

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo and Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway West
APPROVED CENTRE	Department of Psychiatry, University College Hospital, Galway
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	1
TOTAL NUMBER OF BEDS	35
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	1 May 2012

Summary

- Many residents did not have individual care plans as required by the Regulations. This was the fourth year in a row that the Department of Psychiatry, University College Hospital, Galway failed to meet the standard.
- Nursing staff provided therapeutic activities for residents in the activity centre.
- The seclusion room had been used as a bedroom on occasion and there was evidence that staff were uncertain about applying the Rules for Seclusion at times.
- Electroconvulsive therapy (ECT) was used in the approved centre but the ECT nurse had not been specifically trained in ECT in contravention of the Rules and Code of Practice governing the use of ECT.

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 approved centre in the Department of Psychiatry (DOP), University College Hospital was situated at the rear of the general hospital. Entrance was through the reception foyer but there was no receptionist to direct visitors as this post was no longer funded. The building was a single-storey unit with five or six- bed rooms which opened directly onto the corridor on the unit, i.e. without a separating wall or doorway. The high dependence unit built some years ago had not been opened and the current arrangement where the seclusion room opened directly onto the middle of the unit was unsatisfactory.

There were 26 residents in the unit at the time of inspection and an additional three residents were on approved leave from the unit. At the time of inspection, there were seven detained patients including the three patients on approved leave.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	25	24	22
Substantial Compliance	2	2	4
Minimal Compliance	2	2	1
Not Compliant	1	1	3
Not Applicable	1	1	1

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	35	26	General Adult Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- All policies were now online.
- All staff had been registered for e-learning with the Mental Health Services e-learning HUB and Mental Health Commission.
- The service had established a project in conjunction with Genio Trust relating to recovery models of care.
- There were now five nurse prescribers in the approved centre.
- A Drug and Therapeutics Committee had been set up.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. All residents must have an individual care plan as described in the Regulations.

Outcome: This had not been done.

2. The high observation area should be opened without delay,

Outcome: This had not been done.

3. All documents relating to Rules and Codes of Practice for detained patients must be available for the inspection process of approved centres.

Outcome: This documentation was available in the approved centre.

4. A copy of complaints must be retained by the nominated person in the approved centre as outlined in Article 31 of the Regulations.

Outcome: The complaints log was available for inspection and there was a nominated complaints person in the 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>	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 did not use photographic or wristband identification. Staff reported that residents were known to staff. Medication was administered by two nursing staff.

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	
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 dining room had a menu posted and there was a choice of meals. Residents made their choice at the server and meals were plated accordingly. The filter in one of the water coolers was six months out of date.

Breach: 5 (1)

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 Environmental Health Officer had carried out an inspection of the catering facilities in the unit.

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 unless otherwise specified in the individual clinical file. Two ambulant residents were in night clothes at the time of inspection and the reasons for this were recorded.

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 on residents' personal property. Each resident had a bedside locker and an additional locker for clothes and possessions and these could be locked. There was a property check list completed and counter-signed on admission and available in each individual clinical file.

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:

The best use was made of limited space and resources. There was a pool table, television, DVD player, table games and plenty of books and reading materials. There was an excellent gym within the unit and several of the nursing staff were trained in physical fitness and supervised residents in the gym. The activities nurses also ran recreational activities and outings. Newspapers were delivered to the wards each day.

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. The Chaplain visited the ward each Sunday.

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:

The visiting times were in accordance with the general hospital times, however there was flexibility in visiting within the DOP. Staff sought to facilitate visitors and sitting rooms were available. The layout of the unit was not conducive to privacy for residents and visitors in some of the dormitory rooms which formed part of the general access corridor. There was an up-to-date policy relating to visits.

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 one public phone in the unit and residents could also use their own mobile phones, unless otherwise clinically indicated. Residents could post and receive mail and there was a mail room in the unit.

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 on the carrying out of searches with and without consent and on the finding of illicit substances. There had been no searches carried out 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 a policy on the care of residents who are dying. A single room was available if required.

Article 15: Individual Care Plan

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>			
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>		X	X

Justification for this rating:

Fourteen individual clinical files were inspected and of these only two had individual care plans which met the requirements of the Regulations. The approved centre failed to meet the standard of Article 15 for the fourth year in succession.

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>			
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>		X	X

Justification for this rating:

In the absence of individual care plans (ICPs), therapeutic services and programmes provided were not specified according to ICPs and the approved centre was not compliant with this Article. The activity centre nursing staff provided a range of therapeutic groups and activities and there was an activities timetable posted up in the unit.

Breach: 16

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	
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:

One school-going child had recently been admitted for just under two weeks. There was no provision for education whilst in the approved centre.

Breach: 17

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 a policy in relation to the transfer of information for a resident being transferred elsewhere for treatment. One resident had been transferred recently and the clinical file accompanied the resident. The service also used a nurse transfer form and two members of staff accompanied the resident on transfer.

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>		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:

One resident had been an in-patient for more than six months and there was evidence that this resident's physical health needs were attended to. The service had operational policies 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>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had an information booklet for residents which provided information about hospital stay, advocacy, services and programmes. Nursing staff provided information to individuals on diagnosis and medication. The pharmacist attended the multidisciplinary team meetings and provided information to residents both on an individual and a group basis.

Article 21: Privacy

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 layout of the unit was not conducive to privacy in the dormitories, some of which were a continuation of the corridor space without any partition. Nonetheless the nursing staff assigned beds and used the floor space with a view to maximising privacy and all beds had surround curtains and windows were screened.

Article 22: Premises

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

Justification for this rating:

The ward was clean and tidy, however the general decor and upkeep was poor. Several bathrooms required redecoration as there were tiles coming away from the wall, rusty fittings and peeling paint. The area outside the dining room remained unsightly with the window supported by an unfinished plank of wood. The garden areas all needed attention and weeding.

Breach: 22(1)(a),(b),(c)

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 were up-to-date policies on the prescribing, ordering, 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 and the service had policies relating to health and safety of resident, staff and visitors.

Article 25: Use of Closed Circuit Television (CCTV)

There was no CCTV monitoring in the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	CNM3	0	Acting CNM3 X1
	CNM2	1	0
	CNM1	1	0
	RPN	6	4

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>	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 Health Service Executive (HSE) policies on the recruitment, selection and vetting of staff applied. The number of staff and the skill mix was not sufficient to meet the assessed needs of residents, the size and layout of the approved centre. Sector teams were not adequately staffed with health and social care professionals and input from clinical psychology and occupational therapy was severely limited. Social work intervention was evident and well recorded in the individual clinical files inspected.

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

Justification for this rating:

The individual clinical files were poorly kept. Many of the individual files inspected contained loose sheets related to test results, correspondence and progress notes. The chronology and categorisation of data was not clearly indicated. Staff reported that new case files were being introduced and these did not contain an envelope section and it was anticipated that this would reduce the practice of unsecured loose sheets.

There was an up-to-date policy on records. Fire inspection and environmental health officer reports were maintained on site.

Breach: 27(1)

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 of residents did not contain PPS numbers as required by the Regulations.

Breach: 34

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:

Operating policies and procedures were reviewed in a timely way and available for inspection.

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 approved centre facilitated Mental Health Tribunals and patients were supported and assisted 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
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:

Information relating to the complaints procedure was displayed in the ward. Residents were advised to make a complaint in the first instance to the CNM on the ward and to the HSE if they wished. The service had nominated the ADON as the complaints officer in the approved centre. There was a policy relating to making, handling and investigating complaints.

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

Justification for this rating:

The risk management policy met the requirements of the Regulations. All of the individual clinical files inspected contained excellent succinct and focused risk assessments which informed and generated an individual risk management plan. There was evidence that this was reviewed by the multidisciplinary team and updated as appropriate.

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 covered by the HSE indemnity scheme.

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 prominently displayed.

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

SECLUSION

Use: Seclusion had been used four times 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	X			
7	Ending seclusion	X			
8	Facilities				X
9	Recording	X			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	NOT APPLICABLE			
13	Child patients	NOT APPLICABLE			

Justification for this rating:

The Seclusion Register was inspected and documentation was recorded as required by the Rules. The individual clinical file of one patient who had been secluded was inspected. The episode of seclusion was recorded in the clinical file, nursing observations were recorded, next of kin had been informed and the patient had been medically reviewed. Some entries in the Register had included writing "safe room" on the form.

This same patient, who was detained, was being nursed on a one-to-one basis in the seclusion room at the time of inspection. This patient had been admitted one week previously and had been accommodated in the seclusion room from that time. During the course of the inspection visit, the door to the seclusion room was closed but not locked, however the patient was prevented from leaving the seclusion room by the nurse. The nurse held the door and used their body as a barrier to prevent the patient leaving. The personal alarm system was activated twice during this time and a team of nursing staff arrived to the seclusion room and the inspectors heard staff tell the patient that they could not leave the room. Staff persuaded the patient to accept some refreshment. A purposive interpretation of the Rules on Seclusion and Mechanical Restraint would be that the patient was to all intents and purpose being secluded. The patient, in their own best interest, was not free to move around the unit or attend activities.

The inspectors advised staff that the seclusion room must not be used as a bedroom. Inspectors were concerned about loose practice developing and urged staff, in the interests of safeguarding individual human rights to make an order for seclusion where required.

The seclusion room suite opened directly onto the access corridor in the middle of the the ward. It was regrettable to see that the modern high dependency unit located at the end of the unit which was completed in 2010, remained unopened and unused. This would have afforded residents more privacy and a quiet environment with space in which to move around and be cared for.

Staff training in relation to seclusion and physical restraint was up to date.

Breach: 8.4

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

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

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

Justification for this rating:

The ECT suite in the approved centre was spacious and included a waiting area which provided privacy for patients who were waiting. There was a designated consultant psychiatrist for ECT and one nurse, who had not received training in ECT. The service had a clear easy-to-read information leaflet for patients contemplating ECT.

Breach: 11.6

MECHANICAL RESTRAINT

Use: 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 11 times in the approved centre 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 Physical Restraint Practice Form book was inspected and was in order. The individual clinical file of one resident who had been restrained was inspected. There was a record of the restraint episode, including de-escalation attempts and review and discussion with the resident after the event. Staff training in physical restraint was up to date.

ADMISSION OF CHILDREN

Description: There were two child admissions to the approved centre in 2012 up to the time of inspection.

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

Justification for this rating:

The individual clinical file of a child recently discharged was inspected. The child had been admitted as a last resort and in the best interests of the child. The admitting consultant psychiatrist had sought referral and admission to a child and adolescent mental health (CAMHS) approved centre but no beds were available in child and adolescent in-patient units in Galway, Cork or Dublin. There was a policy on the admission of a child and one-to-one nursing care and a single room were provided. The child was discharged and followed up in outpatients. Referral was made to CAMHS. The approved centre was unsuitable 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. There was a policy on incident reporting and incidents were logged and reviewed within the unit in addition to being reported and reviewed in accordance with the policy. Staff reported that with recent retirements there was currently no identified risk manager within the mental health service.

Breach: 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: The service provided ECT but no resident who was resident at the time of inspection was receiving ECT. Three residents had received ECT in 2012 to the time of inspection. The Register for ECT was available for inspection.

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

Justification for this rating:

ECT was used in the approved centre and there was a good information leaflet on ECT. The ECT suite provided a waiting area, treatment room and recovery room. The ECT nurse had not received training in ECT.

Breach: 12.6

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on admission, transfer and discharge. The requirements of Article 32 on Risk Management were fully met. Staff roles were clearly identified and a key worker system operated.

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:

Fourteen individual clinical files were inspected. Individual care plans were not provided for each resident.

There was an excellent protocol and colour-coded recording sheet in relation to involuntary admissions. This provided an accessible and concise record of the admission assessments and process. There were clear admission pathways and liaison with referring agent was well recorded. Family involvement was recorded where appropriate. Admission assessments were all clearly documented. Nursing staff operated a limited key worker system as staffing rotas allowed, so as to provide continuity of care. The approved centre was not compliant with Article 15 relating to Individual Care Plans or Article 27 relating to 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
X			

Justification for this rating:

The individual clinical file of a resident who was transferred to the general hospital and had since returned was inspected. The treating consultant made the decision to transfer. There was evidence of ongoing liaison between the treating teams and both the information transfer and follow-up care by both teams was excellent. There was a transfer protocol in place.

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 file of one resident recently discharged was inspected. In addition, the clinical files of other residents contained previous discharge information which was also reviewed. The decision to discharge was taken by the treating consultant. Liaison and collaboration with community agencies was excellent. Follow-up and after care was well recorded. There was a protocol in relation to discharge in place.

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

Description: There was one resident with an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was a policy on the care and management of an individual with an intellectual disability and mental illness. Inspection of the individual clinical file indicated liaison with relevant community agencies. Staff had not been trained in the care and treatment of individuals with an intellectual disability and mental illness.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: None of the four detained patients in the unit on the day of inspection had been there in excess of three months. However, two additional detained patients were on extended leave in the community and were in receipt of medication for more than three months.

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

Justification for this rating:

A Form 17 was completed in respect of each of the two detained patients on leave in the community.

**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 and section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents throughout the course of the inspection visit. One resident expressed concern about the filter on the water dispenser which was out of date according to the sticker displayed. Inspectors verified this and advised the staff who undertook to follow up on this.

The independent advocate report stated that the majority of residents were complimentary about the care they received. Two aspects of the service were specifically welcomed, the open door policy and the availability of the Activation Unit programme.

OVERALL CONCLUSIONS

The approved centre in the Department of Psychiatry in Galway University Hospital was clean and bright; however, there were still a number of maintenance issues to be completed. Nursing staff provided activities in the activity centre but there was limited input from psychology or occupational therapy.

The absence of individual care plans for many residents for the fourth year in a row was very disappointing.

Whilst the seclusion suite provided both bedroom and sitting room areas for patients secluded, its location on the main corridor of the unit was unsuitable. In addition, the service needs to be clear in its use of seclusion and complete documentation as necessary. Most sleeping accommodation was in four or five-bed rooms which were not separated from the corridors and which impacted negatively on privacy for residents. It was most regrettable that resources had not been sourced to permit the opening of the completed high observation section of the unit.

RECOMMENDATIONS 2012

1. All residents must have an individual care plan.
2. Individual clinical records must be maintained in an acceptable manner.
3. Staff should be trained in the care and management of individuals with an intellectual disability and mental illness.
4. The seclusion room must not be used as a bedroom. Where an individual is being contained in the seclusion room and is not free to leave this room, the human rights safeguards applied in relation to seclusion should be implemented.
5. There should be an adequate number of health and social care professionals on the multidisciplinary teams to meet the identified needs of residents.