

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin West, South West & South City
HSE AREA	Dublin Mid Leinster
MENTAL HEALTH SERVICE	Dublin South City
APPROVED CENTRE	Jonathan Swift Clinic
NUMBER OF WARDS	3
NAMES OF UNITS OR WARDS INSPECTED	William Fownes Ward Beckett Ward Conolly Norman Ward
TOTAL NUMBER OF BEDS	51
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	23 April 2013

Summary

- Physical restraint and admission and discharge procedures were excellent.
- The risk assessment and risk management procedure was of a good standard, with clear recording of input and discussion with the resident and family.
- All residents whose clinical files were examined had an individual care plan as described in the Regulations.
- The training log for multidisciplinary staff in relation to the Mental Health Act 2001 was provided to inspectors. Eleven consultant psychiatrists, 21 senior nursing staff and 50 RPNs attended this training.
- Medicine was not prescribed in accordance with Medical Council guidelines and was not prescribed and administered in accordance with the approved centre's own policies and procedures.

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

Jonathan Swift Clinic was located in St. James's Hospital in Dublin and consisted of three wards: Fownes, Beckett and Conolly Norman comprising 51 beds in total. The approved centre was set over two floors. On the day of inspection Fownes Ward had 23 residents, eight of whom were involuntary. All Articles of the Regulations, Rules and Codes of practice were inspected in Fownes Ward and Beckett Ward. Both Fownes and Beckett Wards were under the care of general adult psychiatry teams and Conolly Norman was under the care of the Psychiatry of Later Life team. The approved centre had two Conditions attached to its registration by the Mental Health Commission:

Condition 1: The approved centre will demonstrate clinical and corporate governance by establishing written procedures concerning the operations of the Mental Health Act 2001 and associated rules and codes of practices:

- a) Are aware of the written procedures,
- b) Are aware of the relevant section of the Mental Health Act 2001 and associated rules and codes of practice, and
- c) Receive training on their duties and responsibilities, and those of the approved centre, under the Mental Health Act 2001, and associated Rules and Codes of Practice.

Condition 2: The Mental Health Commission requires full compliance with Article 26 (Staffing) of S.I. No 551 of 2006; Mental Health Act 2001 (Approved Centres) Regulations 2006.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	25	18	25	-
Substantial Compliance	2	8	4	8, 22, 23, 28
Minimal Compliance	0	0	1	26
Not Compliant	2	4	0	-
Not Applicable	2	1	1	25

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
William Fownes	26	23	General Adult
Beckett	16	11	General Adult
Conolly Norman	9	7	Psychiatry of Later Life

QUALITY INITIATIVES 2012/2013

The approved centre forwarded an eight page document of quality initiatives to the Inspectorate. However, no new initiative related to the approved centre and other initiatives included, already existed in the approved centre.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. The approved centre must be compliant with section 60 of the Mental Health Act 2001.

Outcome: The approved centre was compliant with section 60 of the Act.

2. Staff training on the Mental Health Act 2001 and subsequent Regulations, Rules and Codes of Practice must be updated. This should include particular focus on the role of the responsible consultant psychiatrist.

Outcome: Staff training had occurred in relation to the Mental Health Act 2001. Training had yet to be rolled out on the Regulations, Rules and Codes of Practice.

3. Each resident must have an individual care plan.

Outcome: Each resident, whose clinical file was inspected, had an individual care plan as described in the Regulations.

4. Where a resident is required to wear night attire as part of their care, this must be specified and recorded in the individual care plan. There must be a contingent for the provision of an individual supply of clothing where necessary.

Outcome: No resident required to wear night clothes on the day of inspection.

5. The approved centre should ensure that the members of staff at night are appropriate to the assessed needs of residents, the size and layout of the approved centre.

Outcome: This situation remained unchanged.

6. The approved centre must implement its stated risk management policy.

Outcome: There was evidence from inspection of the individual clinical files that the approved centre was implementing its risk management policy.

7. The approved centre must adhere to the Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients.

Outcome: No resident in the approved centre was receiving ECT.

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

Justification for this rating:

There were photographs on each prescription booklet to ensure that each resident was readily identifiable by staff when receiving medication, health care or other services. Two registered psychiatric nurses administered medicine. A two-person check was in operation where the medicine, the prescription booklet and the resident was double-checked by both nurses prior to administration of medicine. One nurse administered medicine on Beckett Ward.

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
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 fresh, piped cool, water dispensers throughout the units. Paper cups were placed above the coolers. Meals came from the main kitchen in St. James's Hospital and were of the cook-chill variety. There was no menu displayed but there was an excellent choice of food for the main meal of the day. On the day of inspection the choice for main meal was chicken, ham, deep fried battered haddock, vegetarian burger, vegetable curry, salmon, mince meat, stew and steak. There was potato, rice, cabbage and carrot as side orders.

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
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 Acting Senior Environmental Health Officer's reports on food safety dated 6 September 2012 and 20 December 2012 were available for examination by inspectors and were satisfactory.

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

Justification for this rating:

All residents had their own clothing. On the day of inspection no resident was required to wear night clothes during the day. There were spare clothes in Conolly Norman ward for residents' use if they had insufficient of their own.

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
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 approved centre had written operational policies and procedures relating to residents' personal property and possessions. A record of property was not maintained for each resident's personal property and possessions; this was standard procedure throughout the approved centre.

Each resident retained control of his or her personal property and possessions except under circumstances where this posed a danger to the resident or others.

Provision was made for the safe-keeping of all personal property and possessions. There was a safe in Beckett ward for the use of residents of both downstairs wards.

Breach: 8(3)

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
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 plans to move the film projector used for the cinema evenings from the group room to the conference room. It was reported that the I.T. Department were currently working on this. The hospital shop was accessible to residents. There were TVs, music and DVDs available for residents. The garden area was a lovely feature which was accessible to residents and a daily walk was an organised event for those patients on William Fownes Ward who were unable to leave the ward unaccompanied by staff. A newspaper was delivered to the O.T. Department each morning and this was used for newspaper reading groups and was available to residents.

Article 10: Religion

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents were facilitated in the practice of their religion. The Roman Catholic chaplain visited the wards regularly and residents could attend Mass in the main hospital.

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
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:

Visiting hours were between 1000h-1200h, 1400h-1600h and 1800h-2000h. It was reported, however, that visiting times were reasonably flexible, particularly in Beckett and Conolly Norman wards.

The Health and Safety Statement identified the steps to be taken so as to ensure the safety of residents and visitors.

Visiting could take place in the Group Room, the coffee shop, the garden and a Group Room in Beckett Ward facilitated child visitors who had to be accompanied by a responsible adult.

The approved centre had written operational policies and procedures for visits.

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
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 sent and received mail. The approved centre had written operational policies and procedures on communication. Residents could retain the use of their mobile phone. Email and Internet access was available to residents under supervision by staff.

Article 13: Searches

- (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.*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
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:

One search had taken place in 2013 to the date of inspection of the property of a resident now discharged. The documentation in the clinical file in relation to this search was inspected and was of a high standard. No current resident in Beckett or Conolly Norman wards had searches carried out.

Two registered psychiatric nurses carried out any searches that were necessary.

The approved centre had written policies and procedures to satisfy all the requirements of this Article of the Regulations.

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

Justification for this rating:

A single room was available if needed for any resident who was dying. The approved centre had written operational policies and protocols for care of residents who are dying.

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

Justification for this rating:

All residents whose clinical file was examined had an Individual Care Plan as described in the Regulations.

The individual clinical files inspected in both Beckett and Conolly Norman wards all contained excellent ICPs. There was good multidisciplinary input and outcomes were well recorded. The individual resident could sign their own ICP if they wished. Overall, the ICPs provided a clear picture of the care and treatment provided and the planned discharge and community pathway. Some residents were involved in activities off-site to facilitate their transition to the community, for example, talking therapy groups or social groups in the day centre or community centres.

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

Justification for this rating:

In Beckett and Conolly Norman wards there was evidence in the clinical files of regular input by the occupational therapist, social worker and psychologist. The psychologist was conducting a group with residents of Conolly Norman ward while the inspection was being conducted. All of the individual clinical files inspected contained clear specification of therapeutic programmes and treatments. It was evident that there was interdisciplinary planning in relation to mounting a programme of therapeutic activities and groups. The pottery kiln in the occupational therapy department had been well used and residents had produced an array of attractive items. A new sensory programme had been introduced by the occupational therapist into Conolly Norman ward and residents were individually assessed in relation to this.

Article 17: Children's Education

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.

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

No child had been admitted in 2013 to the date of inspection. The approved centre provided evidence to inspectors that each child could be provided with appropriate educational services where applicable.

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

Justification for this rating:

A doctor's transfer letter, nurse transfer form and photocopy of prescription booklet accompanied a resident when transferred to another approved centre. If a resident was transferred for general health reasons to another ward in St. James's Hospital then that resident's clinical file and prescription booklet was provided to the receiving ward. There was a written operational policy and procedures on the transfer of residents.

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
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:

Three residents in Beckett ward had been resident for longer than six months. There was evidence in the clinical files that these residents had a physical health examination within the previous six months. The approved centre had written operational policies and procedures for responding to medical emergencies.

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
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:

Details of the resident's multidisciplinary team were provided on a white board. The approved centre had an excellent "Patient's Information Brochure" which detailed housekeeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements.

Written information on the resident's diagnosis and suitable written information relevant to the resident's diagnosis was available.

Details of relevant advocacy and voluntary agencies were adequately displayed in a number of areas throughout the approved centre.

Written information on indications for use of all medications to be administered to the resident, including any possible side-effects was available to residents.

The approved centre had written operational policies and procedures for the provision of information to residents.

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
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:

On the day of inspection there was evidence that the privacy of residents was appropriately respected. All downstairs windows which looked out on car parks had been frosted and all beds had surround curtains.

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
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:

The dining room remained drab and was in need of decoration. This was reported on in the 2012 inspection report. The smoking room in William Fownes Ward had scattered foil cartons about the floor containing mounds of cigarette butts. The floor was highly stained from stubbed cigarettes and there was a significant amount of graffiti daubed along the walls. Photographic evidence was taken of this smoking room. It was reported by staff that the smoking room was due to close on 1 July 2013 and that the approved centre would exist as a smoke-free area.

The floor in the dining room in William Fownes Ward had not been swept after breakfast even though the tables had been set for lunch. Photographic evidence was taken of this.

The bathrooms in Beckett Ward had been refurbished and were clean.

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

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
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:

In William Fownes Ward, a number of medication administration errors were discovered by inspectors from examination of the prescription booklets. These errors were minor in nature but contravened the approved centre's own policies and procedures in regard to this Article of the Regulations. The errors discovered by inspectors occurred, in at least four instances, where the prescriptions indicated that medication was due to be administered on a certain date and time and the administration section of those prescription booklets had been left blank in that the administration code had not been entered. It was therefore unclear to inspectors and staff as to why the medication had not been administered, whether it had been refused or omitted, or whether it had been administered and not recorded. The pharmacist had already identified these blank areas on the administration section of the prescription booklet and had circled the areas with a green pen. Prior to the inspection, the pharmacist had already arranged a meeting with staff regarding this concern.

In addition to the above, inspection of the prescription booklet of one resident indicated that medication which the resident had been prescribed had been (presumably) discontinued by means of large squiggles scrawled right through the page, without a signature or date contrary to the Medical Council's guidelines. In all prescription booklets inspected no Medical Council Registration Numbers accompanied the prescribing doctor's signature. Photocopy evidence of all of the above was taken by inspectors. These issues were pointed out to staff on the unit and to the senior management team at the conclusion of the inspection.

The approved centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

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
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 a Safety Statement available to inspectors which included reference to 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.

CCTV was not used for the observation of residents in 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
William Fownes Ward	CNM3	1	0
	CNM2	1	0
	(both above posts are shared with Beckett Ward)		
	CNM1	1	1 (shared with Beckett Ward)
	RPN	3	2
Beckett Ward	CNM2, CNM3	1 (shared)	1 (shared)
	RPN	1	1
Conolly Norman Ward	CNM2	Monday to Thursday 1 (shared)	0
	RPN	2	1
	HCA	1	1

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	2011	2012	2013
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:

The training register for multidisciplinary staff in relation to the Mental Health Act 2001 was provided to inspectors. Eleven consultant psychiatrists, 21 senior nursing staff and 50 RPNs attended this training. There was evidence that training in Intellectual Disability was also being rolled out. This had been attended by nursing and occupational therapy (OT) staff. The training log for nursing staff in relation to management of violence and aggression was satisfactory. The training register in relation to nursing staff for Basic Life Support, Manual Handling and Fire Training was also satisfactory.

HSE written policies and procedures relating to the recruitment, selection and vetting of staff applied. The number of staff and skill mix of staff were not appropriate to the assessed needs of residents, the size and layout of the approved centre. This had been reported on in the 2011 and the 2012 inspection reports. The Clinical Nurse Manager on night duty, who was part of the complement of staff on duty in Fownes Ward, was also in charge of the approved centre at night time and so an appropriately qualified staff member was not on duty and in charge of the approved centre at all times.

Copies of the Act, Regulations and Rules made thereunder and Codes of Practice were available to all staff in the approved centre.

Breach: 26(2), (3)

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

Justification for this rating:

All records and reports contained in all clinical files were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The approved centre had written policies and procedures relating to the creation of, access to, retention of and destruction of records.

The Acting Senior Environmental Health Officer's reports on food safety dated 6 September 2012 and 20 December 2012, the 2013 Health and Safety statement and the St. James's Hospital Fire Safety Inspection Report dated 22 February 2013 specific to the approved centre were available for examination by inspectors and were satisfactory.

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
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:

The Register of Residents was not compliant with Schedule 1 to the Regulations in that there was no facility to record residents' PPS numbers.

Breach: 28

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

Justification for this rating:

All written policies and procedures were up-to-date and reviewed every three years.

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
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:

Mental Health Tribunals were held in the "Tribunal Room". Patients were given assistance by staff of the approved centre where required.

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
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 approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints.

The complaints procedure was displayed in prominent positions throughout the approved centre. The CNM3 was the nominated person available in the approved centre to deal with all complaints.

A record of all complaints relating to the approved centre was made available to inspectors and there was evidence that all complaints were investigated promptly.

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
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 Risk Management Policy was compliant with all the requirements set out under this Article of the Regulations and there was evidence from inspection of a sample of clinical files in each ward that the approved centre was implementing this policy. The clinical records in relation to risk assessment and management clearly stated family and resident input and discussion.

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
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's Certificate of Insurance was made available to inspectors and was satisfactory.

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
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 framed and displayed by the entrance to the approved centre.

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

SECLUSION

Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

ECT was not administered in the approved centre. No detained patient was receiving ECT in another centre on the day of inspection. Two patients were in the process of being prepared for ECT in another approved centre.

MECHANICAL RESTRAINT

Use: Mechanical restraint under Part 5 could be used in Conolly Norman Ward for enduring risk of harm to self or others.

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	NOT APPLICABLE			

Justification for this rating:

No current resident had been mechanically restrained in the approved centre. The approved centre had a written policy for mechanical restraint under Part 5 of the Rules Governing the Mechanical Means of Bodily Restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre.

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

Justification for this rating:

All Clinical Practice Forms were completed correctly and signed. Episodes of physical restraint were documented in the clinical files. There was evidence that next of kin was informed and the episode of physical restraint was discussed with the resident. There was also evidence that the episode was discussed at the multidisciplinary team meeting. There was a policy on physical restraint. Staff were trained in the prevention of aggression and violence.

ADMISSION OF CHILDREN

No child was admitted to the approved centre since January 2013.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No death had occurred in the approved centre since January 2013.

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:

All incidents were reported. The risk manager was identified and a risk management policy in place that met the requirements of Article 32 of the Regulations.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

ECT was not administered in the approved centre. No resident was receiving ECT in another approved centre.

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:

There was a policy on admission, discharge and transfer. There was a policy on risk management and there were policies on privacy, confidentiality and consent.

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 admission process was excellent. There was evidence in the clinical files examined of contact between the primary care services and the approved centre. The service had policies for planned and unplanned referrals and the criteria for admission. Residents were assessed by a psychiatrist following admission and that assessment included a risk assessment and a physical examination. All residents whose clinical files were examined had an individual care plan and there was evidence of family involvement in the care of some residents.

There was evidence of multidisciplinary team involvement. A key worker system was used. The transfer policy included procedures for information transfer. The approved centre was compliant with Article 7 of the Regulations relating to Clothing and Article 20 relating to Provision of Information to Residents. The service was fully compliant with Article 27 on the Maintenance of Records. The approved centre was not compliant with Article 8 relating to Residents' Personal Property.

Breach: 23.1.1

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
X			

Justification for this rating:

One resident in Conolly Norman ward had been transferred to the general hospital. The decision to transfer was made by the treating medical Registrar. There was clear documentation in the clinical file of the reasons for the transfer and there was evidence that the resident's relatives had been informed. The approved centre was compliant with Article 18 of the Regulations.

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 discharge procedure was excellent. The roles and responsibilities of staff in relation to discharge were documented. There was evidence of collaboration between staff of the in-patient service and referrers in community services and of collaboration with outside agencies and follow-up was documented. A discharge summary was provided. There was excellent liaison with statutory and voluntary agencies in relation to the discharge of homeless persons.

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

Description: There were two residents with an intellectual disability and mental illness in the approved centre.

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:

Training in intellectual disability and mental illness had commenced. There was a policy on intellectual disability. The clinical files of the two residents with an intellectual disability and a mental illness were inspected and there was documentation relating to inter-agency communication. Both residents had an individual care plan.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were six detained patients in the approved centre for more than three months.

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

Justification for this rating:

All residents detained over three months in the approved centre had a correctly completed Form 17 or had signed consent for medication.

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

There was no child in the approved centre at the time of inspection.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No residents requested to speak with inspectors. During the course of the inspection residents were greeted by inspectors.

ADVOCACY

The peer advocate from the Irish Advocacy Network (IAN) visited the approved centre weekly. A peer advocate report was submitted to the Inspectorate. It highlighted that management and staff were very helpful and approachable regarding residents' issues and concerns. The report also included areas that the IAN representative identified were in need of improvement.

OVERALL CONCLUSIONS

Jonathan Swift Clinic was a busy unit located in St. James's Hospital. There had been a marked improvement in clinical and corporate governance since the 2012 inspection. Training in the Mental Health Act 2001 had been rolled out and it was envisioned that training in the Rules, Codes of Practice would begin soon. There was evidence from examination of the clinical files that the rights of patients were now being protected and given due regard. The approved centre was compliant with section 60 of the Mental Health Act 2001. Physical restraint and admission and discharge procedures were excellent. The risk assessment and risk management procedure was of a good standard, with clear recording of input and discussion with the resident and family. All residents whose clinical files were examined had an individual care plan as described in the Regulations. The training log for multidisciplinary staff in relation to the Mental Health Act 2001 was provided to inspectors. Eleven consultant psychiatrists, 21 senior nursing staff and 50 RPNs attended this training. The approved centre, however, did not adhere to its policy and procedures on the prescribing and administration of medicines.

RECOMMENDATIONS 2013

1. Medicine should be prescribed in accordance with Medical Council guidelines and also prescribed and administered in accordance with the approved centre's own policies and procedures.
2. The numbers of staff and skill mix of staff must be appropriate to the assessed needs of residents, the size and layout of the approved centre.
3. A record of each resident's personal property and possessions must be maintained by the approved centre.
4. The dining room remained drab and was in need of decoration. This was reported on in the 2012 inspection report.