

Report of the Inspector of Mental Health Services 2012

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	21 February 2012

Summary

- A number of policies and procedures were out of date which resulted in slippage to Substantial Compliance for a number of Articles of the Regulations.
- There was slippage in the compliance rating to Substantial Compliance for Article 15 (Individual Care Plans) and Article 16 (Therapeutic Services and Programmes).
- Individual care plans were completed by nursing and medical staff only in the majority of instances.
- The service must recruit health and social care professionals.
- Minimal compliance was achieved for Article 20 (Provision of Information to Residents).
- There were issues with compliance regarding Codes of Practice on Physical Restraint and on Admission, Transfer and Discharge.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

This was a new approved centre opened in late 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

This is the first inspection of this approved centre which opened in September 2011 in Letterkenny General Hospital after residents were transferred from the previous approved centre, the Acute Psychiatric Unit, Carnamuggagh, which subsequently closed as an approved centre under the Mental Health Act 2001. This was a completely new purpose-built acute in-patient unit. The unit was a locked unit. On the day of inspection there were 28 residents, eight of whom were detained; two additional detained patients were transferred to the special care unit in the approved centre in Ballytivnan, Sligo, and one patient was on leave in the community. In addition, seven residents were on leave from the approved centre in the community. Three residents were over the age of 65 years.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	Not applicable	Not applicable	22
Substantial Compliance	Not applicable	Not applicable	8
Minimal Compliance	Not applicable	Not applicable	1
Not Compliant	Not applicable	Not applicable	0
Not Applicable	Not applicable	Not applicable	0

PART ONE: QUALITY OF CARE AND TREATMENT SECTION 51 (1)(b)(i) MENTAL HEALTH ACT 2001

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	34	28	General Adult teams, Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- The introduction of a new resident information brochure had taken place.
- All staff were in the process of attending Children First training and awareness on the National Guidelines for the Protection and Welfare of Children 2011.
- All staff had been trained in the Code of Practice – Guidelines for persons working in Mental Health Services with People with Intellectual Disabilities.
- The introduction of a Family Liaison Nurse to work with new service users providing various support and information to service users and family members.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

This was the first inspection of this approved centre.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Consent was obtained from most residents to have their photo identification displayed on the cover of each individual prescription booklet. Two registered psychiatric nurses (RPNs) administered medication. A “same name” alert badge was also used when indicated.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were three filtered drinking water units in the approved centre and a fourth was due to be installed. The meals were cooked fresh in the main hospital kitchen which was adjacent to the Department of Psychiatry. There was a menu on display outside the dining room and it offered a good choice of hot main meal. Special dietary requirements were catered for.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Acting Senior Environmental Health Officer's report on food safety dated 17 January 2012 was available for examination by inspectors and was satisfactory.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A "comfort fund" was available to staff to provide an adequate supply of appropriate individualised clothing when a resident did not have an adequate supply of their own clothing. Night clothes were not worn by residents during the day time.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 and was available to the resident. Records relating to each resident's personal property and possessions were kept separately from the resident's individualised care plan. Each resident retained control of his or her personal property and possessions except for clinical reasons. Valuables belonging to residents were encouraged by staff to be brought home by relatives. There was a safe in the approved centre.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 membership of the local gym and badminton courts where up to four residents accompanied by a staff member could go. A seven-seater people carrier was owned by the approved centre and many outings took place to places such as Ards Forest Park and the adjoining seashore. Local trips took place to the town park, cinema, theatre and coffee shops. Music groups visited the approved centre regularly. There were a number of sitting rooms with plasma TVs. A music system was also available in the Relaxation Room. Books and DVDs and board games were also available.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were facilitated in the practice of their religion. Chaplaincy was available for all main Christian denominations. There were three chapels in the hospital. The Letterkenny Islamic Centre provided support to residents. A guide with contact details was available for staff to identify the needs of residents who belonged to the most predominant faith groups.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 approved centre had a visitors' room. Due to the wide geographical area covered by Donegal Mental Health Services, visiting times were open during the afternoon and evening except at meal times and during individual and group therapeutic activities. There was a special family room where child visitors could be facilitated. Child visitors had to be accompanied by a responsible adult. The approved centre's written policies and procedures for visits were out of date.

Breach: 11(6)

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Residents could send and receive mail. Work was in progress on the furnishing of an already established and wired IT communication site within the unit. The approved centre's written policies and procedures on communication were out of date.

Breach: 12(3)

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

One current resident had been searched with their written consent and a special form had been devised by the approved centre for this purpose. The documentation around the search incident was of a high standard. Two Registered Psychiatric Nurses (RPNs) had conducted the search. Staff were aware of the policies and procedures on searching and had signed this. The approved centre had written operational policies and procedures around all aspects of searches and finding of illicit substances so as to be compliant with this Article.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No resident had died in 2012 to the date of inspection. There were a number of single rooms available in the unit. The approved centre had written operational policies and protocols for care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

In the sample of clinical files examined by inspectors all of these residents had individual care plans (ICPs). However, in a number of ICPs examined by inspectors the necessary resources i.e. the designated discipline was not specified but the broad term "MDT" had been inserted and so did not meet the requirements of the Regulations. It was mostly nursing staff and to a lesser degree, medical staff who carried out the interventions documented in the ICPs. In other ICPs, nursing staff were assigned to deal with housing problems, "money matters", problems with mortgage arrears and issues associated with unemployment instead of the service allocating these problems to a social worker on the team or, if no social worker was attached to the team, documenting an unmet need for social work. Photographic evidence of these ICPs was taken. There was no evidence of psychology input in any of the ICPs examined by inspectors.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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 lack of health and social care professionals in the multidisciplinary teams impacted negatively on the ability of the service to provide access to an appropriate range of therapeutic services to residents. There were two activation nurses attached to the unit and the occupational therapist (OT) attached to the Central Sector attended the unit twice a week to provide individual one-to-one therapies to residents.

Breach: 16(1)

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

No child had been admitted to the approved centre in 2012 to the date of inspection. Any child who might be resident would be provided with appropriate educational services in accordance with his or her need. The service reported that the local Vocational Educational Committee would provide a few hours teaching for a child who was resident if required.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The clinical file of one resident who had returned following transfer to the general hospital was examined. There was evidence that relevant information about the resident had been provided to the hospital. The approved centre had a written policy and procedures on the transfer of residents.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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. There was evidence from the clinical files examined of regular assessments of general health needs. One resident had been an in-patient for a period longer than six months and had a six-monthly physical examination completed. The approved centre had written operational policies and procedures for responding to medical emergencies.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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>			
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:

Details of the residents' multidisciplinary team were highlighted on a large white board. Housekeeping practices including arrangements for personal property, mealtimes, visiting times and visiting arrangements were specified. Verbal and written information on diagnoses was available. Details of STEER, the peer advocacy service for Donegal, and voluntary agencies were provided. Information on indications for use of all medications to be administered to the resident, including any possible side effects was not readily available in an understandable form. The policy and procedures for the provision of information to residents that was made available to inspectors had no date.

Breach: 20(1)(e), (2).

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

All beds in the four-bed and two-bed rooms had privacy curtains. The interconnecting rooms designated as the mother and baby unit, which was also used for residents on increased levels of observation, had a large rectangular window looking into it from the main corridor which could compromise a resident's privacy and dignity.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The premises were new and were purpose-built. The premises were clean and bright and well ventilated and heated. It was in good decorative order. A "snag list" had yet to be completed by the builders. It was well-designed and made good use of natural light.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 health and safety of residents, staff and visitors. The Health and Safety statement was available to inspectors.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

CCTV was used for security purposes only and, as such, was capable of recording and storing images on tape. However, there was a CCTV camera in the inside lobby of the main entrance of the approved centre. This camera, because of its positioning, could be misconstrued by residents and visitors as to be for the purposes of observing residents but the service stated this not to be the case. The monitor was examined by inspectors and was found to be the case. Inspectors advised that signage must be put in place stating the security nature of this CCTV camera. Room 14, which was being used as a bedroom, had two such CCTV cameras. Upon examination of the monitor it was evident that these cameras were not being used and the wiring had been disconnected. Inspectors advised the service to either remove both these cameras or have them covered over so as to remove them from sight. The approved centre was advised to have a written statement articulating the non-use of CCTV for the observation of residents.

Breach: 25(1) (b)

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	RPN (CNM3)	1	1
	RPN (CNM2)	1	0
	RPN (CNM1)	1	0
	RPNs (Staff Nurse)	10	5

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	2010	2011	2012
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:

HSE policies relating to recruitment, selection and vetting of staff applied.

The sector teams were short a number of permanent consultant psychiatrists posts. All teams were depleted of health and social care professionals (social workers, occupational therapists and psychologists). It was evident from the content of the ICPs that input was from nursing and medical staff only. There was an evident unmet need for the services of health and social care professionals.

There was an appropriately qualified staff member on duty and in charge of the approved centre at all times.

The training register was made available to inspectors and was satisfactory.

All staff were aware of the provisions of the Mental Health Act 2001 (the Act) and of the Rules and Code of Practices. A copy of the Act, Regulations, Rules and Codes of Practices were available to staff of the approved centre.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Records and reports were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records were in good order and stored securely. The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records. Documentation relating to food safety, health and safety and fire inspections was examined by inspectors and was satisfactory.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 examined by inspectors and was compliant with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
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:

Not all written policies and procedures of the approved centre, that were required under the Regulations, had been reviewed at least every three years.

Breach: 29

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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. Assistance was provided to patients by staff of the approved centre when necessary.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 investigation of complaints. The complaints procedure was highlighted in a number of areas throughout the approved centre. The HSE leaflets "Your Service, Your Say" were also available. A nominated person was available in the approved centre to deal with complaints. There was evidence from the record of complaints examined by inspectors that all complaints were investigated promptly. A record of complaints was maintained in the approved centre. It was evident from the examination of the complaints record that all complaints and the results of any investigations into the matters complained and any action taken on foot of a complaint were fully recorded separate to the residents' ICP.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 comprehensive risk management policy in place. A risk assessment tool was implemented for all residents. The risk management policy covered all items as listed in this Article so as to achieve full compliance.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	NOT APPLICABLE	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>			
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 framed and displayed on the wall inside the entrance to the left.

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

SECLUSION

Use: Seclusion was not used by the approved centre and there was a statement to this effect.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: No detained patient was receiving ECT at the time of inspection.

MECHANICAL RESTRAINT

Use: Mechanical restraint and mechanical restraint under Part 5 of the Rules were not used in the approved centre and there were statements to this effect.

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 clinical file of one resident who had been restrained and the Clinical Practice Form book was inspected. The episodes of physical restraint were documented in the clinical file. There was no evidence that the resident's next of kin was informed of the episode of physical restraint: one of the forms had not been completed by the medical practitioner and another was not completed by the consultant. The approved centre had a written operational policy on physical restraint. A record of training was available to inspectors and was satisfactory.

Breach: 5.7(c), 8.3

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre in 2012 to the date of inspection.

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

Justification for this rating:

All staff were in the process of attending Children First training and awareness of the National Guidelines for the Protection and Welfare of Children 2011. Policy and procedures were in place with regard to family liaison, parental consent and confidentiality. All child residents were risk assessed. Age appropriate advocacy services were not available. Arrangements were in place for the continuation of the child's education and there was a policy to this effect.

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

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No deaths had occurred in the approved centre. Summary reports of all incidents were provided to the Mental Health Commission.

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 made available to inspectors and was examined. The Risk Management Policy identified the Clinical Risk Manager by name.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: One resident was receiving ECT at the time of inspection.

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

Justification for this rating:

ECT was administered in the theatre of the general hospital. The clinical file of the resident who was receiving ECT was inspected. An information booklet on ECT was available and there was evidence that consent for ECT had been obtained. A physical examination and tests had been carried out. One consultant was designated for ECT and there was a trained staff nurse. Assessments following the administration of ECT were documented. As ECT was administered in theatre, it was not possible to inspect the equipment.

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 written operational policies and procedures for the admission, transfer and discharge of residents. Procedures for the admission of children were included in the admission policy as was a policy on individual care plans. The approved centre was compliant with Article 32 in respect of risk management procedures. A number of the approved centre's policies in respect of a number of Articles of the Regulations were out of date.

Breach: 4.19

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 file of a resident recently admitted was inspected. The decision to admit was made by the Non Consultant Hospital Doctor (NCHD) following self-referral to the unit. The resident had an individual care plan and was allocated a key worker. The approved centre was compliant with Article 7, Article 8 and Article 27 of the Regulations relating to clothing, property and possessions and maintenance of records. It was not compliant with Article 20 relating to the provision of information.

Breach: 16.3(c)

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 clinical file of one patient who had been transferred to another approved centre was examined. The decision to transfer was made by the consultant and this was documented in the clinical file. There was evidence in the clinical file of communication with the approved centre prior to the transfer. The required statutory forms were completed. A copy of the transfer letter by the doctor was retained in the clinical file. The approved centre was compliant with Article 18 relating to information transfer.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents recently discharged were available for inspection. In the case of one resident, the decision to discharge was documented in the clinical file, but this was not contained in the individual care plan. In the case of the second resident, a copy of the discharge form was retained in the clinical file and an out-patient appointment was made. This was not documented in the individual care plan and there was no evidence of a multidisciplinary meeting with the resident prior to discharge in either case.

Breach: 34.4, 42.1(h)

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

Description: No resident had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a written operational policy and protocols that enshrined the principles contained in this Code of Practice. All staff had received education and training relevant to this Code of Practice.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two patients were detained under the Mental Health Act 2001 for a period longer than three months.

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>Both patients had given their consent in writing in accordance with section 60 Mental Health Act 2001.</p>

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

Description: No child was resident and this section of the Act did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Many residents were greeted during the course of the inspection. One resident requested to speak to the inspectors and was happy with their care and treatment.

OVERALL CONCLUSIONS

The newly constructed approved centre at Letterkenny General Hospital provided a good physical environment for residents. Whilst all residents had an individual care plan, the lack of health and social care professionals in the multidisciplinary teams impacted negatively on the ability of the service to provide a complete service to residents. This situation was compounded by the high rate of locum medical staff. There was good documentation in relation to the transfer of residents and detained patients. It was somewhat disappointing to see that the service operated a locked door policy.

RECOMMENDATIONS 2012

1. All teams should be adequately resourced to provide a range of health and social care professionals.
2. Individual care plans must be completed in accordance with the definition in Part 1 of the Regulations.
3. The window looking 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.
4. The CCTV cameras in Room 14 should be removed or covered.
5. All policies and procedures required under the Regulations must be reviewed every three years.
6. The approved centre must be compliant with Article 20 (Provision of Information to Residents) of the Regulations.
7. The approved centre should be compliant with the Codes of Practice on Physical Restraint and on Admission, Transfer and Discharge.