

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Galway, Mayo, Roscommon
HSE AREA	West
MENTAL HEALTH SERVICE	Galway Roscommon
APPROVED CENTRE	St. Brigid's Hospital, Ballinasloe
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Clonfert
TOTAL NUMBER OF BEDS	16
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	30 October 2014
INSPECTED BY	Dr. Susan Finnerty MCN 009711 Acting Inspector of Mental Health Services Seán Logue Assistant Inspector of Mental Health Services

Summary

- Clonfert was an elderly care facility with 16 beds. It was due to move to refurbished premises in spring 2015.
- The information provided for residents and families was insufficient, both in details about the unit and in information about diagnoses and medication.
- There was no nominated complaints person available for the approved centre.
- There was no psychologist on the Psychiatry of Old Age Team.
- Care and treatment of the residents was observed to be very good.

OVERVIEW

In 2014, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2013. In addition to the core inspection process, information was also gathered from service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

Clonfert was located in the new Community Nursing Unit in the grounds of St. Brigid's Hospital complex. This was a temporary arrangement and the unit was to move to newly renovated ward in the recently vacated admission block of St. Brigid's Hospital in spring 2015.

Since the previous inspection in 2013, St. Luke's ward had closed, leaving Clonfert as the only remaining in-patient unit in St. Brigid's Hospital.

Clonfert catered for elderly residents with dementia and long-standing mental illness. The residents were all very dependent and required almost full nursing care. A small number of residents had challenging behaviour. There had been two admissions to the unit and no discharges since the previous inspection in 2013. The unit did not provide respite beds.

The unit had 16 beds and at the time of admission there were 10 residents. There were no detained residents and one resident was a Ward of Court.

The unit was modern with all the facilities required for the elderly residents. However, there was limited access to outside space, as the steps from the unit to the garden were hazardous. The garden itself was unkempt.

CONDITIONS

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	13	23	
Substantial Compliance	6	18	4	15, 22, 26,31
Minimal Compliance	1	0	1	20
Not Compliant	2	0	1	28
Not Applicable	0	0	2	17,25

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Clonfert	16	10	Psychiatry of Old Age

QUALITY INITIATIVES 2013/2014

No quality initiatives were reported to the inspectors.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. The seclusion room must be risk assessed and outstanding fittings that could endanger patient safety must be made safe.

Outcome: This was no longer relevant as St. Luke's ward had closed.

2. All policies relating to Regulations should be reviewed every three years and those in relation to the Rules and the Code of Practice on the Use of Physical Restraint on an annual basis.

Outcome: This had been achieved.

3. The approved centre should be fully compliant with the Code of Practice on the Use of Physical Restraint.

Outcome: Physical restraint had not been used in the approved centre since the inspection in 2013.

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

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

Article 4: Identification of Residents

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

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

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

Justification for this rating:

Each resident had a photograph on their medication Kardex. Identity bracelets were used if the resident was transferred to the general hospital. Agency nurses were sometimes employed and also administered medication. However, they had usually worked previously in the approved centre and were familiar with the residents.

Article 5: Food and Nutrition

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

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

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

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

Justification for this rating:

There was access to a water dispenser near the nurses' station.

A menu was displayed for residents in the dining room and there was a choice of food for each meal. The menu showed healthy options, with very little fried food.

The inspectors viewed the food at lunch and it was well presented, hot and nutritious. Special diets were required for a number of residents and these were provided.

Article 6: Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

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

Justification for this rating:

The kitchenette was narrow and there was little room for staff to prepare to serve the food. There was sufficient cutlery and crockery available. The kitchenette had refrigeration, storage and trolleys for serving food. Food was prepared in another part of the hospital complex and transported in heated trolleys.

The kitchenette was very clean and tidy and staff were seen to observe hygiene requirements while serving food.

An Environmental Health Officer's report dated 1 February 2014 was available and stated that all inspected areas were satisfactory.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

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

Justification for this rating:

Each resident had an adequate supply of individualised clothing and all clothing was labelled. A supply of clothes was available in case of necessity. All residents were observed to be dressed in a manner that had regard for their dignity.

Only residents who were in bed wore their night clothes. All other residents were fully dressed.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to personal property and clothing.

A record was maintained of residents' personal property and possessions in a property book. Residents retained control of their personal property and possessions in their bedrooms which were single rooms with wardrobes. The wardrobes could not be locked.

Any valuables were kept locked in a store room and there was also a locked money box.

Staff did not routinely handle residents' money and all transactions were done through the administration department.

Article 9: Recreational Activities

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

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

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

Justification for this rating:

There was a TV, radio and CD player. Newspapers were delivered to the unit on a daily basis. The occupational therapist provided recreational activities although these were limited due to the severe nature of the residents' mental illnesses.

There were occasional music sessions. There was flower arranging once a week. Some residents could be accompanied into the garden for short walks.

Article 10: Religion

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

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

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

Justification for this rating:

A Roman Catholic chaplain was available and called to the unit once a week. There was a chapel in the building and some residents were able to attend services. Ministers of other religions were available, if required. Residents of all faiths were facilitated in the practice of their religion insofar as reasonably practicable.

Article 11: Visits

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

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

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

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

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

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to visiting.

As each resident had a single room, residents could receive their visitors in private, including child visitors. There was also a quiet room which could be used.

Visiting was encouraged and there were open visiting times.

Article 12: Communication

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

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

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

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to communication.

No resident had a mobile phone. There was a mobile phone in the nurses' station, which could be used by residents to receive and make phone calls in private.

Residents' post was received and sent unopened by staff and there were no restrictions on communication.

Article 13: Searches

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to searches, both with and without consent. There was a policy with regard to finding illicit substances.

No searches had been carried out in the approved centre since the previous inspection in 2013.

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to care of the dying.

Each resident had a single room, which ensured privacy and dignity for residents who are dying. The families of residents who were dying were accommodated. Religious practices were accommodated in that a chaplain was available. Palliative care was accessible if required.

Four deaths had occurred since the previous inspection in 2013, and all had been notified to the Mental Health Commission within 48 hours.

Article 15: Individual Care Plan

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

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

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

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

Justification for this rating:

Each resident had an individual care plan. Residents and their families attended the care plan meeting and each resident had a key worker. Strengths and vulnerabilities were clearly outlined. The care plans were regularly reviewed and there was evidence of multidisciplinary input.

Staff had some difficulties in distinguishing between goals and interventions. The care plan template did not have a separate section for interventions. Staff were using the goal section for interventions and therefore, in some cases, not outlining goals. Staff stated that they were aware of this difficulty and were going to review the template to include interventions.

The approved centre was not fully compliant with this Article as some individual care plans did not outline goals.

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

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

Justification for this rating:

The occupational therapist provided sessions consisting of orientation and diversion therapies. An artist provided a weekly session.

Hand massage was available but residents had to pay for this out of their own funds.

Article 17: Children's Education

Children were not admitted to the approved centre. Therefore, this Article did not apply.

Article 18: Transfer of Residents

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

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

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

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

Justification for this rating:

There was an up-to-date policy with regard to transfer of residents.

One resident was currently transferred to the general hospital. A referral letter, a nurse transfer form and a record of the resident's medication went with the resident. A nurse accompanied the resident to the general hospital to ensure handover of information.

Article 19: General Health

(1) *The registered proprietor shall ensure that:*

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

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

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

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

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

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

Justification for this rating:

All residents were in the approved centre for more than six months. Each file was inspected and all residents had a physical examination within the previous six months. Medical needs within the approved centre were looked after by the non consultant hospital doctor (NCHD).

Staff reported that there were no difficulties in accessing medical care in the general hospital. Physiotherapy, speech and language therapy, dentistry and dietetics were available by appointment in the public service. A number of residents had access to cardiac and respiratory nurses.

Article 20: Provision of Information to Residents

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			X
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 information booklet detailing housekeeping arrangements or details of the resident's multidisciplinary team for residents or their families. However, there was an orientation board on the wall outlining the date, weather, what was the next meal and which nurses were on duty. There was an excellent information folder about dementia, which had been put together by the occupational therapist. However, there was no information about any other mental illness available.

There was no information about medications for the residents or their families.

There was information about advocacy services prominently displayed in the corridors of the unit.

There was an up-to-date policy with regard to information.

The approved centre was not fully compliant with this Article because

(a) there was no information booklet outlining housekeeping arrangement and details of the multidisciplinary team

(b) there was insufficient information about diagnoses and

(c) there was no information about medications.

Breach: 20 (1)(a),(b),(c),(e)

Article 21: Privacy

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

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

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

Justification for this rating:

Each resident had a single bedroom. Windows had suitable curtains.
Residents were treated with dignity by the staff throughout the inspection.

Article 22: Premises

(1) The registered proprietor shall ensure that:

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

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

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

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
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 appropriately structured and furnished in the style of a modern nursing home. This meant that it did lack homely features. However, it was warm, well ventilated and was not odorous. Some of the corridors were quite dark and required lighting to be on at all times.

All bedrooms were single and of good size. They were quite clinical in style but were safe. All were en suite and there was a television in each bedroom. The sitting room was at some distance to the nurses' station and was not used much by the residents, who preferred to congregate in the dining area and around the nurses' station. The sitting room itself was a very pleasant bright room, which was nicely furnished.

The outdoor space was not very accessible for residents due to the hazardous steps leading down to it. The garden area was overgrown and looked neglected. It should be noted that the residents will have access to a garden following the move to the new unit in Spring 2015.

The approved centre was not fully compliant with this Article because of

- (a) the inaccessibility of the garden and
- (b) the poor condition of the garden.

Breach: 22 (3)

Article 23: Ordering, Prescribing, Storing and Administration of Medicines

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

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

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

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

Justification for this rating:

There was a policy with regard to the ordering, prescribing, storage and administration of medication and this policy was in date.

Article 24: Health and Safety

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

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

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

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

Justification for this rating:

There was a policy with regard to health and safety. This referred to the Health and Safety Statement, which covered residents, visitors and staff.

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.

There was no CCTV within the approved centre, so this Article did not apply.

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
Clonfert	ADON	1 (shared)	0
	CNM 3	1 (shared)	1 (shared)
	CNM 2 (acting)	1	0
	RPN	3	2

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

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

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

Justification for this rating:

<p>There were appropriately qualified staff in charge of the approved centre, both day and night.</p> <p>The Psychiatry of Old Age Team, which had clinical responsibility for Clonfert had an occupational therapist and a social worker. However, there was no psychologist on the team, so residents had no access to psychology unless it was sourced elsewhere.</p> <p>The Health Service Executive (HSE) policies on staff recruitment were in operation.</p> <p>The staff training records were examined. All staff had been trained in Crisis Prevention Intervention (CPI), Cardio-Pulmonary Resuscitation (CPR) and Breakaway Techniques. Refresher courses were ongoing.</p> <p>The Mental Health Act 2001, the Rules, Regulations and Codes of Practice were all available in the approved centre and the staff were aware of the provisions of these.</p>
<p>The approved centre was not fully compliant with this Article as there was no psychologist available for the residents.</p>

Breach: 26(2)

Article 27: Maintenance of Records

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

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

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

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

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

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

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

Justification for this rating:

The clinical files were in good condition, were complete and accurate and up to date. Information was easily retrieved. They were kept in a locked office.

There was a policy with regard to the creation of, access to, retention of and destruction of records.

The Fire Officer's report, dated 26 June 2014, was available to the inspectors. The Environmental Health Officer's report was also available, dated 1 February 2014.

Article 28: Register of Residents

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

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

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

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

Justification for this rating:

The approved centre was unable to provide evidence that a Register of Residents was maintained in accordance with Schedule 1 to the Regulations.
The approved centre was not compliant with this Article as there was no Register of Residents maintained in accordance with Schedule 1 to the Regulations.

Breach: 28 (1),(2)

Article 29: Operating policies and procedures

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

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

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

Justification for this rating:

All policies and procedures for the approved centre were up to date and reviewed every three years. The physical restraint policy and the mechanical restraint policy were reviewed annually.

Article 30: Mental Health Tribunals

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

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

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

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

Justification for this rating:

There were no detained patients in the approved centre. However, Mental Health Tribunals could be facilitated if required. There was an identified location for holding Mental Health Tribunals.

Article 31: Complaints Procedures

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

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

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

Justification for this rating:

The approved centre used the HSE policy *Your Service Your Say*. A notice to this effect was prominently displayed. However, it was unclear as to whom a complaint could be made in the first instance. The nominated complaints officer was not in the approved centre.

No complaints had been made about the approved centre in 2013 or 2014.

There was an up-to-date policy with regard to complaints.

The approved centre was not fully compliant with this Article as there was no nominated person available in the approved centre to receive complaints.

Breach: 31(4)

Article 32: Risk Management Procedures

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

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

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

Justification for this rating:

There was a risk management policy which met all the provisions of this Article. Each resident had a risk assessment and there was a risk management plan in place.

Article 33: Insurance

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

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

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

Justification for this rating:

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

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

Justification for this rating:

The Certificate of Registration was prominently displayed at the entrance to the approved centre.

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

SECLUSION

Use: Seclusion was not used in the approved centre.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not provided in the approved centre.

MECHANICAL RESTRAINT

Use: The approved centre used mechanical means of bodily restraint under Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint for enduring risk of harm to self or others.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	X			
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:

Three residents in the approved centre required seat belts. All prescriptions and practices were in keeping with the requirements of Part 5 of the Rules Governing the Use of Mechanical Means of Bodily Restraint.

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

PHYSICAL RESTRAINT

Use: Physical restraint had not been used in the approved centre for many years. A Clinical Practice Form book for physical restraint was available to inspectors for inspection and had been unused.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The approved centre notified the Mental Health Commission of any deaths and also provided a summary of all incidents to the Commission.

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:

Four deaths had been notified to the Mental Health Commission since the previous inspection in 2013. A record of incidents was examined and was satisfactory. There was an identified risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre and no voluntary patient was receiving a programme of ECT in another centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre had policies on Admission, Transfer and Discharge of residents. The approved centre was fully compliant with Article 32 of the Regulations Risk Management Procedures.

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:

<p>The clinical file of the most recent resident to be admitted to the approved centre was inspected. Admissions were on medical referral and were usually planned. The consultant psychiatrist made the decision to admit. A mental state examination, a physical examination, psychiatric assessment and risk assessment had been completed. The approved centre was not fully compliant with Article 15 Individual Care Plan. The approved centre was fully compliant with Article 7 Clothing; Article 8 Resident's Personal Property and Possessions; and Article 27 Maintenance of Records.</p>
<p>The approved centre was not compliant with this Code of Practice because it was not fully compliant with Article 15 Individual Care Plan.</p>

Breach: 17.1

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:

<p>The clinical file of one resident transferred to another hospital was inspected. The resident was transferred in order to obtain specialist medical healthcare. A copy of the medical referral letter was retained in a duplicate "Doctor's Letter" book and not in the resident's clinical file as required in this Code of Practice. The resident's family had been involved in the decision to transfer. The approved centre was fully compliant with Article 18 Transfer of Residents.</p>
<p>The approved centre was not compliant with this Code of Practice because a copy of the medical referral letter was not retained in the resident's clinical file.</p>

Breach: 31.2

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
NOT INSPECTED			

Justification for this rating:

As no resident had been discharged, this was not inspected.

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

Description: No resident had an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

<p>The approved centre had a policy in keeping with the Code of Practice Guidance for People working in Mental Health Services for People with Intellectual Disabilities.</p> <p>The training log examined by inspectors did not indicate that training in intellectual disability and mental illness as required by this Code of Practice had occurred.</p>
<p>The approved centre was not compliant with this Code of Practice as the training log examined by inspectors did not indicate that training in intellectual disability and mental illness had occurred.</p>

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Since all residents were voluntary, section 60 did not apply.

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

Description: Since the approved centre did not admit children, section 61 did not apply.

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland

The Department of Health National Guideline No. 3: Surveillance, Diagnosis and Management of *Clostridium Difficile* Infection in Ireland was launched in June 2014. The Mental Health Commission was requested by the Minister of Health to ask approved centres to put processes in place to implement National Clinical Guidelines and that the Office of the Inspector of Mental Health Services takes cognisance of these Guidelines in terms of its inspections and reporting.

Clostridium Difficile

There had been no case of *Clostridium Difficile* since the guidelines were issued in June 2014. All staff were aware of and had access to the National Guidelines, which were kept in the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted by the inspectors but, due to the severity of their illness, were unable to communicate with the inspectors.

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

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

The approved centre was compliant with Article 19 General Health. The approved centre was fully compliant with Article 16 of the Regulations Therapeutic Services and Programmes. It was not fully compliant with Article 15 Individual Care Planning.

There was evidence of multidisciplinary input to the individual care plans and in the therapeutic services and programmes in the unit.

The Psychiatry of Old Age Team, which looked after the approved centre, had a strong community based service.

As the approved centre provided end of life care, health promotion, early detection and prevention did not apply.

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

The approved centre was compliant with the following Articles of the Regulations: Article 10 Religion; Article 13 Searches; Article 14 Care of the Dying. It was not fully compliant with Article 20 Provision of Information to Residents. It was compliant with Article 16 Therapeutic Services and Programmes and with Article 21 Privacy. Service users had access to an advocate, but were not in a position to use their services due to the severity of their illness. Confidentiality was respected.

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article 8 Personal Property and Possessions; Article 11 Visits; and Article 30 Mental Health Tribunals. It was not fully compliant in relation to Article 31 Complaints.

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

The approved centre was compliant with Article 34 of the Regulations Certificate of Registration. It was not compliant with Article 20 Provision of Information to Residents. There was no written information about the approved centre. The written information about diagnoses and medication was deficient.

There was no complaints officer in the approved centre, but there was a complaints officer for the catchment area. There was a policy with regard to complaints. Advocacy services were available.

Due to the severity of their illness, residents had limited participation in their individual care plans or treatment options. However, staff included the family in their relative's care planning process.

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

The approved centre was compliant with the following Article of the Regulations: Article 6 Food Safety, Article 7 on Clothing; Article 8 Residents' Personal Property and Possessions; Article 9 Recreational Activities; Article 11 Visits; Article 12 Communication; Article 13 Searches; Article 14 Care of the Dying, Article 18 Transfer of Residents; Article 21 Privacy and Article 22 Premises; and Article 24 Health and Safety.

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

Theme 5 Access to services

There had only been two admissions to the approved centre for over a year. Any access to the approved centre would be through the Psychiatry of Old Age team.

Theme 6 Family/chosen advocate involvement and support

There was family involvement in the resident's individual care plan in that family members were invited to the individual care planning meetings.

Advocacy services were available and there was a notice to this effect.

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

The approved centre was not fully compliant with Article 26 of the Regulations Staffing, as there was no psychologist on the Psychiatry of Old Age team. Staff availed of training opportunities and were trained In Crisis Prevention Intervention and other Health Service Executive mandatory training. There was a risk management policy and opportunities to learn from documented incidents.

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

There were evidence-based policies and procedures that were all up to date. There was no integrated information system.

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

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

OVERALL CONCLUSIONS OF THIS INSPECTION

Clonfert was a 16-bed elderly care unit, catering for residents with dementia and enduring mental illness. The current premises were an appropriate setting for the most part in that it was equipped for nursing care of the elderly. The lack of accessible outside space and the distance from the nursing station to the sitting room were not ideal. However, the unit was moving to refurbished facilities within six months.

It was obvious that the residents were well cared for. The range of therapeutic and recreational activities was limited and this reflected the capabilities of the residents. Despite this, there was good

input, especially from the occupational therapist, into making life as interesting as possible for the residents.

Families were actively involved in the residents' care plans. However, the provision of information was not adequate.

The lack of a psychologist on the Psychiatry of Old Age team meant that the residents had no access to psychology if they needed it. This resulted in psychology services having to be sourced elsewhere, which was not satisfactory.

RECOMMENDATIONS 2014

1. The approved centre must be fully compliant with Article 15 Individual Care Plan.
2. There must be a psychologist appointed to the Psychiatry of Old Age team.
3. There must be adequate information provided, in the form of an information booklet and information sheets about diagnoses and medications.
4. The complaints procedure must include a complaints officer for the approved centre and the identity of this person should be made available to residents and families.