

## Report of the Inspector of Mental Health Services 2013

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	North Dublin
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	North Dublin
<b>APPROVED CENTRE</b>	Hawthorn Unit, Connolly Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Hawthorn Unit
<b>TOTAL NUMBER OF BEDS</b>	6
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	None
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	20 March 2013

### Summary

- The six-bed Hawthorn Unit provided care for residents under the care of the Psychiatry of Old Age (POA) Team. This accommodation was temporary pending the opening of a new purpose built in-patient unit on the Beaumont Hospital campus.
- There were six persons resident on the day of inspection, four of whom had been transferred from the Joyce Rooms for the purpose of alleviating a bed shortage rather than for the purpose of providing appropriate treatment to the individuals concerned. This meant that the POA Team's focus of care was being diverted to address needs which might have been better met by a General Adult Team. This raised the issue of bed management and care pathways within the Dublin North East Mental Health Service.
- The care and treatment was comprehensive and in the main the individual care plans were excellent. Staff were caring and knew the residents well and accommodated personal preferences and needs.
- Multidisciplinary team working was well developed and recorded in the individual clinical files.
- The admission process and record for those transferred from the Joyce Rooms was inadequate as it relied on the clinical record from the previous approved centre.

## OVERVIEW

In 2013, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

Hawthorn Unit was a six-bed in-patient facility under the care of the psychiatry of old age (POA) team Dublin North catchment area. Hawthorn Unit was located on the ground floor of Connolly Hospital in Blanchardstown and could be accessed via its own hall door and had direct access to a garden area. This accommodation arrangement was temporary pending the building in 2013 of a new in-patient facility for the Dublin North catchment area at Beaumont Hospital, which would incorporate six beds dedicated to the POA team. Hawthorn was bright, modern and compact. The unit was well decorated and featured residents' art work. The sitting-cum-dining room arrangement echoed a domestic setting and was homely. On the day of inspection there were six residents ranging in age from 50 years to 80 years age bracket. Three residents were detained and four of the residents had been transferred from the Joyce Rooms in Fairview.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	29	24	-
Substantial Compliance	Not Applicable	0	3	23, 26, 27
Minimal Compliance	Not Applicable	0	0	-
Not Compliant	Not Applicable	0	2	15,16
Not Applicable	Not Applicable	2	2	17,25

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
Hawthorn Unit	6	6	Psychiatry of Old Age Team

**QUALITY INITIATIVES 2012/2013**

- A new prescription kardex was due to be introduced in April 2013.
- An audit had been completed of the prescription kardex.
- A dementia mapping process was underway.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT**

The Inspectorate made no recommendations for the approved centre in 2012.

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

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

**Article 4: Identification of Residents**

*The registered proprietor shall make arrangements to ensure that each resident is readily identifiable by staff when receiving medication, health care or other services.*

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

Two nursing staff administered medication. All residents were known to the staff team and there was a clear handover procedure.

## Article 5: Food and Nutrition

*(1) The registered proprietor shall ensure that residents have access to a safe supply of fresh drinking water.*

*(2) The registered proprietor shall ensure that residents are provided with food and drink in quantities adequate for their needs, which is properly prepared, wholesome and nutritious, involves an element of choice and takes account of any special dietary requirements and is consistent with each resident's individual care plan.*

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

Fresh drinking water was available for residents. The menu offered a good choice of nutritious meals prepared from fresh ingredients. Meals were cooked in the main kitchen Connolly Hospital. Residents made their menu choice the day before, however, there was sufficient food to allow for a change of choice at the meal time. A dietician provided regular input and this was incorporated in the individual care plan. Meals took place in a sitting-cum-dining room which was homely.

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

(1) *The registered proprietor shall ensure:*

(a) *the provision of suitable and sufficient catering equipment, crockery and cutlery*

(b) *the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and*

(c) *that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.*

(2) *This regulation is without prejudice to:*

(a) *the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;*

(b) *any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and*

(c) *the Food Safety Authority of Ireland Act 1998.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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 most recent Environmental Health Officer's report was made available for inspection.

## Article 7: Clothing

*The registered proprietor shall ensure that:*

*(1) when a resident does not have an adequate supply of their own clothing the resident is provided with an adequate supply of appropriate individualised clothing with due regard to his or her dignity and bodily integrity at all times;*

*(2) night clothes are not worn by residents during the day, unless specified in a resident's individual care plan.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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 approved centre had a contingency plan for the provision of personal clothing in the event that a resident did not have their own clothes. Residents were only dressed in night attire during the day if this was specified in the individual care plan or by personal choice and this was noted in the clinical file also. Family generally looked after personal laundry but there was a facility available to have clothes laundered also if required.

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

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

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 approved centre had a policy on residents' property and possessions. A property checklist was completed at admission and countersigned. Each resident had a bedside locker and wardrobe. There was also safe provision within the unit.

## Article 9: Recreational Activities

*The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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 television, music players, books, magazines, newspapers and table games available for residents. Nursing staff facilitated residents in the pursuit of recreational activities. There was a coffee shop and oratory on-site in the main hospital. Residents had access to local shops and facilities such as the library. The unit was attractively decorated with three dimensional craftwork created by residents.

## Article 10: Religion

*The registered proprietor shall ensure that residents are facilitated, insofar as is reasonably practicable, in the practice of their religion.*

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<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:

Residents of all faiths were facilitated in the practice of their religion insofar as practicable. A Roman Catholic Minister of the Eucharist visited the unit three times per week.

## Article 11 (1-6): Visits

- (1) *The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*
- (2) *The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*
- (3) *The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*
- (4) *The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*
- (5) *The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*
- (6) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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 an up-to-date policy on visits. Whilst there was no dedicated visiting room, there were two rooms available to facilitate visiting. Children could visit if accompanied. The main hospital cafeteria was also accessed by families when visiting.

## Article 12 (1-4): Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 policy on communication. Residents could retain their personal mobile telephone and staff facilitated residents with the use of an office phone also. Residents could send and receive post unopened and there was a daily postal service within the general hospital.

### **Article 13: Searches**

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- (1) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
  - (2) The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
  - (3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
  - (4) Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
  - (5) The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
  - (6) The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
  - (7) The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
  - (8) The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
  - (9) The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
  - (10) The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*
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LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 policy on searches with and without consent and on the finding of illicit substances. A property search was completed at the time of admission. No personal searches had been carried out in 2013 and staff stated that this was generally the case.

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

(1) *The registered proprietor shall ensure that the approved centre has written operational policies and protocols for care of residents who are dying.*

(2) *The registered proprietor shall ensure that when a resident is dying:*

(a) *appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;*

(b) *in so far as practicable, his or her religious and cultural practices are respected;*

(c) *the resident's death is handled with dignity and propriety, and;*

(d) *in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

(3) *The registered proprietor shall ensure that when the sudden death of a resident occurs:*

(a) *in so far as practicable, his or her religious and cultural practices are respected;*

(b) *the resident's death is handled with dignity and propriety, and;*

(c) *in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

(4) *The registered proprietor shall ensure that the Mental Health Commission is notified in writing of the death of any resident of the approved centre, as soon as is practicable and in any event, no later than within 48 hours of the death occurring.*

(5) *This Regulation is without prejudice to the provisions of the Coroners Act 1962 and the Coroners (Amendment) Act 2005.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 approved centre had a policy on the care of residents who are dying. There was single room accommodation available. Staff were trained in end of life care.

**Article 15: Individual Care Plan**

*The registered proprietor shall ensure that each resident has an individual care plan.*

*[Definition of an individual care plan: "... a documented set of goals developed, regularly reviewed and updated by the resident's multi-disciplinary team, so far as practicable in consultation with each resident. The individual care plan shall specify the treatment and care required which shall be in accordance with best practice, shall identify necessary resources and shall specify appropriate goals for the resident. For a resident who is a child, his or her individual care plan shall include education requirements. The individual care plan shall be recorded in the one composite set of documentation".]*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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:**

This Article requires that each resident have an individual care plan (ICP) and this was not the case on the day of inspection. Four residents had excellent ICPs which were reviewed weekly by the multidisciplinary team. Two residents had ICPs which related to the Joyce Rooms from where the person had been admitted and not to the care and treatment in Hawthorn Unit.

The ICP template document, the multidisciplinary input and the holistic scope of care was excellent. Individual clinical files evidenced excellent working with families and community agencies. The clinical record indicated that staff had good knowledge of each resident's social history, preferences and strengths and that these were factored into the care provided.

**Breach: 15**

## Article 16: Therapeutic Services and Programmes

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

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

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

Therapeutic services and programmes must be specified for each individual based on assessed needs and elucidated in the ICP. As not all residents had an ICP, the approved centre was not compliant with this Article.

Therapeutic services were excellent overall, with many provided by nursing staff. There was good occupational therapy provision. Social work provision was evident. Clinical speech and language therapy, chiropody, and physiotherapy were available as required. There was no clinical psychology service available.

**Breach:** 16(1)

**Article 17: Children's Education**

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*The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.*

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Children were not admitted to the approved centre.

## Article 18: Transfer of Residents

*(1) When a resident is transferred from an approved centre for treatment to another approved centre, hospital or other place, the registered proprietor of the approved centre from which the resident is being transferred shall ensure that all relevant information about the resident is provided to the receiving approved centre, hospital or other place.*

*(2) The registered proprietor shall ensure that the approved centre has a written policy and procedures on the transfer of residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 policy on the transfer of residents. All relevant clinical information accompanied a resident on transfer.

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

(1) *The registered proprietor shall ensure that:*

(a) *adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required;*

(b) *each resident's general health needs are assessed regularly as indicated by his or her individual care plan and in any event not less than every six months, and;*

(c) *each resident has access to national screening programmes where available and applicable to the resident.*

(2) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for responding to medical emergencies.*

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

Six-month general physical examinations had been completed and were recorded on a separate form. There was an excellent system in place to flag upcoming assessments and screenings due. There were up-to-date policies and procedures in relation to responding to medical emergencies. The Connolly Hospital crash team were available and Hawthorn Unit shared emergency equipment with the adjoining Ash Ward. Residents had access to national screening programmes as required.

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

(1) Without prejudice to any provisions in the Act the registered proprietor shall ensure that the following information is provided to each resident in an understandable form and language:

(a) details of the resident's multi-disciplinary team;

(b) housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements;

(c) verbal and written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis unless in the resident's psychiatrist's view the provision of such information might be prejudicial to the resident's physical or mental health, well-being or emotional condition;

(d) details of relevant advocacy and voluntary agencies;

(e) information on indications for use of all medications to be administered to the resident, including any possible side-effects.

(2) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for the provision of information to residents.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 approved centre had a policy on the provision of information to residents. There was an information leaflet for the Hawthorn Unit and there were leaflets and posters on self help and voluntary groups, on diagnoses and medications. The independent advocate visited the unit regularly.

## Article 21: Privacy

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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<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:

Residents' privacy and dignity were respected throughout the approved centre. Windows had blinds and there were surround curtains for beds. Inspectors observed staff interaction with residents and dignity and privacy were respected.

## Article 22: Premises

(1) *The registered proprietor shall ensure that:*

(a) *premises are clean and maintained in good structural and decorative condition;*

(b) *premises are adequately lit, heated and ventilated;*

(c) *a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.*

(2) *The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.*

(3) *The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.*

(4) *Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.*

(5) *Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.*

(6) *This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 clean and well maintained. Furniture and fittings were appropriate to the needs of residents. The unit was short of storage space and nursing staff were required to store hoists, commodes and a weighing chair in the corridor during the day. The garden area required additional planting and age appropriate garden seating.

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

(1) *The registered proprietor shall ensure that an approved centre has appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.*

(2) *This Regulation is without prejudice to the Irish Medicines Board Act 1995 (as amended), the Misuse of Drugs Acts 1977, 1984 and 1993, the Misuse of Drugs Regulations 1998 (S.I. No. 338 of 1998) and 1993 (S.I. No. 338 of 1993 and S.I. No. 342 of 1993) and S.I. No. 540 of 2003, Medicinal Products (Prescription and control of Supply) Regulations 2003 (as amended).*

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

There was a policy on the prescribing, ordering, storing and administration of medicines. A new prescription form was to be introduced shortly. On inspection of the medication kardexes, some errors in the administration records of medication were found. In the case of one resident, a drug which was prescribed for administration at 2200h was given at 1000h on two separate occasions, and a hypnotic which was prescribed for administration at 2200h was recorded as being given at 1400h.

**Breach:** 23(1)

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

*(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the health and safety of residents, staff and visitors.*

*(2) This regulation is without prejudice to the provisions of Health and Safety Act 1989, the Health and Safety at Work Act 2005 and any regulations made thereunder.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 Health and Safety statement for the Hawthorn Unit was in the process of being reviewed. There was a policy on the health and safety of residents, staff and visitors.

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

(1) *The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:*

- (a) *it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) *it shall be clearly labelled and be evident;*
- (c) *the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) *it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) *it must not be used if a resident starts to act in a way which compromises his or her dignity.*

(2) *The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*

(3) *The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

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

CCTV was not used within the approved centre.

## Article 26: Staffing

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT	
Hawthorn Unit	CNM3		0	1
	CNM2		1	0
	RPN		2	1
	RPN special	0800 to 2000h	1	0
	Nurse intern		1	0
	HCA		1	1

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 Health Service Executive (HSE) policies and procedures in relation to the selection, vetting and recruitment of staff applied. The staff training log was up to date and satisfactory. The range and number of clinical staff was not appropriate to the assessed needs of residents, the size and layout of the unit. A CNM3 was the senior person in charge at night and there was an Assistant Director of Nursing on call at night within the Dublin North mental health service. There was no clinical psychologist on the Psychiatry of Old Age Team and this should be remedied immediately. The team sought to acquire the services of a clinical psychologist from sector teams if urgent but this situation was untenable on an ongoing basis and denied residents optimal care.

**Breach:** 26 (2)

## Article 27: Maintenance of Records

(1) *The registered proprietor shall ensure that records and reports shall be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. All records shall be kept up-to-date and in good order in a safe and secure place.*

(2) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the creation of, access to, retention of and destruction of records.*

(3) *The registered proprietor shall ensure that all documentation of inspections relating to food safety, health and safety and fire inspections is maintained in the approved centre.*

(4) *This Regulation is without prejudice to the provisions of the Data Protection Acts 1988 and 2003 and the Freedom of Information Acts 1997 and 2003.*

*The Inspectorate did not inspect and has no expertise in assessing fire risk*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 Environmental Health Officer's report was made available for inspection. There were no fire inspection reports available for inspection. A Health and Safety statement was available.

The approved centre had a policy on the creation of, access to, retention and destruction of records.

The individual clinical files were generally in good order and would be improved with a clear "most recent admission" section.

**Breach:** 27.3

## Article 28: Register of Residents

(1) The registered proprietor shall ensure that an up-to-date register shall be established and maintained in relation to every resident in an approved centre in a format determined by the Commission and shall make available such information to the Commission as and when requested by the Commission.

(2) The registered proprietor shall ensure that the register includes the information specified in Schedule 1 to these Regulations.

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 Register of Residents met the standard of the Regulations.

**Article 29: Operating policies and procedures**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 policies and procedures in relation to the Regulations were in order.

## Article 30: Mental Health Tribunals

*(1) The registered proprietor shall ensure that an approved centre will co-operate fully with Mental Health Tribunals.*

*(2) In circumstances where a patient's condition is such that he or she requires assistance from staff of the approved centre to attend, or during, a sitting of a mental health tribunal of which he or she is the subject, the registered proprietor shall ensure that appropriate assistance is provided by the staff of the approved centre.*

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

Mental Health Tribunals were fully facilitated within Hawthorn Unit and an appropriate room was provided for this purpose.

## Article 31: Complaint Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

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

Residents and families were fully apprised of the complaints procedure via poster prominently posted and information in the unit leaflet. The Health Service Executive "Your Service Your Say" system operated whereby complaints might be sent in writing to the designated complaints officer at St. Ita's Hospital, Portrane. Complaints in relation to Hawthorn Unit were, on receipt by the complaints officer, re-routed to the appropriate head of discipline for follow up as appropriate or otherwise dealt with by the complaints officer. The CNM2 was the person identified within Hawthorn with responsibility for dealing with verbal complaints in the first instance. Staff reported that no complaints had been received to date and there was an empty complaints log within Hawthorn Unit.

## Article 32: Risk Management Procedures

(1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*

(2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*

(a) *The identification and assessment of risks throughout the approved centre;*

(b) *The precautions in place to control the risks identified;*

(c) *The precautions in place to control the following specified risks:*

(i) *resident absent without leave,*

(ii) *suicide and self harm,*

(iii) *assault,*

(iv) *accidental injury to residents or staff;*

(d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*

(e) *Arrangements for responding to emergencies;*

(f) *Arrangements for the protection of children and vulnerable adults from abuse.*

(3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 policy on risk management which met the requirements of the Regulation. Each individual clinical file inspected contained excellent risk assessments, including those specific to the needs of older persons. The risk assessments were updated in a timely manner and reviewed by the multidisciplinary team. The incident log was well maintained and incidents were notified to the Mental Health Commission as required.

### Article 33: Insurance

*The registered proprietor of an approved centre shall ensure that the unit is adequately insured against accidents or injury to residents.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 approved centre was insured under the HSE and the State Indemnity Scheme.

## Article 34: Certificate of Registration

*The registered proprietor shall ensure that the approved centre's current certificate of registration issued pursuant to Section 64(3)(c) of the Act is displayed in a prominent position in the approved centre.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</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 Certificate of Registration was displayed on the main corridor at the entrance.

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

**SECLUSION**

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**Use:** Seclusion was not used in the approved centre.

### **Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

**Use:** ECT was not administered in the approved centre. No detained patient was in receipt of ECT in another approved centre at the time of inspection.

## MECHANICAL RESTRAINT

**Use:** Mechanical restraint was not used in the approved centre. Part 5 of Use of Mechanical Means of Bodily Restraint for Enduring Risk to Self or Others was used.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour	X			

### Justification for this rating:

The prescription for the use of mechanical restraint for use in Part 5 of the Rule on the Use of Mechanical Means of Bodily Restraint for Enduring Risk to Self or Others was documented in the clinical file of one resident who was mechanically restrained and was compliant with the Rule.

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

### PHYSICAL RESTRAINT

**Use:** Physical restraint had not been used in the approved centre.

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

#### Justification for this rating:

The policy on physical restraint was out of date. The policy was a general North Dublin policy and was included in the Hawthorn Unit policy folder, however, staff stated that physical restraint was not used in Hawthorn Unit. At the time of inspection, four residents had been transferred into the Hawthorn Unit from the Joyce Rooms. Three patients were detained. Discussion with staff identified that the need for physical restraint might arise in the future in light of the current transfer practices. The policy on physical restraint should be updated and applicable to the Hawthorn Unit and staff should be apprised of the policy.

**Breach:** 9.2(d)

## ADMISSION OF CHILDREN

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**Description:** Children were not admitted to the approved centre.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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**Description:** There had been no deaths in the approved centre in 2013 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:**

Deaths and incidents were reported to the Mental Health Commission as required. The service was compliant with Article 32 relating to Risk Management. There was an identified risk manager with responsibility for the mental health service.

## **Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

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**Use:** ECT was not provided in the approved centre. No voluntary resident was in receipt of ECT in another approved centre at the time of inspection.

## 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 relating to the admission, transfer and discharge of residents. The approved centre was compliant with Article 8 relating to Residents Personal Property and Possessions and Article 32 relating to Risk Management. It was not compliant with Article 23 relating to the Ordering, Storing, Prescribing and Administration of Medicines.

Breach: 4.10

### Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The clinical files of two residents who had recently been admitted to the approved centre were inspected. Both residents had been admitted to the unit to alleviate a bed shortage in another approved centre. In these circumstances, it could not be said that the admission to this unit was in the best interests of the resident. In the case of both residents, mental state and physical examinations were carried out. Risk assessments were conducted. In the case of one resident the admission assessment referred to a minor living with the resident, however there was no further reference to any follow up of that minor. The service operated a key worker system. The approved centre was fully compliant with Article 7 relating to Clothing, Article 8 relating to Residents Personal Property and Possessions, and Article 20 relating to Provision of Information to Residents. It was not compliant with Article 15 relating to Individual Care Plans.

**Breach:** 12.2, 17.1

## 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>NOT INSPECTED</b>			

Justification for this rating:

As no resident had been transferred to another approved centre or general hospital in 2013, it was not possible to assess the Code of Practice on Transfers.

## Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident who had previously been discharged from and subsequently re-admitted to the unit was available for inspection. There was evidence in the clinical file that the resident's family had been involved in the plan to discharge the resident and the resident's general practitioner (GP) had been informed of the discharge. An arrangement had been made for the resident to follow up with the Community Mental Health Nurse (CMHN).

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

---

**Description:** One resident in the approved centre 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
			<b>X</b>

**Justification for this rating:**

The resident with an intellectual disability had been transferred from another approved centre to alleviate a bed shortage in that approved centre. The transfer of this resident to Hawthorn was not for the purpose of providing additional clinical care and treatment for the resident and thus, the transfer was not in the best interests of the resident. This transfer also entailed a change of consultant psychiatrist and multidisciplinary team. The resident did not have an individual care plan. The service had a policy on the admission of persons with an intellectual disability and a mental illness but this policy was out of date.

**Breach:** 4.1, 5.1, 8.1,

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

### SECTION 60 – ADMINISTRATION OF MEDICINE

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**Description:** One patient had been in the approved centre for longer than three months and was prescribed medication.

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 had been completed in relation to the continuing administration of medication to the patient concerned.

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

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**Description:** Children were not admitted to the approved centre and section 61 did not apply.

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

### **SERVICE USER INTERVIEWS**

Inspectors greeted and spoke briefly with three residents during the course of the inspection. Two residents expressed satisfaction with their care and treatment. One patient was keen to be discharged home.

### **ADVOCACY**

Staff reported that an Irish Advocacy Network (IAN) representative visited the unit on a monthly basis or more frequently if required.

### **OVERALL CONCLUSIONS**

The care and treatment provided to residents in the Hawthorn Unit was of a very high standard. On the day of inspection four of the six residents had been transferred to Hawthorn Unit from the Joyce Rooms in Fairview. The age and clinical profile of some of the transferred residents might have been better met by a general adult team. Providing care and treatment for these residents also served to divert the resources of the POA multidisciplinary team. The practice of transferring adult residents to a specialist POA unit for the purpose of alleviating bed shortages elsewhere was not good practice and should cease.

Generic policies and procedures for the Dublin North East Mental Health Services operated in the Hawthorn Unit and policies were over inclusive and not necessarily relevant to the approved centre. This lack of focus on the particular approved centre may have contributed to a lack of clarity about the use of both physical restraint and Part 5 mechanical restraint for enduring self harm, which staff stated were not used but which inspectors found did apply.

### **RECOMMENDATIONS 2013**

1. Each resident must have an individual care plan.
2. Admission procedures must be completed and documented for each resident admitted to the unit.
3. The policies on the use of physical restraint and mechanical restraint Part 5 must be updated.
4. A clinical psychologist should be appointed to the POA team.