

Version 4 Reference	Version 4 Text	Amendment	Version 5 Reference	Version 5 Text	Explanatory Notes
Introduction					
n/a	<i>TRAINING AND EDUCATION: This section details the staff training and education requirements in place to ensure relevant staff understand the processes needed to implement the regulation.</i>	Include 'The service should identify who is a 'relevant person' for each regulation based on their discipline, role and activities' for guidance.	n/a	TRAINING AND EDUCATION: This section details the staff training and education requirements in place to ensure relevant staff understand the processes needed to implement the regulation. The service should identify who is a 'relevant person' for each regulation based on their discipline, role and activities.	For guidance only.
Regulation 4: Identification of Residents					
4.3.1	<i>An annual audit undertaken to ensure there are appropriate resident identifiers on clinical files.</i>	Reword to "to ensure appropriate resident identifiers are used"	4.3.1	An annual audit undertaken to ensure appropriate resident identifiers are used.	Allows flexibility for services to scope their audits.
4.4.1	<i>There are a minimum of two resident identifiers, appropriate to the resident group profile and individual residents' needs. The identifiers are detailed within the residents' clinical files.</i>	Include "preferred identifiers to be used for each resident"	4.4.1	There are a minimum of two resident identifiers, appropriate to the resident group profile and individual residents' needs. The preferred identifiers to be used for each resident are detailed within the residents' clinical files.	As per WHO guidance, services should identify 'preferred identifiers' appropriate for their resident profile.
Regulation 5: Food and Nutrition					
Purpose	<i>Residents are screened to identify their specific nutritional needs. All residents receive a nutritious and varied diet, which is appropriate to their needs and is provided in pleasant surroundings at appropriate times to promote health and well-being. Residents are provided with a menu that offers choice and caters for specific diets that are considerate of the resident's age, cultural and dietary requirements and preferences, physical condition and individual care plan.</i>	Remove: "Residents are screened to identify their specific nutritional needs."	Purpose	All residents receive a nutritious and varied diet, which is appropriate to their needs and is provided in pleasant surroundings at appropriate times to promote health and well-being. Residents are provided with a menu that offers choice and caters for specific diets that are considerate of the resident's age, cultural and dietary requirements and preferences, physical condition and individual care plan.	Contradictory to criteria under evidence of implementation.
5.4.1	<i>Approved centre menus are approved by a nutritionist/dietician to ensure nutritional adequacy in accordance with residents' needs.</i>	Remove: "nutritionist"	5.4.1	Approved centre menus are approved by a dietitian to ensure nutritional adequacy in accordance with residents' needs.	A dietitian is the appropriately qualified professional in this instance.
5.4.2	<i>Residents are provided with a variety of wholesome and nutritious food choices within the approved centre's menus.</i>	<ul style="list-style-type: none"> Divide into two separate points. Include: "including portions from different food groups as per the Food Pyramid" Include: "at least two choices" 	5.4.2 5.4.3	<ul style="list-style-type: none"> Residents are provided with a variety of wholesome and nutritious food, including portions from different food groups as per the Food Pyramid. Residents have at least two choices for meals. 	Food Pyramid 2016. See also Health Ireland guidelines.
5.4.11	<i>The needs of residents identified as having special nutritional requirements are regularly reviewed by a dietician or nutritionist.</i>	Remove: "or nutritionist"	5.4.12	The needs of residents identified as having special nutritional requirements are regularly reviewed by a dietitian.	
Regulation 6: Food Safety					
6.2.3	<i>All staff handling food have up-to-date training in the application of Hazard Analysis and Critical Control Point (HACCP). This training is documented and evidence of certification is available, where appropriate.</i>	Replace "in the application of Hazard Analysis and Critical Control Point (HACCP)" with "in food safety / hygiene, commensurate with their role".	6.2.3	All staff handling food have up-to-date training in food safety / hygiene, commensurate with their role. This training is documented and evidence of certification is available, where appropriate.	See also Food Safety Authority guidance.
Regulation 7: Clothing					
7.1.1	<i>The responsibility of the approved centre to provide clothing to residents where necessary, with consideration of the residents' preferences, dignity, bodily integrity, religious and cultural practices.</i>	Include "new"	7.1.1	The responsibility of the approved centre to provide new clothing to residents where necessary, with consideration of the residents' preferences, dignity, bodily integrity, religious and cultural practices.	

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7.3.2	<i>A record of residents wearing night clothes during the day is kept and monitored.</i>	Include "as indicated by their individual care plan"	7.3.2	A record of residents wearing night clothes during the day, as indicated by their individual care plan, is kept and monitored.	Where a resident chooses to wear their night clothes, this does not need to be recorded.
Regulation 8: Residents' Personal Property and Possessions					
8.4.4	<i>The approved centre maintains a signed property checklist detailing each resident's personal property and possessions.</i>	<ul style="list-style-type: none"> • Include: "on admission" • Include: "The checklist is updated on an ongoing basis, in line with the approved centre's policy." 	8.4.4	The approved centre compiles a detailed property checklist with each resident on admission of their personal property and possessions. The checklist is updated on an ongoing basis, in line with the approved centre's policy.	Allows the service to set a policy on which items need to be updated.
8.4.5	<i>The property checklist is kept separate to the resident's individual care plan.</i>	Include: "and is available to the resident"	8.4.5	The property checklist is kept separate to the resident's individual care plan and is available to the resident.	
8.4.8	<i>Residents are supported to manage their own property, unless this poses a danger to the resident or others, as indicated in their individual care plan.</i>	Include: "and/or in accordance with the approved centre's policy."	8.4.8	Residents are supported to manage their own property, unless this poses a danger to the resident or others, as indicated in their individual care plan, and/or in accordance with the approved centre's policy.	Clarifies the ability to limit property on the basis of safety to the wider unit etc.
Regulation 11: Visits					
11.4.8	<i>The visiting room/area and facilities available are suitable for visiting children.</i>	Remove: "and facilities available are"	11.4.8	The visiting room/area is suitable for visiting children.	From a safety perspective it is important that there is defined space for children visiting, no further requirement that specific facilities (i.e. play area) be provided.
Regulation 14: Care of the Dying					
14.3.2	<i>Systems analysis is undertaken in the event of a sudden or unexpected death in the approved centre.</i>	Replace "unexpected" with "unexplained"	14.3.2	Systems analysis is undertaken in the event of a sudden or unexplained death in the approved centre.	
Regulation 15: Individual Care Planning					
15.4.1.1	<i>Include goals, treatment, care and resources required;</i>	Include: "allocated space/sections for"	15.4.1.1	Include allocated space/sections for goals, treatment, care and resources required	Relates to the template/contents of the composite document. The substantive requirements relating to goals etc are covered under 15.4.8 - 15.4.10.
15.4.1.2	<i>Include reviews;</i>	Include: "allocated space/sections for"	15.4.1.2	Include allocated space/sections for reviews	
Regulation 16: Therapeutic Services and Programmes					
16.2.2	<i>All clinical staff can articulate the processes for therapeutic activities and programmes as set out in the policy.</i>	Replace "activities" with "services"	16.2.2	All clinical staff can articulate the processes for therapeutic services and programmes as set out in the policy.	
Regulation 18: Transfer of Residents					
Purpose	<i>Where a resident has care needs that cannot be addressed by the approved centre, a resident may be transferred to another approved centre, hospital or facility. The purpose of this regulation is to ensure that all relevant information is transferred with the resident in order to provide continuity of care when a resident is received by another facility.</i>	Include: "This regulation relates to residents who have been transferred for care and treatment, but remain a resident of the approved centre. It does not apply to residents who have been discharged to another facility."	Purpose	Where a resident has care needs that cannot be addressed by the approved centre, a resident may be transferred to another approved centre, hospital or facility. The purpose of this regulation is to ensure that all relevant information is transferred with the resident in order to provide continuity of care when a resident is received by another facility. This regulation relates to residents who have been transferred for care and treatment, but remain a resident of the approved centre. It does not apply to residents who have been discharged to another facility.	

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Regulation 19: General Health					
19.4.6	<i>Residents' general health needs are monitored and assessed as indicated by the residents' specific needs, but not less than every six months.</i>	Add new minimum standards for general health assessments	19.4.7 19.4.7.1-9 19.4.8 19.4.8.1-4	At a minimum, the six monthly general health assessment documents the following: <ul style="list-style-type: none"> Physical examination Family/Personal history BMI, weight and waist circumference Blood pressure Smoking status Nutritional status (diet and physical activity, incl. sedentary lifestyle) Medication review (per prescriber guidelines) Dental health For residents on antipsychotic medication, there must be an annual assessment of the following unless more regular review is indicated by physical examination. <ul style="list-style-type: none"> Glucose regulation (Fasting glucose / HbA1c) Blood lipids ECG Prolactin 	See also NICE, WHO, Lester UK guidelines.
Regulation 21: Privacy					
21.3.1	<i>An annual review is undertaken to check that the policy is being implemented, and that the premises and facilities in the approved centre are conducive to resident privacy. This is documented.</i>	Include examples: "e.g. observational audit, walk-through review"	21.3.1	An annual review (e.g. observational audit, walk-through review) is undertaken to check that the policy is being implemented, and that the premises and facilities in the approved centre are conducive to resident privacy. This is documented.	
Regulation 22: Premises					
22.3.2	<i>A ligature audit</i>	Include: "using a validated audit tool e.g. Manchester Audit Tool"	22.3.2	A ligature audit, using a validated audit tool e.g. Manchester Audit Tool	See also: Queensland Health Guideline for Managing Ligature Risks in Public Mental Health Services; South Staffordshire Ligature Risk Assessment
22.4.3	<i>The approved centre provides accommodation for each resident to assure comfort and privacy, and to meet their assessed needs.</i>	Remove	n/a	n/a	This was a duplicate of the detailed points provided that follow.
22.4.11	<i>Minimisation of ligature points.</i>	Include "to the lowest practicable level, based on risk assessment"	22.4.10	Minimisation of ligature points, to the lowest practicable level, based on risk assessment.	
Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines					
New	n/a	Add new point	23.4.19	All entries on the MPAR are legible.	
New	n/a	Add new point	23.4.20	All entries on the MPAR are written in black indelible ink.	
23.4.18	<i>Medication is reviewed at least six-monthly, or more frequently where there is a significant change in the resident's care or condition. This is documented in the clinical file.</i>	Include: "and re-written"	23.4.21	Medication is reviewed and re-written at least six-monthly, or more frequently where there is a significant change in the resident's care or condition. This is documented in the clinical file.	
23.4.23	<i>Good hand hygiene and cross-infection control techniques are implemented during the dispensing of medications.</i>	Remove "and cross-infection control"	23.4.26	Good hand hygiene techniques are implemented during the dispensing of medications.	The emphasis on this point was intended to relate to hand hygiene.

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23.4.24	<i>When a resident's medication is withheld, the justification is documented in the MPAR and the clinical file.</i>	Reword to "noted on the MPAR and also documented in the clinical file."	23.4.27	When a resident's medication is withheld, the justification is noted on the MPAR and also documented in the clinical file.	Allows for the use of a code on the MPAR and reason documented on the clinical file.
23.4.26	<i>Controlled drugs are checked by two staff members (one of which must be a registered nurse) against the delivery form and details are entered on the controlled drug book. The controlled drug balance available corresponds with the balance recorded in the controlled drug book. Following administration, the details are entered in the controlled drug book and signed by both staff members.</i>	Include "Schedule 2"	23.4.29	Schedule 2 controlled drugs are checked by two staff members (one of which must be a registered nurse) against the delivery form and details are entered on the controlled drug book. The controlled drug balance available corresponds with the balance recorded in the controlled drug book. Following administration, the details are entered in the controlled drug book and signed by both staff members.	
23.4.29	<i>Medication arriving from the pharmacist is verified against the order by a nurse to ensure it is correct and is accompanied with appropriate directions for use.</i>	Remove	n/a	n/a	
23.4.35	<i>Medication for use by residents self-administering is segregated from normal medical product stock.</i>	<ul style="list-style-type: none"> Reword requirement to remove "is segregated from normal medical product stock" Include: "should be labelled individually by a pharmacist with the resident name, MRN and appropriate directions for use, and stored appropriately for use only by that resident." 	23.4.37	Medications for self-administration should be labelled individually by a pharmacist with the resident name, MRN and appropriate directions for use, and stored appropriately for use only by that resident.	
23.4.37	<i>The medication trolley remains locked at all times and secured in a locked room.</i>	Include "and/or medication administration cupboard"	23.4.39	The medication trolley and/or medication administration cupboard remains locked at all times and secured in a locked room.	
23.4.38	<i>Scheduled controlled drugs are locked in a separate cupboard from other medicinal products to ensure further security.</i>	Include "Schedule 2 and 3"	23.4.40	Schedule 2 and 3 controlled drugs are locked in a separate cupboard from other medicinal products to ensure further security.	
Regulation 25: CCTV					
23.3.1	<i>The quality of CCTV images is checked regularly to ensure they are operating appropriately. This is documented.</i>	Reword to "The CCTV equipment is checked regularly"	25.1.1	The CCTV equipment is checked regularly to ensure it is operating appropriately. This is documented.	
New		Add new point	25.4.6	CCTV is not used to monitor a resident if they start to act in a way which compromises their dignity.	
Regulation 26: Staffing					
26.4.13	<p><i>All healthcare professionals are trained in the following:</i></p> <ul style="list-style-type: none"> <i>Fire safety.</i> <i>Basic Life Support.</i> <i>Management of violence and aggression (e.g. Therapeutic Crisis Intervention (TCI) /Professional Management of Aggression and Violence (PMAV)).</i> <i>The Mental Health Act 2001.</i> 	Include: "Children First"	26.4.13	<p><i>All healthcare professionals are trained in the following:</i></p> <ul style="list-style-type: none"> <i>Fire safety.</i> <i>Basic Life Support.</i> <i>Management of violence and aggression (e.g. Therapeutic Crisis Intervention (TCI) /Professional Management of Aggression and Violence (PMAV)).</i> <i>The Mental Health Act 2001.</i> <i>Children First</i> 	Amended to reflect Children First legislation.
26.4.14	<i>At least one staff member is trained in Children First, unless the approved centre is a CAMHS unit.</i>	Remove	n/a	n/a	
Regulation 27: Maintenance of Records					

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27.4.1	<i>All residents' records are secure, up to date, in good order and are constructed, maintained and used in accordance to the Data Protection Act 1988 and 2003, the Freedom of Information Act 1997 and 2003, national guidelines and legislative requirements.</i>	Remove: "Data Protection Act 1988 and 2003, the Freedom of Information Act 1997 and 2003"	27.4.1	All residents' records are secure, up to date, in good order and are constructed, maintained and used in accordance with national guidelines and legislative requirements.	Amended to use broader language in advance of GDPR commencement.
27.4.10.1	<i>Records are written legibly in black ink and are readable when photocopied.</i>	Include: "indelible"	27.4.11.1	Records are written legibly in black indelible ink and are readable when photocopied.	
Regulation 28: Register of Residents					
28.4.1	<p>A documented register (electronic or hard copy) of all residents admitted to the approved centre is available. The register of residents contains at a minimum the following information (as per Schedule 1 to the Mental Health Act 2001 (Approved Centres) Regulations 2006):</p> <ul style="list-style-type: none"> • Full name • Address • PPSN • Gender • Date of birth • Country of birth <ul style="list-style-type: none"> - Ethnic or cultural background - White - Irish - Irish traveller - Roma - Any other white background - Black or Black Irish - African - Any other Black background - Asian or Asian Irish - Chinese - Any other Asian background - Other, including mixed background • Next of kin/Representative(s) • Admission date • Discharge date • Diagnosis on admission • Diagnosis on discharge 	<ul style="list-style-type: none"> • Remove PPSN • Include "(or provisional diagnosis where diagnosis is not available)" • Include: Resident status, i.e. voluntary or involuntary. 	28.1.1	<p>A documented register (electronic or hard copy) of all residents admitted to the approved centre is available. The register of residents contains at a minimum the following information (as per Schedule 1 to the Mental Health Act 2001 (Approved Centres) Regulations 2006):</p> <ul style="list-style-type: none"> • Full name • Address • Gender • Date of birth • Country of birth <ul style="list-style-type: none"> - Ethnic or cultural background - White - Irish - Irish traveller - Roma - Any other white background - Black or Black Irish - African - Any other Black background - Asian or Asian Irish - Chinese - Any other Asian background - Other, including mixed background • Next of kin/Representative(s) • Admission date • Discharge date • Diagnosis on admission (or provisional diagnosis where diagnosis is not available) • Diagnosis on discharge • Resident status, i.e. voluntary or involuntary. 	Cannot require services to collect information that will contravene data protection legislation. Inspector will not look for PPSN.
Regulation 29: Operating Policies and Procedures					
29.4.5	<i>The operating policies and procedures required by the Regulations are reviewed within three years. These pertain to: [list of policies]</i>	Reword to: "The following operating policies and procedures are required to be reviewed within three years for compliance with this regulation"	29.4.5	The following operating policies and procedures are required to be reviewed within three years for compliance with this regulation: [list of policies]	The list under this regulation specifically relates to regulations which require a policy within the strict wording of the regulation. It is those policies that must be reviewed within three years pursuant to Regulation 29.
Note		Add note	n/a	Note on policies: The following operating policies and procedures are required by the Judgement Support Framework, for a quality	

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				<p>assessment of Excellent for the relevant regulations. They are not assessed for compliance with Regulation 29:</p> <ul style="list-style-type: none"> • Identification of residents (Regulation 4) • Food and nutrition (Regulation 5) • Food safety (Regulation 6) • Residents' clothing (Regulation 7) • Recreational activities (Regulation 9) • Religion (Regulation 10) • Individual care planning (Regulation 15) • Therapeutic services (Regulation 16) • Children's education (Regulation 17) • General health provision (Regulation 19) • Privacy (Regulation 21) • Maintenance of premises (Regulation 22) • Policy development (Regulation 29) • Mental Health Tribunals (Regulation 30) <p>For the avoidance of doubt, a number of policies are required by the Rules and Codes of Practice made under the Mental Health act 2001. The Rules and Codes should be referred to directly for guidance on the policy content and the frequency of their review.</p>	
Regulation 31: Complaints Procedures					
31.4.19	<i>All information obtained through the course of the management of the complaint, and the associated investigation process, is treated in a confidential manner and meets the requirements of the Data Protection Acts 1988 and 2003 and the Freedom of Information Act 1997 and 2003.</i>	Remove: "Data Protection Acts 1988 and 2003 and the Freedom of Information Act 1997 and 2003."	31.4.19	All information obtained through the course of the management of the complaint, and the associated investigation process, is treated in a confidential manner and meets the requirements of national guidelines and legislative requirements.	
Regulation 32: Risk Management Procedures					
32.3.1	<i>The risk register is audited at least quarterly to determine compliance with the approved centre's risk management policy; the audit measures actions taken to address risks against the timeframes identified on the register.</i>	Replace "audited" with "reviewed"	32.3.1	The risk register is reviewed at least quarterly to determine compliance with the approved centre's risk management policy.	Aligns to best practice risk management processes.
32.4.3	<i>The risk management procedures actively reduce identified risks to the lowest level of risk, as is reasonably practicable.</i>	Replace "lowest level of risk, as is reasonably practicable" with "lowest practicable level of risk"	32.4.3	The risk management procedures actively reduce identified risks to the lowest practicable level of risk.	