

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Galway, Mayo and Roscommon
<b>HSE AREA</b>	West
<b>CATCHMENT AREA</b>	West Galway Mental Health Service
<b>MENTAL HEALTH SERVICE</b>	West Galway
<b>APPROVED CENTRE</b>	Psychiatric Unit, University College Hospital, Galway
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Psychiatric Unit
<b>TOTAL NUMBER OF BEDS</b>	43
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	19 May 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**

The 43-bedded approved centre was situated on the lower ground floor of the University College Hospital, Galway. On the day of inspection there were 37 residents, 10 of whom were detained. The approved centre had developed a six-bedded high observation unit, incorporating one seclusion room which had remained unopened due to a lack of staff resources. The fabric and refurbishment of the lavatories and bathrooms was poor and provided limited disabled access. The approved centre stated that there were plans to build a new 50 bedded psychiatric unit on the site of the University College Hospital Galway pending financial approval.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
Psychiatric Unit	43	37	4 General Adult Mental Health Teams and 1 Psychiatry of Old Age Team

## **QUALITY INITIATIVES**

1. The Activities staff had initiated and hosted a mental health awareness day for the staff and service users in the lobby area of the University Hospital Galway. They reported that the issues of young persons' mental health and pre/post-natal mental health had elicited a high level of interest from attendees.
2. The mental health pharmacist delivered fortnightly medication education sessions for residents, had produced a leaflet entitled "Mental Health and Medicines – A Guide for Patients" and met with individual residents as required.
3. A Clinical Governance group had been established and met regularly.

## **PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

1. The transfer of service users to another approved centre for the purpose of alleviating bed shortages must cease.

Outcome: This practice had ceased.

2. All information provided to service users must be current and written in accessible language in accordance with the Regulations and Rules for treatment.

Outcome: Residents were provided with an information booklet in accordance with Article 20(1) of the Regulations.

3. There should be clear signage at the entrance to the approved centre.

Outcome: There was new signage at the entrance to the approved centre.

4. All policies must be updated to meet the requirements of the Rules on Seclusion and Mechanical Restraint. All policies on children must be in date.

Outcome: This had been achieved.

5. The new governance structure should be implemented.

Outcome: A Clinical Governance group commenced in 2009 and met regularly.

6. Integrated clinical notes should include contemporaneous notes from all health and social care professionals.

Outcome: No significant progress had been made in implementing integrated clinical case files. Nursing progress notes were kept separately. There were some multidisciplinary notes in the clinical files but it was not evident if this was generally the practice in the approved centre.

7. Each resident must have an individual care and treatment plan. Therapeutic services and programmes must be linked to the assessed needs of residents.

Outcome: Individual care plans did not clearly specify needs, goals and interventions planned. The therapeutic services and programmes provided within the approved centre, whilst offering variety, were generic and not apparently linked to the assessed individual needs of residents.

**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**

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

## Article 5: Food and Nutrition

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

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

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

## Article 7: Clothing

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

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

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

## Article 9: Recreational Activities

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

### Justification for this rating:

A number of activities were provided on a weekly sessional basis, including, indoor horticulture and an art class. There was a pool table in the approved centre. There were two newspapers provided daily. The activities department timetable was notional as delivery of activities depended on nursing staff availability. Staff reported that when nursing staff were required elsewhere, this had resulted in the cancellation of activities for a period of days. The Regulations require an approved centre to provide access to recreational activities, insofar as is practicable. The approved centre complied in this regard.

## Article 10: Religion

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

**Article 11 (1-6): Visits**

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

**Article 12 (1-4): Communication**

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

**Justification for this rating:**

The communication policy was up to date.

## Article 13: Searches

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

### Justification for this rating:

The approved centre had up-to-date policies on the searching of residents, their belongings and the environment in which they were accommodated.

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

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

**Article 15: Individual Care Plan**

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

**Justification for this rating:**

Individual care plans were not completed in accordance with Article 15 of the Regulations. Of the individual clinical files inspected, several had incomplete individual care plans, with needs, goals and intervention not specified, and with clinician and resident signatures omitted.

**Breach: 15**

## Article 16: Therapeutic Services and Programmes

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

### Justification for this rating:

The activities department provided relaxation classes, solutions for wellness, gym sessions, medication education and a music group. Activities were dependent on nursing staff availability and provision of activities could not be guaranteed. The activity programme was delivered by an enthusiastic and committed nursing staff; however, programmes were generic and not evidently linked to the individual needs of residents. The occupational therapy staff provided one to one therapy and a once weekly brunch club group.

**Breach:** 16 (1) (2)

## Article 17: Children's Education

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

### Justification for this rating:

<p>At the time of inspection, no children had been admitted to the approved centre in 2010.</p>
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## Article 18: Transfer of Residents

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

### Justification for this rating:

The approved centre reported that no residents had been transferred from January 2010 to the date of inspection for the purpose of alleviating bed shortages.

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

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

**Justification for this rating:**

At the time of inspection, no resident had remained in the approved centre for longer than six months. All residents had access to general health services and access to other health services as required.

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

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

**Justification for this rating:**

There was a residents' information booklet in English, Irish and French. There were plans to produce a Polish edition also.

**Article 21: Privacy**

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

**Justification for this rating:**

Although most beds were in dormitories all had curtains around them.

**Article 22: Premises**

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

**Justification for this rating:**

The lavatories and bathrooms remained in need of structural and decorative refurbishment. Some residents expressed dissatisfaction with the physical environment on the unit. The garden area was poorly maintained and appeared unkempt and required weeding. Clinical staff stated that to their knowledge, and in response to their request, management had approved refurbishment of lavatories and bathrooms, but the work remained undone.

A new high observation area had been completed but remained unused due to staffing resources.

**Breach:** 22 (1) (3)

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

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

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

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

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

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There was no CCTV in operation in the approved centre on the day of inspection.

**Article 26: Staffing**

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WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Psychiatric Unit	Nurse	9	6
	Consultant Psychiatrist	5	0
	Non Consultant Hospital Doctor	13	
	Occupational Therapist	3.3	0
	Social Worker	3	0
	Psychologist	2.3	0

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

**Justification for this rating:**

With the exception of unit based nursing staff, all other clinical staff were attached to a consultant led team and divided their time between psychiatric facilities. On the day of inspection the Clinical Nurse Manager three (CNM3) was working as the Acting Director of Nursing. The previous post-holder had retired and had not been replaced. The approved centre stated that 12 nurses had retired during the previous twelve months and these posts had not been replaced. The occupational therapy service had two posts vacant owing to extended leave.

**Article 27: Maintenance of Records**

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

**Justification for this rating:**

Individual clinical files contained loose notes and reports and it was difficult to retrieve information. Significant and important clinical reports were found loose in a side pocket rather than secured within the individual clinical file.

**Breach: 27 (1)**

**Article 28: Register of Residents**

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

## Article 29: Operating policies and procedures

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

### Justification for this rating:

The approved centre had up-to-date policies and procedures which are reviewed at least three yearly.

**Article 30: Mental Health Tribunals**

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

## Article 31: Complaint Procedures

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

### Justification for this rating:

Residents were informed of the complaints procedure in the approved centres information booklet. One resident had written a letter of complaint which was still in an unopened envelope crammed into the front of their clinical notes and had not been noted and had not been communicated to the relevant clinician. There was no complaints log kept in the approved centre and it was not apparent how complaints were tracked and actioned in a timely way. Complaints were forwarded to a central complaints officer and the approved centre received a report back at six monthly intervals.

**Breach:** 31 (5)

## Article 32: Risk Management Procedures

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

### Justification for this rating:

There was an overall risk management policy in place. A new clinical governance structure had been agreed and commenced in September 2009.

## Article 33: Insurance

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

## Article 34: Certificate of Registration

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LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<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:** There had been four episodes of seclusion from January 2010 to the date of the inspection. All seclusions were first episodes of seclusion and there were no renewal orders. There was one seclusion room in the approved centre and no resident was in seclusion on the day of inspection. The seclusion room, with door ajar, was in use as a quiet space for a resident and was therefore not inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
3	Orders		X		
4	Patient dignity and safety	NOT INSPECTED			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	NOT INSPECTED			
9	Recording	X			
10	Clinical governance	X			
11	Staff training	X			
12	CCTV	NOT APPLICABLE			

13	Child patients	<b>NOT APPLICABLE</b>			
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**Justification for this rating:**

The seclusion register was not complete as signatures were omitted at Sections 18 and 20. There was no resident in seclusion on the day of inspection.

**Breach: 3.5**

## ECT (DETAINED PATIENTS)

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**Use:** ECT was administered twice weekly. There was an ECT suite and the waiting area was used for other activities when not in use.

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

**Justification for this rating:**

An information leaflet, as required by section three was provided to residents. Six residents had been treated with ECT from January 2010 to the date of the inspection. All six were involuntarily detained and were discharged; their files were not readily available to be inspected. The ECT Register was not completed in five instances, with signatures omitted at Section 23.

**Breach: 12.1**

## **MECHANICAL RESTRAINT**

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Mechanical restraint, including Part 5, 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:** There had been 17 instances of physical restraint, involving nine residents during the period January 2010 to the date of the inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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 files were inspected and it was found that sections of the Clinical Practice Form book for Physical Restraint were not completed in full. The resident was not informed of the reasons for the physical restraint and in the clinical files reviewed and there was no record explaining why it had not occurred in the resident's clinical file. The resident's next-of-kin were not notified of the physical restraint episode and there was no record in the resident's clinical file.

**Breach:** 5.7 (b), 5.8, 5.9

## **ADMISSION OF CHILDREN**

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At the time of inspection there had been no children admitted to the approved centre in 2010.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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**Description:** At the time of inspection there had been no deaths in 2010.

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

**Justification for this rating:**

At the time of inspection there had been no deaths in the approved centre in 2010. There was an overall risk management policy in place.

## ECT FOR VOLUNTARY PATIENTS

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**Use:** No resident was having ECT on the day of inspection and no files were reviewed.

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

**Justification for this rating:**

No resident was having ECT on the day of inspection and no files were reviewed.

## ADMISSION, TRANSFER AND DISCHARGE

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**Description:** The approved centre admitted, transferred and discharged residents.

### 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 policies on Admissions, Transfers and Discharge to and from An Approved Centre. These, however, needed updating in line with this Code of Practice.

**Breach:** 4

### 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:

The clinical file of two resident's who had been recently admitted were examined. The pre-admission process was documented. The decision to admit was documented. There was evidence of assessment following admission. There was evidence of family involvement. There was evidence of multidisciplinary team involvement in the care of the resident.

## 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:

One patient had been transferred from the approved centre to another unit on the premises. There was evidence that the transfer was in the best interests of the resident. The decision to transfer was documented in the clinical file. There was evidence of appropriate assessment prior to transfer. There was evidence of involvement of the resident in their transfer. There was evidence of communication between both units.

## 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
X			

Justification for this rating:

One clinical file of one resident who had been recently discharged was examined. The decision to discharge was documented in the clinical file. There was evidence of family involvement record keeping and documentation was satisfactory. Follow up care was documented.

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

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**Description:** There was no resident with an intellectual disability and mental illness on the day of inspection.

*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 had a policy in place for the care and treatment of persons with an intellectual disability and mental illness.

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

### SECTION 60 – ADMINISTRATION OF MEDICINE

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**Description:** One resident had been detained for longer than three months and was receiving medication in compliance with Section 60.

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

**Justification for this rating:**

One resident had been detained for longer than three months and was receiving medication in compliance with Section 60.

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

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Section 61 did not apply as no child had been admitted under Section 25.

## SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

### SERVICE USER INTERVIEWS

The Inspectorate team met with two residents, both of whom expressed satisfaction with their clinical care. The residents said that they were apprised of their individual care plan and had an identified primary nurse. Both residents expressed dissatisfaction with the physical fabric of the approved centre.

### MEDICATION

The medication sheets were in booklet form and were exceptionally neat and easy to follow. As required (PRN) medication was separate from regular medication. Most signatures were legible. In a significant number of sheets indications for PRN medications were given. The number of patients prescribed benzodiazepines was high.

### MEDICATION ACUTE

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>34</b>
<b>Number on benzodiazepines</b>	<b>24 (71%)</b>
<b>Number on more than one benzodiazepine</b>	<b>6 (18%)</b>
<b>Number on regular benzodiazepines</b>	<b>14 (41%)</b>
<b>Number on PRN benzodiazepines</b>	<b>16 (47%)</b>
<b>Number on hypnotics</b>	<b>12 (35%)</b>
<b>Number on Non benzodiazepine hypnotics</b>	<b>10 (29%)</b>
<b>Number on antipsychotic medication</b>	<b>32 (94%)</b>
<b>Number on high dose antipsychotic medication</b>	<b>4 (12%)</b>
<b>Number on more than one antipsychotic medication</b>	<b>11 (32%)</b>

<b>Number on PRN antipsychotic medication</b>	<b>17 (50%)</b>
<b>Number on antidepressant medication</b>	<b>8 (24%)</b>
<b>Number on more than one antidepressant</b>	<b>1 (3%)</b>
<b>Number on antiepileptic medication</b>	<b>5 (15%)</b>
<b>Number on Lithium</b>	<b>7 (21%)</b>

## **OVERALL CONCLUSIONS**

The approved centre had developed a clinical governance group which met regularly. Information was provided to residents about their hospital stay, treatments and medication. The information leaflets were in accessible format and produced in English, Irish and French language versions.

There continued to be a need to develop individualised care plan documentation, with a clear statement of needs assessment, goals, and interventions with identified timeframes. Composite clinical files were not evident. The interventions of multidisciplinary team members were not consistently recorded and filed in the individual clinical files.

A newly built, high observation suite of six beds remained unoccupied and unused owing to unresolved staffing issues. The staff stated that they expected that the proposed new 50 bedded psychiatric unit, on the site of the University College Hospital, Galway, would be completed by 2012. There was a sense of a catch 22 situation, whereby basic refurbishment of the approved centre remained undone and residents were negatively affected by this.

## **RECOMMENDATIONS 2010**

1. Each resident must have an individual care plan.
2. Composite, integrated clinical files should be developed.
3. Therapeutic services and programmes must be linked to the assessed needs of residents and recorded as such in the clinical case file.
4. The physical environment in the approved centre must be refurbished and maintained at a level consistent with respect for human dignity.
5. Staff resources should be identified to allow for the opening of the high observation unit.
6. A review of benzodiazepine prescriptions should take place.