

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	National
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	National Forensic Mental Health Service
APPROVED CENTRE	Central Mental Hospital (CMH)
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Unit B Unit 1 Unit 2 Unit 3 Unit 4 Unit 7 Unit A Laurel Lodge
TOTAL NUMBER OF BEDS	93
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	8, 9, 10 April 2013

Summary

- Each resident, whose clinical file was inspected, had an individual care plan as described in the Regulations.
- Each resident had an individual therapeutic programme appropriate to their individual risks and needs and in accordance with their individual care plan.
- There was an excellent choice of food for all meals. There was a menu system whereby residents requested meal choices in advance.
- The premises were clean. The main building was an old building and difficult to maintain. Plans were progressing to re-locate the hospital to the site of St. Ita's Hospital, Portrane, in north Co. Dublin where the plan was to open the new facility in 2016.
- There were vacant psychology and occupational therapist posts, however the CMH had recently been allocated an additional psychology, social work and occupational therapist post which they hoped to fill as soon as possible.

OVERVIEW

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

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

DESCRIPTION

The Central Mental Hospital was located in Dundrum in south Dublin and provided in-patient care and treatment for patients of the National Forensic Service. The service operated a care pathway in which male residents progressed from an admission ward (Unit B) through medium and rehabilitation wards towards being accommodated in a hostel, depending on clinical assessment and evaluation. This facility to move through wards of differing levels of security was not available to female residents, all of whom were accommodated in one ward (Unit 1). The main building was a 19th Century structure and was difficult to maintain. All wards were clean and many productions of individual and group art were displayed along the corridors of the facility. Plans were progressing to re-locate the hospital to the site of St. Ita's Hospital, Portrane, in north Co. Dublin where the plan was to open the new facility in 2016. There were 92 residents in the approved centre during the three days of this inspection.

All Articles of the Regulations, Rules and Codes of Practice were inspected in Unit B on the first day of inspection. On the day of that inspection, section 60 of the Mental Health Act was not applicable. A sample of Articles of the Regulations was inspected on all units during the second and third days of inspection. The Rules and Codes of Practice and section 60 of the Mental Health Act 2001 were also inspected throughout all units on the second and third days of inspection.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	26	21	26	-
Substantial Compliance	4	5	3	21, 26, 27
Minimal Compliance	0	2	0	-
Not Compliant	1	3	1	22
Not Applicable	0	0	1	17

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
Unit B	12	12	Acute Cluster
Unit 1	10	9	Acute Cluster
Unit 2	16	16	Medium Cluster
Unit 3	16	16	Medium Cluster
Unit 4	6	6	Medium Cluster
Unit 7	15	15	Rehabilitation and Recovery
Unit A	9	9	Rehabilitation and Recovery
Laurel Lodge	9	9	Rehabilitation and Recovery

QUALITY INITIATIVES 2012/2013

- Staff had undertaken an audit of access to 25 hours a week structured activity in September 2012.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. All residents should have an individual care plan.

Outcome: All residents had an individual care plan.

2. The approved centre must be compliant with the Rules Governing the Mechanical Means of Bodily Restraint.

Outcome: This could not be inspected as not all documentation in relation to Mechanical Restraint was available to inspectors on the day of inspection. In the documentation that was available to inspectors, this had been carried out satisfactorily.

3. All residents should have a physical examination every six months.

Outcome: All residents had a physical examination every six months.

4. The shower in Unit 7 should be fitted with a lock for privacy.

Outcome: This had been achieved.

5. Documentation in relation to Seclusion, Mechanical Restraint and Physical Restraint should be completed in full and orders placed in the relevant clinical files.

Outcome: In Unit 1, the Clinical Practice Form for physical restraint in the case of one resident, whose clinical file was examined, had not been completed by the consultant psychiatrist. Documentation in relation to Seclusion had been completed satisfactorily. Not all documentation in relation to Mechanical Restraint was available to inspectors on the day of inspection but in the documentation that was available to inspectors, this had been carried out satisfactorily.

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

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

Article 4: Identification of Residents

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

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

Justification for this rating:

Two registered nurses administered medication. Photographic identification was on the covers of each individual medication box and on the cover of each individual prescription booklet and also attached to each clinical file. This ensured that each resident was readily identifiable by staff when receiving medication, health care or other services.

Article 5: Food and Nutrition

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

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

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

Justification for this rating:

There was an excellent choice of food for all meals. There was a menu system whereby residents requested meal choices in advance.

Fresh drinking water was available to residents on each unit.

A number of residents expressed their contentment to inspectors on the quality of the food and on the level of choice available to them.

Article 6 (1-2): Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

Justification for this rating:

Documentary evidence was made available to inspectors which indicated that all the deficits outlined in the Environmental Health Officer's report dated 11 May 2012 had been remedied.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

Justification for this rating:

All residents had their own clothing. Night clothes were not worn during the day.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

Justification for this rating:

The approved centre had written operational policies and procedures relating to residents' personal property and possessions. A record was maintained of each resident's personal property and possessions. Each resident retained control of their property depending on their level of observation and this was documented in each clinical file. Provision was made for the safe keeping of personal property and possessions.

Article 9: Recreational Activities

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

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

Justification for this rating:

In Unit B there was a TV room and five residents also had TV in their bedrooms. This depended on the level of observation. A daily newspaper was delivered to the unit. A shop order was taken from residents each morning by staff. There were a number of electronic games available. Residents who had ground leave had access to the ball alley located in the grounds. There was an enclosed exercise yard also available to residents on the highest level of observation. The single airing court, located outside in the fresh air was deemed part of seclusion and was available to those residents who were currently in seclusion.

In Unit 1 residents had access to an enclosed garden area every hour for ten minutes. A gym instructor employed by the service, provided an exercise programme two days per week. Two newspapers were delivered daily.

In Unit 3, which had a more settled population, residents had access to TV and table tennis.

In Unit A, residents could access a small kitchen where they had access to a microwave and cooker. They had accompanied leave every day and had access to two enclosed yards as well as a large area to the back of the building which could be accessed under supervision.

Article 10: Religion

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

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

Justification for this rating:

There was a church located in the grounds of the approved centre. Mass was celebrated every Sunday. A priest came round to all units every Sunday for those who wished to receive Communion. Confession was also available to residents. Residents of all faiths 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures for visits.

On Unit B visiting was 1800h-2000h on Mondays to Fridays. At weekends, visiting was from 1400h-1545h. Child visitors could only be facilitated at weekends and were required to be accompanied by a responsible adult. Three visits could only be facilitated at any one time on Unit B. A child/family visiting area located on the avenue along the entrance to the approved centre to facilitate visitors waiting to visit Unit B. This waiting area had toys and tea/coffee making facilities.

In Unit 4 a curtain had been placed in the visiting area for the privacy of residents and their visitors from the remaining part of the unit. On this unit, two visits were facilitated at any one time.

Article 12 (1-4): Communication

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

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

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

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

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

Justification for this rating:

The approved centre had written operational policies and procedures on communication. Residents could write and receive letters and cards. Phone calls could also be made and received. Use of mobile phones, email and internet was not facilitated in accordance with policy.

Article 13: Searches

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

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

Justification for this rating:

The approved centre had written operational policies that satisfied all of the requirements of this Article of the Regulations. Searches were carried out and a sample of clinical files was inspected in relation to documentation of searches and was satisfactory.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

The approved centre had written operational policies and protocols for care of residents who are dying. All residents were accommodated in single rooms.

Article 15: Individual Care Plan

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

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

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

Justification for this rating:

Each resident, whose clinical file was inspected, had an individual care plan as described in the Regulations.

Article 16: Therapeutic Services and Programmes

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

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

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

Justification for this rating:

Each resident had an individual therapeutic programme appropriate to their individual risks and needs and in accordance with their individual care plan. These therapeutic programmes were set out across five Pillars of Care: Pillar 1, Physical Health; Pillar 2, Mental Health, including psycho-education, through the Wellness Lite programme, Recovery, through the WRAP programme and a number of evidence-based psychotherapies; Pillar 3, Drugs and Alcohol which included groups such as “Get Sorted”, “Saying No” and smoking cessation groups; Pillar 4, Problem Behaviours, which were specialist programmes provided for those who had problems relating to violence, sexually inappropriate behaviour, arson and other high risk behaviours; Pillar 5, Self-Care and Activities of Daily Living and Education, Occupation and Creativity which were led by occupational therapists providing individualised programmes of assessment and rehabilitation on each of the units and in Usher’s Island day centre.

Article 17: Children's Education

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

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

Justification for this rating:

One child had been admitted to the approved centre in 2013 to the date of inspection. This child was no longer engaged in the educational system and so this Article was not applicable.

There was a policy relating to the provision of education for children.

Article 18: Transfer of Residents

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

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

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

Justification for this rating:

The approved centre had a written policy and procedures on the transfer of residents. When a resident was transferred to another centre, all relevant information about the resident was provided to the receiving centre. Nurses from the approved centre accompanied the resident upon transfer and remained with the resident in the receiving centre until the resident returned to the approved centre.

Article 19 (1-2): General Health

(1) The registered proprietor shall ensure that:

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

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

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

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

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

Justification for this rating:

Adequate arrangements were in place for access by residents to general health services and for their referral to other health services as required. There was evidence from examination of a sample of clinical files on each unit that the general health needs of residents were assessed regularly. All residents who had been accommodated in the approved centre for a period in excess of six months had their six-monthly physical assessment completed. Residents had access to national screening programmes.

A proactive approach was taken to addressing the primary health care needs of the residents and this was coordinated by a dual qualified practice nurse employed by the National Forensic Mental Health Service (NFMHS). Staff reported that many residents suffered from, or were at risk of diabetes. Residents were given advice on managing their diet and healthy eating by a dietician employed by the service. They were advised to attend the gym, take part in walking groups or personal training. A physiotherapist advised on how this could best be done. A podiatrist and optician contributed to the team approach and staff reported good relationships with St. Vincent's University Hospital.

The approved centre had written operational policies and procedures for responding to 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures for the provision of information to residents.

All relevant information set out in this Article was available to each resident in their individual "Patient Information Folder" (PIF) which could be requested by each resident in all units at any time for their perusal. The peer advocate from the Irish Advocacy Network visited each unit weekly. The peer advocate's details were available in each PIF.

Article 21: Privacy

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

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

Justification for this rating:

Curtains had been ordered for the windows of individual rooms in Unit 7 and Unit 4. Curtains were not being ordered for the windows of individual rooms in Unit 2.

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

Justification for this rating:

The premises were clean. The main building was an old building and difficult to maintain. There were patches of damp and peeling paint in the ceilings in Units 7, 2 and 4. Some of the bedrooms in Unit 2 and 4 were stuffy and difficult to ventilate.

The lock had been affixed on the door of the shower room in Unit 7. The wall area of the day room in Unit 2 had been re-plastered.

There were several instances of peeling paint on walls in Units 1 and 3, and much of the building was in need of re-painting. Most of the bedrooms were very small; those in Unit 1 (which were similar to others in the approved centre) measured 8 ft x 5ft 10". Residents were locked in these rooms from 2100h until 0800h on the next day.

The high observation unit in Unit 1 consisted of a short narrow corridor with a number of individual cell-like rooms leading off from it. Two of these rooms could be used for seclusion. There was no TV or recreational facilities in the high observation area. The heating could not be modified and staff reported this resulted in a degree of discomfort for residents confined there.

Unit A was more modern in appearance than the main building. It was brighter and well maintained and the smaller scale was more conducive to the rehabilitative nature of the service provided. One toilet area was stained on the day of inspection.

Laurel Lodge, a rehabilitation hostel situated at the entrance to the complex was dull and institutional in appearance. On the day of Inspection, work was being conducted on the underlying sewer pipes which were blocked. Staff reported this was not an unusual occurrence and was due to underlying structural problems.

The gardens were well tended and very pleasing in appearance.

Breach: 22 (1) (a), (b), (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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Article 24 (1-2): Health and Safety

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

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

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

Justification for this rating:

The approved centre had a Safety Statement which was examined by inspectors and was satisfactory.

Article 25: Use of Closed Circuit Television (CCTV)

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

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

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

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

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

Justification for this rating:

In Unit B CCTV was used in the "single airing court", the patient's exercise yard, and both seclusion rooms, the outside and inside of the main door and the outside and inside of the back door. CCTV was used in all these instances for the observation of residents.

In Unit 4 CCTV was used in the seclusion room.

CCTV was clearly labelled and evident.

The approved centre had a clear written policy and protocols articulating the function of CCTV in relation to the observation of a resident.

CCTV was incapable of recording and transmitting images.

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
Unit A	CNM2	0	0
	CNM1	1	0
	RPN	1	2
	Care Officer	1	0
Unit B	CNM2	1	0
	CNM1	1	1
	RPN	6	2
Unit 1	CNM2	1	0
	CNM1	1	0
	RPN	5	4
Unit 2	CNM2	0	0
	CNM1	1	0
	RPN	5	3
Unit 3	CNM2	1	0
	CNM1	1	0
	RPN	4	3
Unit 4	CNM2	1	0
	RPN	4	3

Inspectorate of Mental Health Services

Unit 7	CNM2	1	0
	CNM1	1	0
	RPN	2	3
Laurel Lodge	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).

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

Justification for this rating:

In addition to the above staffing, a Night Supervisor, at CNM2 level, was in charge of the approved centre at night and based in the Head's Office. HSE policies in relation to the recruitment, selection and vetting of staff applied. The training register for multidisciplinary staff was examined and was satisfactory. Copies of the Mental Health Act 2001, Regulations, Rules and Codes of Practice were available to all staff of the approved centre. Although the CMH had recently been allocated an additional psychology, social work and occupational therapist post which it hoped to fill as soon as possible, until this happened, there remained vacant psychology and occupational therapist posts.

Breach: 26(2)

Article 27: Maintenance of Records

(1) The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.

(2) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.

(3) The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.

(4) This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.

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

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

Justification for this rating:

The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

It was easy to retrieve information from the majority of the clinical files. However, in the case of one resident of Unit 1, the clinical file covering a period of approximately three months could not be located and it was not possible to assess documentation in respect of an episode of mechanical restraint.

In Unit B completed Seclusion Registers, Accident/Near Miss Incident Report Form books and Unit B Report Books were stored in the provisions store room. This room, although locked, was accessible to non-clinical staff. Photographic evidence was taken.

In Unit 1, medical records including progress notes, seclusion registers and patient clinical files were stored in a small room alongside grocery provisions such as sugar, salt and orange squash. Some of these documents were stored on the floor. This room was accessed by people delivering store and therefore did not meet the requirement to keep records safe.

All documentation of inspections relating to food safety, health and safety and fire inspections was maintained in the approved centre and was examined by inspectors. The documentation in relation to fire consisted of a certificate of servicing of fire equipment throughout the approved centre. The training register indicated that fire training had occurred for 43 multidisciplinary members of staff in 2012 over six days totalling 129 hours.

Breach: 27(1)

Article 28: Register of Residents

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

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

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

Justification for this rating:

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

Article 29: Operating policies and procedures

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

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

Justification for this rating:

All policies which applied to the Regulations were reviewed in a timely manner. All policies were made available to inspectors and were examined and were satisfactory.

Article 30: Mental Health Tribunals

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

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

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

Justification for this rating:

The approved centre cooperated fully with Mental Health Tribunals. Appropriate assistance was provided to patients by the staff of the approved centre.

Article 31: Complaint Procedures

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

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

Justification for this rating:

The approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints. The complaints procedure was highlighted in prominent areas around the approved centre. There was a nominated person in the approved centre for dealing with complaints. A record of complaints was made available to inspectors. There was documentary evidence from this record that all complaints were investigated promptly.

Article 32: Risk Management Procedures

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

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

Justification for this rating:

The Risk Management policy satisfied all of the requirements as set out in this Article of the Regulations. The Risk Management policy was implemented throughout the approved centre. A record of incidents was available to the inspectors.

Article 33: Insurance

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

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

Justification for this rating:

The approved centre was covered by the State Indemnity insurance scheme. The certificate was examined by inspectors.

Article 34: Certificate of Registration

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

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

Justification for this rating:

The Certificate of Registration was displayed in a prominent position in the reception area of the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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

Justification for this rating:

The approved centre had a written operational policy on seclusion.

The training register in relation to seclusion was satisfactory.

Seclusion was not used in Unit 3 or Unit A.

The clinical files of two residents, one of whom was a child who had been secluded in Unit B were inspected. The documentation in relation to these episodes was correctly completed, and copies of the orders were placed in the clinical files. There was evidence that the residents' next of kin had been informed and the episode was reviewed by the resident and the multidisciplinary team. CCTV was used in both seclusion rooms. CCTV was evident and clearly labelled. It was incapable of recording and storing images.

The seclusion rooms in Unit 1 had blind spots. There were no CCTV cameras in the seclusion rooms and therefore a resident in seclusion in this unit could not be kept under direct observation. Staff reported there had been six episodes of seclusion in the previous eighteen months and that its use had greatly decreased.

Unit 2: Seclusion had not been used in 2013 to the date of inspection.

Unit 7: Seclusion was not used on this unit.

Unit 4: The clinical file of one resident who had been secluded was inspected. The seclusion register was correctly completed and recorded in the clinical file. There was evidence that the resident had the opportunity to discuss the seclusion with the multidisciplinary team afterwards. Next of kin was not informed but the reason for this was documented in the clinical file. The seclusion room had no toilet facilities and it opened onto the main corridor. There was a blind spot to the left, inside the door and plans were underway to install a CCTV camera to alleviate this problem.

The approved centre had child protection policies and procedures in place.

Breach: 8.1

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre. No detained patient was in receipt of a programme of ECT in another centre.

MECHANICAL RESTRAINT

Use: Mechanical Means of Bodily Restraint was used when residents were in transit from the approved centre to the courts.

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

Justification for this rating:

The approved centre had a written operational policy on the use of Mechanical Means of Bodily Restraint.

One episode of mechanical restraint was completed in respect of a resident in Unit 1. The order form was completed correctly, but as the progress notes in respect of the time of the mechanical restraint could not be located, it was not possible to determine whether it had been recorded in the clinical file. Consequently, it was not possible to assess Section 14, 16 or 17.

Unit 2: One episode of mechanical restraint was recorded in the register and inspected. The mechanical restraint register was completed correctly. It was recorded in the clinical file.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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

Justification for this rating:

The approved centre had a written operational policy on physical restraint.

The training register in relation to the therapeutic management of violence and breakaway techniques for all multidisciplinary staff was satisfactory.

Physical restraint was not used in Unit A.

Unit 3: Physical restraint was not used in Unit 3 in 2013 to the date of inspection.

Unit 1: The Clinical Practice Form for physical restraint in the case of one resident, whose clinical file was examined, had not been completed by the consultant psychiatrist.

Unit 2: The Clinical Practice Form for physical restraint was examined. One resident had been physically restrained in 2013 to the date of inspection. All necessary documentation in the clinical file and Clinical Practice Form book had been completed. The reason for not informing next of kin was given.

Unit 4: The physical restraint clinical practice forms were correctly completed. The clinical file of one resident who had been physically restrained in 2013 was examined. A copy of the clinical practice form had been placed in the clinical file and there was evidence that the episode had been reviewed

by the multidisciplinary team. The reason for not informing next of kin was given.

Unit 7: Physical restraint had not been used.

Breach: 5.7(c)

ADMISSION OF CHILDREN

Description: One child had been admitted to the approved centre in 2013 to the date of inspection.

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

Justification for this rating:

The approved centre had appropriate policies in place which included parental consent, family liaison and confidentiality. As the child was not admitted under the Mental Health Act 2001, treatment and leave provisions were not applicable.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre provided a summary of all incidents to the Mental Health Commission every six months. There had been no death in 2013 to the final date of inspection.

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

Justification for this rating:

The Risk Management policy identified the Risk Manager.
A copy of the incident book was examined by inspectors and was satisfactory.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: There were no voluntary patients in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on the admission, transfer and discharge of residents.
 The approved centre was fully compliant with Article 18, Transfer of Residents.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents in Unit B and one resident in Unit 1 who had recently been admitted were inspected. The quality of the admissions was good. All admissions had a pre-admission assessment carried out prior to admission to the approved centre. Mental state and physical examinations were carried out on admission as well as a risk assessment. The service operated a key worker system and all residents had an individual care plan. The approved centre was fully compliant with Article 7 relating to Clothing, Article 8 relating to Residents Personal Property and Possessions, Article 15 relating to Individual Care Plans and Article 20 relating to Provision of Information to Residents. The approved centre was not compliant with Article 27 relating to 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
X			

Justification for this rating:

There had been no transfers from Unit 1 or Unit 3.

One transfer had been effected from Unit A to a general hospital. A copy of the transfer form was in the clinical file and a record that the patient had been accompanied by staff was entered in the clinical file.

There had been no transfers from Unit 2, Unit 4 or Unit 7.

There had been no recent transfers from Unit B but one resident was in the process of being transferred to Unit 2 on the day of inspection.

The approved centre was fully compliant with Article 18 relating 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
X			

Justification for this rating:

Unit B: One resident had recently been discharged and the clinical file was examined. There was evidence that the discharge had been well planned by the multidisciplinary team. An excellent discharge summary was completed and plans for follow up were clearly documented.

Staff reported that some residents in Laurel Lodge were in transition to community living prior to discharge in accordance with their individual care plans.

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

Description: There were a number of residents with an intellectual disability and mental illness throughout 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
X			

Justification for this rating:

A registered nurse had been trained specifically to ensure input to any staff member who was treating a patient with an intellectual disability and mental illness.

The approved centre had a written policy on care of residents with an intellectual disability and mental illness.

Unit 4: One resident had an intellectual disability and mental illness. The resident had a comprehensive individual care plan and the psychologist and clinical nurse specialist (CNS) with training in intellectual disability, had input into the plan. Goals were clearly identified and a weekly therapeutic programme was in place to match these goals.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: A number of patients were detained and were receiving medication for a period in excess of three months.

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

Justification for this rating:

Patients with capacity, and who were willing to do so, consented in writing to the continued treatment by medication. When written consent was not forthcoming, a second consultant psychiatrist had authorised the continued use of medication for detained patients in a Form 17.

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

Description: As there were no detained children in the approved centre at the time of inspection, Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No resident requested to speak with inspectors. Residents were greeted by inspectors throughout the three days of this inspection. A number of residents conversed with inspectors informally throughout the course of this inspection.

ADVOCACY

The peer advocate met with inspectors informally on the day of inspection. Inspectors requested a report from the peer advocate with regard to the approved centre. This report for 2013 was not received by inspectors at the finalisation of this report.

OVERALL CONCLUSIONS

The Central Mental Hospital was located in Dundrum, Dublin. The main building was an old building, clean, but difficult to maintain. Plans were progressing to re-locate the hospital to the site of St. Ita's Hospital, Portrane, in north Co. Dublin, where the plan was to open the new facility in 2016. Each resident, whose clinical file was inspected, had an individual care plan as described in the Regulations. Each resident also had an individual therapeutic programme provided for them appropriate to their individual risks and needs and in accordance with their individual care plan. There was an excellent choice of food for all meals and a menu system was in operation whereby residents requested meal choices in advance. There were vacant psychology and occupational therapist posts, however the approved centre had recently been allocated an additional psychology, social work and occupational therapist post which they hoped to fill as soon as possible.

RECOMMENDATIONS 2013

1. Vacant health and social care professional posts must be filled as soon as possible.
2. The seclusion rooms in Units 1 and 4 were unsuitable due to blind spots that hindered observation of residents within.
3. Clinical Practice Form books for Physical Restraint should be completed fully.