Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	National Forensic Service
HSE AREA	Dublin Mid-Leinster
MENTAL HEALTH SERVICE	National Forensic Service
APPROVED CENTRE	Central Mental Hospital (CMH)
NUMBER OF WARDS	8
NAMES OF UNITS OR WARDS INSPECTED	Unit B Unit 1 Unit 2 Unit 3 Unit 4 Unit 7 Unit A Laurel Lodge
TOTAL NUMBER OF BEDS	93
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	19, 20, 21 August 2014
INSPECTED BY	Dr. Fionnuala O'Loughlin, MCN 08108Assistant Inspector of Mental Health Services Seán Logue, Assistant Inspector of Mental Health Services Dr. Susan Finnerty, MCN 009711 Acting Inspector of Mental Health Services Liam Hennessy, Assistant Inspector of Mental Health Services

Summary

- The Central Mental Hospital provided care and treatment for residents and patients as part of the National Forensic Service.
- The building was outdated and unsuitable as a mental health facility for the 21st century.
- CCTV cameras had been introduced in the seclusion rooms and in two bedrooms, but the monitors for these cameras were located in the corridors outside the rooms and were visible to other patients and household staff.
- The provision of primary health care was excellent and all residents had a physical examination within the previous six months. However, access to dental care within the approved centre had been discontinued following the termination of an arrangement with the Health Service Executive (HSE). This had led to a situation whereby patients without a medical card had to fund their own dental care.
- Plans for a new building were due to submitted to the planning authorities in September 2014.

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

The Central Mental Hospital (CMH) is the in-patient unit for the National Forensic Mental Health Service and is a designated centre under the Criminal Law Insanity Act 2006. The main building dates from the 19th century and has been poorly maintained through the years. Plans for a new hospital had been drawn up and were about to be submitted for planning approval shortly. It was hoped that a new hospital would be ready for occupancy in 2018, two years later than originally predicted.

The CMH accepts referrals from the court system and from other approved centres. There were eight units in the approved centre, one of which was designated for female patients. Male patients progressed through a system of units where increasing levels of freedom were allowed, based on risk assessment, until the final exit from the hospital. There was no such progression for female patients who all remained in one unit, regardless of level of risk. The service operated a waiting list for admission. Staff reported that at the time of the inspection, there were 32 patients awaiting admission to the CMH.

There were 93 beds in the hospital, one of which had to be kept available for patients returning to sleep over in the hospital, in order to comply with the conditions of their 'living out' leave. There were 92 patients in the hospital at the time of inspection, 22 of whom were detained under the Mental Health Act 2001.

CONDITIONS

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	21	26	23	
Substantial Compliance	5	3	4	15,21,22,26
Minimal Compliance	2	0	1	6
Not Compliant	3	1	2	22,23
Not Applicable	0	1	1	

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
Unit B	12	12	Acute Cluster
Unit 1	10	9	Acute Cluster
Unit 2	16	16	Medium Cluster
Unit 3	16	16	Medium Cluster
Unit 4	6	6	Medium Cluster
Unit 7	15	15	Rehabilitation and Recovery
Unit A	9	9	Rehabilitation and Recovery
Laurel Lodge	9	8	Rehabilitation and Recovery

QUALITY INITIATIVES 2013/2014

- The service was in the process of developing a unit with a dedicated team of staff for patients with an intellectual disability and a mental illness who required admission to a secure unit.
- A Clinical Nurse Specialist (CNS) had been appointed to work as a systemic therapist in the CMH.
- The woodwork department had re-opened following the re-appointment of a nurse with carpentry qualifications.
- A number of 'Town Hall' meetings were held with the carers' group for residents in the approved centre alongside which the new Central Mental Hospital would be built.
- Two bee hives had been procured and a number of patients had achieved a certificate in bee-keeping.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. Vacant health and social care professional posts must be filled as soon as possible.

   Outcome: Whilst some additional health and social care professionals had been appointed since the inspection of 2013, some vacancies remained.

2. The seclusion rooms in Units 1 and 4 were unsuitable due to blind spots that hindered observation of residents within.

Outcome: CCTV cameras had been placed in these seclusion rooms and this permitted full observation of a secluded patient.

3. Clinical Practice Form books for Physical Restraint should be completed fully.

Outcome: The order forms for physical restraint were fully completed.

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:

There was photographic identification for many of the patients. As the patient population was a relatively stable population, patients were known to staff.

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	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 were water coolers with fresh water in each unit. Patients were offered a choice of meal and they indicated their choice each morning for the following day. Special diets were catered for and additional meals could be requested if necessary. In Laurel Lodge, patients could cook for themselves, with food bought while they were on leave.

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**	
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.*	**X**		**X**
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

The most recent Environmental Health Officer's (EHO) inspection was conducted in July 2014. A copy of the report was available to inspectors. The EHO report identified a number of "non-compliance/remedial actions" which were required to be rectified immediately.

Breach: 6 (1) (b) (c)

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:

All patients were dressed in day clothes. No patient was in night clothes. Clothes were laundered individually for each patient.

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	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 list of patient's property was taken on admission and any additional items received were documented and signed by the patient. Patients in Laurel Lodge could buy their own TVs. The service had a policy on residents' personal property and possessions.

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	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:

Residents had access to TVs, a table tennis table, the gym, books and board games. Newspapers were delivered to each unit daily. In Unit B, there was a TV in three of the bedrooms.

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 chaplain visited the hospital weekly. Mass was celebrated each Sunday in the hospital chapel and residents could attend, accompanied by a staff member if necessary. Ministers of other faiths could be contacted if required, usually through the social worker.

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:

Visits took place in each unit, usually in the dining rooms. There was a special room, Seomra, for children visiting. Visiting hours were from 1830h to 1940h on four days per week and also from 1400h to 1540h on Fridays, Saturdays and Sundays. The service had a policy on visits.

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:

Mobile phones were not permitted in the hospital, except for those residents of Laurel Lodge who had unaccompanied leave. Staff facilitated telephone calls for other residents and mail could be sent and received from all units. There was limited privacy for residents making and taking telephone calls as calls were taken in the day room. The service had a policy on communication.

Article 13: Searches

(1) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on the searching of a resident, his or her belongings and the environment in which he or she is accommodated.

(2) The registered proprietor shall ensure that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment for the residents and staff of the approved centre.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures for carrying out searches with the consent of a resident and carrying out searches in the absence of consent.

(4) Without prejudice to subsection (3) the registered proprietor shall ensure that the consent of the resident is always sought.

(5) The registered proprietor shall ensure that residents and staff are aware of the policy and procedures on searching.

(6) The registered proprietor shall ensure that there is be a minimum of two appropriately qualified staff in attendance at all times when searches are being conducted.

(7) The registered proprietor shall ensure that all searches are undertaken with due regard to the resident's dignity, privacy and gender.

(8) The registered proprietor shall ensure that the resident being searched is informed of what is happening and why.

(9) The registered proprietor shall ensure that a written record of every search is made, which includes the reason for the search.

(10) The registered proprietor shall ensure that the approved centre has written operational policies and procedures in relation to the finding of illicit substances.

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	*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:

Searches were carried out routinely and spot searches of property were conducted at regular intervals. Searches were documented in both the clinical files and the security book. The service had a policy on searches which satisfied this Article of the Regulations.

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:

All residents were accommodated in single rooms. The service had a policy on care of residents who are dying.

Article 15: Individual Care Plan

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	*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:

All residents had a care plan. This was based on five pillars of care which were indicative of a recovery approach to care and treatment. The care plan comprised a number of documents. These were variously entitled 'Individual Care Pathway', 'ICP Integrated Care Plan', 'Individual Care Plan Achievable Goals'. There was also variation within the 'Individual Care Pathway' as some contained a section entitled 'Goals', others had a section entitled 'Action,' whilst others had neither of these sections. The Integrated Care Pathway was the overarching name for the pathway through the service.

In addition to the above named documents, there was a single page entitled 'Achievable Goals'. This documented goals in terms of five areas of care. However, in many of the care plans inspected, what were described as 'goals' were actually interventions or actions or progress notes.

Often the "responsible team member" tasked with enabling the goal was listed as "MDT" or left blank. There was no record of which members of the MDT attended the MDT meeting to review the resident's care plan. All care plans were signed by the resident.

In all, it was difficult to see how the service was fully compliant with the definition of an individual care plan as defined in the Regulations: "... 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".

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	*Evidence of full compliance with this Article.*		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.*	X		

Justification for this rating:

There was evidence in the clinical files inspected that health and social care professionals were very involved in providing a range of therapeutic services to residents of the CMH.

Article 17: Children's Education

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	*Evidence of full compliance with this Article.*	**X**	**NOT APPLICABLE**	**NOT APPLICABLE**
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 no child resident in the approved centre at the time of inspection. The service had a policy and procedures for provision of education if required.

Article 18: Transfer of Residents

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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 service had an up-to-date policy on transfer of residents. Relevant information about the resident accompanied the resident on transfer. It was reported to inspectors by staff that all residents of the CMH, except those detained under the Mental Health Act 2001, were accompanied to medical appointments outside the CMH by members of the Irish Prison Service (IPS) and had handcuffs applied. This was later refuted by other staff in the feedback meeting at the conclusion of the inspection.

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.*			

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		
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 inspected, showed evidence that a physical examination had been carried out within the previous six months. Examinations were carried out by a general practitioner (GP) who also provided a primary care service within the CMH twice weekly.

There was no longer a dentist attached to the approved centre. Unless a resident had a medical card, they had to pay for any dental care they received. In cases of hardship, it was reported by the General Manager that the hospital paid for the treatment. It is hard to imagine how long term residents would have the funds to pay for regular and emergency dental care.

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:

Each unit had a supply of written information about diagnoses and medications which could be provided to residents, if clinically indicated. However some staff were unaware of how to access this and reported that they would “Google” the information. Details of treating teams were displayed on noticeboards as were the contact details of advocacy groups and the advocate. The service had a policy on provision of information to residents.

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.*			
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:

Lavatories in Unit B could not be locked. Both seclusion rooms and a bedroom in Unit B had CCTV cameras in operation. The monitors were situated on the corridor outside the rooms. These monitors were clearly visible to residents passing by and by household staff.

In Unit 1, CCTV was in operation in one of the bedrooms and was used at night. The monitor was outside the door of the bedroom, clearly visible to anyone passing by.

In Unit 4 there was CCTV in two of the bedrooms. One single room did not have a curtain or blind on the door and the interior of the room was visible to passers-by.

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.*			

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**	**X**	**X**

Justification for this rating:

The Central Mental Hospital was constructed in the 19th century and was not well maintained over the years. The building was totally unsuitable as a modern healthcare facility with small cell-like bedrooms, long corridors and antiquated bathrooms in some areas. Paint was peeling from the walls in many parts of the building and the nurses' office in Unit 3 had large chunks of plaster missing from the walls. Despite the efforts of the cleaning staff, much of the unit was grubby and dusty.

The toilet and bathroom in Units B, 2 and 4 were malodorous with, in some cases, damaged or dirty tiles. The washroom in Unit 4 had an open drain under the sinks and the floor was stained.

The kitchen in Unit 2 had cupboards that were in poor condition and the outside of the bin was very dirty.

In Unit 1, the women's unit, storage rooms were untidy with resident's clothes strewn across floors in heaps. The bedrooms were tiny and cell-like. In one room, the resident would have to climb over her bed to access her wardrobe. There were cobwebs in some locations. The laundry was dirty, with curtains on the floor and a dirty sink. Paint and plaster were peeling throughout the unit. For example, a huge chunk of plaster appeared to have fallen from the wall at the entrance to the kitchen. The bathroom in Unit 1 contained two showers only one of which was in use as the other had no surround curtain. Moreover, the operational shower contained a significant step downwards for access which gave rise to the risk of falls. The corridor, where the storage rooms and seclusion rooms were located, was narrow, prison-like and could be frightening for any resident brought to the seclusion rooms. The corridor itself was untidy. However, the staff had managed to make the day-room a cheery place and the garden area was very nice.

Several of the residents and staff members complained of the heating in the building. Due to its age, it was reported that the heating could not be regulated and was either 'on' or 'off'. It was notably over-heated on the days of inspection and the radiators were too hot to touch. The staff were unable to turn a radiator down or off.

Laurel Lodge was a house on the grounds of the hospital which accommodated nine residents, many of whom had unaccompanied leave and participated in activities outside the hospital. Some of the bedrooms were extremely small and there were only two showers in the house, one of which was in poor condition.

There were extensive grounds in the CMH and the gardens around the main buildings were very well-kept and attractive. However, it was noted on inspection that the small exercise area in Unit A had a considerable amount of litter strewn about. The inspectorate was informed that the cleaning

of this area was scheduled for the day following the inspection.

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

Unit B: A bottle labelled Methadone containing a small quantity of liquid was stored in a locked press in the clinical room and not in a Misuse of Drugs Act (MDA) press as required under the Misuse of Drugs Regulations. Staff immediately transferred the medicine to appropriate and suitable storage pursuant to the Misuse of Drugs Regulations and the pharmacist was contacted to remove the medicine from the approved centre. The medication, prescribed for a patient, was no longer required. The documentation in relation to the ordering, prescribing and administration of the medication was inspected and was satisfactory.

In Unit 4 some doctors did not use their Medical Council numbers on prescriptions.

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	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 service had a policy on health and safety which satisfied the requirements of this Article of the Regulations.

Article 25: Use of Closed Circuit Television (CCTV)

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

(a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;

(b) it shall be clearly labelled and be evident;

(c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;

(d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;

(e) it must not be used if a resident starts to act in a way which compromises his or her dignity.

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	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:

CCTV in the CMH was capable of recording, as it was the designated centre for the National Forensic Mental Health Service.

In Unit B, CCTV was used in the seclusion rooms and in one bedroom. There was no sign indicating the use of CCTV in the bedrooms. The monitors for the cameras were both in the corridor outside the rooms and in the nurses' offices. The monitors in the corridors were visible to residents and household staff in the vicinity of the rooms.

In Unit 1, there was CCTV in the seclusion rooms and one of the bedrooms. The monitor was outside the bedroom door and the images could be clearly seen by anyone passing by on the corridor. There was no signage and staff stated that it was not signed as the camera was "visible" to the resident.

In Unit 4, CCTV had been installed in Bedroom 6 which was adjacent to the seclusion room where CCTV had also been installed. When questioned in respect of the installation of CCTV to Bedroom 6 by inspectors the service was unable to provide a rationale for this. Bedroom 6 was occupied by a patient who required no such observation. There was no CCTV signage to indicate the presence of CCTV.

There was a policy on the use of CCTV, but this did not make reference to the use of CCTV in residents' bedrooms.

Breach: 25(1)(b)(c).

Article 26: Staffing

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

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

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

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

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

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

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit A	CNM1	1	0
	RPN	1	2
	HCA	1	0
Unit B	CNM1	1	1
	RPN	6	2
	HCA	1	0
Unit 1	CNM1	1	0
	RPN	4	4
	HCA	1	0
Unit 2	CNM2	1	0
	RPN	6/7	3
	HCA	1	1
Unit 3	CNM1	0	0
	RPN	4	2
	HCA	1	0
	Care Officer	1	1
Unit 4	CNM1	1	0
	RPN	3	2
	HCA	1	1
Unit 7	CNM2	1	0
	RPN	3	3
	HCA	0	0
Laurel Lodge	CNM2	1	0
	RPN	0	1

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:

There was an appropriately qualified member of staff on duty and in charge at all times. A Night Supervisor was in overall charge at night. Additional health and social care professionals had been appointed since the inspection of 2013 but there were still some deficits in staff numbers. In addition, there were a number of nursing posts vacant at the time of the inspection. The service operated the Health Service Executive (HSE) policy on recruitment. The staff training record was seen and was satisfactory.

Breach: 26(2)

Article 27: Maintenance of Records

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

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

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

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	*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 Environmental Health Officer's inspection report, the most recent Fire Inspection report and the Health and Safety Statement were available during the inspection. Clinical records were accessible and easy to navigate. The service had a policy on maintenance of records.

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
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 service maintained a Register of Residents which satisfied the requirements of this Article 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	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:

All policies had been reviewed in a timely manner and as specified in the Rules, Codes of Practice and Regulations.

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:

Mental Health Tribunals were facilitated in the CMH and there was a suitable room for holding 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	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 record of complaints was maintained and seen on the day of the inspection. The complaints procedure was displayed in all units of the hospital. Boxes were provided in the wards where written complaints could be inserted anonymously, if wished. The service had a policy on making complaints and there was a nominated person for dealing with complaints. Complaints could also be processed informally and verbally at ward level.

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	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 service used a number of risk assessment tools and had a policy on risk assessment which satisfied the requirements of this Article.

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 covered by 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 in the entrance area of the main building.

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

SECLUSION

Use: Seclusion was used in Unit 1, Unit B and Unit 4. There was a seclusion room in Unit 2 but this was not used.

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:

Unit 1: There were two seclusion rooms in Unit 1. The floors and walls were very hard and could be hazardous if residents were to self- harm. There was adequate access to toilet and washing facilities. CCTV had been installed but nurses stated that they continued to use direct observation outside the door instead of the CCTV camera. If this was the case, the issue of blind spots in the seclusion room remained and this constituted a safety concern. There was no signage indicating the use of CCTV. The seclusion register contained six forms that must be filed in the residents' clinical files. Next of kin was not informed of the seclusion episodes in two episodes of seclusion and the reason was not documented in the clinical file. There was evidence of multidisciplinary review of the seclusion episodes and it was evident that a member of the multidisciplinary team had discussed the seclusion episodes with the residents. The monitoring and review of the seclusion episodes was satisfactory.

Unit 4: One resident had been secluded. The seclusion register was in order. The seclusion episode was documented in the clinical file. Monitoring and review during the episode of seclusion was satisfactory. Next of kin were not informed but the reason why not was documented. There was evidence of multidisciplinary review of the episode of seclusion.

Unit 3: The seclusion register was inspected. No patient had been secluded since the 2013 inspection to the time of the 2014 inspection.

Unit B: There were two seclusion rooms. One was considerably smaller than the other and the larger of the two was the room that was used more frequently when required. In some instances both seclusion rooms were in operation at the one time. A monitor was positioned outside the larger seclusion room and another monitor was located in the ward office. CCTV signage was written in text in English. Not all patients on the ward could read English and, because of this, CCTV signage was not evident and clearly labelled for these residents. Ten patients had been secluded in 2014 to the days of inspection, including two current patients. A significant number of these seclusions exceeded 72 hours and the Inspector of Mental Health Services had been informed of these seclusion episodes as required under Rule 6.3. The seclusion registers were examined and were satisfactory. The clinical files of both current residents who had been secluded were inspected and all documentation was satisfactory in that the next of kin had been informed of the seclusion episodes in both episodes of seclusion; the reason for secluding the patients were documented in the respective clinical files; there was evidence of multidisciplinary review of both seclusion episodes; a member of the multidisciplinary team had discussed the seclusion episodes with the patients; a multidisciplinary review of both episodes of seclusion had taken place; and the monitoring and review of the seclusion episodes were satisfactory.

The approved centre had a policy on seclusion. However, the policy did not reflect the use of CCTV which had been introduced into the seclusion rooms in early 2014. At the end of the inspection, on day three, inspectors were informed by a member of staff that a more up-to-date policy on seclusion that reflected the use of CCTV had been devised. Inspectors gave contact details to the member of staff to forward this policy. However, no such policy was forwarded.

The training log in respect of seclusion was satisfactory.

Breach: 3.7, 8.3, 9.3, 10.2, 12.2(b)

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: The approved centre did not use ECT. One patient was receiving a programme of ECT in another centre.

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

Justification for this rating:

The clinical file of the patient was examined. The ECT register was maintained in the centre that provided ECT. Form 16 had been completed as the patient was unable to give consent. Appropriate information in keeping with the Rules Governing the Use of Electroconvulsive therapy was available to the patient. The programme of ECT was prescribed by the treating consultant psychiatrist and authorised by a second consultant psychiatrist. A cognitive assessment had been completed for the patient prior to the programme of ECT and on-going cognitive functioning was monitored and documented in the patient's clinical file. Anaesthesia and administration of ECT was

documented in the patient's clinical file.

MECHANICAL RESTRAINT

Use: Mechanical restraint in the form of handcuffs was used for the purpose of transporting residents to and from court and to other hospitals.

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

Justification for this rating:

Unit 1: One resident, detained under the Mental Health Act 2001, had been mechanically restrained while being transported to the ECT suite in another hospital. The inspectors were satisfied that the dignity of the resident was maintained as far as was possible while handcuffed in a public place. The service was urged to continue to explore all alternatives to handcuffs in any similar situation. The mechanical restraint register was in order in relation to that case. The next of kin was not informed of the use of mechanical restraint and the reason why was not documented. Mechanical restraint was documented in the clinical file. In another case of mechanical restraint in Unit 2, however, the register was not in order as it omitted the titles of those who initiated/assisted in the episode of restraint.

Unit B: The mechanical restraint register was inspected. The register was documented correctly in respect of the use of handcuffs for patients no longer on the ward. In addition, a number of orders had been commenced in the register but these were scribed diagonally with the phrase: “Handcuffs Not Used”. No current patient had been mechanically restrained.

Unit 3: The Mechanical Restraint register was inspected. No patient had been mechanically

restrained since the 2013 inspection to the time of the 2014 inspection.

The approved centre had a policy on Mechanical Restraint.

Breach: 14.7, 17.2

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre

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

Justification for this rating:

Unit 4: The clinical files of two residents who had been physically restrained were examined. The physical restraint was recorded in the clinical files. The clinical practice forms for physical restraint were in order. In one case, the next of kin was informed of the episode of physical restraint. In the other case, the next of kin had not been informed but the reason for this was not documented. The physical restraint had been reviewed by the multidisciplinary team. No physical examination of the residents within three hours of the start of physical restraint, as is required by this Code of Practice, had taken place.

Unit B: The clinical files of two patients who had been physically restrained were inspected. The Clinical Practice Form book was inspected and was satisfactory. Both patients had been physically restrained during their respective episodes of seclusion. All documentation in respect of both patients was in order.

Unit 3: The Clinical Practice Form book was inspected. No patient had been physically restrained since the 2013 inspection to the time of the 2014 inspection.

The approved centre had a policy on physical restraint. The training log in respect of physical restraint was satisfactory.

Breach: 5.4

ADMISSION OF CHILDREN

Description: There were no children in the approved centre at the time of inspection and no child had been admitted in 2014 to the date of inspection.

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

Justification for this rating:

The approved centre was unsuitable for the admission of children. As children had been admitted to the approved centre in the past, and inspectors were not informed that this would not recur, the approved centre was in breach of section 2.5.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre in 2014 to the time of the inspection.

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

Justification for this rating:

A summary of incidents was forwarded to the Mental Health Commission, as is required every six months. The service had a risk management policy which was compliant with the Regulations.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: There were no voluntary patients in the approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had policies on admission, transfer and discharge. The approved centre was compliant with Article 32 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:

Unit 1: The process of admission was very good. Each resident had a comprehensive admission assessment, including a mental state examination and physical examination. There was evidence that admissions were planned and were discussed at multidisciplinary team meetings. Risk assessments were completed. All residents received an information pack which outlined their rights under the relevant legislation. Each resident had a key worker.

Unit B: There was a good admission process involving medical and nursing staff. Physical examinations and risk assessments were carried out on admission. The clinical documentation comprised five separate documents: Integrated Care Pathway; Individual Care Pathway; Integrated Care Pathway: Treatment: Care and Risk Plan; Integrated Care Pathway: Individual Care Plan; Integrated Care Pathway: Nursing Admission and the Initial Integrated Care Pathway: Initial Individual Care Plan. A keyworker was assigned to each resident.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. 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 in Unit 1, Unit 4, Unit 7 or Unit 2 had been transferred to another approved centre or hospital since January 2014 to the date of inspection.

Unit B: The clinical file of one resident who had been transferred to a general hospital was inspected. The reason for the transfer was documented in the clinical file and a copy of the doctor's referral letter was retained in the file. The resident's next of kin was informed of the transfer. Three members of staff 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
NOT INSPECTED			

Justification for this rating:

There was no clinical file of a resident recently discharged available for inspection.

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

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

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was a policy on working with persons with an intellectual disability and a mental illness. Whilst not all nurses had received training in this area of care, the service had a specifically trained Clinical Nurse Specialist (CNS) in intellectual disability who provided input to the care of a resident with an intellectual disability.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There were 22 residents in the approved centre detained under the Mental Health Act 2001 (MHA 2001).

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

Justification for this rating:

Unit 1: Three residents in Unit 1 had been detained in the approved centre for a period exceeding three months. One resident consented in writing to medication. The other two residents had been examined by another consultant psychiatrist and had a completed Form 17 in their files.

Unit 2: All residents detained under the Mental Health Act 2001 had a completed Form 17 in their files.

Unit A: There were five patients in this unit detained under the MHA 2001. Two of these patients had given written consent to the continuation of medication and there was a Form 17 signed by a second consultant psychiatrist for the remaining three patients.

Unit B: One patient was detained under the Mental Health Act 2001 and had a completed Form 17 in their clinical file.

Unit 3: Three patients were detained under the Mental Health Act 2001 and had completed Form 17s in their respective clinical files.

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

Description: As there was no detained child in the approved centre, Section 61 was not applicable.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Residents were greeted as the inspection was being conducted and engaged in brief conversation. One resident in Unit 1 requested to speak with the inspectors. This resident praised the nursing staff and felt well looked after. No resident in Unit B, A or 3 requested to speak with 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

Whilst each resident whose clinical file was inspected had an individual care plan, these did not meet full compliance with Article 15 of the Regulations. Admission to the approved centre was planned and a pre-admission assessment was carried out in each case. Discharge was similarly carefully planned and a programme of after-care was arranged. Residents had access to a multidisciplinary team with members from medical, nursing, social work, occupational therapy and psychology. The service was fully compliant with Article 16 Therapeutic Services.

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

An advocate provided a comprehensive service to residents in the approved centre. The procedure for making complaints was clearly visible in each unit. The complaints record demonstrated a clear pathway for dealing with complaints and indicated the outcome of each complaint.

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

Information on conditions and medications was available in each unit and the approved centre was compliant with Article 20 Provision of Information to Residents. Information on how to access the advocate was displayed on noticeboards in each unit.

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

Much of the approved centre was in a 19th century building which had not been adequately maintained throughout the years. Bedroom accommodation was extremely unsuitable and was predominantly in small cell-like rooms which had inadequate storage space. Some of the bathrooms were antiquated, one with an open drain. The environment in some nurses' offices was also in poor condition. Overall, the physical environment was not at all in keeping with a modern healthcare facility. Inspectors did not receive any complaints from residents about the food. A choice of meal was available each day.

Theme 5 Access to services

As the approved centre was a designated centre under the Criminal Law Insanity Act 2006, access was restricted to those whose clinical condition required placement in the forensic services.

Theme 6 Family/chosen advocate involvement and support

There was a strong emphasis on family involvement in the care of residents in the approved centre, where appropriate. A Family/Carers Group met regularly and were involved in many aspects of the hospital.

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

Each resident was under the care of a multidisciplinary team which included members from medical, nursing and other health and social care disciplines. The service was not fully compliant with Article 26 Staffing as there were some vacancies in social work, occupational therapy and psychology departments. However, a full programme of therapeutic services was delivered to residents.

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

All the required policies were in place and in date. The organisational structure for the approved centre reflected the membership of the multidisciplinary teams.

OVERALL CONCLUSIONS OF THIS INSPECTION

The Central Mental Hospital provided care and treatment for residents under the care of the National Forensic Service. The approved centre was full at the time of inspection and the service operated a waiting list for admission. Residents in the CMH progressed through a series of planned stages during the course of their treatment. This involved a progression through different units (with correspondingly different levels of security) within the CMH except in the case of female residents. All residents had an individual care plan but, despite the various documents entitled Individual Care Plans, the care plans did not fully meet the definition set out in Article 15 of the Regulations. Therapeutic services were provided by multidisciplinary teams and these interventions were well documented in individual clinical files. Although not all teams were fully staffed with health and social care professionals, some had been appointed since the previous inspection and the service anticipated the appointment of others in the near future.

It was agreed by all that the main building of the hospital was no longer suitable as a mental health facility. The building was old, antiquated in places, cramped and poorly maintained. It was expected that a new building would be in place by 2018 and was greatly anticipated by all. The service had been inspected by an Environmental Health Officer in July 2014. The report of this inspection was quite critical of aspects of food safety issues in the approved centre.

The service had recently installed CCTV cameras in the seclusion rooms and two bedrooms in Unit 1 and Unit B. The monitors for these cameras were mounted in the corridors outside these rooms and, as such, did not provide adequate privacy for residents in the seclusion rooms or bedrooms. In addition, there was no signage in or outside the bedrooms to indicate that CCTV cameras were in operation.

All residents whose clinical files were inspected showed evidence of good physical health care and all had a physical examination carried out within the past six months. However, as the HSE had terminated their service on provision of dental care to residents of the CMH, residents who did not have a medical card had to finance their own dental care. The situation where patients without a medical card, in a designated centre under the Criminal Law Insanity Act 2006, have to pay for their own dental care is most unsatisfactory.

RECOMMENDATIONS 2014

1. All residents must have an individual care plan which is fully complaint with the Regulations.

2. Use of CCTV must be clearly labelled and be evident.

3. Drugs which are covered by the Misuse of Drugs Act must be stored in compliance with the Misuse of Drugs Regulations 1982.

4. The approved centre must be fully compliant with the Rules on the Use of Seclusion and Mechanical Restraint.

5. The approved centre must be fully complaint with the Code of Practice on the Use of Physical Restraint.

6. The service must arrange for the provision of dental care for all residents of the approved centre, regardless of means.