

Report of the Inspector of Mental Health Services 2011

EXECUTIVE CATCHMENT AREA	Carlow / Kilkenny / South Tipperary
HSE AREA	South
MENTAL HEALTH SERVICE	South Tipperary
APPROVED CENTRE	St. Michael's Unit, South Tipperary General Hospital
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Male Ward Female Ward
TOTAL NUMBER OF BEDS	49
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	21 June 2011

OVERVIEW

In 2011, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2010 and any other Article where applicable.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2010. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Michael's Unit was located on the campus of South Tipperary General Hospital in Clonmel. It was a locked unit and had a security guard at the entrance. It consisted of one long corridor with rooms either side and was divided into male and female wards. At the end of the male and female wards an area had been sectioned off as high observation areas each consisting of a five bedroom dormitory, a single room and a seclusion room. There was no living space in these areas and no access to outside space. Some residents spent extended lengths of time in these locked areas due to bed shortages in the more open part of the wards. There were two outside spaces which had recently been renovated to a good standard.

There were 49 beds in the unit and 47 residents. Five male residents and two females were detained patients. Four children had been admitted to the unit since January 2011.

The following conditions were attached to the Registration of the approved centre:

1. The Mental Health Commission prohibits the admission of residents for the purpose of relieving bed shortages in another approved centre.
2. The Mental Health Commission prohibits the use of seclusion facilities as bedrooms.
3. The Mental Health Commission requires evidence of full compliance with Article 22 (Premises) of the Mental Health Act 2001 (Approved Centres) Regulations 2006, by no later than 31 May 2011.

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

COMPLIANCE RATING	2009	2010	2011
Fully Compliant	27	27	27
Substantial Compliance	3	3	4
Minimal Compliance	1	1	0
Not Compliant	0	0	0
Not Applicable	0	0	0

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Male Ward	25	26	General Adult Rehabilitation Psychiatry of Old Age
Female Ward	24	21	General Adult Rehabilitation Psychiatry of Old Age

QUALITY INITIATIVES

- A daily meeting was held on the unit to discuss management and clinical issues.
- There were monthly Clinical Governance meetings.
- A number of audits were in progress and due for completion in the near future. There was an audit group that met regularly.
- A medication audit was completed every two weeks by the nursing staff.
- A group was in place - The South Tipperary Action Network - whereby outside agencies such as the local authorities and voluntary agencies could link with the mental health services.
- A new memory clinic had been commenced which was cost neutral.
- A risk register was being developed.
- A debriefing tool was used following episodes of seclusion and physical restraint.

PROGRESS ON RECOMMENDATIONS IN THE 2010 APPROVED CENTRE REPORT

1. The approved centre must not transfer residents in order to alleviate bed shortages.

Outcome: No resident had been transferred for the purpose of making bed space available.

2. The seclusion rooms must not be used as bedrooms.

Outcome: Staff reported that the seclusion rooms had not been used as bedrooms. The unit had been running below full bed capacity.

3. The approved centre should make adequate provision for recreational activities for residents.

Outcome: There was adequate recreational provision for residents in all areas except the high observation sections. Residents in the male high observation section complained of boredom and had little to do.

4. The outdoor areas should be upgraded and rendered hospitable for residents.

Outcome: This had been achieved and now two attractive garden spaces were available to residents.

5. Community mental health teams should be adequately resourced with health and social care professionals.

Outcome: Sector teams were not fully resourced with health and social care professionals. The psychiatry of old age team did not have a social worker due to extended leave.

6. Ongoing maintenance and painting should be done.

Outcome: This had been achieved in part but there were outstanding maintenance issues.

7. A review of benzodiazepine prescribing must take place as soon as possible.

Outcome: This had been achieved.

8. Mandatory staff training must be updated in accordance with local policy.

Outcome: This had been achieved.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. The most recent environmental health officer's report was available.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There was an up-to date policy regarding clothing.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date policies and procedures in place in relation to residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a good programme of recreational activities available within the unit; however, this did not extend into either the male or female high observation areas. Male residents in the high observation area stated that they were bored. They stated that while they enjoyed attending recreational and therapeutic activities when possible on the main unit there was little to do other than watch television most of the time.

Breach: 9

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There was an up-to-date policy regarding religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There were policies and procedures in place in relation to visits. A visitors' room was available.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date policies and procedures in place in relation to communication.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. The approved centre had written policies and protocols in place in relation to the searching of a resident, his or her belongings and the ward environment, with and without consent and also in relation to the finding of illicit substances.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There were up-to-date written policies and protocols in place.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All the individual clinical files examined contained individual care plans as specified in the Regulations.

Each resident had an initial individual care plan written up at the time of admission and this was reviewed by the multidisciplinary team (MDT) and a full individual care plan was developed. There was an excellent information leaflet for residents detailing the purpose and scope of individual care plans (ICP) and the role of the MDT and of the resident in the ICP process. Residents signed and retained a copy of their ICP if they so wished. The ICPs had a comprehensive psychosocial focus.

.Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents had access to an appropriate range of therapeutic services and programmes. All of the individual care plans inspected specified therapeutic interventions and individual progress was reviewed and documented by the multidisciplinary team.

The activity nurse, the occupational therapist, other members of staff and the social worker provided coordinated group programmes. The activity nurse organised a five-day programme of therapeutic activities.

Article 17: Children's Education

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Four children had been admitted to the approved centre in 2011 up to the time of inspection. The provision of educational services had not been indicated in the individual care plans.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a written policy and procedures on the transfer of a resident. Relevant clinical information accompanied a resident on transfer.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two male residents had been admitted for a period exceeding six months and full physical examinations had been completed in a timely manner. Residents had access to national screening programmes as appropriate.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was an excellent information leaflet for residents detailing the care and treatment provided, the role of the multidisciplinary team, the role of the resident in their own care and recovery, and housekeeping arrangements within the approved centre. There were readily accessible information folders and internet access to information on diagnoses and medications. Information was displayed on the Irish Advocacy Network. There was a policy with regard to the provision of information.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The seclusion rooms in both the male and female high observation areas did not have any privacy screening on the windows in the doors. The seclusion rooms opened directly onto general access corridors within the high observation areas and thus did not afford sufficient privacy to a person being secluded.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		X	
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There were some broken tiles in one of the male lavatories. The ceiling plaster was peeling in a number of areas throughout. Fire doors, as recommended by a fire inspectors report, had not been installed in the female ward.

The approved centre day room, which catered for up to 49 residents, had a mere eight chairs which was insufficient to meet accommodation needs.

The smoking room on the male ward did not have effective ventilation and was a haze of smoke at the time of inspection.

The unit had been painted and was bright and clean throughout. The garden areas had been attractively refurbished.

An activities room was available for residents.

The approved centre did not have full compliance with Article 22 as required by the condition set out by the Mental Health Commission.

Breach: 22 (1) (a) (b) (c), (2), (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There was an up-to-date policy and procedures in place on the ordering, prescribing, storing and administration of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had relevant health and safety policies and procedures in place; however, the policy was not enacted as the fire doors had not been installed in the female ward.

Breach: 24 (2)

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. The approved centre had a written policy and protocol in place in relation to the use of CCTV.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT	
Male Ward	CNM3	0	1 shared between St. Michael's Unit and St. Luke's Hospital	
	CNM 1 or 2	1		0
	RPN	6		3
Female Ward	CNM 2	1	0	
	RPN	5	3	

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD).

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>			X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents had access to social work, occupational therapy and clinical psychology services. There was multidisciplinary care planning and all disciplines recorded data in the individual clinical files.

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The clinical files were well-maintained and information was readily accessible. Policies and inspection reports on health and safety, fire and food safety were all available for inspection. There was an up-to-date policy and procedures in relation to the creation, access to, retention and destruction of records.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies required under the Regulations were up to date.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment. There was an up-to date policy regarding complaints. The complaints procedure was adequately displayed. There was a nominated complaints officer.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The risk management policy satisfied the requirements of the Regulations. A written record of all incidents was kept within the approved centre. Incidents were reviewed by the management team and by the treating multidisciplinary team. A risk register was being developed. Incidents were also notified to the Health Service Executive (HSE) risk manager in Tipperary General Hospital and to the Mental Health Commission.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Inspection of this Article was based on self-assessment.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010	2011
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The current certificate of registration was displayed at the entrance hall .

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

SECLUSION

Use: There had been three episodes of seclusion in the male ward, and nine episodes in the female ward since January 2011 to date of inspection.

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

Justification for this rating:

Male Ward: One clinical file was available for inspection. Seclusion was recorded in the clinical file. The seclusion register was correctly completed.

There was no record of next of kin being informed of seclusion in the clinical file. The patient had an opportunity to discuss the episode of seclusion and the episode was discussed at the multidisciplinary team meeting. The seclusion facilities in the male ward were adequate apart from the fact that the window required replacement with a safe alternative that would avoid the window being shuttered every time there was someone in seclusion.

Female Ward: No person who was resident at the time of inspection had been secluded. The door of the seclusion room had a small clear glass panel in it through which a secluded person could easily be seen by anyone on the corridor. The seclusion register and the clinical file of one resident who had been secluded were available for inspection. All of the orders in the Register except for two were fully completed. There was no evidence in the clinical file of one resident that a multidisciplinary review had been conducted after one episode of seclusion and one form did not indicate whether the resident's next of kin had been informed.

There was a policy regarding the use of seclusion.

Breach: 3.3(b), 3.7 (a), 8.2, 10.3

ECT (DETAINED PATIENTS)

Use: No detained patient was receiving ECT.

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

Justification for this rating:

The ECT facilities were good; there was a waiting room, treatment room and recovery room. There was an excellent information booklet. A nurse had been trained in ECT and there was a nominated consultant psychiatrist for ECT.

MECHANICAL RESTRAINT

Use: Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: The approved centre used physical restraint.

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

Justification for this rating:

Male ward: There had been five episodes of physical restraint since January 2011 to the date of inspection in the male ward. No resident currently in the male ward had been restrained.

Female ward: Two clinical files of current residents who had been physically restrained were examined. In both cases there was clear documentation in the clinical files that physical restraint was used after all alternative interventions to manage the residents' unsafe behaviour had been considered. There was documentary evidence that the next of kin had been informed. Both physical restraint episodes had been clearly recorded in the residents' clinical files. The Clinical Practice Form book was examined and had been completed satisfactorily. The completed Clinical Practice Forms had been placed in the patients' clinical files.

There was a policy regarding the use of physical restraint. All clinical practice forms were correctly completed. A record of attendance at physical restraint training was maintained.

ADMISSION OF CHILDREN

Description: Four children had been admitted to the approved centre since January 2011 to the date of inspection.

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

Justification for this rating:

All children's admissions had been notified to the Mental Health Commission. Consent forms had been signed by the parents of the children. There was a policy on the admission of children.

The approved centre was unsuitable for the admission of children. One child who had been admitted on two occasions was accommodated in a six-bedded room.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre during the period January 2011 up to the date of inspection.

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

Justification for this rating:

All incidents were reported and logged. Incidents were referred to the senior management team and to the clinical risk manager in the general hospital. Feedback was given to the staff in the wards.

ECT FOR VOLUNTARY PATIENTS

Use: One person was receiving ECT at the time of inspection.

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

Justification for this rating:

The ECT facilities were good; there was a waiting room, treatment room and recovery room. There was an excellent information booklet. A nurse had been trained in ECT and there was a nominated consultant psychiatrist for ECT. Consent forms had been correctly completed.

ADMISSION, TRANSFER AND DISCHARGE

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

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had policies on admission, transfer and discharge. There were procedures for involuntary admission, individuals who self-present and for the admission of children. A key worker system was in operation. Staff had signed to indicate they had read policies.

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:

Admissions were planned where possible. The clinical file of a resident who had recently been admitted was examined by the Inspectorate. An assessment of the resident included mental health and risk assessment. A physical examination was carried out and an interim individual care plan was drawn up. An information leaflet on the ward was available. All residents had multidisciplinary individual care plans and a key worker system was in operation. There were integrated multidisciplinary clinical files. The approved centre was fully compliant with Articles 7, 8, 15, 20, and 27 of the Regulations.

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:

Two male residents had been transferred from the approved centre. One voluntary resident had been transferred for physical care and the other detained resident had been transferred on Form 10 to another approved centre for rehabilitation. The decisions had been made by the multidisciplinary team and residents were involved in the decision. Nursing staff had accompanied the residents on the day of transfer. There was documented evidence that transfer decisions were based on assessed need and relevant clinical documentation accompanied the resident on transfer.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of the most recently discharged male resident was inspected. There was excellent documentation in relation to a discharge protocol and checklist, a discharge clinical summary to community mental health care and primary care which was dispatched at time of discharge, and follow-up and appointment.

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

Description: There were two residents with an intellectual disability and mental illness in the approved centre.

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 was a policy for residents with an intellectual disability and mental illness. Both residents had an individual care plan. Least restrictive practices were used. Outside agencies were involved in their care.

No staff had received training in intellectual disability and mental illness.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: No resident in the male ward had been detained for a period of longer than three months and there was no detained patient in the female ward.

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

Description: No child had been detained in the approved centre since January 2011 to the date of inspection and therefore this section was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

The Inspectorate spoke to a number of residents in the high observation area in the male ward. All stated that they did not like being locked into the area and that they were bored. One resident had been in the high observation area for two weeks and was ready for discharge. There had been no room in the more open part of the ward for him to move to when he no longer required high observation. All residents were aware of their individual care plans and felt that they had participated in it. Residents in the female ward were greeted as the inspection was conducted but no resident requested to speak directly with the Inspectorate.

OVERALL CONCLUSIONS

All residents had an individual care plan and the range of therapeutic services and programmes was good. The input by the residents into their individual care plan was impressive.

The high observation areas were unsuitable in that they were too small and lacked any living or activity or outside space. The seclusion rooms opened directly onto the corridor and a secluded resident was visible from the corridor. Residents were clearly unhappy with the facilities in this area. A number of maintenance issues remained outstanding. The approved centre was not fully compliant with Article 22 which was a condition on registration of the approved centre. The condition states that the Mental Health Commission requires evidence of full compliance with Article 22 (Premises) of the Mental Health Act 2001 (Approved Centres) Regulations 2006, by no later than 31 May 2011.

The approved centre was compliant with the conditions:

1. The Mental Health Commission prohibits the admission of residents for the purpose of relieving bed shortages in another approved centre.
2. The Mental Health Commission prohibits the use of seclusion facilities as bedrooms.

RECOMMENDATIONS 2011

1. Suitable screening which does not compromise safety should be placed on the glass panels in the doors of the seclusion rooms.
2. Outstanding maintenance issues should be addressed.
3. The high observation areas should include a living space, access to the outside garden area and a variety of recreational activities.