Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Cork/Kerry Integrated Service Area
HSE AREA	South
MENTAL HEALTH SERVICE	Kerry Mental Health Services
APPROVED CENTRE	St. Finan's Hospital – O'Connor Unit
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	O'Connor West Wing O'Connor East Wing
TOTAL NUMBER OF BEDS	32
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	3 July 2014
INSPECTED BY	Patricia Doherty, Assistant Inspector of Mental Health Services Sean Logue, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty, MCN009711

Summary

- The approved centre did not have appropriate and suitable practices relating to the ordering, prescribing, storing and administration of medicines to residents.
- The building was outdated and not suitable as a modern mental health facility. A new unit was due to open in 2015.
- All residents whose clinical files were examined had individual care plans and there was evidence of good multidisciplinary working in the interests of residents.
- There was little evidence of staff training in the staff training log. Continuing professional development needs of staff must be addressed.

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

O'Connor Unit was situated in the grounds of St. Finan's Hospital. It was the only open in-patient unit remaining on the campus. A single-storey unit opened in the 1970's, the male and female wards operated separately and had separate entrances but a common dining area. Residents were admitted from the main hospital originally; in more recent times, they were admitted from the acute unit in Kerry General Hospital. The Mental Health Commission had attached a condition prohibiting direct admissions into the approved centre and the inspectors found that the approved centre was in compliance with this condition during the course of the inspection.

On the day of inspection the 32 bed unit was full, with 12 female and 20 male residents. There were two involuntary patients and no Wards of Court.

CONDITIONS

- The Mental Health Commission requires the cessation of the direct admission of residents to St. Finan's Hospital with effect from 12th December 2011

COMPLIANCE WITH CONDITIONS: The approved centre was compliant with the condition.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	24	19	20	
Substantial Compliance	5	9	7	8,13,21,24,26,29, 31
Minimal Compliance	0	1	1	22
Not Compliant	0	0	1	23
Not Applicable	2	2	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
O'Connor Wing West	12	12	Rehabilitation and Recovery
O'Connor Wing East	20	20	Rehabilitation and Recovery

QUALITY INITIATIVES 2013/2014

- A new garden area for female residents had been created.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. Access to an outdoor area should be provided for residents of the female ward.

   Outcome: An outdoor enclosed garden area and patio had been created for the female residents.

2. All residents must have a physical examination carried out every six months.

   Outcome: All residents whose clinical files were examined had a physical examination within the previous six months.

3. Medications must not be dispensed into containers and left for a time before being administered to residents.

   Outcome: This was no longer happening.

4. All policies should be in date.

   Outcome: All policies were up to date.

5. Records relating to the personal finances of residents should not be filed in the clinical file.

   Outcome: Personal financial information remained in the clinical files.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Photographic identification was used on clinical files, medication prescription booklets and on individual storage drawers where medication was stored. Medication was dispensed by a registered psychiatric nurse.

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	*Evidence of full compliance with this Article.*	X		X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Meals were prepared in St. Columbanus Hospital nearby and served to residents from heated bain maries. There was a choice of menu. Residents had access to the services of a community-based dietician. A speech and language therapist was available for those with swallowing difficulties. There were fresh water fountains available.

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	*Evidence of full compliance with this Article.*	X		X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	

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

Justification for this rating:

A copy of the most recent Environmental Health Report was available to the inspectors.

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	*Evidence of full compliance with this Article.*	**X**	**X**	**X**
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

No resident was in their night clothes on the day of inspection. Clothing was labelled and placed in individual drawers in residents' rooms or in individualised boxes in a storage room. There was access to a hardship fund for residents who needed urgent new clothing.

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	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X

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

Justification for this rating:

There was an up-to-date policy on Residents' Personal Property and Possessions. Residents could keep personal items in their own rooms. Some items of value were kept by nursing staff in a locked press.

Some residents collected their own social welfare benefits from the local post office. For those who were unable to do so, social welfare entitlements were collected by staff with written permission. The finances were administered centrally within the service, although there was no written consent for this and it was not documented in the ICPs. Money was dispensed to residents following an estimate of individual financial need by nursing staff in association with the residents.

The service was not fully compliant with this Regulation as residents did not retain control of their finances and there was no documented evidence that they had consented to this.

Breach: 8(5)

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	*Evidence of full compliance with this Article.*			X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X	X	

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A range of activities were available. The service had obtained an 8-seater, wheelchair accessible minibus during the year and used this to bring residents on outings to local shops, cafes and the surrounding countryside. Staff reported this was used on most days. A hairdresser attended the service every four weeks approximately, for those who could not travel to her. TVs and radio were available. The services of a nursing student facilitated outings from September to June each year.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A Roman Catholic mass was held in the unit each Thursday and was taking place during the inspection. Some residents go to the local Cathedral on Sundays and are accompanied by staff. There were no representatives of other religions in the approved centre on the day of inspection. Staff reported that, if necessary, ministers from other denominations could be contacted.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

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

Justification for this rating:

Staff reported that visitors were facilitated. There was no specific visitor's room. However a multi-purpose room on East Wing was available if necessary. Staff reported that children do not visit the ward, but could be facilitated if accompanied. There was an up-to-date policy on visiting.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

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

Justification for this rating:

There was an up-to-date policy on communication. Staff reported that the elderly population all had access to a landline phone. There was a public phone on East Wing, but not on West Wing. No resident had a mobile phone. Staff facilitated the posting of unopened mail for residents in the local post office.

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	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X

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

Justification for this rating:

There was an up-to-date policy on searches with and without consent and on the finding of illicit substances. Staff reported that no resident had been searched. On enquiry, it became clear that one resident's room was searched regularly but this was not documented in the clinical file in accordance with the requirements of this Article.
The approved centre was not fully compliant with this Regulation as a written record of all searches was not kept by the approved centre.

Breach: 13 (9)

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

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

Justification for this rating:

There was a policy on the care of the dying. There were rooms on East Wing, but not on West Wing, where a dying resident could be accommodated. Staff reported that, in the event of a resident of West Wing requiring end of life care, accommodation would be created by rearranging the sleeping accommodation of other residents.

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".]

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

All residents whose clinical files were examined had an individual care plan in keeping with the requirements of the Regulations. Staff reported these were reviewed on a six-monthly basis by the multidisciplinary team.

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	*Evidence of full compliance with this Article.*			X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X	X	

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A schedule of daily therapeutic activities was seen by the inspectors. This included relaxation, personal hygiene, pet therapy, reminiscence therapy, anxiety management and SONAS (a therapeutic communication activity for elderly people, based on sensory stimulation). In addition, residents could attend Lime Grove, the mental health activation centre nearby, according to their individual care plans (ICPs).

The documented sequential interventions by the multidisciplinary team (MDT) were linked to the ICPs and were impressive.

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.

Children were not admitted to the approved centre.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was an up-to-date policy on the transfer of residents. No resident of the approved centre on the day of inspection had been transferred elsewhere.

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	*Evidence of full compliance with this Article.*	X		X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was an up-to-date policy on responding to medical emergencies. All residents, whose clinical files were examined, had a physical examination in the previous six months conducted by a GP employed by the service for this purpose. Some residents had their own GPs, whom they also attended.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

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

Justification for this rating:

A basic housekeeping leaflet was available and on display. Information on various diagnoses and treatments was available in a folder in the sitting area.

A representative of the Irish Advocacy Network visited, but infrequently. Contact details were available.

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	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was evidence during the inspection that the personal privacy and dignity of residents was respected. All residents had their own lockers and/or chest of drawers and wardrobe space. All bed areas had privacy curtains and windows had curtains.

Information on patients' personal financial affairs was available in the clinical files, contrary to previous recommendations by the inspectors.

The approved centre was not fully compliant with this Regulation as the clinical file was not an appropriate place to store information on individual finances, in some cases relating to significant amounts of money.

Breach: 21

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	*Evidence of full compliance with this Article.*			
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	**X**		

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

Justification for this rating:

The premises was built in the 1970s and was institutional and dated in appearance. It was unsuitable as a modern healthcare facility. Staff reported that only urgent maintenance work was being done, as a new unit was due to open in the grounds of St. Columbanus Hospital nearby in 2015. A new enclosed garden area had been developed during the year to allow female residents access to an outdoor area.
The approved centre was not fully compliant with this Regulation as the premises was not suitable for the provision of a modern mental health service.

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	*Evidence of full compliance with this Article.*	X		
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was an up-to-date policy on the ordering, storing and prescribing and administration of medication.

The system for ordering medications was set up some years ago, in such a way as to transfer medication costs from the mental health to the community care budget. Patients' GPs were asked to order their medication through the community care system. This involved rewriting by the GPs of medication prescribed by the psychiatrists onto medical card forms. In order for this to happen three copies of a six page medication booklet had to be photocopied on a monthly basis by nursing staff

and then checked for errors, before being brought to the GP surgeries. Nursing staff on East Wing reported this took about three hours. Once ordered, medications were delivered to a local pharmacy, from where they had to be collected for administration in the hospital.

Inspectors discovered two loose, unused vials of Cyclomorph 10 (Cyclomorph 50mgs/1 ml, IM/IV), within the expiry date, in the unlocked emergency box in the locked clinical room in O'Connor West. Inspectors discovered that there was no Misuse of Drugs Act (MDA) cabinet located in O'Connor West. There was no documentation in respect of the ordering, prescribing, storing and administration of this medicine to be located anywhere in the approved centre; inspectors were then informed that no such documentation existed. Inspectors were informed by nursing staff that the two loose Cyclomorph vials, along with the first line and second line emergency drugs within the emergency box, were checked and signed for at regular intervals by nursing staff using the emergency box checklist. It appeared to inspectors, upon questioning staff about the ordering, prescribing, storing and administration of such medicine, that staff of the approved centre had a worryingly shallow understanding of their statutory obligations in respect of practices under 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). Inspectors asked if an MDA cabinet was available elsewhere in the approved centre. Inspectors were informed that the key to the MDA cabinet in the clinical room in O'Connor East was not in the possession of day staff. Inspectors were shown a second cabinet in this clinical room which met the requirements of an MDA cabinet. Staff of the approved centre were in possession of the key to this cabinet. Inspectors advised staff of the approved centre to remove the Cyclomorph vials from the emergency box immediately and to place them securely in the MDA cabinet. Inspectors advised staff of the approved centre to inform the Executive Clinical Director and the Director of Nursing of the situation immediately. During the feedback meeting at the end of the inspection, the senior management team agreed to remedy the situation immediately.

The approved centre was not compliant with this Regulation as it did not have appropriate policies and practices in place for the ordering and storing of medicines. Practices were in breach of the *Misuse of Drugs Acts* 1997, 1984 and 1993.

Breach: 23(1) (2)

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	*Evidence of full compliance with this Article.*	X		
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	X

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The approved centre had a Health and Safety Statement and a policy but the policy did not refer to 'residents and visitors', as required by the Regulation.
The approved centre was not fully compliant with this Regulation as the policy did not include the health and safety of 'residents and visitors'.

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.

CCTV was not used in the approved centre.

Article 26: Staffing

(1) The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.

(2) The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.

(3) The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.

(4) The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.

(5) The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.

(6) The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
O'Connor Wing West	Night superintendent	0	Shared
	CNM2	1	0
	RPN	1	2
	HCA	1	0
O'Connor Wing East	Night superintendent	0	Shared
	CNM2	1	0
	RPN	3	3

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Health Care Assistant (HCA).

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

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

Justification for this rating:

The Rehabilitation Team was resourced with an occupational therapist, psychologist and social worker. In addition, there was access to speech and language, dietetic and GP community services. There was evidence of multidisciplinary interventions in the clinical files examined. The Health Service Executive (HSE) policy on recruitment applied. The training record for West Wing, seen by the inspectors on the day of inspection, was very limited. The training record for East Wing was blank.
The approved centre was not fully compliant with this Regulation as there was little evidence on the day of inspection that staff in the approved centre were trained in such a way as to be able to deliver care and treatment in accordance with best contemporary practice.

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.

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	*Evidence of full compliance with this Article.*	X		X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	

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

Justification for this rating:

There was an up-to-date policy on the creation of, access to, retention of and destruction of records. The most recent Health and Safety policy, Environmental Health Officer's report and Fire Inspection report was seen by the inspectors. The clinical files were well maintained.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The Register of Residents was seen by the inspectors and was in accordance with the requirements of the Regulations.

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	*Evidence of full compliance with this Article.*	X		
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*		X	X

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Most policies were completed as required. The policy required by Regulation 24 was incomplete.
The approved centre was not fully compliant with this Regulation as they were in breach of Regulation 24(1) Health And Safety.

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A room was available on East Wing for facilitating 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	*Evidence of full compliance with this Article.*	X	X	
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			X

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

Justification for this rating:

There was a policy in relation to complaints and a named complaints officer. The HSE complaints procedure *Your Service Your Say* was displayed on the notice board. However, the procedure for making a complaint was unclear and the name of the complaints officer was out of date. Copies of the complaints logs for the East and West wings were seen by the inspectors and both were blank.
The approved centre was not fully compliant with this Regulation as it was not clear from the documentation that a nominated person was available in the approved centre to investigate 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	*Evidence of full compliance with this Article.*		X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*	X		

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

Justification for this rating:

The risk management policy was up to date and implemented throughout the approved centre. Risk assessments and reviews were documented in the individual clinical files.

A copy of the incident report book was seen by the inspectors on the day of inspection. Staff reported there were no major incidents in the approved centre since the 2013 inspection.

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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The approved centre was indemnified 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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The Certificate of Registration was displayed on the wall at the entrance to East Wing.

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 used in the approved centre and no detained patient was receiving ECT elsewhere on the day of inspection.

MECHANICAL RESTRAINT

Use: Mechanical Means of Bodily Restraint (Part 5) was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPICABLE			
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:

One resident in O'Connor West required a lap belt in a chair and in a wheelchair at different intervals during the day. The order for this was compliant with the Rules under Part 5.

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

PHYSICAL RESTRAINT

Use: Staff reported that Physical Restraint was not used.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
5	Orders	NOT APPLICABLE			
6	Resident dignity and safety	NOT APPLICABLE			
7	Ending physical restraint	NOT APPLICABLE			
8	Recording use of physical restraint	NOT APPLICABLE			
9	Clinical governance	X			
10	Staff training				X
11	Child residents	NOT APPLICABLE			

Justification for this rating:

The Clinical Practice Form book for Physical Restraint was examined and had not been completed since before the date of the 2013 inspection. There was a policy in relation to Physical Restraint. Training on Physical Restraint had not taken place.
Although staff reported that physical restraint was not used, it was not possible to assert that it would never be needed in the future. The approved centre did not fully comply with the Code of Practice as training in relation to Physical Restraint had not taken place.

Breach: 10

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: Two deaths had been reported to the Mental Health Commission in 2013 since the last inspection. No deaths had occurred in 2014 to the date of inspection.

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:

There was a system for reviewing incidents. The service had a policy on risk management but this did not identify the risk manager as required in the Code of Practice. The approved centre provided a summary of all incidents to the Mental Health Commission as required under this Code of Practice.
The approved centre was not fully compliant with this Code of Practice as the policy did not identify the risk manager.

Breach: 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not used in the approved centre. No resident was receiving ECT elsewhere at the time of inspection.

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 on Risk Management.

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 clinical files of three residents who had been recently admitted were inspected. The admission documentation was good and each resident had a mental state and a physical examination carried out on admission. Risk assessment was conducted and this led to a risk management plan for each resident. There was evidence of regular multidisciplinary team (MDT) review of this risk assessment. The service was compliant with Article 7 Clothing; Article 15 Individual Care Plan; and Article 27 Maintenance of Records. It was not fully compliant with Article 8 Residents' Personal Property and Possessions.
The approved centre was not fully compliant with this Code of Practice because it had not achieved full compliance with Article 8 Residents' Personal Property and Possessions.

Breach: 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:

No resident was transferred elsewhere at the time of inspection. The approved centre was compliant with Article 18 Transfer of Residents.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT INSPECTED			

Justification for this rating:

No resident had been discharged, therefore, this was not inspected.

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

Description: Two residents of the approved centre 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:

There were two residents in the approved centre with an intellectual disability and a mental illness. There was evidence in the clinical files that the mental health service had engaged with the Disability Service with a view to arranging appropriate services in respect of both residents. Both residents had an individual care plan.

The approved centre had a policy on working with people with an intellectual disability and mental illness. Training had not yet commenced in working with people with an intellectual disability and mental illness but was scheduled to take place later in the year.

The approved centre was not fully compliant with this Code of Practice as staff had not received training in working with residents with an intellectual disability and mental illness.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two involuntary patients had been detained for a period exceeding three months.

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:

Both patients had given their consent in writing to the continued administration of medication.

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

Description: Children were not admitted to the approved centre. Section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Service users were greeted during the course of the inspection. No resident requested to speak to 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

All residents whose clinical files were examined had ICPs which were completed to a high standard. The approved centre provided long term care for elderly residents. Residents were only admitted from the acute unit in Kerry General Hospital, in accordance with a condition on the registration of the approved centre. There was a good range of therapeutic services and programmes available and there was evidence in the clinical files of these being linked to individual care plans.

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

Service users were involved in the development of their individual care plans which were attended by the multidisciplinary team members. A range of suitable activities were available to residents. There was evidence of residents' value systems being respected.

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

More emphasis could be put on respecting the rights of voluntary residents by getting written permission from them for the procedures in relation to administration of their income. Information in relation to their financial affairs should be removed from the clinical files. A peer advocate visited infrequently or on request. Active involvement of service users in their own recovery plan was evident.

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

Service users had access to a nutritious diet. The setting, while safe, was old and institutional and not suitable as a health facility. Staff reported it was due to be replaced in 2015.

Theme 5 Access to services

Access was only by referral from the acute unit of Kerry General Hospital, in accordance with the condition attached to the registration of the approved centre by the Mental Health Commission.

Theme 6 Family/chosen advocate involvement and support

Staff reported that families were encouraged to visit and visiting hours were flexible. The representative of the Irish Advocacy Network visited infrequently. Contact details were available.

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

There was a good skill mix on the MDT and a multidimensional approach to care was evident in the clinical files inspected. The training record seen was sparse and would indicate deficits in the training programme. There was no training in physical restraint, intellectual disability or Prevention and Management of Aggression and Violence (PMAV) in recent times.

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

There was no mental health information system. There was a corporate policy for the management of risk and incident reporting.

OVERALL CONCLUSIONS OF THIS INSPECTION

The approved centre provided a good quality of service to an elderly patient population. The individual care plans and the ongoing reviews by the MDT were excellent. There were good quality therapeutic activities. All residents had physical reviews. Unfortunately the premises provided a poor environment for the delivery of a modern mental health service. In spite of its imminent closure, a garden area for female residents was created since the last inspection. Staff of the approved centre had a worryingly shallow understanding of the ordering, prescribing and storage of MDA medicine. Overall, insufficient attention was given to the training needs of staff.

RECOMMENDATIONS 2014

1. Education of staff on the ordering, prescribing, storage and administration of MDA medicine must take place.
2. The approved centre must have appropriate and suitable policies and practices relating to the ordering, prescribing, storing and administration of medicines to residents.
3. The continued inclusion of information relating to personal finances in the clinical files should cease.
4. Consent in relation to the administration of residents' financial affairs should be documented.
5. The policy in relation to Health and Safety should include the needs of residents and visitors.
6. The complaints procedure should be clarified and the name of the complaints officer updated.
7. The Risk Manager should be identified in the policy on Risk Management.
8. The Health and Safety policy should reflect the requirements of the Regulations.
9. The training needs of staff in relation to the Regulations and Codes of Practice must be addressed.