

Report of the Inspector of Mental Health Services 2014

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Limerick, Clare, North Tipperary
HSE AREA	West
MENTAL HEALTH SERVICE	Limerick
APPROVED CENTRE	St. Joseph's Hospital
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Aurora Ward
TOTAL NUMBER OF BEDS	7
CONDITIONS ATTACHED TO REGISTRATION	Yes
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	5 June 2014

Summary

- Aurora was the one remaining ward in a large Victorian psychiatric hospital and had only six residents. The premises was not suitable, with its large dormitory, large day room and lack of privacy, and belonged to an era of psychiatric care long gone. The approved centre must close in December 2014 under a condition to its Registration.
- All residents' needs had been fully assessed and each resident had a Recovery focused individual care plan which met Condition 1 of the approved centre's Registration.
- The therapeutic services and programmes were impressive. They were Recovery-focussed, took place in community settings as far as possible and were an integral part of the residents' individual care plans.
- Of concern, was the lack of education and training for staff. No nursing staff had been trained in the prevention and management of aggression and violence despite the fact that this was a ward for residents with challenging behaviour. This posed a safety risk for both residents and staff. Other training requirements were also not completed. A lack of knowledge by staff about the provisions of the Regulations was evident during the inspection.
- A number of policies required by the Regulations were not available.

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

Aurora ward was located in St. Joseph's Hospital which is an old 19th Century building in Limerick. This was one of the few remaining Victorian psychiatric hospitals still operating. There were six residents remaining in the approved centre, one of whom was involuntarily detained. The approved centre had been ordered to close by the end of December 2014 under a condition to its Registration.

The ward was old fashioned with high ceilings, large dormitory and a large day room. There had been efforts to decorate and refurbish the ward but it remained completely unsuitable as a mental health facility.

CONDITIONS

Condition 1:

- The Mental Health Commission requires full compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006:Mental Health Act 2001 (Approved Centres) Regulations 2006.
- The Mental Health Commission requires that ongoing clinical audits must be conducted as a cyclical process to monitor compliance with Article 15 (Individual Care Plan) of S.I. No 551 of 2006:Mental Health Act 2001 (Approved Centres) Regulations 2006 for each in-patient resident of each sector team to ensure improvement has been achieved and sustained. A sectorised report of the results of the ongoing clinical audit, naming each specific sector team, must be submitted to the Commission on 1 April 2014 and on the 1st of each month thereafter.

Condition 2

- The Mental Health Commission requires closure of St. Joseph's Hospital as an approved centre by no later than 31st December 2014. The Mental Health Commission also requires quarterly progress reports on the closure of the hospital, with the first progress reports due on 1 June 2014.

COMPLIANCE WITH CONDITIONS: YES

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

COMPLIANCE RATING	2012	2013	2014	ARTICLE NUMBERS 2014
Fully Compliant	13	21	19	
Substantial Compliance	8	4	6	7, 21, 26, 27, 29, 31
Minimal Compliance	2	3	3	13, 20, 22
Not Compliant	6	1	1	24
Not Applicable	2	2	2	17, 25

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Aurora Ward	7	6	Rehabilitation and Recovery Team

QUALITY INITIATIVES 2013/2014

- A newsletter had been developed by service users under the care of the Rehabilitation Team and the residents in Aurora ward contributed to it.
- Year one of the Genio funded project “Going Home” had commenced. This was in conjunction with Focus Ireland.
- The greenhouse behind the hospital was being developed as an activity area which included a horticulture project.
- A weekly hygiene audit was undertaken by management, household staff and nursing staff.
- The Rehabilitation team was participating in ARI (Advancing Recovery in Ireland - a project to build capacity in mental health services to support Recovery).

PROGRESS ON RECOMMENDATIONS IN THE 2013 APPROVED CENTRE REPORT

1. Privacy must be ensured in the showers and in the dormitory.
Outcome: New shower doors had been installed which offered privacy. However there was a curtain missing around one of the beds.
2. All policies required by the Regulations must be available and up to date, whether in hard copy or on the intranet.
Outcome: There was no local policy with regard to complaints. All other required policies were available and in date.
3. Staff must receive training in prevention and management of aggression and violence.
Outcome: This had not been achieved.
4. Staff should receive training in the area of working with people with an intellectual disability and mental illness.
Outcome: This had not been achieved.
5. The hospital should close as soon as possible.
Outcome: The service had submitted plans to close the hospital to the Mental Health Commission.

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

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

Article 4: Identification of Residents

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

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

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

Justification for this rating:

Photographs were used for the identification of residents.

Article 5: Food and Nutrition

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

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

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

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

Justification for this rating:

Fresh drinking water was available on request from the nurses' office.

The food was wholesome and nutritious. There was a menu and an element of choice in the meals. The kitchen catered for special diets, if necessary.

Article 6: Food Safety

(1) The registered proprietor shall ensure:

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

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

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

(2) This regulation is without prejudice to:

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

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

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

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

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

Justification for this rating:

The kitchen area was clean. There was sufficient cutlery, crockery, storage space and refrigeration.
The Environmental Health Officer's report was available and deficits identified therein had been addressed.

Article 7: Clothing

The registered proprietor shall ensure that:

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

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

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

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

Justification for this rating:

No resident was in their night clothes.

There was a store of clothes for use by the residents, if required.

Some clothes owned by the residents were labelled. One resident, whose clothes were examined, was found to have unlabelled underwear, a cardigan belonging to a person unknown to staff and

some incorrectly labelled shirts. A second resident had two unlabelled items of clothing in his wardrobe. A system of labelling new clothes prior to their being accepted onto the wards was in place but was obviously not effective.

Breach: 7(1)

Article 8: Residents' Personal Property and Possessions

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

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

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

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

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

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

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

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

Justification for this rating:

There was a policy with regard to residents' personal property and possessions. Wardrobes could be locked for safe-keeping of personal items. There was also a safe in the clinic room for valuables. There was a property list and a copy was kept in the resident's clinical file.

Article 9: Recreational Activities

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

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

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

Justification for this rating:

There were TVs, DVDs, radios and some books in the ward. There was a weekly schedule of outings. There was also access to evening recreation through the "RnR Club" which was held in one of the supervised residences. Residents could also go swimming with accompanying staff.

Article 10: Religion

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

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

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

Justification for this rating:

There was access to Mass for those who wished to attend on a weekly basis. A chaplain was available on request. Other religions would be facilitated, if required.

Article 11: Visits

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

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

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

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

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

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

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

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

Justification for this rating:

There was a pleasant meeting room which doubled as a visiting room. Visiting was encouraged and visiting times were flexible. Children were not allowed in the ward but could be accommodated in a room outside the ward when visiting.

There was a policy with regard to visits.

Article 12: Communication

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

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

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

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

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

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

Justification for this rating:

Mobile phones were allowed. There was an office phone that could be taken to a private area and used by residents. Residents could send and receive post and this was not opened by staff.

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

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

Justification for this rating:

There was a policy with regard to searching, both with and without consent. There was also a policy with regard to the finding of illicit substances.

One resident's possessions had been searched on a number of occasions, for the purpose of safety. Consent was not obtained and the resident was not informed of the searches. Only one staff member carried out the searches. The searches were not documented. There was insufficient awareness of the service's policy and the Regulations with regard to searching, on the part of some staff.

Breach: 13 (4),(5),(6),(8),(9)

Article 14: Care of the Dying

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

There had been no deaths in the approved centre since January 2014 to the date of inspection.
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	<i>Evidence of full compliance with this Article.</i>		X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

All residents had an individual care plan which met the requirements of this Article. The individual care plans were developed, prior to the multidisciplinary team (MDT) meetings, from the CASIG (Client's Assessment of Strengths and Goals) assessment by the key worker, and inserted on coloured templates into the body of the clinical notes. A note was made of the attendance at the team meetings and MDT contributions were made in a separate small section of the template. The template could be expanded to facilitate entries by all members of the MDT. A note by the consultant psychiatrist was made in the body of the clinical notes at the time of the meeting. The

care plan outlined needs, interventions and denoted who was responsible for the interventions. The care plans were regularly reviewed.

Article 16: Therapeutic Services and Programmes

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

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

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

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

Justification for this rating:

Therapeutic services and programmes were part of the residents' individual care plan. There was an excellent range of therapeutic services and programmes. There was Art therapy, Equine Assisted Therapy, music therapy, Yoga and relaxation. Many activities took place away from the ward and in the company of service users from community residences.

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.

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

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

Justification for this rating:

No resident had been transferred to another approved centre or hospital.
There was a policy with regard to the transfer of residents.

Article 19: General Health

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

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

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

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

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

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

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

Justification for this rating:

All residents had regular six-monthly physical examinations and there was a system in place to ensure this.

Access to medical assessment and treatment was available when necessary.

There was a policy with regard to responding to medical emergencies.

Article 20: Provision of Information to Residents

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

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

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

Justification for this rating:

No written information about the service, housekeeping arrangements or the multidisciplinary teams was available in the ward at the time of inspection. After some effort, a small number of information sheets about diagnosis were located but these were limited to two diagnoses, which was not sufficient. There was no information about medication available in the ward.

Information about advocacy was clearly displayed.

There was a policy on the provision of information to residents.

Breach: 20 (1)(a)(b)(c)(e)

Article 21: Privacy

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

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

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

Justification for this rating:

The shower doors, identified in the 2013 inspection report as compromising privacy, had been replaced and privacy was now respected in the shower area. There was a privacy curtain missing around one bed.

Breach: 21

Article 22: Premises

(1) The registered proprietor shall ensure that:

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

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

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

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

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

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

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

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

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

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

Justification for this rating:

The ward was well lit and warm. However, there was a strong odour of urine outside the toilet areas. The toilet areas downstairs were stained, needed tiling and were unsuitable. There was no soap, no towels and no toilet paper. There was no toilet roll dispenser or holder.

The ward was old fashioned with high ceilings, large rooms and a large open dormitory. The day area had nice ornaments and furniture. Sofas and chairs had recently been re-covered. There was an unpleasant smoking room in the day area.

Breach: 22 (1)(b), (3)

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

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

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

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

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

Justification for this rating:

There was a policy with regard to the ordering, prescribing, storage and administration of medication. The medication sheets were old style Kardexes and were not considered a safe record of prescribing or administering medication. Medical Council numbers were used and the prescriptions were legible.

Article 24: Health and Safety

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

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

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

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

Justification for this rating:

There was no health and safety policy available to the inspectors.

Breach: 24 (1)

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.

CCTV was not used in the approved centre.

Article 26: Staffing

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

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Aurora	ADON	1 shared	0
	CNM2	1	1
	RPN	1	1

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

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

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

Justification for this rating:

The Health Service Executive (HSE) policies on recruitment, selection and vetting of staff applied.

The Rehabilitation team, with responsibility for the approved centre, consisted of a consultant psychiatrist, non consultant hospital doctor (NCHD), social worker, occupational therapist, psychologist, a clinical nurse specialist in activation and an advanced nurse practitioner in rehabilitation.

It was evident from the staff training record that no training in prevention and management of aggression and violence had taken place. This was despite the fact that this deficit had been highlighted in the 2013 inspection report. Manual handling training had not taken place to a sufficient extent and not all staff had been trained in cardio-pulmonary resuscitation.

Breach: 26 (4)

Article 27: Maintenance of Records

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

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

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

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

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

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

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

Justification for this rating:

There was no policy with regard to the creation of, access to, retention of and destruction of records. There was a policy with regard to recording but this did not meet the requirements of this Article. The approved centre used the Health Service Executive's policy on retention of records. This was highlighted in the 2013 inspection report but no progress had been made in drawing up such a policy.

The clinical files were in good order; information was easily retrieved and they were safely stored.

The Environmental Health Officer's report and the Fire Inspection Report were available in the approved centre.

Breach: 27(2)

Article 28: Register of Residents

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

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

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

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

Justification for this rating:

The Register of Residents was in compliance with this Article.

Article 29: Operating policies and procedures

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

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

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

Justification for this rating:

There was no local complaints policy, health and safety policy and or policy on the creation of, access to and destruction of records. The remaining policies required by the Regulations were in date.

Breach: 29

Article 30: Mental Health Tribunals

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

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

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

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

Justification for this rating:

Mental Health Tribunals were facilitated.

Article 31: Complaints Procedures

- (1) *The registered proprietor shall ensure that an approved centre has written operational policies and procedures relating to the making, handling and investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.*
- (2) *The registered proprietor shall ensure that each resident is made aware of the complaints procedure as soon as is practicable after admission.*
- (3) *The registered proprietor shall ensure that the complaints procedure is displayed in a prominent position in the approved centre.*
- (4) *The registered proprietor shall ensure that a nominated person is available in an approved centre to deal with all complaints.*
- (5) *The registered proprietor shall ensure that all complaints are investigated promptly.*
- (6) *The registered proprietor shall ensure that the nominated person maintains a record of all complaints relating to the approved centre.*
- (7) *The registered proprietor shall ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.*
- (8) *The registered proprietor shall ensure that any resident who has made a complaint is not adversely affected by reason of the complaint having been made.*
- (9) *This Regulation is without prejudice to Part 9 of the Health Act 2004 and any regulations made thereunder.*

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

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

Justification for this rating:

The complaints procedure was clearly displayed, as was the identity of the complaints officer. The complaints log was examined and all complaints to date had been addressed.

There was no complaints policy specific to the approved centre. The approved centre relied on the Health Service Executive's policy of *Your Service Your Say*.

This was highlighted in the 2013 inspection but there was no progress in drawing up such a policy.

Breach: 31(1)

Article 32: Risk Management Procedures

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

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

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

Justification for this rating:

There was a risk management policy in place that satisfied the requirements of this Article. A record of incidents was maintained and examined by the inspectors.

Article 33: Insurance

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

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

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

Justification for this rating:

The approved centre was insured by 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
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			

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

Justification for this rating:

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

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

SECLUSION

Seclusion was not used in the approved centre

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

ECT was not administered in the approved centre and no resident was receiving ECT in another centre.

MECHANICAL RESTRAINT

Mechanical restraint was not used in the approved centre.

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

PHYSICAL RESTRAINT

Use: Physical Restraint had not been used in the approved centre since January 2014 up to the date of inspection.

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

Justification for this rating:

Staff were not trained in the prevention and management of aggression and violence.
There was a policy with regard to physical restraint.

Breach: 10

ADMISSION OF CHILDREN

Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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

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

Justification for this rating:

A system for notifying deaths to the Mental Health Commission was in place. There was a named risk manager and the StarsWeb system for reporting clinical incidents was in place. Staff reported no major incidents had taken place in the approved centre in 2014 to the date of inspection.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

ECT was not administered in the approved centre and no resident was receiving ECT in another 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:

Residents were no longer admitted to the approved centre.

There was a policy with regard to risk management and the approved centre was compliant with Article 32 with regard to Risk Management Procedures.

There were policies with regard to admission, discharge and transfer.

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
NOT APPLICABLE			

Justification for this rating:

The approved centre did not accept new admissions and no person had been admitted in 2014 to the date of inspection.

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

No resident had been transferred to another treatment facility. The approved centre was compliant with Article 18 of the Regulations Transfer of Residents.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
NOT APPLICABLE			

Justification for this rating:

There had been no discharges since January 2014 to the date of inspection.

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

Description: There was one resident with an intellectual disability in the approved centre.

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 clinical file of a resident with an intellectual disability was examined and found to be in order and included an individual care plan. Staff were observed to be interacting appropriately with the resident during the course of the inspection. No training in intellectual disability had been undertaken by staff. There was a policy with regard to intellectual disability and mental illness.

Breach: 6.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: There was one detained patient in the approved centre.

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

Justification for this rating:

The clinical file of one detained patient who was in receipt of medication for more than three months was examined. There was no documented consent to treatment and authorisation of the continuing administration of medication had not been sought as required in the Mental Health Act. The inspectors were informed that the patient had given verbal consent to treatment.

Breach: Section 60 of the Mental Health Act 2001

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

Children were not admitted to the approved centre.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

No service user spoke 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 General Health. It was fully compliant with Article 15 Individual Care Planning. There was a policy on individual care plans. The approved centre was fully compliant with Article 16 of the Regulations Therapeutic Services and Programmes. There was an impressive number and quality of therapeutic services and programmes, many of which took place away from the ward and in community settings.

There was evidence of multidisciplinary input to the individual care plans and in the therapeutic services and programmes in the unit.

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 and Article 14 Care of the Dying. It was fully compliant with Article 16 Therapeutic Activities.

The approved centre was not compliant with Article 13 Searches. Searches of one resident's personal storage space was done without the resident's knowledge or consent. There was also non-compliance with Article 20 Provision of Information to Residents. There was insufficient information provided on diagnosis and medication and no ready availability of an information booklet about the service. The approved centre was not fully compliant with Article 21 Privacy in that a privacy curtain was missing from one of the beds.

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 compliant with the following Articles of the Regulations: Article 8 Personal Property and Possessions; Article 11 Visits and Article 30 Mental Health Tribunals. It was not fully compliant in relation to Article 31 on Complaints and Article 7 Clothing.

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 Article 34 Certificate of Registration. It was not compliant with Article 20 Provision of Information to Residents as outlined above.

There was a complaints officer in the approved centre and this information was clearly displayed. 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 strongly that care was Recovery focussed.

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 8 Resident's Personal Property and Possessions; Article 9 Recreational Activities; Article 11 Visits; Article 12 Communication; Article 14 Care of the Dying; Article 18 Transfer of Residents and Article 25 Use of Closed Circuit Television. It was not fully compliant on Article 7 Clothing; Article 21 Privacy; Article 13 Searches; Article 20 Provision of Information to Residents; Article 22 Premises and Article 24 Health and Safety. However, the premises were clean and efforts had been made to furnish it with ornaments and freshly covered sofas and chairs.

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

Theme 5 Access to services

There were no admissions to the approved centre which was in the process of closing.

Theme 6 Family/chosen advocate involvement and support

Visiting was encouraged and the visiting times were flexible. Families had been met by the clinical team during the planning for closure and this was documented in the clinical file.

Advocates were available on request.

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

While staff were caring, there was lack of ongoing training which was highlighted in previous inspection reports.

It was evident from the staff training record that no training in prevention and management of aggression and violence had taken place. Manual handling training had not taken place to a sufficient extent and not all staff had been trained in cardio-pulmonary resuscitation. Staff had not been trained in intellectual disability and mental illness. A lack of awareness of the provisions of the Regulations by some staff was evident during the inspection.

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

There were some evidence based policies and procedures that were up to date. There was no policy with regard to the creation of, access to, and destruction of records. There was a policy with regard to recording but this did not meet the requirements of this Article. This was highlighted in the 2013 inspection report but no progress had been made in drawing up such a policy. There was no complaints policy specific to the approved centre.

There was an integrated information system within the mental health service but this was not used in the ward for clinical documents and records. The policies and other administrative documents were available on the computer system.

There was a documented organisational structure that identified lines of accountability. The mental health service management structure reflected the membership of the multidisciplinary team.

There was a clinical governance system in operation for improving clinical care including risk management, audits and evidence based care and treatment. However, the clinical governance system had not ensured adequate training for staff for full compliance with the Articles of the Regulations.

OVERALL CONCLUSIONS OF THIS INSPECTION

Aurora was the one remaining ward in a large Victorian psychiatric hospital and had only six residents. The premises were not suitable, with its large dormitory, large day room and lack of privacy, and belonged to an era of psychiatric care long gone. The approved centre was due to close in December 2014 under a condition to its Registration. A number of residents had challenging behaviour and were in the hard-to-place category for community accommodation. No community or residential placement had yet been identified for the remaining residents. All residents' needs had been fully assessed and residents had a Recovery focussed individual care plan which met Condition 1 of the approved centre's registration.

The therapeutic services and programmes were impressive. They were Recovery focussed, took place in community settings as far as possible and were an integral part of the residents' individual care plan.

Of concern, was the lack of education and training for staff. No nursing staff had been trained in the prevention and management of aggression and violence, despite the fact that this was a ward for residents with challenging behaviour. This posed a safety risk for both residents and staff. Other training requirements were also missing: manual handling training had not taken place to a sufficient extent and not all staff had been trained in cardio-pulmonary resuscitation. Staff had not been trained in intellectual disability and mental illness. A lack of knowledge about the provisions of the Regulations by some staff was evident during the inspection. An example of this was a complete lack of awareness about the legal requirements when carrying out a search. The lack of training had been highlighted in the 2013 inspection report as a serious deficit but little progress had been made by the service in rectifying this.

There were a number of policies required by the Regulations missing (records, complaints, health and safety). Again, this had been highlighted in the 2013 inspection report. The Regulations have now been in place for over seven years and lack of awareness by senior staff of the requirements of the Regulations with regard to policies is difficult to understand.

RECOMMENDATIONS 2014

1. All staff must be trained in Mental Health Act 2001, the Mental Health Act 2001 (Approved Centres) Regulations 2006 and Rules and Codes of Practice. This training should take place immediately.
2. All staff must be trained in prevention and management of aggression and violence, manual handling, cardio-pulmonary resuscitation and intellectual disability and mental illness. This training should take place immediately.
3. Searches of residents or residents' property must not take place, unless in compliance with Article 13 of the Regulations on Searches.
4. Information about the ward, multidisciplinary team, diagnoses and medications must be readily available in written form in the approved centre.
5. Senior management staff must ensure that the policies required by the Regulations are in place immediately.
6. All residents' clothing must be individually labelled.
7. The approved centre must close in compliance with Condition 2 of its Registration.