

Report of the Inspector of Mental Health Services 2013

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway East
APPROVED CENTRE	St. Brigid's Hospital, Ballinasloe
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	St. Luke's Ward Clonfert
TOTAL NUMBER OF BEDS	38
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	13 June 2013

Summary

- All residents had an individual care plan.
- Documentation in relation to admission, transfer and discharge was excellent.
- The approved centre was in the process of being structurally re-configured, with one ward closed to allow for renovation.
- The newly constructed seclusion room had electric sockets and light switches which were hazardous to patients secluded in the room and the inspectors advised that the room should not be used until these hazards had been de-commissioned.
- The majority of policies were unsigned which resulted in a reduced compliance rating for most of the Articles of the Regulations.

OVERVIEW

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

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

DESCRIPTION

The approved centre at St. Brigid's Hospital, Ballinasloe was situated on the outskirts of Ballinasloe and comprised a two-storey building built in the 1930s and a ward in a newly constructed community nursing unit nearby. Both buildings were situated across the road from the original hospital which had been built in 1833 and which housed the psychiatric hospital until 2011. The admission unit was undergoing re-construction at the time of inspection and was temporarily located in one ward only, St. Luke's Ward. A second ward was in the process of being re-constructed and would become the acute admission ward upon completion. Following that, the residents in Clonfert will be transferred from there to St. Luke's ward. There were 24 residents in St. Luke's ward at the time of inspection, four of whom were on leave; two were detained patients and had been on leave for 66 and 84 days respectively. Of the residents in St. Luke's ward, four were detained. There were 13 residents in Clonfert, all of whom were voluntary patients. There had been two inspections of the approved centre in 2012, one in August and a second in November 2012.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	28	22	13	-
Substantial Compliance	3	6	18	8,11,12,13,15,16 19, 20, 22, 23, 24, 25, 26,27,28
Minimal Compliance	0	1	0	-
Not Compliant	0	2	0	-
Not Applicable	0	0	0	-

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
St. Luke's Ward	22	24	General Adult
Clonfert	16	13	Psychiatry of Old Age

QUALITY INITIATIVES 2012/2013

- A programme of re-building was underway in the admission unit.
- A Clinical Governance Committee had been established which was composed of a representative from the consultants, non consultant hospital doctors, nursing staff, health and social care professionals and quality and risk staff.
- The service had been selected as a pilot area for the implementation of the ARI project, a Recovery programme for service users.

PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT

1. The capital building/refurbishment programme must proceed in St. Dymphna's Ward expeditiously.
Outcome: This was in progress.
2. Seclusion facilities must be of the standard set in the Rules Governing the Use of Seclusion.
Outcome: Although a new seclusion room had been constructed in St. Luke's ward, this had deficiencies which were pointed out to senior staff on the day on inspection.
3. Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others must be ordered in accordance with Part 5 of the Rules.
Outcome: This had happened.
4. Each resident in the approved centre must have an individual care plan as defined in the Regulations.
Outcome: All residents whose clinical file was inspected had an individual care plan.
5. Individual clinical files must be maintained to the standard required by the Regulations.
Outcome: This had been achieved. However, the service did not attain full compliance with this Article of the Regulations as the policy on Maintenance of Records was out of date.
6. The approved centre should be compliant with the Code of Practice on Admission, Transfer and Discharge to and from an Approved centre.
Outcome: The approved centre was not compliant with this Code of Practice.
7. There must be adequate provision made for the safe-keeping of all personal property and possessions.
Outcome: This had been done.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE
RE-INSPECTION REPORT**

1. Medical records must be ordered and tidy and allow for easy retrieval of documents.

Outcome: This had been achieved. However, the service did not attain full compliance with this Article of the regulations as the policy on Maintenance of Records was out of date.

2. The new refurbishment of St. Dymphna's Ward must ensure that privacy is complied with, both in the unit and in the seclusion area.

Outcome: This refurbishment was underway at the time of inspection and the ward was not yet ready for occupation.

3. Relocation of community residents back into a hospital environment must not take place.

Outcome: There was no indication that this was planned and had not happened to date.

4. Senior management should be aware of the plans for their service.

Outcome: Management stated they were involved in the future plans for the approved centre.

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

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

Article 4: Identification of Residents

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

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

Justification for this rating:

Residents in St. Luke's ward wore wristband identification bracelets. Residents in Clonfert had photographic identification in their clinical files and medication prescription booklets.

Article 5: Food and Nutrition

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

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

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

Justification for this rating:

A menu was available for residents on the day before and residents were invited to indicate their choice of meal. There were water coolers in the wards and a hospital shop was open for a few hours each day. Staff were aware of the menu choice for the forthcoming week.

Article 6 (1-2): Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

Justification for this rating:

An Environmental Health Officer's report from February 2013 was available.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

Justification for this rating:

All residents were dressed in day clothes unless they were in bed, as was the case with some residents in Clonfert. There was a supply of clothes available should they be required. Residents could do a small amount of personal laundry in the unit should they wish.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

Justification for this rating:

A list of residents' personal property was taken on admission and a copy given to the resident. There was a safe in each ward for the safekeeping of valuables. The service had a policy on resident' personal property and possessions but it had expired in March 2013 and a reviewed policy was not yet in place.

Breach: 8(2)

Article 9: Recreational Activities

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

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

Justification for this rating:

There were TVs, board games, books and a table tennis table available for residents. A daily newspaper delivery was funded by a ward fund. Ward staff could access the activities area at week-ends to facilitate use of materials from there.

Article 10: Religion

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

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

Justification for this rating:

A Roman Catholic chaplain visited the ward regularly. Mass was celebrated on Sundays in the hospital chapel and residents who wished to attend were transported there by minibus. Staff could access ministers of other faiths for residents if required.

Article 11 (1-6): Visits

(1) The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.

(2) The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.

(3) The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.

(4) The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.

(5) The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.

(6) The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.

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

Justification for this rating:

Whilst there was no visitors' room in St. Luke's ward, visitors could be accommodated in any of the sitting room or dining areas. There was a policy on visiting but it was out of date.

Breach: 11(6)

Article 12 (1-4): Communication

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

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

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

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

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

Justification for this rating:

Residents were permitted to keep their mobile phones in the ward unless otherwise clinically indicated. There was no public phone but staff facilitated residents to use the office cordless phone. There was access to the internet during activities time. There was a policy on communication but this policy was out of date.

Breach: 12 (3)

Article 13: Searches

- (1) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.*
- (2) *The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.*
- (3) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.*
- (4) *Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.*
- (5) *The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.*
- (6) *The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.*
- (7) *The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.*
- (8) *The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.*
- (9) *The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.*
- (10) *The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.*

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

Justification for this rating:

No current resident had been searched but all residents' property was searched on admission. The service had policies relating to searches and the finding of illicit substances but these were out of date.

Breach: 13 (1)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

In the event of a resident being terminally ill, the resident would be transferred to a general hospital. There was a policy on residents who are dying,

Breach: 14 (1)

Article 15: Individual Care Plan

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

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

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

Justification for this rating:

All residents whose clinical files were inspected had an individual care plan but not all of these met the requirements of the Regulations. One resident's individual care plan had not been reviewed for a period in excess of one month and another for a period of 12 days. In another instance, no goals were identified in the care plan.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

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

Justification for this rating:

An activities nurse provided a daily programme of activities and on alternate week-ends. The occupational therapist, psychologist and social worker attended residents if specifically requested. As not all residents had an individual care plan in accordance with Article 15, the service was not fully compliant with the Article on therapeutic services.

Breach: 16

Article 17: Children's Education

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

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

Justification for this rating:

There was no child resident in the approved centre at the time of inspection, but staff reported there were procedures for providing educational services should it be required.

Article 18: Transfer of Residents

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

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

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

Justification for this rating:

Staff reported that residents transferred to another facility were accompanied by a member of staff and a doctor's letter accompanied them. The service had a policy on the transfer of residents but this was out of date.

Breach: 18(2)

Article 19 (1-2): General Health

(1) The registered proprietor shall ensure that:

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

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

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

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

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

Justification for this rating:

No resident in St. Luke's ward had been admitted for longer than six months, but there were several residents in Clonfert resident more than six months. All residents whose clinical files were inspected showed evidence that they had a physical examination in the previous six months. The service had a policy on responding to medical emergencies but this was out of date.

Breach: 19 (2)

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

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

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

Justification for this rating:

The service maintained a folder with information on medication and diagnoses and there was a booklet giving information about housekeeping matters relating to St. Luke's ward. The booklet contained details of how to make a complaint and there were posters displayed which gave information about Advocacy. There was a policy on provision of information but this was out of date.

Breach: 20(2)

Article 21: Privacy

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

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

Justification for this rating:

The rooms in St. Luke's Ward had between two and six beds and each bed had a surround curtain for privacy. All showers and toilets could be locked. Each resident in Clonfert had a single room with ensuite bathroom.

Article 22: Premises

(1) The registered proprietor shall ensure that:

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

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

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

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

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

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

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

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

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

Justification for this rating:

St. Luke's Ward had very recently been re-configured as an acute admission ward and while the decor and finishing were of a good standard, the main corridor was narrow and some rooms were cramped to accommodate the number of people admitted. The nurses' office was also cramped, warm and poorly ventilated. On the day of inspection the rear door of the office which opened onto the activities area had to be opened to allow improved ventilation and thus patient privacy could be compromised in such circumstances. Also, a built-in desk space near the door of the nurses' office did not allow for easy entry and exit. In this regard the physical structure and the overall office environment had not been developed with due regard to the specific needs of staff and residents. The dining room in St. Luke's ward was pleasant and offered residents and visitors a comfortable room for visits. This was an interim ward for admissions until St. Dymphna's ward is ready. Both St. Luke's ward and Clonfert were clean and it was good to see residents in Clonfert utilising the large sitting room instead of the small room close to the nurses' station.

Breach: 22(1)(b), 3

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

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

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

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

Justification for this rating:

The record of administration of medication was good and doctors used their Medical Council Numbers (MCN) when prescribing. The service had a policy on ordering, prescribing, storing and administering medicines but this was out of date.

Breach: 23(1)

Article 24 (1-2): Health and Safety

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

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

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

Justification for this rating:

The service had a Health and Safety policy but this was out of date.

Breach: 24(1)

Article 25: Use of Closed Circuit Television (CCTV)

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

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

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

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

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

Justification for this rating:

CCTV cameras were used only at the entrance to St. Luke's ward and in the seclusion room. These were indicated by signs. There was a policy on the use of CCTV but this was out of date.

Breach: 25 (1) (c)

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
St. Luke's	CNM3	0	1 (shared)
	CNM2	1	0
	RPN	3	3
	4 th yr Student Nurse	2	0
Clonfert	CNM3	0	1 (shared)
	CNM1	1	0
	RPN	2	2
	HCA	4	1 (alternate nights)

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

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

Justification for this rating:

There was an appropriate member of staff in charge. The HSE policies on recruitment applied and while there was some staff training in 2012 in Crisis Prevention Intervention (CPI), Cardio-Pulmonary Resuscitation (CPR) and fire training, staff in Clonfert reported that no mandatory training had taken place in 2012. Two of the admitting teams did not have an occupational therapist, but had a social worker and a psychologist who could see residents if required.

Breach: 26 (4)

Article 27: Maintenance of Records

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

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

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

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

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

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

Justification for this rating:

There was a copy of the most recent Fire Alarm Inspection (May 2013), Fire Maintenance Certificate, and Emergency Lighting Certificate (July 2012), a Health and Safety statement and an Environmental Health Officer's Report from February 2013 were available. Clinical files were in good order and information was easily retrieved. The service had a policy relating to maintenance of records but this was out of date.

Breach: 27(2)

Article 28: Register of Residents

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

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

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

Justification for this rating:

The Register of Residents included all items specified in Schedule 1 of the Regulations, but not all of this data was collected.

Breach: 28

Article 29: Operating policies and procedures

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

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

Justification for this rating:

All policies required under the Regulations were present but the majority of them were unsigned and were therefore not operational.

Breach: 29

Article 30: Mental Health Tribunals

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

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

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

Justification for this rating:

Mental Health Tribunals were facilitated by the service and a suitable room was available.

Article 31: Complaint Procedures

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

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

Justification for this rating:

Information on how to make a complaint was contained in the ward information booklet and a notice about this was displayed. A record of complaints was seen by the inspectors. There was a nominated complaints officer in the unit and the service had a policy relating to complaints; however, this policy was out of date.

Breach: 31(1)

Article 32: Risk Management Procedures

- (1) *The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.*
- (2) *The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:*
- (a) *The identification and assessment of risks throughout the approved centre;*
 - (b) *The precautions in place to control the risks identified;*
 - (c) *The precautions in place to control the following specified risks:*
 - (i) *resident absent without leave,*
 - (ii) *suicide and self harm,*
 - (iii) *assault,*
 - (iv) *accidental injury to residents or staff;*
 - (d) *Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;*
 - (e) *Arrangements for responding to emergencies;*
 - (f) *Arrangements for the protection of children and vulnerable adults from abuse.*
- (3) *The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.*

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

Justification for this rating:

The service had a policy relating to risk management and this policy was in date. There was evidence from examination of the clinical files that this policy was implemented.

Article 33: Insurance

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

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

Justification for this rating:

The approved centre was insured under the State Indemnity scheme.

Article 34: Certificate of Registration

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

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

Justification for this rating:

The Certificate of Registration was displayed in the entrance area of the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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

Justification for this rating:

No current resident had been secluded. One former resident had been secluded for a period of four hours in 2013 to the date of inspection. The clinical file of this discharged resident was examined by inspectors. The Seclusion Register was examined. The Seclusion Register used for this particular seclusion episode was the Version 1 Seclusion Register which had been decommissioned on 31 December 2009 prior to the commencement of Version 2 of the Rules Governing the Use of Seclusion which became effective on 1 January 2010. Staff of the approved centre had recognised this and had already removed it from the clinical area but had retained it in a safe place for inspection purposes. There was no evidence from examination of the clinical file that the resident's next of kin had been informed or the reason for not doing so documented. There was no evidence that the episode of seclusion had been reviewed by the resident's multidisciplinary team (MDT) or that the resident had been afforded the opportunity to discuss their episode of seclusion with the MDT.

The seclusion room was large and bright and newly built. There was a large en suite with a toilet, shower and wash hand basin. Any resident in seclusion could be observed by fellow residents and visitors as the door to the nurse observation area leading to seclusion had a large window and this allowed visibility right through to the inside of the seclusion room. There was a double electrical socket in the wall within the seclusion room and an electrical light switch also. The window sill on the inside of the room had sharp edgings and the radiator could also pose a danger. These factors, particularly the electrical socket and light switches deemed the seclusion room unsafe for use and staff were informed by inspectors that seclusion could not be used until such time that an electrician made the room safe. The Inspectorate received written confirmation on the day after the inspection that the electrical sockets and light switch had been deemed safe by an electrician.

CCTV was evident and was clearly labelled.

The policy on seclusion was out of date. The policy and procedure for training staff in relation to seclusion was therefore, also out of date. However, a record of attendance at training in seclusion was maintained.

Breach: 3.7, 7.4, 8.3, 10.2, 10.3, 11.1

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was provided in the approved centre, but no detained patient was receiving ECT at the time of inspection.

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

Justification for this rating:

The ECT suite comprised a waiting area, treatment room and a recovery room. An information leaflet was available for patients before receiving ECT. There was a designated consultant psychiatrist and a nurse trained in ECT.

MECHANICAL RESTRAINT

Use: Mechanical restraint under Part 5 of the Rules Governing the Use of Mechanical Restraint was used in Clonfert Ward.

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

Justification for this rating:

Two residents required the use of lap belts. The mechanics of both of these belts were examined by inspectors in the company of a registered nurse and with the permission of both residents. The approved centre had introduced an excellent "Prescription for the use of Safety/Restraint Equipment" which satisfied the requirements of Part 5 of the Rules.

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:

The clinical file of one resident who had been physically restrained was examined. The Clinical Practice Form book was examined and was satisfactory.

There was no evidence in the clinical file that the resident had had a physical examination by a registered medical practitioner. There was documentary evidence that the resident's next of kin had been informed of the resident's physical restraint.

There was no evidence that the resident had been afforded the opportunity to discuss the episode of physical restraint with members of the MDT.

There was no evidence that the episode of physical restraint was reviewed by the resident's MDT.

The policy on physical restraint was out of date. The policy and procedure for training staff in relation to physical restraint was therefore, also out of date. However, a record of training in physical restraint was maintained.

Breach: 5.4, 7.2, 9.3, 10.1

ADMISSION OF CHILDREN

Description: No child had been admitted to the approved centre in 2013 to the time of inspection.

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

Justification for this rating:

Although no child had been admitted in 2013, the approved centre facilitated child admissions if necessary, but was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: One resident had died in the approved centre in 2013 to the time of inspection. The approved centre forwarded a summary of all incidents to the Mental Health Commission as required by this Code of Practice.

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

Justification for this rating:

Deaths were notified to the Mental Health Commission as is required under the Code of Practice. The incident log was inspected by the inspectors and there was a risk manager for the approved centre. The service had an up-to-date policy relating to risk management.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: One resident was receiving a course of ECT at the time of inspection.

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

Justification for this rating:

There was evidence in the resident's clinical file that the option of ECT and alternatives had been discussed with the resident and written consent had been obtained. There was a designated ECT consultant psychiatrist and a trained nurse. The Irish College of Psychiatrists ECT pack, which was a set of documents designed to ensure a complete assessment of a person undergoing ECT, was used and had been completed. The ECT suite was appropriate and had a waiting area, treatment room and a recovery room but the rooms were cluttered with documents and items laid out across beds. An information leaflet was available for residents.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

The following aspects were considered: 4. policies and protocols, 5. privacy confidentiality and consent, 6. staff roles and responsibility, 7. risk management, 8. information transfer, 9. staff information and training.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The approved centre had policies on admission, transfer and discharge but these were out of date. It was compliant with Article 32 relating to Risk Management.

Breach: 4.1

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 decision to admit was made by the consultant. The clinical file of one resident recently admitted was inspected. The resident had a mental state and physical examination on admission. A risk assessment was also carried out on admission. Residents were given the information booklet on ward housekeeping matters. The resident had an individual care plan and the service operated a key worker system. All members of the multidisciplinary team used the one set of documentation. The service was not fully compliant with Article 7 relating to Clothing, Article 8 relating to Resident's Personal Property and Possessions, Article 20 relating to Provision of Information to Residents and Article 27 relating to Maintenance of Records by virtue of the fact that the policies relating to these Articles were out of date.

Breach: 16.3 (b),(c), 22.6, 23.1.1

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents who had been transferred to another hospital were inspected. In both instances, the reason for the transfer was documented in the clinical files. A copy of the doctor's letter of referral and the nursing transfer form were retained in the files and there was evidence that the residents' next of kin had been informed. The service was not fully compliant with Article 18 relating to the Transfer of Residents.

Breach: 30.1

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident who had been discharged recently was available for inspection. There was evidence that the resident had been assessed prior to discharge and a treatment plan had been drawn up. An appointment for the outpatient department had been arranged and the discharge form was completed.

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

Description: One resident in the approved centre had an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had an up-to-date policy on working with people with an intellectual disability and a mental illness and all residents had an individual care plan. Staff had received training in the management of people with intellectual disability and a mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two patients who were receiving medication were involuntary detained under the Mental Health Act 2001.

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:

<p>Both patients had given their consent in writing to the continued administration of medication.</p>
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**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 MENTAL HEALTH ACT 2001
ORDER IN FORCE**

Description: There were no children in the approved centre therefore Section 61 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by the inspectors during the course of the inspection but no resident requested to speak directly with the inspectors.

ADVOCACY

The Irish Advocacy Network (IAN) submitted a report to the Inspectorate. In general, residents of the approved centre reported a good experience with staff and treatment. There was some issue in relation to the hospital shop not always being open when it should and some residents expressed concerns about the current re-structuring of the building and re-designation of the wards.

OVERALL CONCLUSIONS

The acute admission ward of the approved centre had recently moved from St. Dymphna's ward to St. Luke's ward. It was accepted by staff that this ward was not suitable as an admission ward due to the layout and limited space. However, the unit was clean and bright and the garden was a valuable asset to the unit; residents in Clonfert also had a very pleasant garden but access was limited due to concerns about safety matters. Documentation in relation to admission, transfers and discharge and ECT was excellent and all residents had an individual care plan. It was disappointing that the service would not be fully compliant with most of the Regulations due to the failure to have policies reviewed and signed by senior staff in a timely manner as is required by the Regulations. It was most surprising to see the inclusion of electrical sockets and light switches in the newly constructed seclusion room which could clearly be seen as a hazard for residents secluded there.

The reconstruction of the approved centre was ongoing at the time of inspection. The plan for the unit was that St. Dymphna's ward would be the acute admission ward. Residents from Clonfert ward would be transferred to St. Luke's ward as the move to Clonfert which is a ward in a Community Nursing Unit had always been considered temporary.

RECOMMENDATIONS 2013

1. The seclusion room must be risk assessed and outstanding fittings that could endanger patient safety must be made safe.
2. All policies relating to the Regulations should be reviewed every three years and those in relation to the Rules and Code of Practice on the Use of Physical restraint on an annual basis.
3. The approved centre must be fully compliant with the Rules Governing the Use of Seclusion.
4. The approved centre should be fully compliant with the Code of Practice on Physical Restraint.