

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Sligo/ Donegal
HSE AREA	West
MENTAL HEALTH SERVICE	Donegal
APPROVED CENTRE	Letterkenny
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry (DOP), Letterkenny
TOTAL NUMBER OF BEDS	34
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	16 &17 September 2014
INSPECTED BY	Dr. Fionnuala O'Loughlin, Assistant Inspector of Mental Health Services, MCN08108 Orla O'Neill, Assistant Inspector of Mental Health Services
ACTING INSPECTOR OF MENTAL HEALTH SERVICES	Dr. Susan Finnerty,MCN009711

Summary

- The approved centre was a bright, recently constructed unit which was an attractive building with ready access to two pleasant gardens.
- For the third year in a row, the approved centre was not compliant with Article 15 Individual Care Plans and there was little evidence of multidisciplinary involvement in drawing up these care plans.
- There was a very good range of information on diagnoses and medications available to residents.
- Security personnel were involved in the approved centre in physical restraint, but the service did not have a policy on their involvement.
- Two of the four sector teams did not have a psychologist and there were only 2.3 Whole Time Equivalent (WTE) psychologists in the Donegal mental health services.

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 Department of Psychiatry at Letterkenny General Hospital was a recently constructed unit located on the same campus as the general hospital, and accessible from there by a link corridor. It opened in 2011. The unit was all on the ground floor and was constructed around two internal courtyard gardens. The unit was locked at the time of inspection. The approved centre was a 34-bed unit and there were 37 residents at the time of inspection, seven of whom were on leave from the unit. Seven of the residents in the approved centre were detained patients. Two residents were on 1:1 special observations and one resident was on 3:1 special observation.

CONDITIONS

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	26	21	
Substantial Compliance	8	4	8	13,16,21,22,23, 26,27,32
Minimal Compliance	1	0	1	15
Not Compliant	0	0	0	
Not Applicable	0	1	1	25

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
DOP	34	37	General Adult Psychiatry of Old Age Mental Health and Intellectual Disability

QUALITY INITIATIVES 2013/2014

- Eleven nurses had recently participated in a Group Facilitation Course.
- Weekly audits of Individual Care Plans (ICPs) were carried out in 2014.
- A multidisciplinary group had been convened to develop an ICP template which would be implemented in the approved centre.
- Wellness Recovery Action Plan (WRAP) training had commenced and it was planned to extend this to all multidisciplinary teams (MDT).

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. A clear account of all health and social care professionals' input to the care of residents of the Department of Psychiatry must be evident from examination of the clinical files.

Outcome: There was evidence in some of the clinical files inspected that there was input from health and social care professionals.

2. The approved centre must ensure that the individual care plans for each resident meets the description of an "individual care plan" as described in the Regulations and that they adequately specify the therapeutic interventions required to meet the assessed individual need of that resident.

Outcome: Individual Care Plans (ICPs) did not meet the requirements of the relevant Article of the Regulations.

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

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

Article 4: Identification of Residents

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

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

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

Justification for this rating:

There was photographic identification of residents on the clinical files and on the medication prescription books. Consent was required for taking photographs. Medication was administered by two nurses.

Article 5: Food and Nutrition

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

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

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

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

Justification for this rating:

Meals were prepared in the kitchen of the general hospital. The menu offered a good choice of meal for residents and special diets were catered for. There were water coolers throughout the unit.

Article 6: Food Safety

(1) *The registered proprietor shall ensure:*

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

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

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

(2) *This regulation is without prejudice to:*

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

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

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

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

Justification for this rating:

A copy of an Environmental Health Officer's report from July 2014 was available. Two items identified in the report as requiring attention had been rectified.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

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

Justification for this rating:

Residents were dressed in day clothes. There was a small supply of night attire available if required and other items of clothing could be purchased, if necessary.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

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

Justification for this rating:

A list of residents' property was taken on admission and a copy retained in the Property Book. There was a safe in the unit for safe-keeping of valuables. 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	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

There were two sitting rooms with comfortable seating. Recreational facilities included TVs, table tennis, newspapers delivered daily, books and board games. There was a people carrier which was used to take residents on outings when possible.

Article 10: Religion

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

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

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

Justification for this rating:

A Roman Catholic chaplain visited the approved centre regularly and Mass was celebrated weekly. Ministers of other faiths could be contacted, as required.

Article 11: Visits

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

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

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

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

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

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

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

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

Justification for this rating:

Visiting hours were from 1200h to 1400h and from 1800h to 2000h. There was a visitors' room available and a room for family visits had recently been developed. There was 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	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

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

Justification for this rating:

Residents could retain their mobile phones, provided it did not have a camera attachment. Mail could be posted and residents received post in the unit. There was access to internet services for which residents paid €1 per half hour; internet access was restricted to some sites. 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	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X

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

Justification for this rating:

Searches were conducted as necessary, as determined by staff. Residents were asked to sign a consent form for the search, but if necessary searches could be conducted without consent. The clinical file of one resident whose belongings were searched was inspected. The search was documented in the clinical file and a consent form was signed by the resident. However, there was no record in the clinical file of which nurses were involved in carrying out the search. There was a policy on searches which satisfied the requirements of this Article.

Breach: 13(6)

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

A single room could be provided for a resident who was dying and arrangements made for family members to maintain a visit. There was 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	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	

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

Justification for this rating:

All residents had an individual care plan (ICP). However, this ICP did not meet the requirements of the Regulations. The ICP was developed in the first instance by nursing staff and reviewed thereafter by the multidisciplinary team caring for the resident. It was evident from the ICPs that there was little, if any, input from health and social care professionals into developing an individual's care plan. The members of the team identified as attending the weekly reviews were medical and nursing staff only. Much of the review of the ICP was more like a progress note rather than a plan with a specified intervention and a responsible person for carrying out the intervention. Residents generally signed their ICPs and were offered access to their plan on request.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

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

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

Justification for this rating:

There was evidence in the clinical files that some residents had interventions by an occupational therapist, social worker or psychologist. However, these interventions were not always linked to an individual's care plan. There was no dedicated occupational therapist for the approved centre, and one occupational therapist from a sector team provided sessions in the approved centre on one day per week. A social worker conducted one session per week in the approved centre. All other ward activities were carried out by nursing staff.

Until the past number of weeks, health and social care professionals from the sector teams did not attend the MDT meetings where residents' individual care plans were reviewed. There was a significant lack of psychologists in the sector and specialist teams, with just 2.3 Whole Time Equivalent (WTE) posts in psychology for four sector teams, one psychiatry of old age team and the mental health of intellectual disability team.

Breach: 16(1)

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	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

The service had a procedure for providing a child with educational services during an admission.

Article 18: Transfer of Residents

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

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

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

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

Justification for this rating:

Relevant information about a resident in the form of a doctor's referral letter accompanied a resident on transfer. Separate clinical files were maintained for the mental health and general hospital services. The service had a policy on transfer of a resident.

Article 19: General Health

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

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

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

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

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

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

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

Justification for this rating:

Three residents had been in the approved centre for longer than six months. Each of these residents had a physical examination carried out within the previous six months. There was a policy on responding to medical emergencies.

Article 20: Provision of Information to Residents

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

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

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

Justification for this rating:

There was an excellent range of appropriate information available for residents in the Information Room of the approved centre. This was readily accessible in the approved centre. The service had produced a leaflet about the unit giving relevant housekeeping information. Notices about advocacy services were displayed in the unit. There was 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	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		X

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

Justification for this rating:

Bedroom accommodation was in single, two-bed or four-bed rooms. Four beds did not have a surround curtain. The service reported there was a fault with the apparatus for hanging privacy curtains and this was being addressed with the supplier.

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	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X

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

Justification for this rating:

The approved centre was a recently constructed building and was bright and attractive in appearance. Bedrooms were a good size and there were three sitting rooms. There was ready access to two interior courtyard gardens which were very well maintained. Despite the fact that this was a newly constructed building, there were a number of ligature anchor points which were identified to staff during the course of the inspection. Some cracks were apparent in some of the interior walls of the unit.

Breach: 22(3)

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

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

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

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

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

Justification for this rating:

Several medication prescriptions did not include the doctor's Medical Council Number (MCN). This is a legal requirement for all doctors. The service had a policy on the ordering, storing, prescribing and administration of medicines.

Breach: 23(1)

Article 24: Health and Safety

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

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

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

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

Justification for this rating:

The service had a policy on the health and safety of residents, visitors and staff.

Article 25: Use of Closed Circuit Television (CCTV)

- (1) *The registered proprietor shall ensure that in the event of the use of closed circuit television or other such monitoring device for resident observation the following conditions will apply:*
- (a) *it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
 - (b) *it shall be clearly labelled and be evident;*
 - (c) *the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
 - (d) *it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
 - (e) *it must not be used if a resident starts to act in a way which compromises his or her dignity.*
- (2) *The registered proprietor shall ensure that the existence and usage of closed circuit television or other monitoring device is disclosed to the resident and/or his or her representative.*
- (3) *The registered proprietor shall ensure that existence and usage of closed circuit television or other monitoring device is disclosed to the Inspector of Mental Health Services and/or Mental Health Commission during the inspection of the approved centre or at anytime on request.*

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Fully compliant	<i>Evidence of full compliance with this Article.</i>		NOT APPLICABLE	NOT APPLICABLE
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

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

Justification for this rating:

CCTV cameras were in use only in the entrance foyer of the approved centre. It was not in use within the approved centre.

Article 26: Staffing

- (1) *The registered proprietor shall ensure that the approved centre has written policies and procedures relating to the recruitment, selection and vetting of staff.*
- (2) *The registered proprietor shall ensure that the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, the size and layout of the approved centre.*
- (3) *The registered proprietor shall ensure that there is an appropriately qualified staff member on duty and in charge of the approved centre at all times and a record thereof maintained in the approved centre.*
- (4) *The registered proprietor shall ensure that staff have access to education and training to enable them to provide care and treatment in accordance with best contemporary practice.*
- (5) *The registered proprietor shall ensure that all staff members are made aware of the provisions of the Act and all regulations and rules made thereunder, commensurate with their role.*
- (6) *The registered proprietor shall ensure that a copy of the Act and any regulations and rules made thereunder are to be made available to all staff in the approved centre.*

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Department of Psychiatry	CNM3	1	1
	CNM2	2	0
	RPN	10	5
	4 TH Year Student Nurse	4	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN),

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

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

Justification for this rating:

There was suitably qualified person on duty and in charge at all times. Fourth year student nurses were supernumerary. In addition to the rostered nursing staff, there were three nurses on 1:1 special observations. The service applied the Health Service Executive (HSE) policies on recruitment.

There was a significant lack of psychologists in the Donegal Mental Health Service and one sector relied on cross cover from other consultant psychiatrists on a 0.5 WTE basis to continue the provision of a service. There were a number of non consultant hospital doctors (NCHD) vacancies. The training register was up-to-date.

Breach: 26(2)

Article 27: Maintenance of Records

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

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

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

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

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

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

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

Justification for this rating:

The most recent inspection reports from the Environmental Health Officer on food safety, Fire Inspection and Equipment Checks and the Health and Safety Statement were available. There were several loose pages in some clinical files, and some clinical records were not filed sequentially. In other clinical files, documentation was filed in the wrong section of the clinical file.

Breach: 27(1)

Article 28: Register of Residents

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

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

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

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

Justification for this rating:

The service maintained a Register of Residents which met the requirements of Schedule 1 to 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	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		

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

Justification for this rating:

All the required policies were present and up to date.

Article 30: Mental Health Tribunals

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

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

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

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

Justification for this rating:

Mental Health Tribunals were facilitated 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	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

The service had a policy on making complaints. A notice regarding making complaints was displayed in the approved centre. A record of complaints was kept by the service and was inspected. There was a nominated complaints officer for the approved centre.

Article 32: Risk Management Procedures

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

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

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

Justification for this rating:

Risk assessment was documented on an assessment form on admission, but was often not repeated during a resident's period in the approved centre. The risk assessment did not generate a risk management plan. The service had a risk management policy which satisfied the requirements of the Regulations but, as there were a number of ligature anchor points in the premises, it was not fully implemented in the approved centre.

Breach: 32(1)

Article 33: Insurance

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

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

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

Justification for this rating:

The approved centre was indemnified under the State Indemnity Scheme.

Article 34: Certificate of Registration

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

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

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

Justification for this rating:

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

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

SECLUSION

Use: Seclusion was not used in the approved centre and there were no seclusion facilities.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: Two previously detained patients and one current detained patient had received ECT in 2014 to the date of the inspection.

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 INSPECTED			
10	Materials and equipment	NOT INSPECTED			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

The clinical file of the current detained patient and the ECT Register were inspected. An information leaflet on ECT was available and there was evidence in the file that ECT had been discussed with the patient. The patient did not consent to ECT and the required Form 16 had been completed by a second consultant psychiatrist. ECT was prescribed by the patient's consultant psychiatrist and a cognitive assessment was carried out prior to ECT. The patient was reviewed by the consultant after each treatment of ECT. There was a record of the anaesthesia administered. The ECT was administered in the theatre in the general hospital and was not inspected. There was a designated consultant for ECT and three nurses trained in ECT. The ECT Register was completed satisfactorily.

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: 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:

Physical restraint had been used 51 times in 2014 up to the time of inspection. The Clinical Practice Form book for physical restraint and three individual clinical files were inspected. The Clinical Practice Forms were completed to an adequate standard. The record showed whether next of kin had been notified of the use of physical restraint. The individual clinical files recorded communication with next of kin and, if no communication had taken place, this was explained. The order forms had been placed in the individual clinical files. Each resident had been physically examined after the episode of restraint and afforded an opportunity to discuss the episode of restraint with staff. The policy on physical restraint and staff training was up to date.

There was one instance, however, where the individual clinical file contained a nursing record which stated "holds maintained" in relation to a patient who had "resisted holds". There was no physical restraint order to correspond with this record.

Security personnel from the general hospital had been involved in the application of physical restraint within the approved centre. As security personnel were not involved in the resident's care and treatment plan, the service was not compliant with section 6.1 of the Code of Practice relating to the use of physical restraint. Staff reported that security personnel were trained in care and responsibility in relation to physical restraint. The nurse in charge had responsibility for calling, directing and supervising security personnel when called to assist. Inspectors recommended that the physical restraint policy be amended to reflect the practice.

Breach: 5.1, 6.1

ADMISSION OF CHILDREN

Description: No child had been admitted since the inspection of 2013.

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:

Children have been admitted to the approved centre in previous years. The approved centre was in breach of section 2.5 of the Code of Practice on the Admission of Children as it was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: No resident of the approved centre had died since the inspection of 2013.

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 every six months, as is required. The service was not fully compliant with Article 32 Risk Management. The policy on risk management did not identify the risk manager for the service.

Breach: 3.1, 4.2

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: Two previous residents had received ECT in 2014. One current resident was receiving ECT.

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	NOT INSPECTED			
11	Materials and equipment	NOT INSPECTED			
12	Staffing	X			
13	Documentation		X		
14	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

There was evidence that ECT had been discussed with the resident prior to ECT. Consent had been obtained and was documented. Cognitive assessments had been carried out and the resident was reviewed by the consultant psychiatrist after each treatment of ECT.

ECT was administered in the theatre of the general hospital and was not inspected.

There was a designated consultant psychiatrist for ECT and there were three nurses trained in ECT.

The ECT treatment record was not completed by the treating doctor.

Breach: 13.3

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 of residents. The approved centre was not fully compliant with Article 32 Risk Management.

Breach: 7.1

Part 3 Admission Process

The following aspects were considered: 10. pre-admission process, 11. unplanned referral to an Approved Centre, 12. admission criteria, 13. decision to admit, 14. decision not to admit, 15. assessment following admission, 16. rights and information, 17. individual care and treatment plan, 18. resident and family/carer/advocate involvement, 19. multidisciplinary team involvement, 20. key-worker, 21. collaboration with primary health care community mental health services, relevant outside agencies and information transfer, 22. record-keeping and documentation, 23. day of admission, 24. specific groups.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of seven residents, including one recently admitted resident, were inspected in relation to the admission assessment and process. The decision to admit was made by the consultant psychiatrist. Overall, the admission assessment was good and well recorded. In each case a mental state examination, a psychiatric assessment and a physical examination were well recorded in the individual clinical files. Risk assessment was completed in each instance and was clearly documented. The risk management plans were not well recorded in some instances and it was unclear how the information was shared and reviewed by the MDT. A property checklist had been completed for each resident. A key-worker system was in operation.

The service was fully compliant with Article 7 Clothing, Article 8 Residents' Personal Property and Possessions and Article 20 Provision of Information to Residents. It was not fully compliant with Article 15 Individual Care Plans or Article 27 Maintenance of Records.

Breach: 17.1, 22.6

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 individual clinical files were inspected. One resident had been transferred to Letterkenny General Hospital and one patient had been transferred on a Form 10 to another approved centre. The decision to transfer was taken by the consultant psychiatrist and each patient had been transferred for the purpose of receiving specific care and treatment. Risk assessment had been updated at the time of transfer. All relevant clinical information accompanied the patient on transfer. A copy of the medical referral was retained in the individual clinical files. Both patients were accompanied by nursing staff. Both the patients and their families had been involved in the decision to transfer.

The approved centre was fully compliant with Article 18 Transfer of Residents.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The clinical file of one resident who was about to be discharged, and of two residents who had been discharged and readmitted were inspected. There was evidence that the discharges had been discussed with the residents and a discharge summary (in triplicate) had been completed. Outpatient appointments had been arranged and prescriptions prepared. There was evidence of community mental health nurse involvement with residents on discharge.

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

Description: Three residents had an intellectual disability and a mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

Each resident had an individual care plan. The residents were looked after by a specialist mental health and intellectual disability team (MHID). The clinical files showed good liaison with community agencies and supported accommodation agencies. There was an up-to-date policy on the care and management of individuals with intellectual disability and mental illness. Staff training in this regard was up to date.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: One patient was detained for a period in excess of three months and in continuous receipt of medication.

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

Justification for this rating:

The patient had provided written consent to the administration of medication.

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

Description: As there was no child in the approved centre at the time of inspection, section 61 did not apply.

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

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

Clostridium Difficile

No case of *Clostridium Difficile* had been diagnosed in the approved centre in 2014 since the introduction of the Department of Health Guidelines in July 2014.

There were two certified infection control nurses for the approved centre. Staff in the approved centre had been informed of the guidelines and had received training in the generic control of infections.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Several residents were greeted as the inspection was being conducted, but no resident requested to speak directly with the inspectors.

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

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

Whilst each resident had a care plan, these care plans did not meet the requirements of the Regulations. There was a key worker system in operation but there was no multidisciplinary (MDT) input into the care plans. The health and social care professionals from the sector teams rarely attended MDT meetings to review the care plans of in-patients of the approved centre. A programme of activities was delivered daily by members of the nursing staff and the occupational therapist on one day per week. The service was compliant with the Code of Practice on Transfer and Discharge, but was not fully compliant with the Code of Practice on Admissions.

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

An advocate attended the approved centre weekly, and notices about the advocate and contact details were displayed in the unit. The service maintained a record of complaints received and information about how to make a complaint was displayed in the approved centre.

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

There was an excellent range of information available for residents. Access to the internet was also available, but there was a charge for its use. The provisions of section 59 of the Mental Health Act 2001 ECT and section 60 of the Mental Health ACT 2001 Administration of Medicine were complied with in the case of two patients in the approved centre at the time of inspection.

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

The physical environment was an attractive, newly constructed building with two interior courtyard gardens. Four of the beds in shared bedrooms did not have a surround curtain for privacy. There was a good choice of meal and residents on special diets were catered for.

Theme 5 Access to services

The service was accessible for all service users. An assessment service for people who presented at the approved centre unannounced was provided by the doctor on call.

Theme 6 Family/chosen advocate involvement and support

Family members were consulted as appropriate, with the consent of the resident.

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

The approved centre was well staffed with nurses but there was a lack of health and social care professional involvement with residents of the approved centre. In the case of one sector team, the lack of a full-time consultant psychiatrist was covered by other consultants who provided a service, in addition to managing their own team. The Mental Health of Intellectual Disability (MHID) team was staffed by a consultant psychiatrist and one community mental health nurse only. The staff training register was up to date.

The service was not fully compliant with Article 32 Risk Management.

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

The approved centre was fully compliant with Article 29 Operating Policies and Procedures. The Donegal mental health service had an organisational structure which included an Executive Clinical Director (ECD). Staff stated that owing to the geographical spread of the ECD area, input from the ECD was limited.

OVERALL CONCLUSIONS OF THIS INSPECTION

The approved centre at the Department of Psychiatry, Letterkenny General Hospital, was a recently constructed unit which was clean, bright and pleasant and which provided ready access to two gardens within the unit. There was a very good range of information for residents on diagnoses and medication, among other items, which was displayed in a small, quiet area of the unit where residents could sit comfortably. There were a number of ligature anchor points in areas of the unit, which was surprising, as the approved centre was a very recently constructed unit. The garden areas of the unit were a very attractive feature of the unit.

For the third year in a row, the approved centre was not fully compliant with Article 15 Individual Care Plans. There was no input by health and social care professionals into the development of the individual care plans and there was no record of a social worker, psychologist or occupational therapist attending the vast majority of MDT meetings to review or develop ICPs for residents. While most sector team and specialist teams had health and social care professionals, for the most part, once a patient was admitted to the approved centre, there was no input other than medical and nursing care in their treatment. However, it was also clear that two of the sector teams did not have a psychologist. At the time of inspection, there were only 2.3 Whole Time Equivalent (WTE) psychologists in post in the Donegal mental health service.

In comparison to other approved centres, the approved centre in Letterkenny was well staffed with nursing staff, with the equivalent of 14 nursing staff and three additional nurses for special observation on duty at the time of inspection. Risk assessments were generally recorded when residents were admitted to the unit, but these were often not reviewed and did not lead to a risk management plan.

Despite the impression by senior nursing staff that security personnel had not been involved in the application of physical restraint in the approved centre, inspection of the physical restraint register indicated their use on a number of occasions. In addition, the service had no policy on the use of security personnel within the approved centre. The use of security personnel in the application of physical restraint is contrary to section 6.1 of the Code of Practice on the Use of Physical Restraint.

RECOMMENDATIONS 2014

1. All residents must have an individual care plan which is developed by a multidisciplinary team.
2. Each resident must be afforded privacy in their bedrooms.
3. All doctors must record their Medical Council Number when writing prescriptions.
4. All treatments for ECT must be signed by the treating consultant psychiatrist.
5. The service should have a policy on the use of security personnel within the approved centre.
6. Ligature anchor points in the approved centre must be remedied.
7. All sector and specialist teams should be adequately staffed with health and social care professionals.

