

Report of the Inspector of Mental Health Services 2010

EXECUTIVE CATCHMENT AREA	Limerick, North Tipperary, Clare
HSE AREA	West
CATCHMENT AREA	Clare
MENTAL HEALTH SERVICE	HSE West
APPROVED CENTRE	Orchard Grove
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Orchard Grove
TOTAL NUMBER OF BEDS	9
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	9 September 2010

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

INTRODUCTION

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Orchard Grove was a single-storey building situated in the grounds of a former psychiatric hospital on the outskirts of Ennis. It was built in 2002 and was owned by Respond, a social housing organisation. There were eight residents in the approved centre on the day of inspection, including one detained patient. Two additional residents lived semi-independently in flats and were visited regularly by staff from the approved centre. The age profile of residents was from 26 to 67 years, and the most recent discharge was three years ago. There was an enclosed area of ground which adjoined the unit and which was very overgrown. Empty beer cans were strewn around and the ground was very uneven. This represented a safety hazard.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Orchard Grove	10	8	Rehabilitation

QUALITY INITIATIVES

- The approved centre was requested to forward quality initiatives for this year but did not do so.

PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT

1. The decor of the approved centre should be updated and funding should be acquired for this. A choice of colours should be available to the residents and staff.

Outcome: Funding for refurbishment and painting had been secured but no work had been commenced.

2. Regular community meetings for residents and staff should be undertaken.

Outcome: Community meetings were taking place regularly.

3. Structural problems in the kitchen area should be addressed.

Outcome: The issue of a replacement kitchen was proving to be a difficult one. It was reported that Hazard Analysis and Critical Control Points (HACCAP) required a stainless steel kitchen to be installed, but the approved centre was opposed to this requirement as it was felt it would be counter-productive to the needs of residents as it would prevent residents from being able to use the kitchen.

4. Financial difficulties in relation to the funding of rehabilitation activities should be addressed.

Outcome: This had not been rectified.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

It was reported that HACCAP required a stainless steel kitchen to be installed, but the approved centre was opposed to this requirement as it was felt it would be counter-productive to the needs of residents who would no longer be able to use the kitchen. The approved centre wanted residents to use the kitchen in order to promote independence with activities of daily living. The kitchen was in need of refurbishment.

Breach: 6 (1)

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Most residents had a television in their room and there was a communal television room. There was an activities room which had a pool table and board games.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre used individual care plans which were entitled 'Your Recovery Plan'. There was evidence in the clinical files examined that all residents had individual care plans which identified goals and needs of residents.

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Most therapeutic services and programmes took place outside the approved centre. Some residents attended the enterprise centre at Dulich Centre in Ennis, whilst others attended activities in Teach Bite, also in Ennis. An Art Therapist conducted a weekly session in art therapy. There was evidence in the clinical files that the occupational therapist wrote in the continuation notes of the resident.

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre used a common transfer form which was used by the health service in Clare. The approved centre had a written policy.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The majority of residents were in the approved centre for a period in excess of six months. There was evidence in the clinical files that a physical examination had been carried out on all residents within the previous six months. Where a resident declined to have a physical examination carried out, this was documented in the clinical file.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Each resident was provided with a summary of their illness and plan for future recovery. Information was provided on advocacy visits and community meetings were held.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

All residents had their own room.

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>		
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>	X	X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

The approved centre was clean and reasonably well maintained. However, the approved centre needed to be re-painted and the kitchen was in need of refurbishment.

Breach: 22 (1) (c), (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 25: Use of Closed Circuit Television (CCTV)

CCTV was not used by the approved centre.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Orchard Grove	Nursing	3 RPNs including 1 CNM	2 RPNs
	Household	2	0

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Appropriate policies were in place. The number of staff and the skill mix of staff were appropriate to the assessed needs of residents. It was reported that a training register was unavailable for examination. A list of staff that had attended training in Prevention and Management of Violence and Aggression (PMAV) was presented to the Inspectorate but this was not dated; it was reported that training in PMAV was overdue.

Breach: 26 (4)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		X
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Justification for this rating:

Mental Health Commission forms in relation to legal aspects of patients in the approved centre were maintained at another approved centre (Acute Psychiatric Unit, Ennis). These records had to be retrieved from the latter approved centre in order to be examined by the Inspectorate. The approved centre assured the Inspectorate that any legal documents in respect of patients who were detained under the Mental Health Act 2001 would be in future be maintained in the approved centre.

Breach: 27 (1)

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
Fully compliant	<i>Evidence of full compliance with this Regulation.</i>	X	X
Substantial compliance	<i>Evidence of substantial compliance but improvement needed.</i>		
Compliance initiated	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
Not compliant	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		

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

SECLUSION

Use: Seclusion was not used in the approved centre. The approved centre had a statement indicating this.

ECT (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre. No patient was undergoing a programme of ECT in another approved centre.

MECHANICAL RESTRAINT

Use: Mechanical means of bodily restraint was not used in the approved centre. Mechanical Restraint under Part 5 of the Rules was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: It was reported that no resident had been physically restrained. The Clinical Practice Form book was examined.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: At the time of inspection, no deaths had been reported in 2010. The approved centre submitted a six-monthly report on all incidents to the Mental Health Commission.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	NOT APPLICABLE			
3	Incident reporting	X			
4	Clinical governance	X			

Justification for this rating:

A record of incidents was examined. The approved centre had a written risk management policy.

ECT FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre. No patient was undergoing a programme of ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Description: The approved centre admitted and transferred residents. No resident had been discharged in the previous three years.

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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had appropriate written policies on Admission, Transfer and Discharge.

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	COMPLIANCE INITIATED	NOT COMPLIANT
	X		

Justification for this rating:

All residents were admitted under the care of the rehabilitation team and were assessed for suitability for a rehabilitation programme. Residents had individual care plans and the approved centre operated a key-worker system. There was extensive collaboration with community mental health services, as evidenced by the attendance of some residents at community mental health centres. All members of the team made entries in the one set of documentation, but the statutory forms relating to the involuntary admission of one patient were not kept with the clinical file.

Breach: 22.3

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
X			

Justification for this rating:

The decision to transfer a resident was taken by the team. Written documentation accompanied the resident.

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	COMPLIANCE INITIATED	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

No residents had been discharged in the previous three years.

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

Description: It was reported that no resident had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre did not have a policy in relation to this Code of Practice. Staff did not receive training to support the principles and guidance in this Code of Practice.

Breach: 5, 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient was detained for a period longer than three months.

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

Justification for this rating:

The legal documentation pertaining to this patient had to be retrieved from another approved centre. However, on receipt, and following examination by the Inspectorate, the approved centre was deemed compliant.

SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE

Description: As no children were admitted to the approved centre, this did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One resident requested to be seen by the Inspectorate. The resident complained that the bath mats had been removed from the bathroom areas. This issue was put to staff by the Inspectorate. Staff reported that a hygiene audit had been carried out and had required that communal bath mats could not be used and that residents were required to have their own individual bath mats.

MEDICATION

Medication sheets were in Kardex format. PRN (as required) medication and depot medication were separate from regular medication. Signatures were mostly illegible.

MEDICATION LONG STAY

NUMBER OF PRESCRIPTIONS:	9
Number on benzodiazepines	4
Number on more than one benzodiazepine	1
Number on regular benzodiazepines	1
Number on PRN benzodiazepines	4
Number on hypnotics	1
Number on Non benzodiazepine hypnotics	0
Number on antipsychotic medication	9
Number on high dose antipsychotic medication	2
Number on more than one antipsychotic medication	4
Number on PRN antipsychotic medication	3
Number on antidepressant medication	3

Number on more than one antidepressant	0
Number on antiepileptic medication	5
Number on Lithium	0

OVERALL CONCLUSIONS

There were a number of practices in the approved centre which indicated that the approved centre was operating as a community residence as opposed to an approved centre. The approved centre was in the process of drawing up tenancy agreements with the owners of the unit, Respond, which would result in residents paying a weekly rent. At the time of inspection, it was reported that some residents were in receipt of monthly bills from the Health Service Executive in respect of their residence. Whilst regular six-monthly physical health checks were conducted by the non consultant hospital doctor (NCHD), all other physical health needs were addressed by a local general practitioner, whom residents generally attended in the general practitioners surgery. There was a complicated system of providing medication, whereby the medical members of the team had to write to the general practitioner in order to obtain a prescription from the general practitioner for a resident. Legal documents pertaining to the detention of patients were not kept at the approved centre but at another approved centre.

RECOMMENDATIONS 2010

1. All legal documentation in relation to the detention of patients in the approved centre must be maintained in the approved centre.
2. The senior management team needed to decide whether Orchard Grove remained an approved centre or removed itself from the register and became a 24-hour nurse staffed community residence.
3. The proprietor of the approved centre should make an urgent request to the owner of the property to carry out a complete clean-up of the site adjacent to the approved centre.
4. The issue regarding to the refurbishment works for the kitchen should be clarified, and provision made for a kitchen area suitable for residents to carry out cooking activities which would enhance their rehabilitation.