

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Donegal, Sligo, Leitrim, West Cavan
HSE AREA	West
MENTAL HEALTH SERVICE	Donegal
APPROVED CENTRE	Department of Psychiatry, Letterkenny General Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry
TOTAL NUMBER OF BEDS	34
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	30 October 2013

Summary

- The approved centre was clean, bright, well-ventilated and warm. The decor was of a high standard. A number of non-essential rooms remained closed off due to the flooding in July 2013.
- Each resident had an individual care plan however, the individual care plans did not meet all the requirements of this Article of the Regulations.
- Although all sector teams were now reported to be adequately staffed with health and social care professionals, from examination of the clinical files, there was very little documentary evidence of involvement by these health and social care professionals in the care of 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

The Department of Psychiatry was a purpose-built acute in-patient unit opened in September 2011 and located in Letterkenny General Hospital. The emergency department and the department of psychiatry had been extensively flooded in July 2013 which had been widely reported in the media. Staff of these departments had been joined by hospital colleagues and members of the local community who made their way to the hospital and who averted a more major disaster that would almost certainly have seen both departments shut down for a more extensive period of time than was actually the case.

The unit was a locked unit. On the day of inspection there were 31 residents, ten of whom were involuntary under the Mental Health Act 2001 (the Act). Of those ten detained patients, two were on Absence with Leave under section 26 of the Act. There were no Wards of Court and one resident was over the age of 65 years.

CONDITIONS

There were no conditions attached to the approved centre.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not applicable	22	26	
Substantial Compliance	Not applicable	8	4	15, 16, 26, 27
Minimal Compliance	Not applicable	1	0	
Not Compliant	Not applicable	0	0	
Not Applicable	Not applicable	0	1	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
Department of Psychiatry	34	31	General Adult Teams Psychiatry of Old Age Rehabilitation Team Mental Health and Intellectual Disability

QUALITY INITIATIVES 2012/2013

- Weekly audits of care plans focusing on service user participation had been introduced.
- A family liaison nurse was now in post to work closely with new service users and their families.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. All teams should be adequately resourced to provide a range of health and social care professionals.

Outcome: All teams were adequately resourced.

2. Individual care plans must be completed in accordance with the definition in Part 1 of the Regulations.

Outcome: Each resident had an individual care plan, however, the individual care plans did not meet all the requirements of this Article of the Regulations.

3. The window overlooking onto the corridor from the adjoining rooms should be covered in a way to provide both privacy and a means of observing the residents as required.

Outcome: This had been achieved.

4. The CCTV cameras in Room 14 should be removed or covered.

Outcome: The cameras had been removed.

5. All policies and procedures required under the Regulations must be reviewed every three years.

Outcome: All policies and procedures were in date.

6. The approved centre must be compliant with Article 20 (Provision of Information to Residents) of the Regulations.

Outcome: This had been achieved.

7. The approved centre should be compliant with the Codes of Practice on Physical Restraint and on Admission, Transfer and Discharge.

Outcome: This had been achieved.

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

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

Article 4: Identification of Residents

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

Justification for this rating:

Each resident was readily identifiable by staff when receiving medication, health care or other services by the use of photo identification on each resident's clinical file and prescription booklet, the verification of the Patient's Chart Number (PCN) and date of birth of the resident. Same name stickers in bright orange were used in cases where residents had the same names. Each consultant psychiatrist had a colour code associated with them for medical records purposes.

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

Justification for this rating:

There were five piped filtered water units available to residents throughout the approved centre. Food was produced in the kitchens of Letterkenny General Hospital but this section of the hospital had also been affected by the flooding in July 2013 and so the kitchens had been transferred to a smaller unit while the damage was being repaired. In this regard, the choice on the menu was somewhat limited but should a resident dislike the food highlighted on the menu that day, then, a different choice could be availed of. Special dietary requirements were catered for.

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>	NOT APPLICABLE	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 Food Safety report compiled by the Acting Senior Environmental Health Officer dated 22 January 2013 was available to inspectors and was satisfactory.

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>	NOT APPLICABLE	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 an adequate supply of their own clothing. No resident was in night clothing.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 in duplicate form of each resident's personal property and possessions and was available to the resident. Sharps such as razors and scissors owned by residents were stored in separate individual compartments of the property press for each resident to avail of when required. A safe was available on the ward. Residents were encouraged to have their valuables taken home by relatives.

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>	NOT APPLICABLE	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:

Daily newspapers were distributed to the approved centre for use by residents. A seven-seat bus was available to the approved centre. The approved centre had membership of the gym located in Letterkenny Community Centre. Residents could access the nearby town to socialise in the shops, coffee shops and for trips to the cinema. Family and friends visited regularly. There were plasma TVs, books, music centres, electronic games and board games available to residents. A library was being established by staff for use by 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 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>	NOT APPLICABLE		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:

Visiting hours were from 1200h to 1400h and from 1800h to 2030h. The approved centre was reported to be reasonably flexible with these hours but the purpose of the residents' time in the approved centre in respect of a therapeutic day was given priority. There were a number of rooms that could be availed of for visiting purposes. Child visitors had to be accompanied by a responsible adult. A visiting room was available to cater for child visitors to the approved centre. The approved centre had written operational policies and procedures for visits.

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>	NOT APPLICABLE		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:

Letters and cards could be received and mailed by residents. Email and internet facilities were available to residents. Personal mobile phones could be used by residents. The approved centre had written operational policies and procedures on 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 to satisfy all of the requirements of this Article. The clinical file of one resident who had been searched was examined. Written consent by the resident had been obtained. Two registered nurses had undertaken the search of personal belongings in the presence of the resident and the quality of the documentation in the resident's clinical file in respect of this search was of a high standard.

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>	NOT APPLICABLE	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:

No death had occurred in the approved centre in 2013 to the date of inspection. A single room could be availed of if a resident was dying. The approved centre had written operational policies and protocols for the care of residents who are 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		
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:

Each resident had an individual care plan (ICP), however, the ICPs did not meet all the requirements of this Article of the Regulations. The ICPs did not adequately record multidisciplinary input either into the drawing up of the ICPs or the review process. This was regrettable, as the multidisciplinary teams (MDTs) were in the main well staffed with health and social care professionals, yet residents appeared to be deprived of an MDT lens or perspective to their care planning and delivery. Some residents had multiple admissions and inspection of individual clinical files highlighted adjustment to community placements as being key factors in some instances. Timely input from health and social care professionals might be useful in this regard and support successful community adjustment and placement. The standard for this Article requires MDT input to the ICP process.

Nursing input was excellent and nursing staff fulfilled the key worker role. Residents were provided with a copy of their ICP if they wished and generally signed their ICP.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		
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 ICPs did not adequately specify the therapeutic interventions required to meet assessed individual needs. The individual clinical files did not evidence adequate input from a range and skill mix of staff to support the optimal physical and psychosocial functioning of each resident.

In the individual clinical files inspected, one file identified clinical psychology as a requirement but the nature and scope of input was not adequately specified or subsequently recorded. In another file social work input was noted to be required but again not sufficiently elucidated. In one clinical file occupational therapy (OT) assessment of activities of daily living was specified but this appeared to be without reference to either the OT or the resident.

The therapeutic day provided for in-patients relied heavily on nursing delivery of a general activities programme. This programme included activities such as word wheel, music quiz, relaxation, anger management, board games, baking, light exercises, sleep hygiene, arts and crafts. The OT provided a weekly recovery oriented group. The topics covered in this group session were very relevant for an acute in-patient population. The nursing staff and OT made regular entries into the individual clinical files in relation to resident attendance and general demeanour at group sessions. There was very well recorded input from the nurse family therapist.

Breach: 16.(1),(2)

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

Justification for this rating:

The approved centre had a policy in place in respect of providing educational services to children who were admitted to the approved centre and who were availing of the educational system.

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>	NOT APPLICABLE	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:

When a resident was transferred, all relevant information about the resident was provided to the receiving approved centre, hospital or other place. The approved centre had a written policy and procedures on the transfer of residents.

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>	NOT APPLICABLE	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:

One resident was receiving care and treatment in the approved centre for a period exceeding six months and had a physical examination carried out six months after their admission to the approved centre. In the clinical files examined remaining residents had had their need for general health services assessed regularly. The approved centre had a policy on 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>	NOT APPLICABLE		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:

All information required under this Article was provided to the resident.

Article 21: Privacy

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		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:

On the day of inspection the residents' privacy and dignity were appropriately respected.

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>	NOT APPLICABLE	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 clean, bright, well-ventilated and warm. The decor was of a high standard. A number of non-essential rooms remained closed off due to the flooding in July 2013. Maintenance was reported to be good.

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>	NOT APPLICABLE	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 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>	NOT APPLICABLE	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 operational health and safety policy and procedures relating to the health and safety of residents, staff and visitors.

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>	NOT APPLICABLE		NOT APPLICABLE
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 recommendations in the 2012 Inspection Report had been rectified in respect of CCTV. CCTV was not used for the observation of residents but for security purposes only.

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
Department of Psychiatry	CNM3	1	1
	CNM2	1	0
	CNM1	1	0
	RPN	10	5

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN)

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		
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:

Health Service Executive (HSE) policies relating to recruitment, selection and vetting of staff applied. All sector teams were now reported to be adequately staffed with health and social care professionals. However, from examination of the clinical files, there was very little evidence of involvement by these health and social care professionals with the care of residents. All clinical files examined by inspectors had mostly input from medical and nursing professionals.

Nursing staff provided a general activities programme. Inspectors raised the issue of resource allocation with staff, where highly qualified nursing staff provided all such activities. Inspectors also raised the issue of appropriate training and skill mix to optimise resident engagement and health gains.

There was an appropriate member of staff on duty and in charge of the approved centre at all times. The training register was multidisciplinary and showed that all training was up to date.

Breach: 16(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.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 individual clinical files were generally well maintained and it was easy to access information. Nursing and occupational therapy records were complete and of a good standard. Inspection of individual clinical files did not provide a clear account of all health and social care professionals input and in this regard the records were not complete. One clinical psychology entry was not signed, did not give an account of the intervention provided and had several dates listed in the margin. Medical staff were not routinely entering the Medical Council Number (MCN) which is required in relation to prescribing. A number of individual clinical files made mention of social work input being ongoing for the residents concerned but there was no social work record contained within the individual clinical file.

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

Justification for this rating:

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

Article 29: Operating policies and procedures

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE		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 were in date and there was documentary evidence of review every three years.

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

Justification for this rating:

A room was available for Mental Health Tribunals and the approved centre cooperated with all Mental Health Tribunals.

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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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 complaints. The complaints procedure was localised and highlighted in a prominent place in the approved centre. A nominated person was available in the approved centre for dealing with complaints. A record of complaints was made available to inspectors and it evidenced 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>	NOT APPLICABLE	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 risk management policy that satisfied all of the requirements of this Article. There was evidence from examination of the clinical files of robust risk assessment and management.

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>	NOT APPLICABLE	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's insurance certificate was available to inspectors for examination.

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>	NOT APPLICABLE	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 approved centre near the entrance to 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 not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was administered in the operation theatre of Letterkenny General Hospital. No detained patient was receiving ECT at the time of inspection.

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

Justification for this rating:

No detained patient had received ECT in 2013. There was a consultant psychiatrist responsible for ECT and nursing staff were trained. An excellent information leaflet was available for patients.

MECHANICAL RESTRAINT

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

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

PHYSICAL RESTRAINT

Use: Physical restraint was used by 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 use of physical restraint was judicious and restraint was applied in the least restrictive manner. The Clinical Practice Form book for physical restraint was inspected and all documentation was in order. Next of kin were usually informed and where this was not done the reason was recorded. Medical entries in the individual clinical files indicated that residents were physically reviewed after episodes of restraint. The resident was afforded an opportunity to discuss restraint with staff after the event. Staff training was up to date. The approved centre had a policy on physical restraint.

ADMISSION OF CHILDREN

Description: Two children had been admitted in 2013 to the date of inspection.

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

Justification for this rating:

The approved centre was not suitable for the admission of children. The children were admitted as voluntary residents with parental consent and admissions were in response to the need for acute treatment. No bed was accessible at the time in a child and adolescent (CAMHS) approved centre. One of the children was an in-patient in the DOP, Letterkenny for four weeks before a bed became available in a CAMHS approved centre and the resident finally transferred there. Each resident had an individual care plan and educational support was provided for one child.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had occurred in the approved centre in 2013 to the date of inspection. The approved centre sent a summary of all incidents to the Mental Health Commission as required by this Code of practice.

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:

A record of incidents was examined by inspectors and was satisfactory. The risk manager was identified by name in the approved centre's Risk Management policy.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was administered in the operation theatre of Letterkenny General Hospital. No voluntary patient was receiving ECT at the time of inspection.

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

Justification for this rating:

No current resident was in receipt of ECT. Six voluntary residents had received ECT in 2013 to the date of inspection. There was a consultant psychiatrist responsible for ECT and nursing staff were trained in ECT care. There was an excellent information booklet on ECT for residents.

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:

There were up-to-date policies on admission, transfer and discharge. The approved centre was fully compliant with Article 32 on Risk Management and with Article 18 on the Transfer of Residents. All policies were available to staff and staff training was up to date in all aspects. Staff roles were clearly identified in relation to admission, transfer and discharge practices.

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:

All individual clinical files inspected contained an excellent admission record. There were clear admission criteria in place and the service completed regular audits of all admissions to the unit. The audit was available for inspection. Each admission record contained a mental state and physical examination record, a case formulation, a risk assessment and an individual care plan. The information booklet for the approved centre was user friendly and clear in its information. Detained residents were fully informed of their rights and the Mental Health Act Administrator ensured all relevant documentation was filed in the individual clinical file. Each resident was apprised of their key worker identity and this process appeared to be working well. Several residents had been transferred to another approved centre for care and treatment and subsequently readmitted back to the DOP, Letterkenny. The readmission process and liaison prior to readmission was excellent.

The approved centre was not fully compliant with Article 27 on the Maintenance of Records and not fully compliant with Article 15 on Individual Care Plans.

Breach: 17.1, 22.6

Part 4 Transfer Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The individual clinical file of one patient who was currently transferred to another approved centre was inspected. The clinical file of another patient who had been transferred to another approved centre and who had since returned was inspected also. The decision to transfer had been taken by the responsible consultant psychiatrist. Communication with the receiving approved centre and the focus of care was well recorded in the clinical files. A medical referral letter and telephone communication preceded the transfer process. Both patients had been transferred on a Form 10. Appropriate transport and staff had been arranged to facilitate safe transfer. The patients had been consulted about the transfer and with their consent, their family members had been informed also.

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:

Inspection of individual clinical files showed that discharge planning was an integral aspect of the ICPs from the outset. Each resident was introduced to the nurse family therapist who was available for family support as required. A discharge group was run within the unit. The key worker played a pivotal role in supporting residents preparing for discharge. Medical summary reports were sent to primary care services in a prompt manner. Residents being discharged were provided with a follow-up appointment with community mental health services.

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

Description: Three residents had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on the management of residents with an intellectual disability and mental illness. There was a specialist mental health intellectual disability team in place. Inspection of individual clinical files showed that each resident had an individual care plan and there was good liaison with families and relevant community and disability services. Staff training was up to date.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two patients had been detained for a period in excess of three months and continued to be treated with medication.

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

Justification for this rating:

<p>The individual clinical files of the two patients were inspected and each patient had provided written consent for the continued administration of medication.</p>

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

Description: No child was resident in the approved centre at the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No service users requested to speak to inspectors. All residents were greeted by inspectors during the course of the inspection.

ADVOCACY

No advocacy report was available to inspectors.

OVERALL CONCLUSIONS

The Department of Psychiatry, Letterkenny General Hospital was clean, bright, well-ventilated and warm. The decor was of a high standard. A number of non-essential rooms remained closed off due to the flooding in July 2013. The quality of the food was good and the kitchens in the hospital, which had been affected by the flooding, were striving to maintain a high quality service. Each resident had an individual care plan, however, the individual care plans did not meet all the requirements of Article 15 of the Regulations. Although all sector teams were now reported to be adequately staffed with health and social care professionals, from examination of the clinical files, there was very little documentary evidence of involvement by these health and social care professionals with the care of residents.

RECOMMENDATIONS 2013

1. A clear account of all health and social care professionals' input to the care of residents of the Department of Psychiatry must be evident from examination of the clinical files.
2. The approved centre must ensure that the individual care plans for each resident meets the description of an "individual care plan" as described in the Regulations and that they adequately specify the therapeutic interventions required to meet the assessed individual need of that resident.