Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	North Dublin
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	North Dublin
APPROVED CENTRE	Joyce Rooms, Fairview Community Unit
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Joyce Rooms
TOTAL NUMBER OF BEDS	27
CONDITIONS ATTACHED TO REGISTRATION	None
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	18 February 2014

Summary

- Joyce Rooms were soon to close and a new unit in Beaumont Hospital is to be opened in May 2014.
- There was a good individual care plan which showed active service user involvement. The review section of the care plans required attention and the format used for this may need to be improved.
- Service users were transferred to other units, some at considerable distance, when beds in Joyce Rooms were not available. This was not in the best interests of the service user.
- There was very limited access to psychology despite having 0.5 whole time equivalent post dedicated to the approved centre. This was unsatisfactory and required attention.

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 Joyce Rooms was a 27-bed unit on the ground floor of Fairview Community Unit. It opened as a temporary measure in 2012 to accommodate the admission unit from St. Ita's Hospital in Portrane. This was pending the opening of a new admission unit in Beaumont Hospital. The new unit in Beaumont Hospital was scheduled to open in early May 2014 at which stage the Joyce Rooms will no longer be used as a mental health unit.

Joyce Rooms was a locked unit with a security guard. The inspectors had some difficulty in accessing the approved centre independently and, subsequently, requested that the security firm be informed of the powers of the Inspector of Mental Health Services under the Mental Health Act 2001.

Joyce Rooms had fewer beds than that recommended by *A Vision for Change* for the population of North Dublin. Consequently, the approved centre was constantly full. An arrangement was in place that extra beds could be sourced in other approved centres in Dublin North East, including the Department of Psychiatry in Cavan and St. Bridget's Hospital in Ardee. This resulted in the very unsatisfactory arrangement where some service users travelled long distances, sometimes in the middle of the night, to access a bed. At the time of inspection there were eight service users from North Dublin in other approved centres.

Joyce Rooms was a small unit which was somewhat cramped. However, efforts had been made to make it a suitable environment for an admission unit. It had single and two-bed rooms and one four-bed room and an area where activities took place. Seven community mental health teams and a rehabilitation team admitted residents to the approved centre.

There were four detained patients on the day of inspection. Seven residents were in the approved centre for more than six months.

CONDITIONS

There were no conditions attached to the registration of Joyce Rooms.

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	22	23	24	
Substantial Compliance	6	7	7	15, 16, 21, 22, 26, 27, 31
Minimal Compliance	2	1	0	
Not Compliant	0	0	0	
Not Applicable	0	0	0	

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Joyce Rooms	27	27	General Adult Teams Rehabilitation team

QUALITY INITIATIVES 2013/2014

- A clinical pharmacist attended the approved centre daily and attended the multidisciplinary team (MDT) meetings. The pharmacy department had also initiated medicine reconciliation and provided education and training in the approved centre.
- There was a Nursing Metrics project in place. An audit tool had been developed which assessed patient satisfaction.
- A new depot medication sheet had been developed.
- Nurse Prescribing training was underway.
- A Knowledge and Understanding Framework (KUF) had been initiated for service users with a diagnosis of personality disorder.
- Training in suicide risk assessment by the psychologist had taken place and 45 members of staff had been trained.
- The occupational therapist provided standardised functional assessments including the Assessment of Motor and Process Skills.
- There were monthly residents' meetings in the approved centre.
- An excellent communication book had been developed for residents with mental illness and intellectual disability that was user friendly.

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. The admission pathway should be reviewed with the intention of enhancing the role of the sector teams in this process. Sector teams should be adequately sourced, including non-consultant hospital doctors and administration posts and sector headquarters to enable this process.

Outcome: Service users continued to present to the Joyce Rooms either with a referral letter from their general practitioner or as self-referrals, without assessment by the community mental health teams. There were no new posts on community mental health teams; there was a shortage of non-consultant hospital doctors (NCHDs) and no new infrastructure.

2. Residents should not be transferred to alleviate bed shortages.

Outcome: This was not achieved. Residents and people presenting for admission continued to be transferred to other approved centres.

3. Individual files should comprise of one composite file and be well maintained.

Outcome: All professions except psychology, recorded in the clinical file. Initially the psychologist stated that psychology notes were maintained separately. Later it was stated that psychology notes

were “present in four clinical files”. Some clinical files had loose pages. A new clinical file was being developed.

4. Documentation in relation to physical restraint should meet the Code of Practice.

Outcome: The documentation was not fully completed.

5. Documentation in relation to seclusion must meet the standard required by the Rules.

Outcome: The documentation was not fully completed.

6. Policies and procedures in relation to the Codes of Practice must be up to date.

Outcome: This had been achieved.

7. Graffiti should be removed from bedroom walls. Broken locks should be replaced on lavatory and shower doors and on wardrobe drawers.

Outcome: While the original graffiti had been removed, there was fresh graffiti in some areas. Maintenance had addressed the lavatory and shower doors and the wardrobe doors.

8. Doctors should use their Medical Council Registration Numbers when writing in the prescription kardexes.

Outcome: This had been achieved

9. Therapeutic services and programmes must be reviewed to ensure the assessed needs of residents as elucidated in the individual care plans are being met.

Outcome: There was an excellent programme of therapeutic services and programmes available through the occupational therapist and the health care assistant and clinical nurse manager in activation. The social work post dedicated to the approved centre was vacant. There was no evidence of any input from psychology despite having a 0.5 whole time equivalent (WTE) dedicated to the approved centre. It was later stated that the psychologist had provided “documentation on this therapeutic intervention (for service users with a high risk of suicide) in one composite file” and that “psychology notes were in four composite files”.

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

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

Article 4: Identification of Residents

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

No identification bracelets or photographic identification was used. There were regular staff in the approved centre and agency staff were only employed occasionally. 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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There were two fresh water fonts in the approved centre. The food was wholesome and nutritious and there was choice available. Special dietary requirements were catered for. However, no menu was displayed or available despite repeated requests from the staff.

Article 6: Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was a sufficient supply of crockery, cutlery and equipment available. There was refrigeration but no food was prepared in the kitchen. The kitchen and equipment were clean.

The Environmental Health Officer's report was available and deficits had been remedied apart from temperature records.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A small supply of clothing was available if necessary. All residents had individualised clothing. No resident was in night clothes at the time of inspection.

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was a policy with regard to personal property and possessions.

A record of personal property and possessions was maintained in the residents' clinical file. Residents could retain control of their personal possessions. However, there were no lockable doors on the wardrobes or lockers. There was a safe in the nurses' office for valuables.

Article 9: Recreational Activities

The registered proprietor shall ensure that an approved centre, insofar as is practicable, provides access for residents to appropriate recreational activities.

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was an excellent programme of recreational activities that was available six days a week. There were also books, magazines, newspapers, TV and DVDs. Art and craft supplies were available. A small fund of €200 per month was available to buy and replenish recreational equipment.

Article 10: Religion

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was a Roman Catholic chaplain available to the approved centre who visited regularly. A chaplain also held a multi-denominational group weekly. There was a small oratory in the complex and residents could attend Mass in the nearby St. Vincent's Hospital.

A list of phone numbers for minsters of other denominations was available and all residents were facilitated in practising their religion.

Article 11: Visits

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

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was a visitors' room near the reception area. Visiting times were in the morning, afternoon and evening. An office was used if children were visiting.

There was a policy with regard to visiting.

Article 12: Communication

(1) Subject to subsections (2) and (3), the registered proprietor and the clinical director shall ensure that the resident is free to communicate at all times, having due regard to his or her wellbeing, safety and health.

(2) The clinical director, or a senior member of staff designated by the clinical director, may only examine incoming and outgoing communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others.

(3) The registered proprietor shall ensure that the approved centre has written operational policies and procedures on communication.

(4) For the purposes of this regulation "communication" means the use of mail, fax, email, internet, telephone or any device for the purposes of sending or receiving messages or goods.

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Mobile phones were permitted in the approved centre. There was a public phone which was out of order. Residents' post was sent and received unopened. Residents were permitted to use their own lap-top computers to access email.

There was a policy with regard to communication.

Article 13: Searches

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

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

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

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

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

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	*Effort has been made to achieve compliance with this Article but*			

	significant improvement is still needed.			
Not compliant	*Service was unable to demonstrate structures or processes to be compliant with this Article.*			

Justification for this rating:

There was a policy with regard to searches with and without consent. There was also a policy with regard to finding illicit substances. Staff were aware of the policies. Two staff always carried out searches and the searches were documented. No current resident had been searched.

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
Minimal compliance	*Effort has been made to achieve compliance with this Article but significant improvement is still needed.*			

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

Justification for this rating:

No resident had died since the approved centre opened in 2012. There was a policy with regard to care of the dying.

Article 15: Individual Care Plan

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Each resident had an individual care plan (ICP). The template for the ICP was excellent. There was also a leaflet for residents about their ICP. There was evidence of service user involvement in the ICPs and many residents received a copy of their ICP. Needs were clearly outlined as were goals and interventions and a review date was specified.

There was evidence of occupational therapy attendance at the multidisciplinary team (MDT) meeting as well as involvement in the care plan. The social work post was vacant at the time of the inspection. There was no evidence of a psychologist attending the MDT meetings or having input

into the ICPs.

The quality of the reviews of the ICPs was variable. It appeared that the majority were reviewed by nursing staff and not by the multidisciplinary team. Some reviews were little more than progress notes.

Breach: 15

Article 16: Therapeutic Services and Programmes

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The occupational therapist provided therapeutic services and programmes as well as assessment in the approved centre. The CNM2 and a health care assistant provided relaxation classes, Introduction to Mindfulness, psycho-education and a Wellness Recovery Action Plan (WRAP) programme. There was no social worker at the time of the inspection.

There was no documented evidence that there was any input from psychology into the therapeutic services and programmes. However, it was later stated that there was documentation on suicidality therapeutic intervention in one composite file and that one-to-one therapeutic intervention for suicidality is provided at an “average of at least one resident a month”.

Breach: 16

Article 17: Children's Education

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was no child in the approved centre at the time of inspection. There was a policy with regard to children's education stating that this would be facilitated if necessary.

Article 18: Transfer of Residents

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

All relevant information accompanied a resident on transfer to another hospital or approved centre. There was a policy with regard to transfers.

Article 19: General Health

(1) The registered proprietor shall ensure that:

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Seven people had been resident in the approved centre for six months or more. There was evidence in the clinical files that each of these residents had a physical examination carried out within the past 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	*Evidence of full compliance with this Article.*		X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The range of information provided to residents was impressive and the noticeboards were full of mental health information and information about individual care planning. There was information about advocacy displayed. Information about diagnosis and medication was available. There was an information booklet outlining housekeeping details and about the resident's multidisciplinary team.

There was a policy with regard to the provision of information to residents.

Article 21: Privacy

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

In one double bedroom a curtain around the bed was missing. In the four-bed dormitory there was no curtain around one bed and insufficient curtains around another bed.

The windows in the bedrooms were curtained and not overlooked.

Breach: 21

Article 22: Premises

(1) The registered proprietor shall ensure that:

(a) premises are clean and maintained in good structural and decorative condition;

(b) premises are adequately lit, heated and ventilated;

(c) a programme of routine maintenance and renewal of the fabric and decoration of the premises is developed and implemented and records of such programme are maintained.

(2) The registered proprietor shall ensure that an approved centre has adequate and suitable furnishings having regard to the number and mix of residents in the approved centre.

(3) The registered proprietor shall ensure that the condition of the physical structure and the overall approved centre environment is developed and maintained with due regard to the specific needs of residents and patients and the safety and well-being of residents, staff and visitors.

(4) Any premises in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall be designed and developed or redeveloped specifically and solely for this purpose in so far as it practicable and in accordance with best contemporary practice.

(5) Any approved centre in which the care and treatment of persons with a mental disorder or mental illness is begun after the commencement of these regulations shall ensure that the buildings are, as far as practicable, accessible to persons with disabilities.

(6) This regulation is without prejudice to the provisions of the Building Control Act 1990, the Building Regulations 1997 and 2001, Part M of the Building Regulations 1997, the Disability Act 2005 and the Planning and Development Act 2000.

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

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

Justification for this rating:

Apart from the bedrooms, the approved centre was not spacious enough for 27 residents. It was clean in all areas. There was a very pleasant courtyard.

The paintwork was scruffy in some areas. There was graffiti in one of the showers and in the small sitting room. A tap was missing from one of the showers.

All the en suite bathrooms were locked due to the presence of multiple ligature anchor points and could only be accessed with staff present. There were toilets and showers in other areas of the unit.

Breach: 22 (1)(c)

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

There was a policy with regard to the ordering, prescribing, administration and storage of medications.

Article 24: Health and Safety

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

A Health and Safety Statement was available.

Article 25: Use of Closed Circuit Television (CCTV)

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

CCTV was only used in seclusion. The monitor was in the nurses' station. CCTV was not capable of recording, was only observed by a health professional and it was clearly labelled.

There was a policy in relation to 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
Joyce Rooms	ADON	1 (shared with O'Casey Rooms)	1 on-call 1 (for entire service)
	CNM3	1	
	CNM2	1	0
	CNM1	1	0
	RPN	5	5
	HCA	1	0

Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN)), Assistant Director of Nursing (ADON), Health Care Assistant (HCA).

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

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

Justification for this rating:

The approved centre had policies with regard to the recruitment, selection and vetting of staff.

There was no social worker currently in the approved centre. There was one WTE occupational therapy post based in the approved centre.Psychology had a dedicated 0.5 WTE post in the approved centre. The inspectors found there was no documented evidence of psychological input to the approved centre although later it was stated that there was documentation in the clinical files. It was stated by the psychologist at the time of the inspection that most of the dedicated time was spent elsewhere in the service and not in the approved centre.

The skill mix was therefore not appropriate to the assessed needs of the residents.

A record of training of staff was maintained.

Breach: 26 (2)

Article 27: Maintenance of Records

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

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

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

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

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Records were reasonably in order and information was easily retrieved. However, there were a number of loose pages in several clinical files. New clinical files were being developed at the time of inspection.

There were no psychology records in the clinical files as these were kept elsewhere and, therefore, the clinical file was incomplete. At the time of inspection, it was stated by the psychologist that psychology notes were not kept in the composite clinical file. Later it was then stated by the service that there were psychology notes in four clinical files.

There was a policy in relation to the creation of, access to, retention of and destruction of records.

The environmental officer's report and the fire officer's report were available.

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The Register of Residents was in compliance with Schedule 1 of the Regulations.

Article 29: Operating policies and procedures

The registered proprietor shall ensure that all written operational policies and procedures of an approved centre are reviewed on the recommendation of the Inspector or the Commission and at least every 3 years having due regard to any recommendations made by the Inspector or the Commission.

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

All operating policies and procedures were 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	*Evidence of full compliance with this Article.*	X	X	X
Substantial compliance	*Evidence of substantial compliance with this Article but additional improvement needed.*			

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

Mental Health Tribunals were facilitated.

Article 31: Complaints Procedures

(1) The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.

(2) The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.

(3) The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.

(4) The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.

(5) The registered proprietor shall ensure that all complaints are investigated promptly.

(6) The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.

(7) The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.

(8) The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.

(9) This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.

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

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

Justification for this rating:

The Health Service Executive's complaints procedure *Your Service Your Say* was displayed. The complaints officer identified was not in the approved centre. There was a policy with regard to complaints. A complaints record was available.

Breach: 31 (4)

Article 32: Risk Management Procedures

(1) The registered proprietor shall ensure that an approved centre has a comprehensive written risk management policy in place and that it is implemented throughout the approved centre.

(2) The registered proprietor shall ensure that risk management policy covers, but is not limited to, the following:

(a) The identification and assessment of risks throughout the approved centre;

(b) The precautions in place to control the risks identified;

(c) The precautions in place to control the following specified risks:

(i) resident absent without leave,

(ii) suicide and self harm,

(iii) assault,

(iv) accidental injury to residents or staff;

(d) Arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents;

(e) Arrangements for responding to emergencies;

(f) Arrangements for the protection of children and vulnerable adults from abuse.

(3) The registered proprietor shall ensure that an approved centre shall maintain a record of all incidents and notify the Mental Health Commission of incidents occurring in the approved centre with due regard to any relevant codes of practice issued by the Mental Health Commission from time to time which have been notified to the approved centre.

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

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

Justification for this rating:

There was a risk management policy that was in compliance with this Article. Risk assessment was completed for all residents.

Article 33: Insurance

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The approved centre was insured with the State Indemnity Scheme and a statement to this fact was available.

Article 34: Certificate of Registration

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

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

UNSATISFACTORY PERFORMANCE

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

Justification for this rating:

The Certificate of Registration was prominently displayed.

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

SECLUSION

Use: Seclusion was used in the approved centre. The seclusion room was located in the High Dependency Unit (HDU).

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:

The clinical file of one resident who had been secluded and the Seclusion Register were inspected. The episode of seclusion was documented in the clinical file and in the register.

The order form was completed but a copy had not been placed in the resident's clinical file.

There was evidence in the clinical file of the nursing record of observation of the resident during seclusion.

The seclusion room was large but was without natural daylight. There was access to an en suite lavatory and wash-hand basin. There was CCTV monitoring, the use of which was clearly displayed. The service had an up-to-date policy on the use of seclusion.

Breach: 9.3

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: The approved centre did not have facilities for providing ECT and no detained patient was receiving ECT in another approved centre.

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:

The clinical file of one current resident who had been restrained and the Clinical Practice Form book for Physical Restraint were inspected. There was evidence in the clinical file that the episode had been recorded and the clinical practice form was completed. However, a copy was not placed in the resident's clinical file.

A copy of the order form of a second resident who had been restrained was incomplete in that it was not signed by the consultant psychiatrist and the copy had not been placed in the clinical file. The service had an up-to-date policy on the use of physical restraint.

Breach: 5.7, 8.3

ADMISSION OF CHILDREN

Description: There was no child resident at the time of inspection.

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

Justification for this rating:

Although no child was resident at the time of inspection, four children had been admitted to the approved centre in 2013. The approved centre was unsuitable for the admission of children.

Breach: 2.5

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been no deaths in the approved centre for the previous calendar year.

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:

Incidents were recorded and a record maintained in the approved centre. A summary of incidents was forwarded to the Mental Health Commission every six months as is required. The service had a named risk manager.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not provided in the approved centre and no resident was receiving ECT in another approved centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had policies relating to admission, transfer and discharge of residents. The approved centre accepted both planned and unplanned residents for assessment and admission, if indicated. The roles of staff members were established. The approved centre was compliant with Article 32 in relation to Risk Management.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

The clinical files of two residents who were recently admitted were inspected. The admission document was good and was completed by the admitting doctor. There was evidence that a risk assessment had been carried out in both cases.

In the case of one resident, the physical examination was not carried out until three days after admission, without any indication why this was so.

All residents had an individual care plan, but these were not completed in accordance with Article 15. A key worker system was in operation. All members of the multidisciplinary team did not work to the one set of documentation as the psychologist did not record notes in the resident's clinical file. At the time of inspection it was stated by the psychologist that psychology notes were not kept in the composite clinical file. Later it was then stated that there were psychology notes in "four" clinical files.

The approved centre was compliant with Article 7 relating to Clothing, Article 8 relating to Residents' Personal Property and Possessions and Article 20 in relation to Provision of Information to Residents. It was not fully compliant with Article 15 relating to Individual Care Plans, or Article 27 relating to Maintenance of Records. Individuals were not always admitted to the Joyce Rooms due to the unavailability of beds in the unit and were referred for admission to other approved centres.

Breach: 13.3, 15.3, 17.1, 22.1, 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 clinical file of one resident who was transferred to a general hospital was available for inspection. The reason for the transfer was documented in the clinical file and a copy of the referral letter was maintained in the clinical file. A member of staff accompanied the resident on transfer. The approved centre was compliant with Article 18 relating to the Transfer of Residents.

A number of residents had been transferred for admission to other approved centres, some a considerable distance away due to the unavailability of beds in Joyce Rooms. This was not in the best interests of the residents.

Breach: 25.1

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 discharged recently was inspected. There was evidence in the clinical file that the resident had been prepared for discharge by means of leave prior to the discharge date and that it had been discussed with the resident. An appointment had been arranged for follow-up shortly after discharge.

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

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

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The service had a policy relating to working with people with an intellectual disability and a mental illness and staff had received training in this area. There was evidence in the clinical file of one of the residents that there was collaboration between the mental health and intellectual disability services. Each resident had an individual care plan.

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: As no patient had been detained in the approved centre for longer than three months, Section 60 did not apply.

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

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

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

A number of residents spoke with the inspectors. One resident complained that showers and toilets were dirty but the inspectors found no evidence of this. All were pleased with their care and treatment.

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.

The approved centre was compliant with Articles 17 on Children's Education and Article 19 on General Health. It was not fully compliant with Article 15 on Individual Care Plans in that review of the care plan was not satisfactory and there was no input from psychology to ICPs. Residents received a copy of their care plan. There was a policy on individual care plans.

Referrals often arrived directly from general practitioners or as self-referrals rather than being assessed initially by the community mental health team and having planned admissions. Service users were transferred to other approved centres when there were no beds in Joyce Rooms. Discharges were planned and, where indicated, follow-up was through the community mental health team.

The approved centre was not fully compliant with Article 16 of the Regulations on Therapeutic Services and Programmes in that there was no documented evidence that psychology provided therapeutic services and programmes in the approved centre. At the time of inspection, it was stated by the psychologist that psychology notes were not kept in the composite clinical file. Later it was stated that there were psychology notes in four clinical files and documentation for intervention in suicidality in one of those clinical files. Apart from this, there was good access to therapeutic services and programmes through the occupational therapy and activity staff.

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

The approved centre was compliant with the following Articles of the Regulations: Article 10 on Religion, Article 13 on Searches, Article 14 on Care of the Dying, and Article 20 on Provision of Information to Residents. It was not fully compliant with Article 16 on Therapeutic Activities and with Article 21 on Privacy. Service users had access to advocates. Confidentiality was respected. There was no evidence of discrimination and the service was in compliance with equality legislation.

The approved centre was complaint with the following Articles of the Regulations: Article 7 on Clothing, Article 8 on Personal Property and Possessions, Article 11 on Visits, Article 20 on Provision of Information to Residents and Article 30 on Mental Health Tribunals. It was not fully compliant in relation to Article 31 on Complaints.

Information provision for residents was particularly good.

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

The approved centre was compliant with the following Articles of the Regulations: Article 20 on Provision of Information to Residents and Article 34 on Certificate of Registration.

There was access to interpretation services where necessary. There was no complaints officer in the approved centre. The service used *Your Service Your Say* as its complaints process. Service users were able to express choice through their ICP and were actively encouraged to do so. Advocacy services were available. There was also a meeting with staff and residents once a month. ICPs demonstrated that that care was Recovery focussed.

Residents were transferred to other approved centres, often far form their own community which was not beneficial to them or in their best interests.

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

The approved centre was compliant with the following Article of the Regulations: Article 6 on Food Safety, Article 7 on Clothing, Article 8 on Resident's Personal Property and Possessions, Article 9 on Recreational Activities, Article 11 on Visits, Article 12 on Communication, Article 13 on Searches, Article 14 on Care of the Dying, Article 18 on Transfer of Residents, Article 20 on Provision of Information to Residents, Article 24 on Health and Safety, and Article 25 on Use of Closed Circuit Television. It was not fully compliant on Article 21 on Privacy and Article 22 on Premises. However the premises were peaceful, clean, tidy and safe.

Food was nutritious and a choice was offered although no menu was available.

Theme 5 Access to services

Access to the approved centre was sometimes limited due to lack of beds being available. This meant that service users sometimes had to access other approved centres outside their own community. Access to community services was not always available as general practitioners sometimes referred service users directly to the approved centre rather than accessing the community mental health teams. There was lack of access to social work and psychology in the approved centre.

Theme 6 Family/chosen advocate involvement and support

Information was available in the approved centre about the service and about the approved centre. There was documentation in the clinical files where staff had met with resident's family.

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

The approved centre was not fully compliant with Article 26 of the Regulations on Staffing. No social work was available to the approved centre due to a vacancy. There was no documented evidence that psychology provided input to the approved centre. Staff availed of training opportunities and were trained in the prevention and management of aggression and violence and other Health Service Executive mandatory training. Training in suicide risk assessment and intervention had been provided to other members of staff by the psychologist. There was a risk management policy and opportunities to learn from documented incidents. The service was in the process of measuring patient satisfaction through Nursing Metrics as an outcome and quality measure.

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

The approved centre had evidence-based policies and procedures in place and all were up to date. There was no integrated mental health information system in place. There was a comprehensive organisational structure in the approved centre. There was risk management, clinical audit, education and training, evidence-based care and treatment and legal compliance in the approved centre.

OVERALL CONCLUSIONS OF THIS INSPECTION

Joyce Rooms were soon to close and a new unit in Beaumont Hospital was due to be opened at the beginning of May 2014, and the final details of this move were underway. This would solve the difficulties of space, bed numbers and maintenance problems currently in the Joyce Rooms. Staff morale was high with regard to the move.

New clinical files were due to be initiated at the time of the move which will address the deficiencies in the current files.

Overall, the care and treatment of residents was good. There was a good ICP which showed active service user involvement. Review of the care plans required attention and the format used for this may need to be improved. The HCA and CNM2 in activities ran a very good programme which engaged service users and therapeutic input from the occupational therapist was excellent. The social work post dedicated to the approved centre was newly vacant.

There was a 0.5 WTE post in psychology dedicated to the approved centre. This was underutilised in that the psychologist did not attend MDT meetings and had no input to the care plans. There was no documented evidence that there were psychological interventions for residents and there were no groups run by psychology. It was later stated that interventions were documented in four clinical files although inspectors were told at the time of inspection that this was not the case. It was stated that the 0.5 WTE psychology post dedicated to the approved centre was spent elsewhere in the service. It appeared that there may have been difficulties with office space and times of MDT meetings although this was unclear. This situation was unsatisfactory and the mental health service is urged to address this as soon as possible.

RECOMMENDATIONS 2014

1. The reviews of the individual care plans should be improved so that they relate directly to the goals in the individual care plans.

2. There must be adequate access to the 0.5 WTE psychologist dedicated to the approved centre. This must include input to the individual care plans, attendance at multidisciplinary team meetings, individual and group therapeutic interventions and clear documentation of these interventions in the clinical files.

3. The service must be compliant with the Rules Governing the Use of Seclusion and the Code of Practice on the Use of Physical Restraint.

4. The complaints officer must be located in the approved centre.

5. A social worker should be appointed to the approved centre as soon as possible.