

## Report of the Inspector of Mental Health Services 2011

<b>EXECUTIVE CATCHMENT AREA</b>	Cavan, Monaghan, Louth, Meath
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	Louth / Meath
<b>APPROVED CENTRE</b>	Department of Psychiatry, Our Lady's Hospital, Navan
<b>NUMBER OF WARDS</b>	One
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Department of Psychiatry
<b>TOTAL NUMBER OF BEDS</b>	25
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	15 February 2011

## OVERVIEW

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

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

The Department of Psychiatry was located in Our Lady's Hospital in Navan. The department was laid out around a central enclosed garden and was bright and clean. The overall impression on entering the approved centre was of a calm and relaxed unit. Nurses were observed talking one to one with a number of residents. There were 21 residents on the day of inspection, of whom four were involuntarily detained. There was no child resident.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	27	26	25
Substantial Compliance	3	5	4
Minimal Compliance	1	0	0
Not Compliant	0	0	2
Not Applicable	0	0	0

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	25	21	Sector Teams

**QUALITY INITIATIVES**

- One prescribing nurse practitioner now operated in the Department of Psychiatry.
- A risk register had been established.
- An occupational therapist had been appointed in September 2010.
- A family visiting room had been made available.

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

1. Funding should be made available to fully resource the team; in particular an occupational therapist should be appointed to the approved centre on a full-time basis.

Outcome: An occupational therapist had been appointed to a full-time post in the department in September 2010.

2. There is a need to complete the refurbishment of the family visiting room.

Outcome: This had been completed.

3. Seclusion – a permanent sign should be erected stating the use of CCTV cameras at or in the seclusion room.

Outcome: A sign had been placed in the seclusion area, but it was not visible when entering the seclusion room.

4. The approved centre must ensure privacy in the bedrooms and bathrooms of all residents.

Outcome: Work was ongoing in the bathroom areas.

5. The policy on visiting hours should be in line with current practice in the approved centre.

Outcome: Visiting hours were more flexible than displayed on the notice board, but it was reported that it was not possible to alter the hours displayed as the Department of Psychiatry had to be in line with visiting hours in the general hospital.

6. All individual care plans should be signed by the resident and each resident must be given their own copy of the individual care plan.

Outcome: Not all residents had individual care plans. For those residents who had an individual care plan, it was not evident that they had been given a copy of the plan.

7. A person responsible within the multidisciplinary team should be identified to complete any interventions within the resident's Individual Care Plan.

Outcome: In some instances, there was an identified member of the multidisciplinary team to carry out an intervention, but this was not consistent throughout the clinical files.

8. The service should develop and implement policies and training for staff regarding how to work with people with mental illness and an intellectual disability.

Outcome: This process had begun, and was in progress.

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

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

**Article 4: Identification of Residents**

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

**Justification for this rating:**

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

**Article 5: Food and Nutrition**

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

**Justification for this rating:**

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

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

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

**Justification for this rating:**

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

**Article 7: Clothing**

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

**Justification for this rating:**

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



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

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

**Justification for this rating:**

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

**Article 9: Recreational Activities**

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

**Justification for this rating:**

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

**Article 10: Religion**

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

**Justification for this rating:**

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

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The centre had an up-to-date policy on visiting.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The policy on communication was up to date.

**Article 13: Searches**

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The policy on searches was up to date. There was an up-to-date policy, which included procedures on finding of illicit substances.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. There was an up-to-date policy on the care of the dying in the approved centre.

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

A number of clinical files were examined and not all residents had individual multidisciplinary care plans. In the cases of residents who had individual care plans, the standard of documentation was variable. Some individual care plans were signed by the residents but there was no evidence that residents received a copy of their individual care plan.

**Breach: 15**



**Article 16: Therapeutic Services and Programmes**

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

**Justification for this rating:**

Not all residents had individual care plans and therefore the approved centre did not ensure that each resident had access to therapeutic services and programmes in accordance with their individual care plan. An occupational therapist had been appointed full-time to the department in September 2010 and provided a very good level of therapeutic service. An Art Therapy student was on placement in the department, and residents had access to psychology and social work input as required.

Breach: 16 (1)

**Article 17: Children's Education**

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

**Justification for this rating:**

The service had an up-to-date policy on children's education.

**Article 18: Transfer of Residents**

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

**Justification for this rating:**

The service had an up-to-date policy on transfer of residents. At the time of inspection, no resident had been transferred in 2011.

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

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

**Justification for this rating:**

Three residents had been in the approved centre for longer than six months. On a review of the clinical files of two residents, there was no evidence that a physical health examination had been carried out within the six- month period. The service had an up-to-date written policy on responding to medical emergencies.

**Breach:** 19 (1) (b)

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

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

**Justification for this rating:**

There was a written policy on provision of information to residents. A booklet providing information on ward routine and available facilities was given to residents on admission. There were notices indicating availability of advocacy services on display around the unit.

**Article 21: Privacy**

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

**Justification for this rating:**

All residents' rooms and bathrooms provided areas of privacy.

**Article 22: Premises**

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

**Justification for this rating:**

The premises were well maintained and clean. There was a large comfortable sitting room and a dining room and residents had free access to the garden. The unit would benefit from minor re-painting works.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The policy on ordering, prescribing, storing and administration of medicines to residents was up to date.



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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. There was a policy on health and safety.

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

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

**Justification for this rating:**

The inspection of this Article was based on self-assessment. The policy on use of CCTV was up to date.

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	CNM 2	1	0
	CNM 1	1	1
	Staff Nurse	4	3

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

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

**Justification for this rating:**

An occupational therapist had been appointed in September 2010 and worked full-time in the department. An Art Therapy student on placement in the approved centre conducted sessions twice per week. Most sector teams had full multidisciplinary members except the Dunshaughlin sector which had no social worker. There was no psychologist on the psychiatry of old age team. However, residents had access to these disciplines as required. A record of staff training was kept and indicated that staff had taken part in a range of training and education. The HSE recruitment policy applied to staff in the approved centre.

**Breach:** 26 (2)

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

The clinical files in general were untidy and many had loose pages. It was difficult to locate relevant documentation in many files.

The policy on records was implemented on 28 February 2011.

**Breach:** 27 (1)

**Article 28: Register of Residents**

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

**Justification for this rating:**

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

**Article 29: Operating policies and procedures**

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

**Justification for this rating:**

Policies were up to date.

**Article 30: Mental Health Tribunals**

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

**Justification for this rating:**

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

**Article 31: Complaint Procedures**

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

**Justification for this rating:**

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



**Article 32: Risk Management Procedures**

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

**Justification for this rating:**

The risk management policy in the approved centre was a nursing risk management policy. Although the approved centre had other policies which related to risk management, these did not relate specifically to precautions in place to control the following specified risks: suicide and self-harm, assault or accidental injury to residents.

**Breach:** 32 (2) (c) (ii), (iii), (iv)

**Article 33: Insurance**

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

**Justification for this rating:**

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

**Article 34: Certificate of Registration**

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

**Justification for this rating:**

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

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

**SECLUSION**

**Use:** The Seclusion Register was inspected and there had been 42 episodes of seclusion in 2011 up to the time of Inspection.

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

**Justification for this rating:**

Whilst the Seclusion Register was generally filled in accurately, three instances of renewal orders were not clearly entered in the record.

The sign indicating that CCTV was in operation was poorly sited behind the door and might be easily missed by a resident entering seclusion.

The seclusion room provided a calm and quiet environment and was finished to a high standard. The room had a large one-way-window which overlooked a garden area. The approved centre had an excellent booklet to record the care and supervision of a resident in seclusion.

**Breach:** 6.2, 12.2 (b)

### **ECT (DETAINED PATIENTS)**

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**Use:** There were no ECT facilities in the approved centre. No patient was receiving ECT at the time of inspection in any other approved centre.

### **MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint, including restraint under Part 5 of the Rules on mechanical restraint was not used in the approved centre.

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

**PHYSICAL RESTRAINT**

**Use:** The Clinical Practice Form for Physical Restraint book was inspected. There had been five instances of physical restraint in 2011 up to the time of Inspection.

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

**Justification for this rating:**

The Clinical Practice Form book was completed as required by the Code of Practice on the Use of Physical Restraint in Approved Centres. The service had produced its own form to record the care process of an individual who has been physically restrained and this was excellent. The individual clinical files of two residents who had been physically restrained were inspected and episodes were recorded appropriately.

**ADMISSION OF CHILDREN**

**Description:** Children were admitted to the approved centre only when there was no available place in an approved centre suitable for the admission of children. There was no child resident in the approved centre on the day of admission. One child had been admitted to the unit for a period of three days in January 2011.

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

**Justification for this rating:**

The approved centre was not suitable for the admission of children. It did not have age-appropriate facilities or a programme of suitable activities for children.

**Breach:** 2.5



## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

**Description:** One death had occurred in the approved centre since the previous inspection, which was notified to the Mental Health Commission.

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

### Justification for this rating:

Deaths were notified to the Mental Health Commission within 48-hours as required by the Mental Health Act 2001.

The approved centre did not have a comprehensive risk management policy which covered precautions to control the risk of suicide and self-harm, assault or accidental injury to residents. A report on incidents was forwarded to the Mental Health Commission as required by the Code of Practice.

The Safety Statement of the service had procedures which covered the notification of deaths and incidents to the Mental Health Commission and identified the person with responsibility for risk management within the mental health service. However, the Safety statement was primarily a document which related to safety for employees in the workplace and was not a document intended to address issues relating to risk management of residents in the approved centre.

**Breach:** 3.1 (1), (2) (c), 3.2, 4.1

## **ECT FOR VOLUNTARY PATIENTS**

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**Use:** The approved centre had no facilities for providing ECT. Residents who required ECT were transferred to another approved centre. No resident was receiving ECT at the time of inspection.

**ADMISSION, TRANSFER AND DISCHARGE**

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**Description:** Residents were admitted to and discharged from the approved centre by sector and psychiatry of old age teams. Residents were transferred on occasion.

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

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

**Level of compliance:**

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

**Justification for this rating:**

The approved centre had comprehensive policies on admission, transfer and discharge of residents. Residents were assigned a key worker soon after admission. Policies were in place regarding the discharge of older persons and homeless people. Staff responsibilities were described in the policy on admission. The approved centre was not fully compliant with Article 32 in the Regulations relating to risk management.

**Breach: 7.1**

### Part 3 Admission Process

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

**Level of compliance:**

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

**Justification for this rating:**

The service endeavoured to admit residents on a planned basis. In the event this was not possible, the policy on admission included procedures for this. Residents were given a patient information booklet on admission which included information on advocacy and were assigned a key worker. The service was not compliant with Article 15 relating to Individual Care Plans. An admission form for residents admitted voluntarily was in use. The approved centre was not fully compliant with Article 27 of the Regulations in respect of maintenance of records.

**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
<b>X</b>			

**Justification for this rating:**

No resident had been transferred recently. The service had a policy on transferring residents. Information was transferred with the resident.

**Part 5 Discharge Process**

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

**Level of compliance:**

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

**Justification for this rating:**

The service had a discharge policy which outlined the procedures for discharge. The decision to discharge was taken by the multidisciplinary team and was co-ordinated by the key worker. A discharge summary should be transmitted to the general practitioner within three days. The policy on discharge also described procedures for the discharge of older persons and homeless people.

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

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**Description:** One resident had a mental illness and intellectual disability.

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

**Level of compliance:**

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

**Justification for this rating:**

The service had a policy on working with people with mental illness and intellectual disability. No specific training had been implemented for staff but the service was in discussion with an appropriate agency to develop such education. The resident with intellectual disability had not been linked in with an appropriate agency for intellectual disability.

**Breach:** 6.1, 7.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** One patient had been resident for more than three months and was receiving medication.

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

**Justification for this rating:**

The administration of medication had been authorised by a second consultant psychiatrist and Form 17 had been completed.



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

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**Description:** There was no detained child resident at the time of inspection.

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

### **SERVICE USER INTERVIEWS**

Residents were greeted during the inspection but no resident requested to speak directly with the inspectors.

### **OVERALL CONCLUSIONS**

The approved centre in Our Lady's Hospital was a pleasant, well maintained unit. The inspectors were impressed with the level of engagement observed between residents and staff. The recruitment of a full-time occupational therapist to the approved centre in the previous year enabled better provision of therapeutic services and programmes. It was disappointing to note that not all residents had individual care plans some five years after the introduction of the Regulations. Although the service had developed a risk register, there was not one comprehensive risk management policy covering the items specified in the Regulations, and the service Safety statement related more to employee safety rather than risk management of residents.

### **RECOMMENDATIONS 2011**

1. All residents should have individual multidisciplinary care plans.
2. The service should develop a risk management policy covering the risks related to suicide and precautions for controlling this and other risks, as described in the Regulations.
3. The sign indicating the use of CCTV in the seclusion area should be displayed more prominently.