents' unsafe behaviours had been attempted. The residents' next of kin in both cases of physical restraint had been informed about the residents' physical restraint. There was documentary evidence in both clinical files that the residents had been afforded the opportunity to discuss their episode of physical

restraint with a member of their multidisciplinary teams.

The training log was examined and was satisfactory. The approved centre had a policy on physical restraint.

ADMISSION OF CHILDREN

Description: No children were admitted to the approved centre in 2014 to the date of inspection.

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:

The approved centre was not suitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: It was reported that there had been one death of a resident in 2014 to the date of inspection.

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

Justification for this rating:

A resident had absconded from the approved centre and subsequently died. The Mental Health Commission had been notified of the death. The approved centre provided a summary of all incidents to the Mental Health Commission as required by this Code of Practice. A record of incidents was examined by inspectors. The approved centre had a named risk manager with responsibility for risk management.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was provided by 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	NOT APPLICABLE			
11	Materials and equipment	NOT APPLICABLE			
12	Staffing	X			
13	Documentation	X			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The quality of the ECT information pack was excellent and was based on the Royal College of Psychiatrists Guidelines. ECT was administered in a hospital theatre. Three nurses were trained in ECT and there was a named consultant psychiatrist with overall responsibility for ECT. The approved centre had an up-to-date policy on ECT.

No voluntary patient on Aspen ward was receiving a programme of ECT. No voluntary patient on Rowan ward was receiving a programme of ECT. The clinical file of one voluntary patient on Cedar ward who was receiving a programme of ECT and the clinical file of a resident in Rowan ward who had received a programme of ECT during a previous admission were examined by inspectors. The ECT register was examined by inspectors. All documentation in respect of these ECT treatments had been completed satisfactorily.

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 policies on the Admission, Transfer and Discharge of residents. The approved centre was fully compliant with Article 32 relating to Risk Management Procedures.

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents recently admitted to the approved centre, and who were resident in Aspen ward, were examined. The clinical documentation in respect of both admissions was of a high standard. The decision to admit was made by a registered medical practitioner. In both cases, there was documentary evidence of an assessment being carried out by the primary care team prior to admission. A referral letter was present in both clinical files.

The approved centre was fully compliant with Article 20 Provision of information to Residents. The approved centre was not fully compliant with Article 15 Individual Care Plans. The approved centre was not fully compliant with Article 27 Maintenance of Records. The approved centre was fully compliant with Article 7 Clothing and Article 8 Residents' Personal Property and Possessions.

Breach: 17.1, 22.6

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre was fully compliant with Article 18 Transfer of Residents. The clinical file of a resident in Rowan ward who had been transferred to another hospital for general health reasons was examined. The decision to transfer the resident was made by a registered medical practitioner and this was documented in the resident's clinical file. A copy of the referral letter was available in the clinical file.

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 clinical files of two residents recently discharged from Aspen ward were examined. The discharges had been made by a registered medical practitioner. A discharge plan had been documented. There was evidence of a multidisciplinary approach to both discharge plans. There was evidence of the community mental health teams and general practitioners being notified of the residents' discharges.

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

Description: The approved centre had one resident who had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy in line with the requirements of this Code of Practice. The training log in respect of this Code of Practice was satisfactory. There was evidence of inter-agency collaboration. The resident had an individual care plan and a key worker.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No involuntary patients had been detained for a period of time exceeding three months.

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

Description: There were no child patients in the approved centre so section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of service users spoke with the inspectors about personal matters. Two residents were praised nursing staff.

THE QUALITY FRAMEWORK-MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

The approved centre was compliant with Articles 17 Children's Education. It was not fully compliant with Article 19 General Health or with Article 15 Individual Care Planning. While some individual care plans were good, reviews of care plans were not timely and goals were not always specified correctly. There was good service user involvement in care planning. The approved centre was fully compliant with Article 16 of the Regulations Therapeutic Services and Programmes.

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

Admissions were through the Emergency Department or were booked admissions from the community services. Discharges were to the community services.

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

The approved centre was compliant with the following Articles of the Regulations: Article 10 Religion; Article 14 Care of the Dying and Article 20 Provision of Information to Residents. It was fully compliant with Article 16 Therapeutic Activities. It was not fully compliant with Article 13 Searches or with Article 21 Privacy.

Service users had access to advocates and there were notices to this effect. Confidentiality was respected. There was no evidence of discrimination and the service was in compliance with equality legislation.

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article 8 Personal Property and Possessions; Article 11 Visits; Article 20 Provision of Information to Residents and Article 30 Mental Health Tribunals. It was not fully compliant in relation to Article 31 on Complaints.

Information provision for residents was good; the service provided a welcome pack for each resident.

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

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

There was access to interpretation services where necessary. There was a complaints officer in the approved centre. Service users were involved in their individual care plan. Advocacy services were available. ICPs demonstrated that that care was Recovery focussed in most cases. A Recovery resource room was in the process of being set up and would provide Recovery focussed information for residents and families.

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

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article 8 Residents' Personal Property and Possessions; Article 9 on Recreational Activities; Article 11 Visits; Article 12 Communication, Article 14 Care of the Dying; Article 18 Transfer of Residents; Article 20 Provision of Information to Residents; Article 24 Health and Safety and Article 25 Use of Closed Circuit Television. It was not fully compliant with Article 21 Privacy and Article 22 Premises. However the premises were clean. Neither was the approved centre fully compliant with Article 6 Food Safety or Article 13 Searches.

Food was nutritious, a choice was offered but there was no menu on display.

Theme 5 Access to services

Access to the approved centre was through the Emergency Department and the community mental health teams.

There was equitable access to the service.

Theme 6 Family/chosen advocate involvement and support

Information was available in the approved centre about the service and about the approved centre. There was documentation in the clinical files where staff had met with a resident's family. More information would be provided when the Resource room was completed.

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

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

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

There were evidence based policies and procedures that were all up to date except for the policy with regard to records. There was no integrated information system although the policies and other administrative documents, as well as patient information, were available on the computer system.

There was a documented organisational structure that identified lines of accountability. The mental health service management structure reflected the membership of the multidisciplinary team.

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

OVERALL CONCLUSIONS OF THIS INSPECTION

Overall, the approved centre was a pleasant bright space with an attractive central garden. There was available space for therapies and activities. However, the seating areas around the televisions were far too small and the dining area contained only 32 places for 46 residents. There were other issues in the environment: there was a large number of potential ligature anchor points around the unit and, while a ligature audit had been completed two years ago by the service, it did not address the current risks; privacy curtains around the beds were missing on a number of beds, which was unacceptable; the occupational therapy kitchen was also used by staff as a tea room and was left in an unacceptably messy condition and was unsuitable as a therapeutic space; one single bedroom had no wardrobe or bedside locker and the resident's belongings were locked away in a store or placed on the windowsill.

All residents had an individual care plan and many were very comprehensive. However, a significant number were not reviewed in a timely manner and some showed evidence of carelessness in completing them. It appeared some staff had difficulties with the definition of a goal and an intervention and this resulted in incomplete ICPs. This may be an issue of training.

Therapeutic services and programmes were excellent with a dedicated occupational therapist providing a comprehensive activity and therapy programme. The psychologist also provided dedicated sessions in the approved centre. There was a music therapist and an art therapist.

There was a pharmacist in the unit, who was an integral part of the clinical team and who provided education for residents.

The practice of bringing in a drug detection dog and an Garda Síochána to the approved centre garden was unusual, but was a response to the increasing quantities of illicit substances being brought into the approved centre. The absence of a policy, protocols and information about the practice for residents, as well as absence of consent from targeted residents, were not good practice and breached Article 13 of the Regulations Searches.

RECOMMENDATIONS 2014

1. There must be policies and protocols for the employment of a drug detection dog and a Garda handler in the search for illicit substances. There should be information for residents that this procedure is used. Consent should be obtained if residents are targeted in the search.
2. A ligature anchor point audit must be carried out as soon as possible and identified hazards addressed.
3. All beds must have curtains around them that offer full privacy to the resident.
4. Regular reviews of ICPs must take place in a timely manner. All staff should be fully aware of how to complete an ICP.
5. There must be a policy with regard to the creation of, access to, retention of and destruction of records.
6. Clinical files must be in good order with no loose pages.
7. The complaints procedure must be clearly displayed in Rowan.