

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Louth/Meath
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Louth/Meath
APPROVED CENTRE	Department of Psychiatry (DOP), Our Lady's Hospital, Navan.
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Department of Psychiatry
TOTAL NUMBER OF BEDS	25
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	15 and 16 July 2014
INSPECTED BY	<p>Orla O'Neill, Assistant Inspector of Mental Health Services</p> <p>Dr. Susan Finnerty, MCN009711, Acting Inspector of Mental Health Services</p>

Summary

- The DOP, Our Lady's Hospital, provided the acute in-patient psychiatric care for the Meath population of 184,034 persons. The DOP was well signposted within the hospital and the entrance door was open on both days of the inspection.
- There was an excellent information booklet and well stocked noticeboard, for residents and families, about care and treatment within the DOP. The nursing and occupational therapy staff had developed a structured therapeutic day for residents.
- The approved centre was not compliant with the regulations on individual care plans (ICPs). There was no ICP in six of the clinical files inspected. Where there were ICPs, the poor standard raised a number of questions. Did medical staff have knowledge and understanding of the Regulations in relation to ICPs? Was training and education a requirement? There was no medical representation at the feedback meeting of inspectors and staff and these questions remained unanswered.
- The individual clinical records did not convey a sense of effective multidisciplinary team (MDT) working. There were good records entered for nursing, occupational therapy and social work interventions in individual clinical files. In some instances, these entries did not fit well with the stated ICP. This suggested a pattern of parallel rather than interdisciplinary working on the MDTs.
- The admission assessments in the individual clinical files inspected varied in standard. No physical examination had been completed in some. The service had audited the admission

process and found that in 52% of admissions there was no record of a physical examination. The service had implemented both a new pro forma template for admission assessment and training for non consultant hospital doctors.

- Physical restraint and seclusion were infrequent in the approved centre.

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 DOP, Our Lady's Hospital, Navan, provided the acute in-patient psychiatric care for Meath's population of 184,034. The unit was bright and modern and was well signposted within the general hospital. The DOP operated an open door policy. The door was open during the time of the inspection. Overall, the environment was relaxed and calm. Residents had plenty of space in which to walk and sit. A courtyard garden provided an attractive space. All residents were up and dressed and engaged in daily activities. Five General Adult sector teams and a Psychiatry of Old Age team admitted residents to the DOP.

This 25 bed unit had 21 residents at the time of inspection. Eight persons were detained in the approved centre, and one resident was on transfer to the general hospital. There were no patients out on approved leave.

CONDITIONS

There was no condition 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	29	26	27	
Substantial Compliance	2	4	2	21, 27
Minimal Compliance	0	1	0	
Not Compliant	0	0	2	15, 16
Not Applicable	0	0	0	

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Department of Psychiatry	25	21	5 General Adult teams 1 Psychiatry of Old Age team

QUALITY INITIATIVES 2013/2014

- The DOP had been painted and redecorated.
- A new ECG machine had been purchased.
- Staff had been trained as hand hygiene assessors.
- Audits had been completed on individual care planning, record keeping and the admission pro forma.
- A nurse was appointed, with responsibility for deliberate self-harm, to the Emergency Department.
- Communication and liaison had been developed with the Regional Mental Health Intellectual Disability team.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. All documentation in relation to the Rules and Code of Practice must be completed in full.

Outcome: Documentation was completed to a good standard.

2. All residents must have an individual care plan which is fully compliant with the definition of an individual care plan as described in the Regulations.

Outcome: The approved centre was non-compliant with Article 15 Individual Care Plans.

3. Each resident must have access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

Outcome: This was not achieved because individual care plans were not provided for each resident.

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:

Residents were identified by name and date of birth when receiving medicine and healthcare. Two nurses administered medication.

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:

Fresh drinking water was available to residents throughout the approved centre. Meals were cooked in the general hospital kitchen and delivered in trolleys to the DOP. The menu rotated every couple of weeks and provided a good choice of nutritious meals. Special diets were catered for. The services of a dietician from the general hospital were available. Residents made their meal choice on a menu card the preceding day.

Article 6: Food Safety

(1) *The registered proprietor shall ensure:*

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

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

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

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

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

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

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

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

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

Justification for this rating:

The most recent Environmental Health Officer's report of the 05/12/2013 was available. The servery kitchen appeared clean and tidy. The dining room was a large open space that was well decorated with pictures and furniture.

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:

In all but one case, residents were up and dressed. No resident was required to be nursed in night clothes and this was the stated policy of the approved centre. The approved centre had a contingency plan in place in the event of a resident requiring a supply of emergency personal clothing on admission.

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:

There were up-to-date policies and procedures relating to residents' personal property and possessions. A property checklist duplicate form was completed at the time of admission. Each resident had a wardrobe and bedside locker. There was safe storage available if required.

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:

The approved centre made good provision for recreational activities. There were comfortable spaces to watch television or sit and read. Table games, books and electronic games were available. There was a pool table and a table tennis table. Residents could access the internet for a €1 charge for 30 minutes usage.

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:

Residents were facilitated in the practice of their religion insofar as practicable.

Article 11: Visits

- (1) *The registered proprietor shall ensure that appropriate arrangements are made for residents to receive visitors having regard to the nature and purpose of the visit and the needs of the resident.*
- (2) *The registered proprietor shall ensure that reasonable times are identified during which a resident may receive visits.*
- (3) *The registered proprietor shall take all reasonable steps to ensure the safety of residents and visitors.*
- (4) *The registered proprietor shall ensure that the freedom of a resident to receive visits and the privacy of a resident during visits are respected, in so far as is practicable, unless indicated otherwise in the resident's individual care plan.*
- (5) *The registered proprietor shall ensure that appropriate arrangements and facilities are in place for children visiting a resident.*
- (6) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures for visits.*

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

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

Justification for this rating:

There was an up-to-date policy on visits. Visiting times were well sign-posted and were flexible. Child visitors were required to be supervised by a responsible adult. There were adequate seating and spaces to accommodate visitors. The reception desk at the entrance hallway operated during office hours.

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

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

Justification for this rating:

There was an up-to-date policy on communications. Residents could retain their mobile phone and laptop computer unless otherwise indicated in their care plan. Residents had access to the internet. There was a public phone within the approved centre. Residents could send and receive unopened post and there was a daily postal service and stamps on sale in the hospital.

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	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>			

<p>Not compliant</p>	<p><i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i></p>			
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Justification for this rating:

Staff reported that no resident had been searched. Inspection of clinical files identified a search of a resident. The search was well documented, was carried out with consent and the illicit drugs found had been given to an Garda Siochana. There was an up-to-date policy on the carrying out of searches, with and without consent, and on the finding of illicit substances. Two nurses carried out searches.

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

There were written operational policies and procedures in relation to the care of the dying. Single room accommodation was available.

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

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

Justification for this rating:

A number of clinical files were inspected. Some contained individual care plans (ICPs). The quality of the ICPs was variable and, on the whole, extremely poor.

Six clinical files inspected did not contain an ICP. Two of these files related to patients admitted on detention orders 12 days prior to the inspection. A multidisciplinary team meeting had taken place and a form entitled "review of care plan and identified needs" had been filled out for one patient. This record was a brief progress note and was not an ICP. The record stated that the patient had been present at the MDT meeting and was offered a copy of their care plan; however, there was no ICP in the file. There was no such record for the second patient and no ICP recorded. The third clinical file related to a planned voluntary admission. The resident was in-patient five days and an MDT meeting had taken place. There was a "review" filled out with an illegible signature. The review read as a progress note and there was no ICP. The record stated that the "patient refused to sign". The MDT members recorded as attending the meeting did not match the list entitled "your core team" which was presumably provided for the resident's information.

All residents are legally entitled to an ICP as defined in the Regulations.

Where there were ICPs in place for residents, the quality was variable. For example, ICPs not dated; the section designed to be completed by the resident being completed by staff; and poor articulation of assessed needs, goals, interventions and outcomes. The quality of the handwriting and the clarity of content in several ICPs were extremely poor. The identity of the signatory in some ICPs was illegible. Such ICPs would have done little to provide a clear road map of care, or promote insight and self-management, for the residents being asked to sign such an ICP.

Some disciplines, providing input to particular residents, were entering care plans in those individual clinical files. There was a sense that the multidisciplinary team working was somewhat parallel rather than cohesive with good communication and a shared vision of care. In some instances, there was not a good fit between what was stated in the progress notes and in the ICP. It was notable that the record of attendance by staff at ward rounds and MDT reviews frequently did not record the full name of all staff in attendance. This may have been because staff names were not known, or that some staff were not accorded the respect of having their full names recorded.

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>			

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

Justification for this rating:

In the absence of ICPs for each resident, it followed that therapeutic services and programmes could not be provided in accordance with the standard of this Article.

OT and nursing staff worked together to provide a structured timetable of therapeutic activities. Entries in the individual clinical files attested to the good intentions to engage residents. In the absence of well formulated ICPs, it was not evident that therapeutic provision was appropriately targeted to address key needs.

Breach: 16 (1),(2)

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:

There was no child resident on the day of inspection. There had been two child admissions in 2014, however, educational input was not required during the time of admission. The approved centre had a contingency plan in the event of educational support being required. The Child and Adolescent Mental Health Services (CAMHS) team would liaise closely with educational services and the approved centre to provide such support.

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:

There was an up-to-date policy on the transfer of residents. All relevant clinical information accompanied a resident on transfer. This included a medical referral letter, a nursing report and a copy of the medication prescription sheet. Where a resident was being transferred within the Louth/Meath mental health services, the clinical file accompanied the 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:

There was an up-to-date policy and procedures for responding to medical emergencies. One resident had been in-patient for more than six months and a physical examination had been completed. Residents had access to general medical services and to health screening programmes in Our Lady's Hospital.

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

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

Justification for this rating:

There was an up-to-date policy on the provision of information to residents. The Resident Information Booklet was excellent in both its content and print quality. The approved centre had a well maintained, wall-mounted information stand. Information on diagnoses, medications and treatment, voluntary groups and community supports were readily accessible for residents. Information on the independent advocacy service was displayed.

Article 21: Privacy

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

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

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

Justification for this rating:

The privacy and dignity of residents was generally respected throughout the approved centre. There were no privacy curtains or blinds on the window panels of the single rooms.

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	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 premises were clean, tidy, well ventilated and well maintained. There were ample areas for residents to sit, relax and engage in recreational activities. Pictures and plants enhanced the environment. The garden area was well planted, maintained and, despite being a smoking area, was tidy.

An audit of ligature anchor points had been completed and high risk hazards had been made safe.

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	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 had appropriate and suitable practices and written policies relating to the ordering, prescribing, storing and administration of medicines.

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:

There were written operational policies and procedures in relation to the health and safety of residents, staff, visitors and contractors.

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>	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:

CCTV was only used for monitoring purposes in the seclusion room. This was well sign-posted. The approved centre had a written policy and protocols in relation to this use of CCTV.

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	0	1
	CNM2 (Mon-Fri)	1	0
	CNM1	1	1
	RPN	4	3

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>			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 Health Service Executive (HSE) policies on recruitment, selection and vetting of staff applied. The staff training record was inspected and up to date. Copies of the Mental Health Act, Regulations, Rules and Codes of Practice were available to all staff. There was an appropriately qualified member of staff in charge at all times.

The number of staff and skill mix was appropriate to assessed needs of residents. The clinical files contained entries from social work, OT and psychology. There was an OT post dedicated to the approved centre. It was regrettable that this post was a three month contract as this did not support continuity of care for residents.

Staff training was up to date. The service had mounted a significant training schedule for staff in relation to individual care plans and 60 staff across all disciplines had participated in the educational sessions.

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

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

Justification for this rating:

There was a policy on the creation of, access to, retention and destruction of records. The clinical files were well maintained and information was accessible. All of the records required by this Article were available for inspection. Namely: the food safety report; the fire training record; the fire certificate of 17/01/2012; the fire inspection reports; and the health and safety statement.

Inspectors discovered clinical report books being stored in a general store room which was accessed by non-clinical staff. Inspectors requested that these records be secured appropriately and this was done directly by staff.

The approved centre was not fully compliant with this Article as, at the time of inspection, the records storage did not match stated policy.

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
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 Register of Residents made provision for the recording of all required data fields.

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	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:

All policies and procedures were in place and reviewed within the time frame specified by the Regulations, Rules or Codes of Practice.

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:

The approved centre cooperated fully with Mental Health Tribunals and would assist patients to attend if required.

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

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

Justification for this rating:

There was an up-to-date policy in relation to complaints. The complaints procedure was clearly displayed for residents and family. There was an identified person with responsibility for dealing with complaints within the approved centre. A record of complaints was available for inspection. Each complaint was clearly recorded, as well as the response and outcome. All complaints had been responded to and investigated promptly. The tone of correspondence with complainants showed respect and due regard for the complainant.

Article 32: Risk Management Procedures

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

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

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

Justification for this rating:

The policy on risk management met the requirements of the Regulations. Risk assessments had been completed at the time of admission in all of the individual clinical files inspected. Immediate risk management procedures were well recorded within the clinical files, including the level of nursing observation required. The approved centre operated an open door policy. If individual risk management plans required a locked door this was written in the clinical file and the entrance was locked for the required time.

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 Claims Agency.

Article 34: Certificate of Registration

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

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

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

Justification for this rating:

The Certificate of Registration was prominently displayed within the approved centre.

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

SECLUSION

Use: Seclusion was used in the approved centre.

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:

One resident had been secluded during the period January 2014 to the date of inspection. This had been for a period of approximately five days. The Inspector of Mental Health Services had been notified of the extended seclusion.

The Seclusion Register was correctly completed in respect of the patient who had been secluded. There was an excellent seclusion care plan in operation and this ensured that all monitoring, observation and assessment of patients in seclusion was documented. Next of kin were informed of the patient's seclusion episode and the episode was discussed at the multidisciplinary meeting.

The seclusion room was furnished and maintained in such a way as to ensure safety. However the en suite shower and toilet did not have safe fittings so residents had to be observed while in the en suite.

There was a policy with regard to seclusion that was up to date.

Electroconvulsive Therapy (ECT) (DETAILED PATIENTS)

Use: ECT was not administered in the approved centre. No patient was receiving ECT at another hospital at the time of inspection.

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

Justification for this rating:

ECT, when indicated, was administered in St. Patrick's University Hospital. There was an information booklet about ECT available for patients being prepared for ECT.

MECHANICAL RESTRAINT

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:

The clinical file of one resident who had been physically restrained was examined. Physical restraint was clearly documented. The clinical practice forms for physical restraint were inspected and were correctly completed and a copy filed in the resident's clinical file. Next of kin were informed of the physical restraint.

There was a policy with regard to physical restraint. Staff had been trained in the prevention and management of aggression and violence (PMAV).

ADMISSION OF CHILDREN

Description: Two children had been admitted to the DOP in 2014 up to the date of inspection.

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

Justification for this rating:

Both child admissions were voluntary first time admissions. Both admissions had been notified to the Mental Health Commission. Admission to the DOP had been necessitated, because there was no bed available in a CAMHS approved centre, at the time of admission.

Staff stated that a child was always accommodated in a single room and was nursed on a one to one basis. One child had been in-patient for a number of weeks. This individual clinical file was inspected. Parental consent to treatment had been provided in writing. There was an excellent ICP and this had been reviewed regularly with the child and a parent. The clinical record provided a good account of the child's perspective on issues.

The CAMHS team provided liaison and the child had participated in CAMHS community- based mental health programmes whilst in the approved centre. The child's progress and mental health gains were easy to track in the clinical record. The child was provided with outpatient follow-up on discharge.

The approved centre was not compliant with 2.6 of this Code of Practice because an adult approved centre was not suitable for the admission of children.

Breach: 2.6

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been one death in the approved centre since January 2014 to the date of inspection.

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

Justification for this rating:

Deaths were notified to the Mental Health Commission in compliance with this Code of Practice. There was an incident log and all incidents were documented. The risk manager was identified and the approved centre was compliant with Article 32 Risk Management Procedures. The risk manager provided a bi-monthly summary of incidents relating to the approved centre and these were reviewed by the governance meeting.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre. No resident was receiving ECT at another hospital at the time of inspection. One resident had received ECT in another approved centre prior to the inspection and that person's clinical file was inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information	X			
4	Absence of consent	NOT APPLICABLE			
5	Prescription of ECT	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:

ECT, when indicated, was administered in St. Patrick's University Hospital. There was an information booklet about ECT available for residents being prepared for ECT. The resident who had received ECT had a copy of this information. Consent was obtained in St. Patrick's University Hospital for ECT.



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:

There were policies with regard to admission, transfer and discharge. There were also policies with regard to privacy, policy and consent. The approved centre was compliant with Article 32 Risk Management Procedures.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
		X	

Justification for this rating:

The approved centre was compliant with Articles 7 and 8 of the Regulations Clothing and Personal Property and Possessions and with Article 20 Provision of Information to Residents. It was not compliant with Article 15 Individual Care Plans or with Article 27 Maintenance of Records.

The standard of admission assessment was variable. Some admission assessments were comprehensive and detailed relevant information. Other documentation of admission assessments repeatedly instructed the reader to “see old notes” and “see referral letter”. This indicated that an adequate assessment of the resident’s history was not carried out. A physical examination was not always completed at the time of admission. The signature of the medical personnel carrying out the assessments was illegible in some cases and did not specify Medical Council numbers as required by law.

The admission records were generally inadequate in terms of psychosocial history. Thus, they did not always provide a context to care, such as educational and life attainments, personality and coping, significant relationships and key challenges.

Breach: 15.3, 15.5, 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:

The approved centre was compliant with Article18 Transfer of Residents.
 The decision to transfer a resident was made by the consultant psychiatrist. A referral letter and documentation accompanied the resident. A nurse accompanied the resident on transfer.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There was an excellent discharge summary prepared for the General Practitioner and a copy sent to the community mental health team when the resident was being discharged. The resident was assessed prior to discharge and follow-up arrangements were made. There was evidence that both the residents and their families were involved in the discharge process.

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

Description: There was no resident with an intellectual disability and mental illness in the approved centre at the time of inspection.

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 with regard to intellectual disability and mental illness. Training for staff had taken place in intellectual disability and mental illness.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

There was no patient detained in the approved centre for a period of three months or longer. Therefore, section 60 of the Mental Health Act 2001 did not apply.

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

There was no child detained in the approved centre therefore section 61 of the Mental Health Act 2001 did not apply.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

Inspectors greeted residents and spoke briefly with a number of residents during the course of the inspection. No resident wished to meet inspectors on an individual basis.

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

There was good bed management operating in the DOP. Just one resident had been in-patient for more than six months. No patient was detained for more than three months. Inspection of individual clinical files showed adequate and timely discharge planning. Families were included in discharge planning. Community mental health nurses were actively involved in the discharge arrangements and there was a good continuum of care.

Residents had access to an appropriate range of clinical disciplines. The individual clinical files generally did not adequately record why such input was required or the outcomes. The poor quality of ICPs undermined the delivery of optimum care for in-patients.

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

The independent advocate visited the unit weekly. There was good liaison between nursing staff and the advocate who prioritised detained residents and ensured they had been informed of their rights. The approved centre fully cooperated with Mental Health Tribunals.

The individual entries in the clinical files by various disciplines showed good communication with residents. However, the ICPs were poor in quality of content and presentation. Offering such ICPs to residents for their signature and retention did not convey sufficient regard for their rights and dignity.

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

The information board and the booklet about care and treatment in the DOP were both excellent. The availability of an advocacy service and contact details were well signposted. Nursing and occupational therapy staff provided groups which were recovery focused.

Nursing, social work and occupational therapy staff attended the informal feedback meeting with inspectors. All articulated their roles clearly and with confidence, and there was an evident commitment to collaborative recovery oriented care.

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

Overall, the premises were clean, well decorated and furnished. The dining room was an open, welcoming space. The menu rotated frequently and provided a good choice of nutritious meals.

The toileting facility, in the seclusion suite, required refurbishment to ensure appropriate privacy and safety.

Theme 5 Access to services

There was equity of access to mental health services. Admissions were generally via the emergency department or community mental health teams.

Theme 6 Family/chosen advocate involvement and support

Inspection of individual clinical files showed good liaison and communication with families. There was a good standard of recording family meetings, visits and telephone communication.

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

The staff training record was up to date. The HSE human resource policies applied to the approved centre.

Nursing, social work and occupational therapy staff attended the informal feedback meeting with inspectors. The administrative manager also met with inspectors. All articulated their roles clearly and with confidence, with an evident commitment to collaborative recovery oriented care. An ICP pro forma was being reviewed, and an assistant director of nursing had undertaken this project.

There was a risk management policy and opportunities to learn from documented incidents. The service audited a number of aspects of care and these also provided opportunities for quality improvement.

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

There was a comprehensive organisational structure and corporate governance in place in the approved centre and mental health service. All the required policies and procedures were in place and up to date. The individual clinical file followed the patient into the community mental health service. There was no integrated mental health information system in place.

OVERALL CONCLUSIONS OF THIS INSPECTION

It was good to see that the DOP, Our Lady's Hospital, was well signposted within the general hospital, and maintained an open door policy. The unit was quiet and relaxed, and all but one resident was up and dressed and engaged in daily activities at the time of inspection. Overall, the environment was clean, bright and spacious. The garden area was well maintained and planted. The noticeboards and patient information booklet provided useful information for residents and families. The interaction observed by inspectors, between staff and residents, was respectful and open. There was a core therapeutic day provided for residents.

The absence of an individual care plan in six of the clinical files inspected was unacceptable. Where clinical files contained an ICP, the quality of the ICPs was generally extremely poor and fell short of the standard of Article 15 Individual Care Plans. Offering such ICPs to residents for their signature and retention, did not provide a useful care plan road map and did little to promote insight and engagement. The quality of the ICPs suggests that either training and/or clinical leadership is required to ensure statutory standards are achieved.

RECOMMENDATIONS 2014

1. Each resident must have an individual care plan.

2. The admission procedure and record should meet the standard of the Code of Practice on Admission, Transfer and Discharge.
3. All clinical records must be securely stored. Medical staff must use their Medical Council number when making clinical entries.
4. The seclusion room toileting facility must be safe and provide appropriate privacy.
5. The door panel windows on single rooms must have a curtain or film to ensure privacy.