

## Report of the Inspector of Mental Health Services 2013

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Limerick, North Tipperary, Clare
<b>HSE AREA</b>	West
<b>MENTAL HEALTH SERVICE</b>	Limerick
<b>APPROVED CENTRE</b>	St. Joseph's Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Aurora Ward
<b>TOTAL NUMBER OF BEDS</b>	9
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	Yes
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	14 November 2013

### Summary

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- Although clean and nicely decorated, the structure of the ward was not suitable for residents.
- No time frame had been agreed for the closure of the hospital.
- Each resident had an excellent individual care plan that was multidisciplinary and showed service user involvement.
- The range of therapeutic services and programmes was impressive.
- There were some deficits in the area of privacy for residents.

## OVERVIEW

In 2013, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

Aurora Ward was located in St. Joseph's Hospital in Limerick. The remainder of the hospital had closed and there were only seven male residents remaining in Aurora Ward. The ward was homely and reasonably well maintained but retained the structure of a ward in an old psychiatric hospital. Whereas plans to close the ward had been articulated in 2012, it appeared that there was no definite plan in 2013.

There was one detained resident in the ward.

## CONDITIONS

- *"The Mental Health Commission requires full compliance with Article 15 (individual Care Plan of S.I. No. 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006"*

The approved centre was compliant with Article 15 of the Regulations and was not in breach of the Condition.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	20	13	21	
Substantial Compliance	1	8	4	6, 26, 29, 31
Minimal Compliance	5	2	3	21, 22, 27
Not Compliant	3	6	1	24
Not Applicable	2	2	2	17, 25

**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
Aurora Ward	9	7	Rehabilitation and Recovery Team

**QUALITY INITIATIVES 2012/2013**

- There were three Genio projects (not for profit organisation which invests in social projects) ongoing :  
 Genio Project One: Moving from congregated settings.  
 Genio Project Two: In Vivo Recovery – recovery within the person.  
 Genio Project Three: Going Home – the person being supported to find a home that suits them and then being supported to integrate with their chosen community.
- A hygiene audit was ongoing.
- There were a number of new therapies coordinated by the social and recreational team which included equine therapy.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT**

1. The hospital should close.

Outcome: This had not been achieved. Seven residents still remained and there was no timeframe for closure.

2. Fire drills must take place on a regular basis and evidence of such should be recorded.

Outcome: This had been achieved.

3. The approved centre must be clean.

Outcome: This had been achieved and regular hygiene audits took place.

4. Each resident must have an individual care plan as described in the Regulations.

Outcome: This had been achieved.

5. Therapeutic services and programmes must be available to each resident and in accordance with each resident's individual care plan.

Outcome: This had been achieved.

6. Each resident must have a physical examination at least every six months.

Outcome: This had been achieved.

7. Written information on medications, including possible side-effects must be available to residents.

Outcome: This had been achieved.

8. The approved centre must be adequately staffed in order to ensure the provision of therapeutic services and programmes for each resident.

Outcome: This had been achieved.

9. Clinical documentation must reflect risk assessment and risk management.

Outcome: This had been achieved.

10. Training in physical restraint must be provided. This was a recommendation in the 2011 Inspector of Mental Health Services Report.

Outcome: Training in Prevention and Management of Aggression and Violence had commenced.

11. Medical staff should insert their medical council numbers after documenting clinical information in clinical files and prescriptions.

Outcome: This had been achieved.

12. All policies required by the Regulations must be current and available in the approved centre.

Outcome: Most, but not all policies were available on the intranet. The hard copies of the policies in the ward were out of date.

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

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

**Article 4: Identification of Residents**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Photographs in the clinical files were used for the purpose of identification.

**Article 5: Food and Nutrition**

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

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

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

**Justification for this rating:**

There was access to two water fonts in the ward.

There was a menu available and there was a choice of food. The food was well prepared, wholesome and nutritious and contained healthy options. Special dietary requirements were accommodated.

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

*(1) The registered proprietor shall ensure:*

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

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

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

*(2) This regulation is without prejudice to:*

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		<b>X</b>	

**Justification for this rating:**

The kitchen area was clean. There was sufficient crockery, cutlery and equipment and there was means of refrigeration.

The latest Environmental Health Officer's report was not available.

**Breach:** 6 (1) (c)

**Article 7: Clothing**

*The registered proprietor shall ensure that:*

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

There was an adequate supply of clothing should the resident not have their own clothes. All clothing was individualised. No resident was in their night clothes.

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

There was a policy regarding personal property and possessions.

A property list was maintained for each resident and kept in the clinical files. Residents kept possession of their own property and wardrobes could be locked by the resident. Valuables were kept in a secure location in the nurses' office.

**Article 9: Recreational Activities**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

There were TVs, DVD and CD players and a selection of discs in the ward. Newspapers were delivered and there was a newspaper reading group. There were organised outings to locations that were chosen by the residents.

**Article 10: Religion**

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

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

**Justification for this rating:**

There was a chaplain available on request. Residents could attend religious services and were facilitated in the practice of their religion.

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

There was a pleasant room that was used for visiting. If children visited they were accommodated in a visiting room outside the ward. Visiting times were flexible and visiting was encouraged. There was a policy on visiting.

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Mobile phones were permitted in the ward. There was no public phone but residents could make and receive phone calls in private in the nurses' office. Residents could send and receive post unopened. There were no restrictions on communications. There was a policy regarding 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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy on searching and on finding of illicit substances.  
No search had been carried out in the ward since the previous inspection in 2012.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Justification for this rating:**

Residents who are dying were transferred from the ward to the general hospital.  
There was a policy on care of the dying.

**Article 15: Individual Care Plan**

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		<b>X</b>	

**Justification for this rating:**

Each resident had an individual care plan (ICP) which was in accordance with this Article. The individual care plans were excellent. There was evidence that ICPs were reviewed regularly and family members were encouraged to attend the review meeting, with the consent of the resident.

**Article 16: Therapeutic Services and Programmes**

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		<b>X</b>	

**Justification for this rating:**

Therapeutic services and programmes for residents were outlined in their individual care plans. Residents attended occupational therapy as part of their activation programme. Art therapy, equine assisted therapy, cooking and music sessions were available. There was a clinical nurse specialist and staff nurse who coordinated activation, social and recreational activities within the rehabilitation area and other parts of the service.

**Article 17: Children's Education**

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*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.*

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Children were not admitted to the approved centre.

**Article 18: Transfer of Residents**

*(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.*

*(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.*

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

**Justification for this rating:**

There was a policy regarding transfer of residents.

All transfers were accompanied by nursing staff. A referral letter and information about medication accompanied the resident on transfer.

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

*(1) The registered proprietor shall ensure that:*

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

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

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

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

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

**Justification for this rating:**

All residents had six-monthly physical examinations.

There was access to medical and surgical care if necessary. A dentist, chiropodist, optician and physiotherapy were available on request. There was a policy regarding medical emergencies.

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

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

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

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

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

*(d) details of relevant advocacy and voluntary agencies;*

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

There were information booklets available which outlined the housekeeping arrangements and explained the multidisciplinary team for residents. Information about diagnosis and medication was available in the ward and further information could be downloaded by staff from the computer if required. Notices about advocacy were displayed.

**Article 21: Privacy**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

Shower doors could not be locked. Also the shower doors were swing doors, which when closed had a large gap through which the resident could be seen showering and offered no privacy.

A number of curtains were missing from around the beds. These had been pulled down by a resident and maintenance had been contacted to re-instate them. Privacy curtains did not go around two beds completely.

The dormitory was old style with seven beds in close proximity.

Two beds were in a smaller area which served as a corridor to the larger dormitory.

**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	2011	2012	2013
<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>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>	<b>X</b>	<b>X</b>	

**Justification for this rating:**

The ward was old fashioned with large rooms and dormitory.

The furnishings were suitable and offered comfort. Some of the sofas and chairs were scruffy but an order had been approved for re-covering of this furniture. There were some nice ornaments and decorative features.

The ward was very clean well lit, heated and well ventilated.

**Breach:** 22 (3)

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

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

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

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

**Justification for this rating:**

There was a policy on the ordering, prescribing, storage and administration of medication.

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

There was no health and safety policy available to the inspectors.

**Breach:** 24 (1)

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

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*(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.*

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CCTV was not used in the approved centre.

**Article 26: Staffing**

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Aurora	ADON	1 shared	0
	CNM2	1	1
	RPN	1	1

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>	<b>X</b>	<b>X</b>	

**Justification for this rating:**

HSE policies on recruitment, selection and vetting of staff applied.

The rehabilitation team had responsibility for the residents and consisted of a consultant psychiatrist, occupational therapist, social worker, psychologist a clinical nurse specialist in activation and an advanced nurse practitioner in rehabilitation.

The staff training record was made available. Only one out of 14 staff members had completed training in the prevention and management of aggression and violence and this was five years previously. This was despite the fact that this unit catered for residents with behavioural disturbance.

**Breach:** 26(4)

**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.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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>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>X</b>
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

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.

**Justification for this rating:**

A Health and Safety statement was available.

The clinical files were up to date, in good order and information was easily retrieved. They were safely stored in the nurses' office.

There was no policy on creation of, access to, retention of and destruction of records.

There was no Environmental Health Officer's report. A fire safety manual was available but no fire inspection report or report of inspection of fire equipment.

**Breach:** 27 (2), (3)

**Article 28: Register of Residents**

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

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

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

**Justification for this rating:**

The Register of Residents was in accordance with Schedule 1 of the Regulations

**Article 29: Operating policies and procedures**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

A small number of policies were missing. The remainder of the policies were up to date.

**Breach: 29**

**Article 30: Mental Health Tribunals**

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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:**

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	2011	2012	2013
<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>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	<b>X</b>		

**Justification for this rating:**

There was no policy available to the inspectors with regard to complaints.

The complaints procedure was clearly outlined and the name of the nominated complaints officer was displayed. A record of complaints was made available.

**Breach:** 31 (1)

**Article 32: Risk Management Procedures**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 risk management policy was in place that met the requirements of this Article. Risk assessment was carried out for residents.

**Article 33: Insurance**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<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 was insured under the State Indemnity Scheme and a statement of this fact was provided.

**Article 34: Certificate of Registration**

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

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

**Justification for this rating:**

The Certificate of Registration was clearly displayed.

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

**SECLUSION**

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Seclusion was not used in the approved centre.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

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ECT was not administered in the approved centre and no patient was receiving ECT in another approved centre.

**MECHANICAL RESTRAINT**

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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:** Physical restraint had not been used since the previous inspection.

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

**Justification for this rating:**

No residents had been physically restrained since the inspection of 2012. Apart from one staff member, nursing staff had not received training in the Prevention and Management of Aggression and Violence (PMAV). There was a policy on the use of physical restraint.

**Breach:** 10.1

**ADMISSION OF CHILDREN**

---

Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** One resident of the approved centre had died in 2013 to the time of the 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:**

Deaths were reported to the Mental Health Commission as is required. A summary of incidents were also forwarded on a regular basis. There was a risk management policy which identified the risk manager.

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

---

ECT was not administered in the approved centre and no resident was receiving ECT in another approved centre.

**ADMISSION, TRANSFER AND DISCHARGE**

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

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

**Level of compliance:**

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

**Justification for this rating:**

Residents were no longer admitted to the approved centre.

The service had policies on Admission, Transfer and Discharge and was compliant with Article 32 in relation to Risk Management.

**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>NOT APPLICABLE</b>			

**Justification for this rating:**

The approved centre had ceased taking admissions due to the impending closure of the unit.

**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>NOT INSPECTED</b>			

**Justification for this rating:**

One resident had been transferred to a general hospital, but the resident's clinical file was not available for inspection. The approved centre was compliant with Article 18 in relation to the 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>NOT INSPECTED</b>			

**Justification for this rating:**

Residents had been discharged from the approved centre to other facilities during 2013, but no clinical files were available for inspection.

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

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**Description:** There were two residents with an intellectual disability and a mental illness in the approved centre at the time of inspection.

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

**Level of compliance:**

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

**Justification for this rating:**

Each resident had an individual care plan which satisfied the requirements of the Regulations. No resident had been restrained and seclusion was not used in the approved centre. The service did not have a policy on working with people with an intellectual disability and a mental illness, and staff had not received training in this aspect of care.

**Breach:** 5.1, 6.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** As no resident had been detained in the approved centre for more than three months, Section 60 did not apply.

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

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Children were not admitted to the approved centre.

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

### **SERVICE USER INTERVIEWS**

No service user wished to talk with the inspectors.

### **ADVOCACY**

No advocacy report was available.

### **OVERALL CONCLUSIONS**

There was a marked improvement noted in most areas during this inspection compared with the 2012 inspection. The ward was now very clean and a number of hygiene audits had been carried out. Each resident had an excellent individual care plan that was multidisciplinary and showed service user involvement. Therapeutic services and programmes and recreational activities were extensive.

The ward was in an old psychiatric hospital and the structure reflected this especially in the dormitory. However it was nicely furnished and decorated. There was, however, a lack of privacy in the showers and for residents occupying two beds in the dormitory.

Staff had not been trained in prevention and management of aggression and violence despite the fact that this unit catered for residents who had behavioural problems.

It was obvious that staff were enthusiastic about the rehabilitation and recovery process. Unfortunately, there was no time frame for the closure of the hospital.

### **RECOMMENDATIONS 2013**

1. Privacy must be ensured in the showers and in the dormitory.
2. All policies required by the Regulations must be available and up to date whether in hard copy or on the intranet.
3. Staff must receive training in prevention and management of aggression and violence.
4. Staff should receive training in the area of working with people with an intellectual disability and mental illness.
5. The hospital should close as soon as possible.