

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Dublin West, South West and 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	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	27, 28 May 2014

Summary

- It was evident that care and treatment of residents in the approved centre was of a high standard. Staff were well trained, motivated and knowledgeable. Each resident had an individual care plan of a good standard, which was regularly reviewed.
- There was strong evidence of multidisciplinary input in the care plans, in the clinical files and in the therapeutic programmes and services provided.
- It was obvious from the clinical files that non consultant hospital doctors were well trained and competent.
- The approved centre was compliant with the majority of the Regulations, Rules and Codes of Practice.
- There was appropriate signage around the centre concerning the complaints procedure, the role of the care coordinator/key worker and the relevance of individual care plans (ICPs).
- The premises was unsuitable as a mental health unit. The acute unit (William Fownes ward) was upstairs with limited access to an outside space. The lines of observation were not good and it was cramped and somewhat claustrophobic.
- The layout of Beckett ward downstairs was not suitable. There was a day hospital and clozapine clinic in the middle of the day areas. The nurses' station was some distance from the day area and as there was only one nurse on duty, observation was potentially a problem.
- During the day there was only one nurse in Beckett ward, which was an open ward, had 16 beds, and accepted detained patients. It also meant that only one nurse administered medication. Therefore, there was insufficient staffing in Beckett ward.

- At night there was one CNM2 in charge of the approved centre but that person was part of the nurse complement in William Fownes ward with two other staff and not available at all times to be in charge of all areas in the approved centre. There was only one staff nurse on duty in Beckett ward at night.

OVERVIEW

In 2014, 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 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Jonathan Swift Clinic was located in St. James' Hospital. It was a two storey building and consisted of three wards with a total of 51 beds. William Fownes ward was a locked 26-bed acute unit on the first floor. It had 13 involuntary patients and one Ward of Court. Beckett ward was an open 16-bed step-down unit on the ground floor and had two involuntary patients. Also on the ground floor was a locked nine-bed psychiatry of old age unit with 12 residents, two of whom were involuntary and there was one Ward of Court.

The wards were built around a pleasant central courtyard. A day hospital and clozapine clinic were located in the middle of the day area of Beckett ward which was an unsuitable arrangement.

CONDITIONS

There were no conditions attached to the registration of the approved centre.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	18	25	25	
Substantial Compliance	8	4	4	16, 20, 22, 28
Minimal Compliance	0	1	1	26
Not Compliant	4	0	0	
Not Applicable	1	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	26	General Adult Team
Beckett	16	16	General Adult Team
Conolly Norman	9	12	Psychiatry of Old Age Team

QUALITY INITIATIVES 2013/2014

- A new risk assessment for residents was about to be rolled out, which would allow for ongoing risk assessment.
- Each resident now had a secure safe in their wardrobes for safe-keeping of valuables.
- There were excellent information posters about residents' rights to a care-coordinator and an individual care plan.
- Plans were in place to put all policies in Plain English for residents.
- There was a Happiness and Wellbeing Programme run by the psychologist.
- A cognitive and behavioural therapy programme for psychosis was in place.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

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.

Outcome: This had been achieved.

2. The numbers of staff and skill mix of staff must be appropriate to the assessed needs of the residents, the size and layout of the approved centre.

Outcome: There was no nurse in charge of the approved centre at all times at night. Staffing in Beckett ward was insufficient.

3. A record of each resident's personal property and possessions must be maintained by the approved centre.

Outcome: This had been achieved. A property book was in operation.

4. The dining room remained drab and was in need of decoration. This was reported on in the 2012 inspection report.

Outcome: The dining room had been refurbished and was now a pleasant room.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 were double-checked by both nurses prior to administration of medicine in William Fownes ward and Conolly Norman ward. 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 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. Choice was made by selection from the food trolley. On the day of inspection, the choice for main meal included salmon and vegetable curry. The kitchen catered for special diets by way of order from the main kitchen.

Article 6: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was sufficient crockery, cutlery, storage and refrigeration in the kitchen area. The kitchen was clean.

The Environmental Health Officer's report was available and indicated that previous deficits had been remedied in the main hospital kitchen. There were no deficits in the kitchen in Jonathan Swift Clinic.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. The inspectors were informed that a fund of €300 was available for the purchase of clothing where necessary.

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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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, which was kept separately from the clinical files in a booklet, was maintained for each resident's personal property and possessions. Since the last inspection, individual safes, operable by way of insertion of a personal numeric code, had been provided in each patient's individual wardrobe.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 plans to move the film projector, used for the cinema evenings, from the group room to the conference room, identified in the 2013 inspection of the approved centre, had not been realised at the time of the current inspection. The hospital shop was accessible to residents. There were TVs, music, games and DVDs available for residents. The garden area was a very attractive feature, which was accessible to residents. A daily walk at 11.00 am 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 occupational therapy department each morning; this was used for newspaper reading groups and was available to residents. There were weekend 'community groups' which enabled patients to have a collective voice about their experience of the approved centre.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. Patients who were detained were accompanied by a staff member, if they wished to attend Mass in the main hospital. The names and telephone numbers of the chaplains from different faiths were prominently displayed.

Article 11: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 and the garden. A Group Room in Beckett Ward facilitated child visitors who had to be accompanied by a responsible adult. It was reported that most staff had received *Children First* training.

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

Article 12: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 unopened by staff. The approved centre had written operational policies and procedures on communication. Residents could retain the use of their mobile phone but were prohibited from taking pictures or making videos. There was also a public phone on the ward. Email and Internet access were 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 current resident in the approved centre had been searched. Appropriately trained security staff from the main hospital could attend when searches were being conducted. However, the inspectors were informed that they did so only for purposes of observation and the disposal of illicit substances. The approved centre had written policies and procedures to satisfy all the requirements of this Article of the Regulations.

Article 14: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. All the requirements of the Regulation were fulfilled. 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

The inspectors examined an extensive sample of clinical files taken from all three wards in the approved centre.

Of the individual clinical files inspected, all contained excellent ICPs. There was very good multidisciplinary input and outcomes were well recorded, as were goals and interventions. The individual resident could sign their own ICP if they wished. There was also a Patient Expectation Form that ensured service user input to their ICP. Overall, the ICPs provided a clear picture of the

care and treatment provided and of the planned discharge and community pathway.

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	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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:

Most 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 providing a programme of therapeutic activities and groups. On William Fownes ward, there was a programme of activities, indicated on a timetable, to include garden walks, practical preparation for discharge, pre-discharge groups, psychology, Wellness groups and art therapy.

The activities indicated in the timetable were curtailed at the time of inspection as the approved centre was awaiting the deployment of a replacement occupational therapist.

Breach: 16(2)

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two children had been admitted to Fownes ward since the date of the last inspection. While one of these children only remained for four days, the other had been a voluntary patient for over two weeks initially and, subsequently, an involuntary patient before being transferred to St Joseph's Ward in St Vincent's, Fairview. As both children at the time of their stay on Fownes ward were not in education, no provision for their education was made.

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. Moreover, there would be verbal communication between the approved centre and the receiving centre in such circumstances. Residents would normally be accompanied when transferred from this approved centre 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 were provided to the receiving ward. There were written operational policies and procedures on the transfer of residents.

Article 19: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 who had been resident for more than six months had a physical examination in accordance with the Regulations. There was an appropriate system in place to ensure that this was done in a timely manner by the non consultant hospital doctors (NCHD).

The approved centre had written operational policies and procedures for responding to medical emergencies.

Article 20: 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	2012	2013	2014
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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 in William Fownes ward. However, in Beckett ward, the information in this regard was available to residents on the internet but without appropriate guidance as to the reliability of websites accessed.

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 inspectors were informed of the intention to develop a resource centre in the approved centre where appropriate hard copy information would be available.

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

Breach: 20 (c)

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. However, in one single room on William Fownes ward, the bed surround curtain was missing at the time of inspection. This had been rectified by the time of the conclusion of the inspection. All downstairs windows which looked out on car parks had been frosted and all other 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	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre, although incorporated in a relatively modern building, was never designed as a specific psychiatric unit. The public areas did not have good lighting and felt somewhat claustrophobic. The acute unit (William Fownes ward) was upstairs with limited access to an outside space. The lines of observation were not good.

The layout of Beckett ward downstairs was not suitable: there was a day hospital and clozapine clinic in the middle of the day areas. The nurses' station was some distance from the day area and as there was only one nurse on duty, observation was potentially a problem.

The toilet, bathroom and shower facilities were worn and in need of upgrading. The group room on William Fownes ward had too many chairs which, if all were occupied at the same time, would likely be chaotic.

The dining areas, which had been referenced in the last inspection report had been upgraded with the provision of attractive murals on the walls.

Breach: 22(1) (a), (b) (3)

Article 23: 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	2012	2013	2014
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	

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 policies for the ordering, prescribing, storage and administration of medication. Most of the medication Kardexes were in good order, although some doctors did not include their Medical Council Numbers.

Article 24: 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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	ADON	1 (for all approved centre)	0
	CNM3	1 (for all approved centre)	0
	CNM2	1 <u>Or</u>	1
	CNM1	1	0
	RPN	4	2
	HCA	1 (for all approved centre)	0

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Beckett	ADON	1 (for all approved centre)	0
	CNM3	1 (for all approved centre)	0
	CNM2	0	0
	CNM1	0	0
	RPN	1	1
	HCA	1 (for all approved centre)	0
Conolly Norman	ADON	1 (for all approved centre)	0
	CNM3	1 (for all approved centre)	0
	CNM2	1	0
	CNM1	0	0
	RPN	2	1
	HCA	1 (for all approved centre)	1

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Assistant Director of Nursing (ADON), Health Care Assistant (HCA).

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	X
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>	X		

Justification for this rating:

Psychology, social work and occupational therapy were available for residents.

During the day, there was only one nurse in Beckett ward which was an open ward. Beckett ward had 16 beds; accepted detained patients and had a poor layout with regard to observation. It also meant that only one nurse administered medication with no other staff in the ward at the time. Therefore, there was insufficient staffing in Beckett ward.

At night there was one CNM2 in charge of the approved centre but that person was part of the nurse complement in William Fownes ward with two other staff and, therefore, involved in ward duties in Williams Fownes ward. This did not leave the approved centre with an available nurse in charge at all times during the night. There was only one staff nurse on duty in Beckett ward at night.

The staff training log was inspected and all staff had received required training and training in Rules, Regulations and Codes of Practice as well as in the provisions of the Mental Health Act 2001.

The Health Service Executive policies on the recruitment, selection and vetting of staff applied.

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.

Note: Actual assessment of food safety, health and safety and fire risk is outside the scope of these Regulations which refer only to maintenance of records pertaining to these areas.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 records and reports contained in all clinical files were maintained in a manner so as to ensure completeness, accuracy and ease of navigation and retrieval. There were, however, a number of loose pages in some of the clinical files.

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, the St. James's Hospital Fire Safety Inspection Report dated 22 February 2013 and a fire inspection report dated March 2014 specific to the approved centre, were available for examination by inspectors and no deficits in the approved centre were contained in the reports.

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	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 all aspects of Schedule 1 to the Regulations.

Breach: 28(2)

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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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 relevant 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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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" which was somewhat small. Patients were given assistance in attending Tribunals by staff of the approved centre where required.

Article 31: Complaints 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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. Complaints were dealt with initially by the nurse manager and then, if necessary, the complaints officer in the main hospital. This procedure was displayed clearly.

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	2012	2013	2014
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		

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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. There was a specific risk assessment document in each file, coloured in red for ease of access, which also contained, on its obverse side, a written summary of major risks. The inspectors were informed that this tool was being further refined. 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was covered by the 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	2012	2013	2014
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>			

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
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)

Use: ECT was not administered in the approved centre and no detained patient was in receipt of a course of ECT at another hospital.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre. Part 5 Mechanical Restraint for enduring risk of harm to self and others was used, if prescribed, in Conolly Norman. No current resident had been prescribed mechanical restraint under Part 5 and this Rule did not apply.

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:

Three Clinical Practice Form Books for Physical Restraint were inspected. All documentation was well recorded. Next of kin were generally informed and, if not, this was recorded. Nursing staff had applied physical restraint in all instances. The responsible consultant psychiatrist had signed each order. Staff training in the Prevention and Management of Aggression and Violence (PMAV) was up to date.

Two current residents had been physically restrained and the individual clinical files were inspected. The episodes of physical restraint were recorded and reviewed by the MDT. The patients had been medically examined after the episodes and had the opportunity to discuss the episode with staff.

The approved centre used a physical restraint checklist to support good practice.

There was a policy with regard to the use of physical restraint.

ADMISSION OF CHILDREN

Description: Two children had been admitted to the approved centre in 2014 up to the time of inspection.

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

Justification for this rating:

The approved centre was not suitable for the admission of children.
 A consent for treatment was signed by parents in the case of both children admitted.

Breach: 2.6

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2014 up to the date of inspection.

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

Justification for this rating:

The incident log was inspected and was recorded in a satisfactory manner. A summary report of incidents was sent to the Mental Health Commission every six months. There was a risk manager with responsibility for mental health. The clinical governance group reviewed incidents. The approved centre was compliant with Article 32 on Risk Management Procedures.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre and no resident was in receipt of a programme of ECT at another hospital.

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:

<p>There were policies on admission, transfer and discharge. The approved centre was compliant with Article 32 on Risk Management and with Article 18 on the Transfer of Residents.</p>

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 assessments and records were of an excellent standard. Each contained a mental state examination, physical examination, risk assessment and risk management plan. The case formulation was well presented and concise. Collateral information was included where available and there was a good psychosocial focus. The approved centre was fully compliant with Article 7 Clothing; Article 8 Residents' Personal Property and Possessions; Article 15 Individual Care Plans and with Article 27 Maintenance of Records. It was not fully compliant with Article 20 Provision of Information to Residents.

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 had been transferred to a medical ward in the general hospital. The decision to transfer the resident was made by the consultant psychiatrist. The transfer was documented in the individual clinical file. All relevant medical and nursing information accompanied the resident on transfer and the treating team in Conolly Norman had communicated with the general medical staff throughout the period of the resident's transfer. The approved centre was fully compliant with Article 18 Transfer of Residents.

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:

Discharge planning was integral to the individual care plan process. A number of residents had particular needs in relation to community placement, such as requiring support in the home, or requiring hostel or nursing home accommodation. Some individuals required assistance in securing social welfare entitlements. It was evident that the MDTs worked well together, liaised with families and with statutory and voluntary agencies to ensure appropriate discharge arrangements. The discharge planning was comprehensive. A discharge checklist was used. Discharge summaries were sent to GPs promptly. Some residents participated in day activities and community based therapies as a transition towards discharge.

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

Description: One resident in William Fownes had an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had a policy on the care and treatment of an individual with an intellectual disability and a mental illness. The resident had an individual care plan. Staff were trained in relation to intellectual disability and mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two patients had been detained in excess of three months and in receipt of medication.

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

Justification for this rating:

The patients detained over three months had signed consent for medication.
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: No child had been detained for a period in excess of three months and section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident in Beckett ward stated that they were very happy in the ward and thought the food was very good. They also praised the nursing staff for their care.

THE QUALITY FRAMEWORK-MENTAL HEALTH SERVICES, AS IT APPLIES TO APPROVED CENTRES, IN THIS INSPECTION

Theme 1 Provision of a holistic seamless service and the full continuum of care provided by a multidisciplinary team

The approved centre was compliant with Articles 17 Children's Education and Article 19 General Health. It was fully compliant with Article 15 Individual Care Planning and the care plans were very good. There was a policy on individual care plans.

Where there were planned admissions, this was arranged through the community mental health teams.

The approved centre was fully compliant with Article 16 of the Regulations Therapeutic Services and Programmes.

Theme 2 Respectful, empathetic relationships are required between people using the Mental Health Services and those providing them

The approved centre was compliant with the following Articles of the Regulations: Article 10 Religion; Article 13 Searches; Article 14 Care of the Dying, but not fully compliant with Article 20 on Provision of Information to Residents. While there was an excellent information booklet, there was limited access to written information on diagnosis and medication on Beckett ward.

The approved centre was not fully compliant with Article 16 Therapeutic Activities but was compliant with Article 21 Privacy.

Service users had access to advocates and this information was clearly displayed. Confidentiality was respected. There was no evidence of discrimination and the service was in compliance with equality legislation.

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article 8 Personal Property and Possessions; Article 11 Visits, and Article 30 Mental Health Tribunals. It was compliant in relation to Article 31 Complaints.

Theme 3 An empowering approach to service delivery is beneficial to both people using the service and those providing it

The approved centre was compliant with Article 34 Certificate of Registration. As explained in the preceding Theme, it was not fully compliant with Article 20 Provision of Information to Residents.

There was access to interpretation services where necessary. There was a complaints officer in the approved centre and the complaints procedure was clearly displayed. Service users were able to express choice through their ICP and were actively encouraged to do so through the Patient's Expectation Form. Advocacy services were available. ICPs demonstrated that that care was Recovery focussed. There were Wellness and Discharge Groups held in the approved centre.

Theme 4 A quality physical environment that promotes good health and upholds the security and safety of service users

The approved centre was compliant with the following Article of the Regulations: Article 6 Food Safety; Article 7 Clothing; Article 8 Resident's Personal Property and Possessions; Article 9 Recreational Activities; Article 11 Visits; Article 12 Communication; Article 13 Searches; Article 14 Care of the Dying; Article 18 Transfer of Residents; Article 24 Health and Safety, and Article 25 Use of Closed Circuit Television. It was not fully compliant with Article 20 Provision of Information to Residents. It was fully compliant on Article 21 Privacy but not fully compliant with Article 22 Premises. However, the premises were clean.

Food was nutritious and a choice was offered and a menu was available.

Theme 5 Access to services

Access to the approved centre was through GPs and the community mental health team. Service users were seen in the Emergency Department for initial assessment.

There was equitable access to the service.

Theme 6 Family/chosen advocate involvement and support

Information was available in the approved centre about the service and about the approved centre. There was documentation in the clinical files where staff had met with the resident's family. Residents were asked on the Patient's Expectation Form as to whether they would like their families involved in their care plans.

Theme 7 Staff skills, expertise and morale are key influences in the delivery of a quality mental health service

The approved centre was compliant with Article 26 of the Regulations Staffing with regard to training of staff. Staff availed of training opportunities and were trained in the prevention and management of aggression and violence and other Health Service Executive mandatory training. Most staff had been trained in the Mental Health Act 2001, the Rules, Regulations and Codes of Practice.

There was a risk management policy and opportunities to learn from documented incidents.

Theme 8 Systematic evaluation and review of mental health services underpinned by best practice, will enable providers to deliver quality services

There were evidence based policies and procedures that were all up to date. There was no integrated information system, although the policies and other administrative documents were available on the computer system.

There was a documented organisational structure that identified lines of accountability. The mental health service management structure reflected the membership of the multidisciplinary team.

There was a clinical governance system in operation for improving clinical care including risk management, audits, training, evidence based care and treatment and legal compliance.

OVERALL CONCLUSIONS OF THIS INSPECTION

It was evident that care and treatment of residents in the approved centre was of a high standard. Staff were well trained, motivated and knowledgeable. Each resident had an individual care plan of a good standard, which was regularly reviewed. There was strong evidence of multidisciplinary input in the care plans, in the clinical files and in the therapeutic programmes and services provided. It was also obvious from the clinical files that non-consultant hospital doctors were well trained. The approved centre was compliant with the majority of the Regulations, Rules and Codes of Practice.

The premises was unsuitable as a mental health unit. The acute unit (William Fownes ward) was upstairs with limited access to an outside space. The lines of observation were not good and it was cramped and somewhat claustrophobic. Some planned renovations would see the provision of a quiet room. Also planned was a resource centre for information for residents on mental health and mental illness. This should ensure compliance with Article 20 Provision of Information to Residents. The layout of Beckett ward downstairs was not suitable. There was a day hospital and clozapine clinic in the middle of the day areas. The nurses' station was some distance from the day area and, as there was only one nurse on duty, observation was potentially a problem.

Nurse staffing remained a problem. During the day there was only one nurse in Beckett ward which was an open ward, had 16 beds, accepted detained patients and had a poor layout with regard to observation. It also meant that only one nurse administered medication. At night, there was one CNM2 in charge of the approved centre but that person was part of the nurse complement in William Fownes ward with two other staff. There was only one staff nurse on duty in Beckett ward at night.

RECOMMENDATIONS 2014

1. Comprehensive written information on diagnosis and medication must be made available for all residents.
2. There should be long term plans to relocate the unit to a more suitable building.
3. There must be a review of nurse staffing to ensure that there is one nurse manager in charge of the unit at night who is not part of the nurse complement on a ward. There should be two staff during the day in Beckett ward.