

## Joyce Rooms, Fairview Community Unit approved centre inspection report, 14 May 2013

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## Report of the Inspector of Mental Health Services 2013

<b>EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA</b>	North Dublin
<b>HSE AREA</b>	Dublin North East
<b>MENTAL HEALTH SERVICE</b>	North Dublin
<b>APPROVED CENTRE</b>	Joyce Rooms, Fairview Community Unit
<b>NUMBER OF WARDS</b>	1
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Joyce Rooms
<b>TOTAL NUMBER OF BEDS</b>	27
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	None
<b>TYPE OF INSPECTION</b>	Unannounced
<b>DATE OF INSPECTION</b>	14 May 2013

### Summary

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- The Joyce Rooms frequently transferred residents to other approved centres owing to bed shortages and not for the purpose of accessing additional specialist care and treatment. This was not in the best interests of residents and should cease.
- A new approved centre for the catchment area was due to open at Beaumont Hospital in late 2013.
- Staff reported that resource issues hampered the role of sector teams in the admission pathway.
- Each resident had an individual care plan (ICP). The quality of the ICPs varied across multidisciplinary teams from excellent to sketchy.

## OVERVIEW

In 2013, 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 2012. In addition to the core inspection process information was also gathered from advocacy reports, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

## DESCRIPTION

Joyce Rooms was the acute in-patient admission unit for the North Dublin catchment area and was located in the Fairview Community Unit. This building also housed a continuing care unit for older persons and the O'Casey Rooms which was the approved centre for the North Dublin Psychiatry of Old Age service. Joyce Rooms, a locked ground floor unit, was accessed via a large shared reception area which was staffed by security personnel. Joyce Rooms was a temporary arrangement following the closure of admission beds at St. Ita's Hospital, Portrane, and pending the opening of a new in-patient acute psychiatric unit at Beaumont Hospital. Staff reported that the commissioning of the new unit at Beaumont Hospital was at an advanced stage and the unit was due to open in late 2013. On the day of inspection there were 27 persons resident in Joyce Rooms which was full to capacity. A number of these residents had been in-patient for many months and discharge placement was an issue. Seven persons were involuntarily detained on the day of inspection.

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

COMPLIANCE RATING	2011	2012	2013	ARTICLE NUMBERS 2013
Fully Compliant	Not Applicable	22	23	-
Substantial Compliance	Not Applicable	6	7	15, 16, 21, 22, 23, 26, 27
Minimal Compliance	Not Applicable	2	1	17
Not Compliant	Not Applicable	0	0	-
Not Applicable	Not Applicable	1	0	17

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

**DETAILS OF WARDS IN THE APPROVED CENTRE**

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

**QUALITY INITIATIVES 2012/2013**

- Nursing staff had completed audits in the following areas: medication management and prescription sheet; patient documentation, including, nursing assessment, nursing care plan, individual registration and admission, nursing evaluation, patient experience and provision of information to residents/patients.
- A service development group was in place. Day activity programmes included life style enhancement group, feeling better by doing, use of Recovery Star (Recovery assessment and pathway plan), a Wellness and Recovery Action Plan group, and a Mindfulness programme were underway.
- A pharmacist visited the unit twice weekly and a new medication kardex had been introduced.

**PROGRESS ON RECOMMENDATIONS IN THE 2012 APPROVED CENTRE REPORT**

1. The transfer of residents to other centres to alleviate bed shortages should cease.

Outcome: Residents continued to be transferred to other approved centres due to bed shortages.

2. There should be partition curtains between each bed.

Outcome: Curtains were not in place for all beds.

3. Adequate laundry facilities should be provided.

Outcome: Staff reported that linen and towel laundry was satisfactory and in good supply. There was no provision for residents to do personal laundry within the unit. Family members generally looked after a resident's laundry, otherwise nursing staff facilitated residents in using a local laundry service.

4. Individual clinical files should be maintained in good order.

Outcome: Some individual clinical files contained loose sheets and records were not easily retrieved.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Two members of nursing staff administered medications.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Food was cooked off-site. Residents made their choice of meal at the hot servery. There was a reasonable menu choice and special diets were catered for. The tea time menu provided for healthy options also.

**Article 6 (1-2): 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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Environmental Health Officer's report was available for inspection. Meals were cooked off-site and transported to the approved centre in heated trolleys. The dining area was clean and well equipped. Fresh drinking water was available for residents.

**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.*

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents wore day clothes unless being cared for in night attire was specified in their individual care plan. At the time of the commencement of the inspection visit a number of residents were not up and dressed. In the event of a resident not having an adequate supply of their own clothing, the approved centre had a contingency plan for this event.

**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.

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had an up-to-date policy on residents' personal property and possessions. A property checklist was completed for each person on admission. Residents were generally accommodated in single rooms and there was a lockable drawer available in most bed rooms. There was safe storage also available within the unit.

**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.*

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Nursing staff provided a programme of activities. The recreational provision within the unit included, television, games, DVD players, music centre, books and magazines. The activities nurse bought a newspaper each day and this was available in the activity room. A pool table was available in the afternoons. The reconfiguration of activity room usage and available space meant that there was no longer an exercise bike available to residents. There was a small courtyard garden space. The approved centre was located close to Fairview village and where residents had leave they might use local amenities.

**Article 10: Religion**

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

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<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Residents of all faiths were facilitated in the practice of their religion insofar as practicable. The adjoining St. Vincent's Hospital, Fairview had a Roman Catholic chapel with weekly Mass and some residents attended there.

**Article 11 (1-6): 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.*

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had written operational policies and procedures on visits. Children could visit if accompanied by a responsible adult. There was a visitors' room located beside the reception area. Visiting hours were scheduled during the morning, afternoon and evening.

**Article 12 (1-4): 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.*

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<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on communications. Residents could send and receive post unopened. Residents could retain their mobile telephones.

**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	2011	2012	2013
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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on the carrying out of searches, with and without consent and on the finding of illicit substances. All residents' property was checked at the time of admission. Searches were carried out if clinically indicated. There had been one resident searched in 2013 up to the time of inspection and the resident had consented to the search. Random drug screening was used if indicated.

**Article 14 (1-5): 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.*

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on the care of residents who are dying. Single room accommodation was available.

**Article 15: Individual Care Plan**

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

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

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

All residents whose clinical files were inspected had an individual care plan (ICP). However, the content of these care plans was variable across the sector teams with some care plans reading more like progress notes rather than a clear plan documenting needs, goals and interventions as is required in the Regulations. In other instances, the ICP record contained good specification of needs, goals, interventions, identified the multidisciplinary team member responsible for interventions and evaluated outcomes. The ICP template document made good provision for the psychiatric, physical and psychosocial domains of care and where used appropriately facilitated a Recovery oriented approach to care.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

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

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

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was evidence in the clinical files and in some individual care plans of the involvement of a social worker and an occupational therapist (OT). It was reported that the psychologists maintained separate notes on individual residents and these were not seen by the inspectors on the day of inspection. There was a nurse-led programme of activities on the ward which all residents were encouraged to attend. The OT was based on the unit and provided OT assessments, individual programmes and three group sessions per week. The OT reported that the availability of a suitable space hampered the programme options.

There was a referral checklist for activities. The specification of individual needs and programme specification was not sufficiently elucidated in the ICPs. Many of the data entries in relation to therapeutic programmes captured attendance and general demeanour and did not track outcomes in relation to individual needs and goals. Therefore, it was not evident what desired gains an individual might make from participation in the schedule of activities beyond the generic benefits of activation and socialisation. On the day of inspection, both during the morning and afternoon, a number of residents, male residents in particular, were observed to be unoccupied except for smoking in the courtyard area or congregating at a vacant nursing station. A pool table was provided during the afternoon and elicited an active response from male residents.

**Breach: 16(1)**

**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.*

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<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>NOT APPLICABLE</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			<b>X</b>

**Justification for this rating:**

There had been one child admission in 2013 up to the time of inspection. The child had not been actively engaged in education and therefore the provision of education whilst in-patient had not been required. Staff stated, however, that there was no contingency in place in the event that a child admission might require educational input.

**Breach: 17**

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy in place in relation to the transfer of residents. A medical letter and a nursing report accompanied a resident on transfer. Where a resident was being transferred to an approved centre within the North Dublin catchment area the individual clinical file accompanied the resident.

**Article 19 (1-2): 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.*

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<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The clinical files of five residents who had been resident for longer than six months were inspected. The record indicated that a six-monthly physical examination had been carried out, except in one instance where the resident had refused consent. Residents could avail of national health screening programmes. The approved centre had an up-to-date policy on responding to medical emergencies.

**Article 20 (1-2): 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.*

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<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a brief information leaflet for residents and family about the Joyce Rooms. Information was available on diagnoses, medication and peer advocacy services. The approved centre had a policy on the provision of information.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Surround curtains were not available for all beds at the time of inspection. Not all shower rooms or lavatories were lockable.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Joyce Rooms had been built as a community nursing unit which would typically cater for older persons. The furnishings, layout and decor were not ideally suited to the purposes of an approved centre. Communal seating areas were small and furniture was institutional in design. Two bedrooms had graffiti on the walls. This was unsightly and presented new incumbents with soiled and undignified accommodation. The locks on bedroom drawer units were broken in a couple of instances and the hangers had been removed from most wardrobes for safety purposes. This left residents with no choice but to store clothes and belongings on the floor. The locks on two shower rooms were broken.

**Breach:** 22(1)(a),(c), 22(2)

**Article 23 (1-2): 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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The service had introduced a new drug prescription and administration booklet which was beneficial. It was noted that not all doctors used their Medical Council Numbers (MCN) when writing prescriptions. There was an up-to-date policy on ordering, storing, prescribing and administration of medicines.

**Breach:** 23(1)

**Article 24 (1-2): 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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The approved centre had policies and procedures in place in relation to health and safety.

**Article 25: Use of Closed Circuit Television (CCTV)**

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

- (a) it shall be used solely for the purposes of observing a resident by a health professional who is responsible for the welfare of that resident, and solely for the purposes of ensuring the health and welfare of that resident;*
- (b) it shall be clearly labelled and be evident;*
- (c) the approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident;*
- (d) it shall be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form and be incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the resident;*
- (e) it must not be used if a resident starts to act in a way which compromises his or her dignity.*

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

CCTV was only used in the seclusion room and this was signposted. There was an up-to-date policy on the use of CCTV.

**Article 26: Staffing**

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

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Joyce Rooms	CNM3	0	1
	CNM2	2	0
	CNM1	1	0
	RPN	5	5

*Clinical Nurse Manager (CNM), Registered Psychiatric Nurse (RPN), Non Consultant Hospital Doctor (NCHD), Director of Nursing, (DON), Assistant Director of Nursing (ADON).*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>		<b>X</b>	
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Health Service Executive (HSE) policies and procedures on the recruitment, vetting and appointment of staff applied. The training log for nursing staff was inspected and was satisfactory. Inspection of the individual clinical files did not evidence input from clinical psychology and therefore Joyce Rooms was judged not to provide the skill mix and range of staff appropriate to the assessed needs of residents. There was an occupational therapist and a social worker assigned specifically to the approved centre. A healthcare assistant provided an activity programme.

There were two non consultant hospital doctors assigned to the inpatient unit. There was an assistant director of nursing responsible for the unit.

**Breach:** 26(2)

**Article 27: Maintenance of Records**

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

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

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

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

*The Inspectorate did not inspect and has no expertise in assessing fire risk*

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	<b>X</b>
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Some clinical files contained loose pages and records were not all easily retrieved. There was a copy of a Fire Safety Certificate (2009), the Environmental Health Officers inspection report (2013) and a Health and Safety Statement (2012) available for inspection. It was reported by staff that psychology notes were maintained separately from those maintained by other disciplines. Some notes relating to discharged residents, such as weight chart book, were found loose in the linen room by inspectors. The service had a policy relating to the Maintenance of Records.

**Breach: 27(1)**

**Article 28: Register of Residents**

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

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		<b>X</b>	
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Register of Residents met the requirements of the Regulations.

**Article 29: Operating policies and procedures**

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

LEVEL OF COMPLIANCE	DESCRIPTION	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The policies relating to the Regulations were available for inspection and were reviewed within a three-year time frame.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

Mental Health Tribunals were fully facilitated.

**Article 31: Complaint 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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was a policy and procedures for dealing with complaints. There was a nominated person to deal with complaints. A complaints log was maintained and was inspected. The HSE's "Your Service Your Say" complaints procedure was prominently advertised within the Joyce Rooms.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

There was an up-to-date policy on risk management. In the individual clinical files inspected all contained a risk assessment.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The insurance certificate was available for inspection.

**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	2011	2012	2013
<b>Fully compliant</b>	<i>Evidence of full compliance with this Article.</i>	<b>NOT APPLICABLE</b>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
<b>Minimal compliance</b>	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
<b>Not compliant</b>	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

**Justification for this rating:**

The Certificate of Registration was prominently displayed within the unit.

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

**SECLUSION**

**Use:** Seclusion was used in the approved centre.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	X			
3	Orders		X		
4	Patient dignity and safety	X			
5	Monitoring of the patient	X			
6	Renewal of seclusion orders	X			
7	Ending seclusion	X			
8	Facilities	X			
9	Recording	X			
10	Clinical governance		X		
11	Staff training	X			
12	CCTV	X			
13	Child patients	NOT APPLICABLE			

**Justification for this rating:**

The clinical files relating to two episodes of seclusion and the Register for Seclusion were inspected. In general, the Register for Seclusion was completed apart from one resident's date of birth and in one instance the consultant psychiatrist had not signed the order. The episodes of seclusion were documented in the clinical file but there was no record of discussion with a member of the multidisciplinary team following the episode. The seclusion facilities were good and had CCTV for observation. The policy on seclusion was out of date. Staff training was up to date.

**Breach:** 3.5, 10.2(d), 10.3

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

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**Use:** ECT was not used in the approved centre, and no patient was receiving ECT in another approved centre.

**MECHANICAL RESTRAINT**

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**Use:** Mechanical restraint was not used in the approved centre.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint was used in the approved centre.

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

**Justification for this rating:**

The clinical files of two residents who had been restrained and the Physical Restraint Clinical Practice Form book were inspected. One resident was restrained a number of times but there was no documentation in the clinical file in relation to one of these episodes. Copies of the order forms had been placed in the resident's clinical file but in the case of the second resident, this had not been done. There was no evidence in the clinical file that the episode had been discussed by the multidisciplinary team afterwards. The policy on physical restraint was out of date.

**Breach:** 5.7, 8.3, 9.2(d)

**ADMISSION OF CHILDREN**

**Description:** There was no child resident in the approved centre at the time of inspection.

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

**Justification for this rating:**

The clinical file of one child who had been resident in 2012 was available for inspection. There was evidence in the clinical file that a risk assessment had been carried out on admission but a physical examination had not been done until three days following admission. A copy of consent to admission and treatment was placed in the clinical file signed by the parent of the child. The approved centre was not a suitable environment for the admission of children. Thirteen days following admission, the child was transferred to Child and Adolescent Mental Health Service (CAMHS) In-patient unit. As the child admitted was a voluntary patient, provision in respect of leave was not applicable.

**Breach: 2.5**

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

**Description:** There had been no deaths in the approved centre in 2013 up to the time 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:**

Incidents were reported to the Mental Health Commission as required. There was a named risk manager with responsibility for mental health services.

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

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

**ADMISSION, TRANSFER AND DISCHARGE**

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**Part 2 Enabling Good Practice through Effective Governance**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The approved centre had policies in place on the admission, transfer and discharge of residents. Staff roles were clearly assigned and a key worker system operated. The approved centre was compliant with Article 18 on the Transfer of Residents. Staff training was up to date.

### Part 3 Admission Process

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The clinical files of two residents recently admitted were inspected. There was good admission documentation which was completed in each case and included a psychiatric and a physical examination. A risk assessment was carried out in each case but in one instance, it was not done until some days after admission. All residents had an individual care plan and the service operated a key worker system of care. The approved centre was not compliant with Article 27 relating to the Maintenance of Records.

**Breach:** 22.6

**Part 4 Transfer Process**

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
			<b>X</b>

**Justification for this rating:**

Inspection of the clinical files of one resident documented a transfer to another approved centre in order to create a bed for an incoming patient and staff verbally reported to the inspectors that a second resident had similarly been transferred. Some days later, during the inspection of another approved centre located 90 kilometres away, it was noted by inspectors that a third resident of Joyce Rooms had been transferred due to a bed crisis. This practice could not be said to be in the best interest of the residents transferred in this way. It was also contrary to the service's own policy on transfer of residents. On the day of inspection there were four residents out on transfer in other approved centres.

**Breach:** 25.1

## Part 5 Discharge Process

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

### Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

### Justification for this rating:

Several residents had been readmitted to the Joyce Rooms and the individual clinical files were inspected in relation to the discharge process. The individual clinical file of one resident due to be discharged was also inspected. The decision to discharge was taken by the consultant psychiatrist and there was evidence of multidisciplinary input, linkage with community agencies and family. A brief discharge summary was sent to primary care and follow-up appointments were arranged for the residents.

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

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**Description:** There was no resident in the approved centre with an intellectual disability and a mental illness.

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

**Level of compliance:**

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The service had a policy on working with people with an intellectual disability and a mental illness and staff had received training in this area.

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

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**Description:** On the day of inspection two patients had been detained for a period in excess of three months and were in receipt of medication.

SECTION	FULLY COMPLIANT	NOT COMPLIANT
Section 60 (a)	<b>X</b>	
Section 60 (b)(i)	<b>NOT APPLICABLE</b>	
Section 60 (b)(ii)	<b>NOT APPLICABLE</b>	

**Justification for this rating:**

Both patients had signed consent for medication and this was recorded in the individual clinical files.

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

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**Description:** There was no child in the approved centre on the day of inspection and Section 61 did not apply.

## **SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE**

### **SERVICE USER INTERVIEWS**

Inspectors greeted residents during the course of the inspection. No resident sought to meet with the inspectors.

### **ADVOCACY**

The Irish Advocacy Network advocate's 2012 report on Joyce Rooms stated that residents considered the food good and many considered that they had a good relationship with their doctor. Some residents commented on the lack of talking therapies and community support available. Clients have said that they would like more talking therapies available and more community support. The advocate also noted that although more residents were aware of their care plan, some reported that they were ill informed about their care plan and were unclear as to the treatment options available to them. Residents wished to have access to tea and coffee making facilities.

### **OVERALL CONCLUSIONS**

The Joyce Rooms provided the acute in-patient care for the Dublin North catchment population of approximately 250,000 persons. The 27 acute beds fell short of the 38 acute beds recommended for such a population size by *A Vision for Change, Department of Health, 2006*. A number of persons resident in the Joyce Rooms on the day of inspection had been resident for a long time and discharge placement was an issue to be resolved. A number of residents were readmissions. Many of the admissions to the unit were by self presentation or GP referral with only a small number coming via the sector teams. Staff reported that there were resource issues impacting on the successful functioning of some sector teams. These factors combined may have accounted, in part, for a bottle neck in admission beds, with the unit frequently transferring residents to other approved centres due to bed shortages. On the day of inspection four residents had been transferred to other approved centres due to bed shortages and not for the purpose of accessing more appropriate care and treatment. This practice was not in the best interests of residents and should cease.

### **RECOMMENDATIONS 2013**

1. The admission pathway should be reviewed with the intention of enhancing the role of the sector teams in this process. Sector teams should be adequately resourced, including non consultant hospital doctor and administration posts and sector headquarters, to enable this process.
2. Residents should not be transferred to alleviate bed shortages.
3. Individual clinical files should comprise one composite file and be well maintained.
4. Documentation in relation to physical restraint should meet the standard of the Code of Practice.
5. Documentation in relation to seclusion must meet the standard required by the Rules.
6. Policies and procedures in relation to the Rules and Codes of Practice must be up to date.
7. Graffiti should be removed from bedroom walls. Broken locks should be replaced on lavatory and shower room doors and on wardrobe drawers.
8. Doctors should use their MCN when writing the prescription kardex.
9. Therapeutic services and programmes must be reviewed to ensure that the assessed needs of residents as elucidated in the ICPs are being met.