

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Dublin West, Dublin South West, Dublin South City
<b>HSE AREA</b>	Dublin Mid-Leinster
<b>MENTAL HEALTH SERVICE</b>	Dublin West / South West
<b>APPROVED CENTRE</b>	Acute Psychiatric Unit, AMNCH, Tallaght
<b>NUMBER OF WARDS</b>	3
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Rowan Ward Cedar Ward Aspen Ward
<b>TOTAL NUMBER OF BEDS</b>	52
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	30 May 2011

## OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

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 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

The Acute Psychiatric Unit located within the Adelaide and Meath Hospital, incorporating the National Children's Hospital was a 52-bed unit located in Tallaght, South West Dublin. Ten teams admitted to the unit which consisted of three wards; a six-bed high observation ward (Aspen Ward), a male admission ward (Rowan Ward), a female admission ward (Cedar Ward) with a Psychiatry of Old Age and Rehabilitation Team. This inspection was part of a Whole Service Evaluation undertaken by the Inspectorate in 2011.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	23	22	29
Substantial Compliance	5	7	2
Minimal Compliance	3	2	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
Cedar Ward	23	22	General Adult Psychiatry of Old Age
Aspen Ward	6	6	General Adult

**QUALITY INITIATIVES**

- The approved centre had undertaken a medication management prescribing practices audit in early 2011.

**PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT**

1. All staff should be familiar with the two new Codes of Practice relating to Admission, Transfer and Discharge, and Working in Mental Health Services with People with Intellectual Disabilities.

Outcome: This had been achieved.

2. All orders in relation to seclusion and physical restraint must be completed in full.

Outcome: This had been achieved.

3. The clinical files in use are unsuitable and must be revised to ensure compliance with Article 27.

Outcome: This had been achieved.

4. The Rules and Code of Practice relating to ECT must be complied with in full.

Outcome: This had been achieved.

5. Incidents occurring in the approved centre must be sent to the risk manager regularly and in a timely manner.

Outcome: This was being done by the approved centre.

6. The flooring in the bathroom and shower areas should be replaced.

Outcome: This was still outstanding but the approved centre had been advised that capital funding had been made available for the refurbishment.

7. Individual care plans must be implemented.

Outcome: This had been achieved.

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

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

**Article 4: Identification of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 7: Clothing**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had up-to-date policies on resident's personal property and possessions.



**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. There was a Snoezelan (multi-sensory) room available for residents on Cedar ward and a separate room with a pool table, table tennis and some gym equipment. The approved centre had a well-kept garden area for residents to access.

**Article 10: Religion**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had up-to-date policies regarding visiting the unit. A separate designated family room for visitors with children was available.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had up-to-date policies regarding communication.

**Article 13: Searches**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had up-to-date policies on searching residents and staff were aware of the policy and procedures on searching and particularly in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The approved centre had written policies and procedures regarding the care of residents who are dying.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had introduced a new individual care plan that had been developed collaboratively with the Peer Advocate and multidisciplinary representation from all sectors. The new individual care plan incorporated a self review section and a service user information booklet. The approved centre had developed a monitoring process to ensure that each resident an integrated individual care and treatment plan.

The Inspectorate examined all six individual care plans on Aspen ward and all were completed to a high standard with established goals and outcomes which identified the key worker responsible.

On Cedar Ward, eight individual care plans were examined by the Inspectorate and all were completed to a high standard. All residents had signed their individual care plans and some opted to receive a copy of their individual care plan.

All residents whose clinical files were reviewed on Rowan ward had individual care plans.

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>	<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

In all the clinical files examined there was evidence of both written occupational therapy assessments and art therapy on all residents referred to the occupational therapy department. These assessments were excellent. Each resident had access to an appropriate range of therapeutic services and programmes which were linked well with the resident's individual care plan.



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had a children's education policy that was incorporated into the policy on the admission of children.

**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had an up-to-date policy on the transfer of residents. A nurse and the resident's clinical file accompanied the transfer.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>	<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

In the clinical files examined by the Inspectorate, all residents had their general health needs assessed regularly and all six-monthly physical examinations had been completed. The approved centre had a system for ensuring that all six monthly examinations were undertaken on time.

The approved centre had up-to-date policies for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had a comprehensive information booklet that was given to each resident on admission. The approved centre operated a key worker system. The key nurse provided information to the residents and their families on a one to one basis when necessary. There was a policy on the provision of information to residents.

**Article 21: Privacy**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All beds had curtains for privacy. The approved centre respected the resident's privacy and dignity at all times.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre was clean and bright and in good decorative order.

The staff informed the Inspectorate that the flooring in the shower room on Cedar ward had been replaced and were awaiting new tiles to replace the coverings on the shower room walls which were peeling. The Inspectorate was given copies of the maintenance order and confirmation that capital funding had been secured for the refurbishment of the shower walls.

The shower room flooring on Rowan ward was still in need of replacement and the approved centre confirmed that capital funding had been secured for this work which would be carried out in the near future.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. There was a policy on the ordering, prescribing, storing and administration of medicines.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A health and safety policy was examined by the Inspectorate and was up to date.



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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. There was a policy on the use of CCTV in the approved centre and there was signage around the approved centre indicating the use of CCTV.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Approved Centre	Assistant Director of Nursing	1	0
		0	1
	Nursing CNM 3	1	0
	Art Therapist		
Rowan Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	4	3
	Hospital Attendant	1 - (0800h – 2140h)	0
	Household Staff	1 - (0800h – 2140h)	0
Cedar Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	4	3
	Hospital Attendant	1 - (0800h – 2140h)	0
	Household Staff	1 - (0800h – 2140h)	0
Aspen Ward	CNM 2	1	0
	CNM 1	1	0
	RPN	2	2
	Hospital Attendant	1 - (0800 – 1645h)	0

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).*

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All teams had access to all health care disciplines to provide a range of therapeutic services and programmes for residents. A CNM 3 was in charge of the approved centre at night. In all the clinical files examined interventions were well detailed by all disciplines with the exception of psychology which was limited.

A Health Service Executive (HSE) policy was available on the recruitment, selection and vetting of staff.

Staff had access to both mandatory training and continuous professional development training and a register of training was maintained and examined by the Inspectorate.

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The majority of the clinical files examined on the day on inspection were well maintained and only a small amount of clinical files contained loose sheets. The service was in discussion with the general hospital regarding the upgrading of the clinical files. Policy and procedures were in place which had been recently reviewed.

**Breach: 27 (1)**

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 29: Operating policies and procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All policies and procedures for the approved centre were now available and all staff signed a document stating that they had read and understood the approved centre policies and procedures.

**Article 30: Mental Health Tribunals**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 31: Complaint Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>		<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. Policies relating to the Mental Health Act 2001 (Approved Centres) Regulations 2006 had been reviewed after three years and these were up to date.



**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

A range of policies relating to risk management were in place. Health and safety statements were in place that identified specific risks and precautions. The approved centre had policies and procedures in place relating to resident absent without leave, suicide and self-harm, assault and accidental injury. Policies and procedures were in place for responding to emergencies. HSE policies regarding the protection of children and vulnerable adults from abuse were in place.

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment.

**Article 34: Certificate of Registration**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The inspection of this Article was based on self-assessment. A certificate of registration was displayed.

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

**SECLUSION**

**Use:** Seclusion was used on Cedar and Rowan ward. There had been seven episodes of seclusion on six residents on Cedar ward in 2011 up to the time of inspection.

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

**Justification for this rating:**

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

On Cedar ward, the seclusion facilities were clean with an en suite bathroom. There was CCTV signage in the seclusion room. The Seclusion Register had been completed in all instances and the next of kin had been informed of the seclusion event.

The seclusion room on Rowan ward was inspected. There were two CCTV cameras in the seclusion room but one of these had not been operational for the previous few weeks. As a result, there were a blind spot in the seclusion room. There was an intercom system in the room, and signs indicating the use of CCTV were on display. Two order forms in the Seclusion Register were not fully completed.

The seclusion policy had been recently reviewed.

**Breach:** 3.3 (b), 3.4 (b), 8.3

**ECT (DETAILED PATIENTS)**

**Use:** ECT was used by the service. No detained patient was receiving ECT at the time of inspection in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
4	Consent	<b>NOT APPLICABLE</b>			
5	Information	X			
6	Prescription of ECT	<b>NOT APPLICABLE</b>			
7	Assessment of voluntary patient	<b>NOT APPLICABLE</b>			
8	Anaesthesia	<b>NOT APPLICABLE</b>			
9	Administration of ECT	<b>NOT APPLICABLE</b>			
10	ECT Suite	<b>NOT APPLICABLE</b>			
11	Materials and equipment	<b>NOT APPLICABLE</b>			
12	Staffing	X			
13	Documentation	<b>NOT APPLICABLE</b>			
14	ECT during pregnancy	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

All ECT was now undertaken in the theatres of the general hospital. The approved centre had an up-to-date policy regarding ECT. There was a good information leaflet for service users.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint was not used in the approved centre. The mechanical restraint policy had been reviewed and was up to date.



**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. On Cedar ward there had been four episodes of physical restraint on one resident in 2011 to the time of inspection. On Aspen ward there had been 15 episodes of physical restraint on three residents in 2011 to the time of inspection. There was one episode of physical restraint in Rowan ward in 2011 to the time of inspection.

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	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

The Clinical Practice forms were all signed and correctly completed. Staff were trained in the Prevention and Management of Aggression and Violence. The approved centre had an up-to-date policy on physical restraint and all staff had signed a document stating that they had read and understood the policy.

**ADMISSION OF CHILDREN**

**Description:** One child had been admitted to the approved centre up to the time of inspection in 2011. The clinical file of the child was available on the ward and was reviewed by the Inspectorate.

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

**Justification for this rating:**

There was evidence in the clinical file that an individual care plan had been drawn up and consent for admission and treatment had been signed by the parents of the child. The child had been accommodated in a single bedroom with en suite facilities. Policies and procedures for the voluntary and involuntary admission of children were in place. Children were accommodated in a single room. The approved centre was not suitable for the admission of children.

**Breach: 2.5**

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** At the time of inspection there had been no deaths in the approved centre in 2011.

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

**Justification for this rating:**

Incident and death reporting forms were available. Incidents were reported to the Mental Health Commission as required. The risk management policy was up-to-date and comprehensive and was compliant with Article 32 of the Regulations.

**ECT FOR VOLUNTARY PATIENTS**

**Use:** ECT was used in the approved centre. Although there was an ECT suite in the approved centre, the decision had been taken to administer ECT in the theatre in the general hospital. One service user was receiving ECT regularly as a maintenance treatment and was admitted to the approved centre prior to each treatment. The clinical file of the service user was available for review.

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:**

All ECT was now undertaken in the theatres of the general hospital. The approved centre had an up-to-date policy regarding ECT. All order forms in the ECT register were in order. There was evidence that consent had been signed by the service user and a physical examination had been carried out. There was a good information leaflet for service users.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** The approved centre admitted, transferred and discharged residents.

**Part 2 Enabling Good Practice through Effective Governance**

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

**Level of compliance:**

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

**Justification for this rating:**

Policies and protocols were in place for admission (including children), transfer, discharge and consent. The approved centre was compliant with Articles 8 (Residents' Personal Property and Possessions), 23 (Ordering, Prescribing, Storing and Administration of Medicines), 29 (Operating Policies and Procedures) and 32 (Risk Management Procedures) of the Regulations. There was a policy for the admission and discharge of people with an intellectual disability and mental illness.

### Part 3 Admission Process

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

#### Level of compliance:

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

#### Justification for this rating:

The approved centre was compliant with Articles 7 (Clothing), 8 (Resident's Personal Property and Possessions), 15 (Individual Care Plan) and 20 (Provision of Information to Residents) of the Regulations. The decision to admit was made by the consultant psychiatrist. There was evidence of multidisciplinary review. Each resident had an individual care plan in accordance with the Regulations. The admission assessment was excellent and included a risk assessment. The approved centre operated a key worker system.

The majority of the clinical files examined on the day on inspection were well maintained with only a small amount of clinical files that contained loose sheets. The approved centre was in discussion with the general hospital regarding the upgrading of the clinical files. Policy and procedures were in place which had been recently reviewed. The approved centre was not fully compliant with Article 27 of the Regulations, Maintenance of Records.

**Breach:** 22.6

**Part 4 Transfer Process**

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

**Level of compliance:**

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

**Justification for this rating:**

There was a policy on transfers. The decision to transfer was taken by the consultant psychiatrist following assessment. Where appropriate the multidisciplinary team was involved in the decision to transfer. A referral letter accompanied the resident. A staff nurse accompanied the resident on transfer. The approved centre was compliant with Article 18 of the Regulations, Transfer of Residents.



**Part 5 Discharge Process**

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

**Level of compliance:**

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

**Justification for this rating:**

The decision to discharge was made by the consultant psychiatrist or the multidisciplinary team. Discharge planning was part of the individual care plan. There was excellent pre-discharge planning. Documentation was of a high standard. General practitioners received a discharge summary. Follow-up care was documented. There was evidence that the resident and his or her family were consulted.

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

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**Description:** There were no residents with intellectual disabilities and mental illness in the approved centre.

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

**Level of compliance:**

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

**Justification for this rating:**

The approved centre had established comprehensive policies or procedures for persons working with people in mental health services with an intellectual disability and mental illness. The approved centre informed the Inspectorate that staff training and education was in the process of being developed between external agencies and psychiatric staff also trained in intellectual disabilities. All residents admitted to the approved centre had an individual care plan.

**Breach:** 6.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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

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

**Justification for this rating:**

There was documentary evidence examined by the Inspectorate on Cedar ward that all patients detained for longer than three months had consented to medication. A Form 17 had been completed for the patient in Rowan ward.

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

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**Description:** On the day of inspection there were no children admitted in the approved centre.

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

### **SERVICE USER INTERVIEWS**

The Inspectorate spoke with several residents on Cedar ward and all were familiar with their individual care plan and key worker. All said that they felt they were well cared for, the staff listened to their concerns, the food was good, the accommodation was clean and well-kept and they felt safe on the ward. They indicated that they had been given opportunities to discuss their diagnoses and medications with nursing and medical staff.

### **OVERALL CONCLUSIONS**

This inspection showed improvement in many areas of the approved centre since the inspection of 2010. The approved centre was bright and well maintained. There was a range of therapeutic services and programmes provided for residents which were linked well with the excellent individual care plans. All residents had an individual care plan and had the opportunity to sign it and receive it if they wished. The approved centre utilised a key worker system that operated well with good communication between the resident and the multidisciplinary team.

All policies and procedures were up-to-date and regularly reviewed. The approved centre was responsive to residents' needs as evidenced by service user interviews, ongoing review of the recovery and activities programme and review of the individual care plans.

There were blind spots in the seclusion room in Rowan ward due to the malfunction of CCTV equipment. The approved centre had undertaken work in ensuring that the clinical files were in good order since the last inspection and should progress the introduction of a more robust file with the general hospital to ensure compliance with the Regulations.

### **RECOMMENDATIONS 2011**

1. The shower rooms should be refurbished without delay.
2. Staff must be trained in the care and treatment of persons with an intellectual disability and mental illness.
3. Psychology input should be recorded in the resident's clinical file.
4. The faulty observation facilities in the seclusion room in Rowan ward must be repaired without delay.
5. The residents' clinical files should be upgraded to meet the Regulations.