

## Report of the Inspector of Mental Health Services 2014

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	Laois/Offaly
<b>HSE AREA</b>	Dublin Mid Leinster
<b>MENTAL HEALTH SERVICE</b>	Laois/Offaly
<b>APPROVED CENTRE</b>	St. Fintan's Hospital
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Ward 6
<b>TOTAL NUMBER OF BEDS</b>	30
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	13 May 2014

### Summary

- The approved centre is one of the last remaining 19<sup>th</sup> century mental hospitals still open and has all the features of such a building: large dormitory, long empty corridors, high ceilings and lack of privacy.
- Residents continue to be admitted to this approved centre and 30 beds remain. As beds become vacant, they are filled with new admissions.
- Residents were admitted to St. Fintan's Hospital from the Department of Psychiatry, Midland Regional Hospital, Portlaoise when there were bed shortages in that facility.
- A new 40-bed unit will open in 2016 to accommodate residents from Unit 6.
- One female resident, recently admitted, was sleeping in the male dormitory. The dormitory itself was a thoroughfare, and the dignity and privacy of this resident was compromised.
- All residents had an individual care plan.
- The therapeutic activities were excellent and residents benefited from them.

## 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

Unit 6 in St Fintan's Hospital was the last remaining unit in the old Victorian hospital. There were 30 beds and the service continued to admit service users to the unit. Admissions were from the Department of Psychiatry, Midland Regional Hospital, Portlaoise, nursing homes and from community residences. Residents from the Department of Psychiatry were occasionally admitted to the unit for the sole purpose of freeing up beds for the admission of other service users to the Department of Psychiatry.

Unit 6 was completely unsuitable as a mental health unit with a large dormitory which was also a thoroughfare to and from the day room. It was old fashioned, had long corridors and did not allow for adequate observation. A purpose built 40-bed unit was currently under construction and would be completed in 2016 and would replace Unit 6.

There were two clinical teams with responsibility for the unit: Rehabilitation and Psychiatry of Old Age. While most residents were elderly the age range extended from mid- fifties to mid-nineties. There were no detained patients and one person was a Ward of Court.

## CONDITIONS

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

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	20	21	29	
Substantial Compliance	4	6	0	
Minimal Compliance	6	3	2	21, 22
Not Compliant	0	0	0	
Not Applicable	1	1	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
Ward 6	30	28	Psychiatry of Old Age Team Rehabilitation Team

**QUALITY INITIATIVES 2013/2014**

- A local Dementia Strategy was in train which had improved care for elderly demented residents in Unit 6. This was facilitated by the Psychiatry of Old Age Team.
- Five residents had joined a local choir and were contributing to a CD of songs.
- Pet therapy with Irish Therapy Dogs was happening weekly.

**PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT**

1. All incidents must be recorded as specified in the Code of Practice on Notification of Deaths and Incident Reporting.

Outcome: This had been achieved.

2. The use of any communal clothing must be discontinued

Outcome: This had been achieved. All clothes were individualised.

3. Lavatories should be fitted with suitable locks to ensure privacy of residents using these facilities.

Outcome: This had been achieved.

4. The psychiatry of old age and the rehabilitation team must be adequately resourced with sufficient health and social care professionals.

Outcome: This had not been achieved.

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

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

**Article 4: Identification of Residents**

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

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

**Justification for this rating:**

The residents were known to medical and nursing members of staff. Photographic identification was affixed to all the medication card indexes.

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

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

**Justification for this rating:**

There was a water font located in the ward. Meals came from the General Hospital. There was a good choice of meals and a menu was available. The food was wholesome and nutritious and dietary requirements were catered for.

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

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

**Justification for this rating:**

The Environmental Health Officer's report on Food Safety dated 12 December 2013 was examined by inspectors.

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

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

**Justification for this rating:**

All residents' clothing was individualised. There was a supply of clothing for use in emergencies. No resident was in their night clothes.

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

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

**Justification for this rating:**

A record of personal property and possessions was maintained. There was a safe in the nurses' office for storing valuables. Each resident had a wardrobe and bedside locker for personal possessions. There was a policy with regard to personal property and possessions.

**Article 9: Recreational Activities**

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

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

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

**Justification for this rating:**

There were a number of recreational activities available in the unit. These included games, TV, DVDs, music and walks.

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

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

**Justification for this rating:**

The parish priest visited the ward regularly and there was weekly mass in the hospital church for those residents who were Roman Catholic. There was a Church of Ireland service every week.

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

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

**Justification for this rating:**

There was a private space in a small sitting room for visiting. Visiting times were in the afternoons and evenings. Children visiting were always supervised and *Children First* training had been completed by staff.

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

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

**Justification for this rating:**

Mobile phones were allowed. There was a portable phone in the nurses' office that could be used in private by residents. Residents' post was received and sent unopened.

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

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

**Justification for this rating:**

No resident had been searched in the unit since January 2014.  
 There was a policy with regard to searching, with and without consent, and on the finding of illicit substances.

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

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

**Justification for this rating:**

There was a policy with regard to care of the dying.  
 There was a screened off area in the main dormitory that was used if a resident was 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

Ten individual care plans were inspected from the Psychiatry of Old Age and Rehabilitation teams. All individual care plans fully met the requirements of Article 15. Because there was a high level of physical nursing care required by residents, input was mostly in relation to medical and nursing clinical outcomes. In a number of cases, however, outcomes were assigned to health and social care professionals. Therapeutic activities were also a major part of the care planning process.

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

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

**Justification for this rating:**

The therapeutic programme for residents was impressive. An activity therapist had been appointed and ran a day-long programme for residents. This included art, massage, aromatherapy, chair-based exercises, newspaper reading, relaxation and cognitive exercises. The therapy room was small but was imaginatively set out to maximise its use. Referral of each resident was based on needs assessment and records were kept of the residents' progress.

**Article 17: Children's Education**

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*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.*

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Children were not admitted to the approved centre.

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

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

**Justification for this rating:**

One resident had recently been transferred to the General Hospital. A nurse accompanied the resident. There was a referral letter from the medical and nursing staff in the clinical file and a copy of the resident's medication.

There was a policy on transfer.

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

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

**Justification for this rating:**

In the seven clinical files examined by inspectors, there was evidence of access by residents to general health services and of regular, ongoing physical health assessments and of six-monthly physical examinations.

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

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

**Justification for this rating:**

There was an information booklet for residents. This included housekeeping details including mealtimes and visiting hours. Information on diagnosis and medication was available on request.

There was a policy on 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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	<b>X</b>		

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

**Justification for this rating:**

There were locks on the toilet doors in contrast to 2013 inspection.

Ten residents slept in a large open dormitory which was the main thoroughfare to and from the day room so there was little or no privacy in the dormitory area. There were curtains around each bed.

One female resident, who had recently been admitted from the Department of Psychiatry, Midlands Regional Hospital, Portlaoise, slept in the male dormitory with only a curtain separating her from the rest of the male dormitory. This was entirely unsatisfactory and impacted on her privacy and dignity.

**Article 22: Premises**

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*(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
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>			
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

**Justification for this rating:**

The unit was entirely unsuitable as a mental health unit. It was Victorian with a large cavernous male dormitory. Residents and staff had to walk through the dormitory to get to the day area which was a veranda. The main entrance door to the unit is in the day area and this was used by visitors. The corridors were long and empty. The day room was small for all the residents, who did not appear to use the second sitting room that was at some distance down a corridor. However, the day area was bright and cheerful.

There were female bedrooms along the corridors that were spacious and residents had personalised their areas. However they were at some distance from the nurses' station and this had implications for observation.

There was a nice garden area that residents could access.

The unit was clean, ventilated and well lit.

**Breach:** 22(3)

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

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

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

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

<b>UNSATISFACTORY PERFORMANCE</b>				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	<b>X</b>		
<b>Not compliant</b>	<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 ordering, prescribing, storing and administration of medication.  
 The medication kardexes were out-dated, separate prescription and administration sheets, which are rarely used nowadays as they lend themselves to medication errors. However, no errors were found on examination of the kardexes.

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

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

**Justification for this rating:**

There was a Health and Safety Statement in the unit.

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

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

**Justification for this rating:**

CCTV was in use in the corridors. The monitor was located at the nurses' station. There were signs throughout the unit that CCTV was in use. The CCTV was used for monitoring only and was not used for recording or transmitting. There was a policy on the 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
Ward 6	ADON	1	On call
	CNM3	0	0
	CNM2	1	1
	RPN	2 or 3	2
	HCA	3 or 4	0
		(always 7 HCAs/RPNs on duty)	

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

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

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

**Justification for this rating:**

An occupational therapist and social worker were available for assessments. A psychologist had joined the Psychiatry of Old Age team in December 2013 and was available to psychiatry of old age residents. There was also a full-time activities therapist.

The HSE policy on the recruitment of staff applied.

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

<b>UNSATISFACTORY PERFORMANCE</b>				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 of and destruction of records.

The clinical files were in reasonably good order, with no loose pages. Information was easily retrieved.

The Environmental Health Officer's Report and the Fire Inspection Report were available.

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

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

**Justification for this rating:**

The Register of Residents was in order.

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

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

**Justification for this rating:**

All policies were up to date and regularly reviewed.

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

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

**Justification for this rating:**

Mental Health Tribunals were facilitated if necessary.

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

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

**Justification for this rating:**

The complaints procedure was displayed as was the name of the complaints officer. The complaints record was examined and there was evidence that complaints were addressed. There was a policy with regard to complaints.

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

<b>UNSATISFACTORY PERFORMANCE</b>				
<b>LEVEL OF COMPLIANCE</b>	<b>DESCRIPTION</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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 risk management that satisfied the requirements of this Article.

**Article 33: Insurance**

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

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

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

**Justification for this rating:**

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

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

<b>UNSATISFACTORY PERFORMANCE</b>				
LEVEL OF COMPLIANCE	DESCRIPTION	2012	2013	2014
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<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.

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

**SECLUSION**

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Seclusion was not used in the approved centre.

**Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)**

---

ECT was not used in the approved centre and no detained patient was receiving ECT in another approved centre.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical Means of Bodily Restraint was not used in the approved centre.

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

**PHYSICAL RESTRAINT**

---

**Use:** The approved centre did not use physical restraint.

**ADMISSION OF CHILDREN**

---

Children were not admitted to the approved centre.

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There was 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:**

There was an identified risk manager. The approved centre was compliant with Article 32 of the Regulations on Risk Management.

The incident records were available for inspection. A summary of incidents was reported to the Mental Health Commission on a six-monthly basis.

Deaths were notified to the Mental Health Commission.

**Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS**

---

ECT was not administered 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
<b>X</b>			

**Justification for this rating:**

The approved centre had written operational policies and procedures for Admission, Transfer and Discharge. The approved centre was fully compliant with Article 29 in relation to policies and procedures and 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
	<b>X</b>		

**Justification for this rating:**

The clinical file of one resident recently admitted to the approved centre was examined. The resident had been discharged from another approved centre and admitted directly to the approved centre. The treating team remained the same as for the previous approved centre. A referral letter was found in the resident’s clinical file but this related to the admission to the former approved centre and not this approved centre.

The resident in question was placed in a bed in a dormitory of the opposite sex relatively near but not adjacent to the nurses’ station. Photographic evidence was taken. Inspectors informed the approved centre that the resident should not have been admitted from the former approved centre as, in essence, a bed had not been available for that resident. Inspectors were of the opinion that the admission to the approved centre was not in the best interests of the resident who should have remained in the former approved centre.

The approved centre was fully compliant with Article 20 regarding the Provision of Information to Residents, on Article 15 in relation to Individual Care Plan, on Article 27 in respect of Maintenance of Records, Article 7 in respect of Clothing and Article 8 in respect of Residents’ Personal Property and Possessions.

**Breach:** 12.2, 12.3

**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
<b>X</b>			

**Justification for this rating:**

The clinical file of one resident who had been transferred for general health reasons was examined. The transfer was in the best interests of the resident. The decision was made by the registered medical practitioner. The approved centre was fully compliant with Article 18 in respect of information transfer. The decision to transfer was recorded in the resident's clinical file.

**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
<b>NOT INSPECTED</b>			

**Justification for this rating:**

No clinical files of discharged residents were available to inspectors for examination.

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

---

**Description:** Two residents had an intellectual disability.

*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
<b>X</b>			

**Justification for this rating:**

The approved centre had a written policy and protocols in relation to the delivery of person-centred care and treatment of people with an intellectual disability and mental illness. The training register was examined and was satisfactory. There was evidence of interagency collaboration in the clinical files. Both residents had an individual care plan and a named key worker. The environment provided opportunities for engagement in meaningful activities.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** All residents were voluntary so section 60 did not apply.

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

---

**Description:** No children were admitted to the approved centre so section 61 did not apply.

## SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

### SERVICE USER INTERVIEWS

No service user wished to speak with the inspectors.

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

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

The approved centre was compliant with Article 19 on General Health. It was fully compliant with Article 15 on Individual Care Planning. There was a policy on individual care plans. The approved centre was fully compliant with Article 16 of the Regulations on Therapeutic Services and Programmes and the therapeutic programmes available were excellent.

While most admissions were planned, some admissions were solely for the purpose of freeing up beds in the Department of Psychiatry and this was not satisfactory. The approved centre was not suitable for residents and admissions to the approved centre should not take place.

#### 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 Religion; Article 13 Searches; Article 14 Care of the Dying, and Article 20 Provision of Information to Residents. It was fully compliant with Article 16 Therapeutic Activities.

One female resident was sleeping in the male dormitory which impacted on the resident's dignity and privacy.

Service users had access to advocates on request. Confidentiality was respected. There was no evidence of discrimination and the service was in compliance with equality legislation.

The approved centre was compliant with the following Articles of the Regulations: Article 7 Clothing; Article 8 Personal Property and Possession; Article 11 Visits; Article 20 Provision of Information to Residents and Article 30 Mental Health Tribunals. It was fully compliant in relation to Article 31 Complaints.

### **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 a complaints officer in the approved centre. The service had a complaints process. Advocacy services were available.

### **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 Food Safety; Article 7 Clothing; Article 8 Resident's Personal Property and Possessions; Article 9 Recreational Activities; Article 11 Visits; Article 12 Communication; Article 13 Searches; Article 14 Care of the Dying; Article 18 Transfer of Residents; Article 20 Provision of Information to Residents; Article 24 Health and Safety, and Article 25 Use of Closed Circuit Television. It was not fully compliant with Article 21 Privacy and Article 22 Premises.

The premises were in a 19<sup>th</sup> century building and unsuitable as a mental health unit. Privacy and dignity were not respected in that one female resident was in a ten-bed male dormitory.

Food was nutritious and a choice was offered and a menu was available.

### **Theme 5 Access to services**

There was equitable access to the service. Access to the approved centre was by referral from nursing homes, the Department of Psychiatry and community residences. However, no further admissions should take place as the premises was unsuitable.

### **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 residents' families.

**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 as there was no access to a psychologist. Staff availed of training opportunities and were trained in the prevention and management of aggression and violence and other Health Service Executive mandatory training. There was a risk management policy and opportunities to learn from documented incidents.

**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**

The approved centre is one of the last remaining 19<sup>th</sup> century mental hospitals still open and has all the features of such a building: large dormitory, long empty corridors, high ceilings and lack of privacy. Despite this residents continue to be admitted to this centre and 30 beds remain. Residents were admitted to St. Fintan's Hospital from the Department of Psychiatry when there were bed shortages. There has been no effort to reduce beds in the previous 12 months and as beds become vacant they are filled with new admissions. A new 40-bed unit will open in 2016 to accommodate residents from Unit 6.

One female resident, recently admitted, was sleeping in the male dormitory. The dormitory itself was a thoroughfare, and the dignity and privacy of this resident was compromised.

All residents had an individual care plan. The therapeutic activities were excellent and residents benefited from them.

**RECOMMENDATIONS 2014**

1. There should be no further admissions to this approved centre.
2. Female residents must not be accommodated in the male dormitory.