

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Louth/Meath/Cavan/Monaghan
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Louth/Meath
APPROVED CENTRE	Department of Psychiatry, Our Lady's Hospital, Navan
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry
TOTAL NUMBER OF BEDS	25
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	30 May 2012

Summary

- The 25-bed Department of Psychiatry, Our Lady's Hospital, Navan, was a calm, open and welcoming unit.
- In-patient treatment and care were recovery oriented with a strong community focus. Family and carer input was welcomed. Each resident had an individual care plan which built upon individual strengths and supports.
- An active audit cycle was ongoing. This included service user feedback, individual care planning and episodes of seclusion. The use of seclusion had reduced significantly in 2012 up to the time of inspection.
- There were insufficient health and social care professionals on the sector teams. This impacted negatively on in-patient care and needed to be addressed immediately to ensure a community focused continuum of care.

OVERVIEW

In 2012, 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 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

The Department of Psychiatry was located on the ground floor of Our Lady's Hospital, Navan. The unit, which was laid out around a central garden area, was well signposted and access was via a bright link corridor. The door to the unit was unlocked. The unit was calm and relaxed with residents variously sitting in the garden, reading or participating in the occupational therapy session. Staff were out and about on the unit chatting with residents.

On the day of inspection there were 16 residents, two of whom were out on leave, one resident was detained. There were no residents over the age of 65 years. No children had been admitted to the unit in 2012 up to the time of inspection.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	25	29
Substantial Compliance	5	4	2
Minimal Compliance	0	0	0
Not Compliant	0	2	0
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 (DOP)	25	16	5 General Adult Teams Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

1. An audit had been completed on service user feedback on in-patient experience. Service user feedback was sought on an ongoing basis via feedback forms posted prominently in the unit.
2. A risk register had been established and this had prompted changes to the environment within the unit, such as levelling floor surfaces.
3. An “anti-ligature fittings” audit had taken place. Bathrooms had been renovated and incorporated antiligature fitments.
4. An audit had been completed on multidisciplinary individual care plans within the DOP.
5. An audit had been completed on episodes of seclusion between March and August 2011. The number of seclusion episodes in 2012 had decreased and documentation was of a good standard.
6. The Carers Group which met monthly in the DOP, had expanded to 18 members.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. All residents should have multidisciplinary care plans.

Outcome: All residents had multidisciplinary individual 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.

Outcome: There was a comprehensive risk management policy in place. An audit of ligature points had been completed in the DOP and the environment adapted accordingly.

3. The sign indicating the use of CCTV in the seclusion area should be displayed more prominently.

Outcome: The CCTV signage for the seclusion room was prominently posted.

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

Justification for this rating:

Two nurses administered medication. A key worker system operated.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A menu was available and residents pre-ordered their meals. There was a good choice in meals and salads were available as an option also. Special dietary requirements were catered for. Fresh drinking water was available via water coolers. Tea and snacks, fresh fruit was provided also. Residents had access to the hospital shop and vending machines in the main hospital building.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The most recent environmental health officer's report was available for inspection.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents wore day attire. Individual clothing was provided in the event of a resident not having a personal supply of clothing. The use of night attire was not deemed a part of the treatment options and this was stated in the DOP policy and procedures.

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

Justification for this rating:

There was an up-to-date policy in relation to resident's personal property and possessions. All residents had personal lockers and wardrobes. Valuables could be stored in a safe. A property record was completed in duplicate on admission and signed by two staff members and the resident.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was sufficient communal space for residents to relax and pursue individual recreational activities. There was a pool table, a table-tennis table, books, magazines, daily newspaper, art materials and table games available. Internet access was available for a nominal fee. Residents might also use their personal computers unless their individual care plan indicated otherwise. Television, DVDs, an electronic games console, music player and CD's were also available for residents' use. The occupational therapist provided relaxation CD's for residents. A mental health "healthy reading" book scheme operated within the DOP whereby residents had access to 35 self-help books. Residents had access to the hospital coffee shop.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents were supported in the practice of their religion where this was applicable. Daily Mass was available in the Roman Catholic Church in the main hospital. Information about denominational services locally was posted on the DOP noticeboard and residents were facilitated insofar as practicable.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on visits. There was a dedicated family room available for visits. Visits could also be accommodated in the dayroom, dining area, garden and the coffee shop. Visiting times were the same as the main hospital but reasonable flexibility applied.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy in relation to communication. Residents had access to mailing, telephone and faxing facilities within the DOP. Where there was a concern that incoming or outgoing mail might cause harm to a resident, this was detailed in the individual care plan and the resident was requested to open their mail in the presence of staff. There was a public telephone within the DOP and also in the main hospital. Residents could use their own mobile phones in designated areas within the DOP.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy in relation to the carrying out of searches with and without consent and on the finding of illicit substances. No searches had been done in 2012 up to the time of inspection.

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

Justification for this rating:

There was an up-to-date policy on the care of residents who are dying. There as a large single room to accommodate the resident and family.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

All residents had individual care plans (ICPs) which fully met the requirements of the Regulations. There was clear evidence of resident input and also a focus on the resident's strengths and supports. The ICP was drafted in service user friendly format. Resident input was further supported via the occupational therapy weekly personal goal planning meeting. A key worker system operated. The multidisciplinary ICPs incorporated a psychosocial and community focus.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents had ICPs and these specified the targeted individual treatments and interventions. There was an occupational therapist (OT) full-time in the unit and a dynamic therapy programme was in place. Inspection of individual clinical files recorded evidence of OT assessments and interventions. Psychoeducational programmes were provided by nursing staff and other disciplines.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy in relation to children's education. No child had been admitted in 2012 up to the time of inspection.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on transfers and the transfer of clinical information. No resident had been transferred to another treatment centre in 2012 up to the time of inspection.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	

Justification for this rating:

The service had an up-to-date policy on responding to medical emergencies. The individual clinical files of two residents who had been in the approved centre longer than six months were inspected and contained a record of a six monthly physical examination.

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

Justification for this rating:

The DOP had an excellent resident information booklet. The booklet was attractively laid out and illustrated and contained excellent information. Information was available on medications and diagnosis. Information was available on independent advocacy services and self-help groups. The DOP had a library of self-help books for residents. The approved centre had an up-to-date policy and procedures relating to the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents' sleeping accommodation and bathrooms provided for privacy and dignity.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The shower rooms and lavatories had been refurbished and were bright and clean with good ventilation. The DOP was well maintained and clean throughout. The unit would benefit from repainting of the corridor walls and additional prints or pictures on the walls for colour.

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

Justification for this rating:

There was an up-to-date policy on the ordering, prescribing, storing and administration of medication.

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

Justification for this rating:

There was a health and safety statement for the DOP. The risk register for the DOP summarised and communicated all known risks to executive management team.

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

Justification for this rating:

CCTV was used in the seclusion room only. There was an up-to-date policy on the use of CCTV and there was clear signage posted.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
DOP	CNM 3	0	1 shared across Louth/Meath
	CNM 2	1	0
	CNM 1	1	1
	RPN	4	3

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

Justification for this rating:

There was a full-time OT based within the approved centre. Referral for clinical psychology and social work was on an individual basis and depended on the availability and capacity of sector staff to provide a service across sectors. Whilst this was made available where possible and was recorded in the individual clinical file, the numbers of staff and skill mix were not appropriate to the assessed needs of residents. The sector teams were not fully staffed with health and social care professionals. Between the five General Adult sector teams and the Psychiatry of Old Age team, there were two social workers, four clinical psychologists and no occupational therapist.

The HSE recruitment policies applied. The staff training log was available and up to date.

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

Justification for this rating:

There was an up-to-date policy on records. The food safety, health and safety, and fire inspection records were available within the DOP. The individual clinical files were well maintained.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The register did not make provision for the recording PPS numbers as specified in Schedule 1 of the Regulations.

Breach: 28 (2)

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies were reviewed and updated at least every three years. Policies were developed through the services Nurse Education Policy Development Committee.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The conference room within the DOP was available for Mental Health Tribunals. Patients were facilitated and supported in attending as required.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The process for making a complaint was well signposted within the unit and also outlined in the residents' information booklet. A complaints log was kept in the DOP and the nominated person for dealing with complaints was the Grade Four Administrator, who forwarded complaints to the designated complaints officer.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an up-to-date policy on risk management which met the requirements of the Regulations.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was insured by the State Claims Agency and the insurance certificate was displayed within the unit.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The certificate of registration was displayed at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion had been used on two occasions in 2012 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	NOT APPLICABLE			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	NOT APPLICABLE			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The Seclusion Register was inspected and was completed in full and as required. The approved centre had an excellent booklet to record the care and supervision of a resident in seclusion. The seclusion facility, which was ensuite, was bright and clean and had a large one-way-window which overlooked a green garden area. The CCTV signage was clearly posted. No current resident had been secluded therefore there was no clinical file of a secluded resident to inspect..

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not provided within the approved centre. No detained patient was receiving a course of ECT in another approved centre.

MECHANICAL RESTRAINT

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: Physical restraint had been used on seven occasions in 2012 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 inspected and in order. The approved centre 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 file of a resident who had been physically restrained was inspected and the episode was recorded fully, including de-escalation attempts, debriefing and review by the multidisciplinary team and next of kin were informed. Staff training was logged and up to date.

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre in 2012 up to the time of inspections.

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 appropriate for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2012 up to the time of inspection.

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

Justification for this rating:

The approved centre reported deaths and incidents to the Mental Health Commission as required. There was an incident log available for inspection. The CNM II chaired the mental health service quality and risk group where incidents and risk issues were reviewed by the senior management team, and reported to the local health manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre. One resident had been discharged recently to another approved centre for the purpose of receiving a course of ECT.

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	NOT APPLICABLE			
13	Documentation	NOT APPLICABLE			
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The individual clinical file of the recently discharged resident was inspected and contained an excellent information booklet in relation to ECT treatment. All other records were maintained in the approved centre which was administering ECT.

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 comprehensive policies on admission, transfer and discharge of residents. Residents were assigned a key worker. Policies were in place in relation to the discharge of older persons and homeless persons. Staff responsibilities were described in the admission policy. The approved centre was fully compliant with Article 32 of the Regulations which dealt with risk management and all individual clinical files inspected recorded risk assessment at time of admission and updated as appropriate. The approved centre was fully compliant with Article 18 on the transfer of information. A copy of policies was available in the unit office and there was a record of staff training in this regard.

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 service endeavoured to admit residents on a planned basis, otherwise admissions were via the Emergency Department. There was a policy in relation to admissions. There was an excellent admission assessment form which was completed for all admissions. All residents had an individual care plan. The individual clinical files inspected evidenced family input as appropriate via collateral history and on an ongoing basis in the care planning process. The DOP had an excellent information booklet for residents. Each resident was assigned a key worker on admission. The care planning process incorporated a community focus and there was good liaison with primary care and voluntary agencies.

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
NOT APPLICABLE			

Justification for this rating:

No resident had been transferred in 2012 up to the time of inspection.

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 individual clinical files of two residents recently discharged were inspected. The decision to discharge was taken by the consultant psychiatrist with multidisciplinary team (MDT) involvement. The MDT and key worker were involved both with the residents' families and community mental health services in discharge planning. There was an excellent discharge form and residents were provided with follow-up appointments at the time of discharge.

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

Description: No resident had an intellectual disability and a 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 policy on the care and management of an individual with intellectual disability and a mental illness. A large number of the nursing staff were dual trained in psychiatric nursing and intellectual disability nursing. A training programme for staff on the care and management of persons with intellectual disability and mental illness had been scheduled, however, this had to be cancelled owing to external factors. The approved centre was currently addressing this need. The OT had posted pictorial signs within the DOP to support those with limited literacy and communication ability.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was no patient detained for a period in excess of three months, and so Section 60 did not apply.

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

Description: No child had been detained in the approved centre in 2012 up to the time of inspection and Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents during the course of the inspection. No resident sought to speak on an individual basis with inspectors.

The inspectors met with the independent advocate on the day of inspection.

OVERALL CONCLUSIONS

The Department of Psychiatry had an open, calm and welcoming atmosphere. At the time of the unannounced inspection staff were chatting and engaged with residents throughout the unit. A dynamic programme of occupational therapy was provided which responded to the needs of those currently resident at any particular time. There was good multidisciplinary collaboration in relation to programmes and training. There was an active cycle of audit and review within the unit, and the use of seclusion had been significantly reduced in 2012. The service actively sought service user and carer feedback and acted on this where feasible. Overall, inpatient treatment incorporated a recovery ethos and was delivered with an active community focus.

RECOMMENDATIONS 2012

1. Staff training in relation to the care and management of an individual with intellectual disability and mental illness should proceed.
2. Sector teams should be fully resourced with health and social care professionals.