mhc
coimisiun meabhair - shláinte
mental health commission

Judgement Support Framework

2025

For approved centre service providers
January 2025
Version 6.1

Contents

Introduction

Purpose

The Judgement Support Framework (JSF) 2025 has been revised and updated in advance of the 2025 inspection programme. The Mental Health Commission (MHC) produces the JSF to assist service providers to prepare for inspection by transparently demonstrating how the Inspector of Mental Health Services ("the Inspector") uses information, gathered on inspection, to inform judgements about compliance.

Structure of the Handbook

The JSF 2025 provides details on the inspection framework for assessing compliance with the regulatory requirements under the Mental Health Act 2001 (Approved Centre) Regulations 2006 and Mental Health Acts 2001 - 2018. The function of the Judgement Support Framework is to be transparent and to provide a context that supports an assessment of 'compliant' or 'non-compliant' with a regulation.
The 'Items for Inspection' are detailed under each of the regulations. These provide a support in assessing compliance with the regulations. However, the lists of these items are not exhaustive, and other factors may impact upon compliance with each regulation including Assistant Inspector judgement and the context in which the inspection occurs.

In addition to the judgment criteria for regulatory requirements, the 2025 version also reintroduces examples of quality criteria under some regulatory requirement headings, as outlined in Section 1. Quality criteria, refer to areas of good practice and quality initiatives which exceed the minimum requirements prescribed by the regulations. The Inspector may comment on quality initiatives identified during inspections and in published reports, as a means of recognising and highlighting areas of good practice. While the JSF 2025 gives examples of quality criteria under some regulations, the Inspector may comment on quality initiatives which are identified on any part of the inspection. Service providers are directed to the MHC's National Quality Framework The National Quality Framework: Driving Excellence in Mental Health Services 2023, for further examples of quality initiatives which are aimed at improving outcomes for people who use mental health services.

Key Supporting Documentation

The JSF 2025 is to be read and implemented in line with the Mental Health Acts 2001-2018, Regulations, Rules and Codes of Practice.

Section 1

Inspection of Regulations, Part 4, Rules and Codes of Practice

The JSF 2025 outlines items to be inspected to assess compliance for each Regulation and Part 4 of the Mental Health Act 2001.

Compliant
The approved centre complies with all aspects of the regulation.
Non-compliant
The approved centre does not comply with all aspects of the regulation.

Please note that this document [JSF Version 6.1] must be read in conjunction with the following Mental Health Commission documents:

- Rules Governing the Use of Seclusion Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018
- Code of Practice on the Use of Physical Restraint: Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018
- Rules Governing the Use of Mechanical Means of Bodily Restraint: Issued Pursuant to Section 69(2) of the Mental Health Act 2001-2018
- Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre Issued Pursuant to Section 33(3)(e) of the Mental Health Act, 2001
- Code of Practice Relating to the Admission of Children under the Mental Health Act 2001
- Code of Practice Relating to the Admission of Children under the Mental Health Act 2001 [2009 addendum]
- Code of Practice on the Use of Electro-Convulsive Therapy for Voluntary Patients
- Rules Governing the Use of Electro Convulsive Therapy.

Areas of non-compliance with a Rule or a Code of Practice may have impacts upon compliance ratings for the Regulations described in the JSF. For example, a failure to update a person's Individual Care Plan (ICP) following an episode of restrictive practice may result in non-compliance with Regulation 15 ICP.

The Rules and Codes of Practice are inspected in full as per the relevant Code or Rule.

Assessing compliance

Compliance is assessed against the strict wording of the legislative requirements. Compliance/non-compliance is determined as detailed below:

Risk level of non-compliance

When an approved centre has been found to be non-compliant with a Regulation, Rule, Code or Part 4 of The Mental Health Act 2001, the risk of the non-compliance is assessed by the Inspector. The risk level is calculated by assessing the impact of the non-compliance against the likelihood of the non-compliance reoccurring. The risk ratings are low, medium, high, and critical.

Quality Assessment

Quality assessments will be reintroduced to all Regulations on a phased basis. The JSF 2024 reintroduced the quality assessments to 10 regulations:

- Regulation 11: Visits
- Regulation 14: Care of the Dying
- Regulation 15: Individual Care Planning
- Regulation 19: General Health
- Regulation 20: Provision of Information to Residents

- Regulation 21: Privacy
- Regulation 26: Staffing
- Regulation 29: Operating Policies and Procedures
- Regulation 31: Complaints Procedures
- Regulation 32: Risk Management Procedures

The 2025 Judgment Support Framework has introduced quality aspects for the following regulations:

- Regulation 5: Food and Nutrition
- Regulation 9: Recreational Activities
- Regulation 12: Communication
- Regulation 13: Searches
- Regulation 16: Therapeutic Services and Programmes
- Regulation 22: Premises
- Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
- Regulation 27: Maintenance of Records

Although this document outlines some of the criteria that may contribute to demonstrating the excellent quality of the service provided, the service provider may wish to highlight and communicate any additional quality initiatives that are aimed at delivering excellence in their service. The information gathered may then be used by the Inspector to inform the inspection report.

The suggested criteria, as outlined in each of the above regulations, are evidence based and informed by The National Quality Framework: Driving Excellence in Mental Health Services 2023.

Regulation 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.

Purpose:

Appropriate resident identification assists to ensure resident safety when administering medication and providing treatment and services. The approved centre continuously improves the accuracy of resident identification within the service.

Items for inspection:

1. There are a minimum of two resident identifiers, appropriate to the resident group profile and individual residents' needs.
2. Two appropriate resident identifiers are used when administering medication, undertaking medical investigations, and providing other healthcare services.
3. An appropriate resident identifier is used prior to the provision of therapeutic services and programmes.
4. The use of appropriate identifiers and alerts for same/similar name residents.

Regulation 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.

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.

Items for inspection:

1. Residents are provided with a variety of wholesome and nutritious food, including portions from different food groups as per the Food Pyramid.
2. Residents have at least two choices for meals.
3. There is a source of safe, fresh drinking water made available to residents at all times in easily accessible locations throughout the approved centre.
4. Nutritional and dietary needs are assessed, with the use of an evidence-based nutrition assessment tool and addressed in the resident's individual care plan.
5. The needs of residents identified as having special nutritional requirements are regularly reviewed by a dietitian.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has processes in place to identify and provide education and training with regard to the nutritional needs of the residents.
The approved centre has processes in place for the involvement of residents in their nutritional care.
The approved centre takes into consideration residents' psychosocial needs by ensuring that the food offered is appetising, visually appealing, well-presented, and enjoyable.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 6: Food Safety

(1) The registered proprietor shall ensure:
- *(a) the provision of suitable and sufficient catering equipment, crockery and cutlery*
- *(b) the provision of proper facilities for the refrigeration, storage, preparation, cooking and serving of food, and*
- *(c) that a high standard of hygiene is maintained in relation to the storage, preparation and disposal of food and related refuse.*

(2) This regulation is without prejudice to:
- *(a) the provisions of the Health Act 1947 and any regulations made thereunder in respect of food standards (including labelling) and safety;*
- *(b) any regulations made pursuant to the European Communities Act 1972 in respect of food standards (including labelling) and safety; and*
- *(c) the Food Safety Authority of Ireland Act 1998.*

Purpose:

Food preparation, handling, storage, distribution and disposal are appropriately managed to ensure safety and compliance with relevant legislation and current best practice. The use of appropriate equipment reduces the risk of contamination and infection in the Approved Centre.

Items for inspection:

1. There is suitable and sufficient catering equipment.
2. There are proper facilities for the refrigeration, storage, preparation, cooking, and serving of food.
3. Hygiene is maintained to support food safety requirements.
4. Residents are provided with crockery and cutlery that is suitable and sufficient to address their specific needs.
5. Food and fridge temperatures are recorded in line with food safety recommendations. A log sheet is maintained and monitored with clearly identified actions if the temperature breaches cold chain parameters.

Regulation 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.

Purpose:

Residents are encouraged to keep and use personal clothing. Where a resident is unable to provide personal clothing, appropriate and sufficient clothing will be provided by the approved centre, with consideration of the resident's preferences, dignity and their religious and cultural practices. In line with resident needs, residents are encouraged to use different sets of clothing during day and night hours.

Items for inspection:

1. Residents are provided with emergency personal clothing that is appropriate to the resident and considers the residents' preferences, dignity, bodily integrity, religious and cultural practices.
2. Residents change out of night clothes during daytime hours unless specified otherwise in the resident's individual care plan.
3. The resident is supported to manage and maintain their own laundry through the provision of internal or external laundry services.

Regulation 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.

Purpose:

Residents are supported in the management of their personal property and possessions at the approved centre.

Items for inspection:

1. The approved centre has written operational policies and procedures relating to residents' personal property and possessions.
2. A resident's personal property and possessions are safeguarded when the approved centre assumes responsibility for them.
3. Secure facilities are provided for the safe-keeping of the resident's monies, valuables, personal property and possessions, as necessary.
4. The approved centre compiles a detailed property checklist with each resident on admission, listing their personal property and possessions. The checklist is updated on an ongoing basis, in line with the approved centre's policy.
5. The property checklist is kept separate to the resident's individual care plan and is available to the resident.
6. 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.
7. The access to and use of resident monies is overseen by either two members of staff or the resident and two staff members.
8. There is a process to record, secure and manage the personal property and possessions of the resident, including money.
9. Correct identification and labelling of items stored in property rooms to ensure that approved centre staff are aware of resident ownership of property.

Regulation 9: Recreational Activities

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

Purpose:

All residents are provided, where possible, with activities that are beneficial, enjoyable and improve the residents' quality of life and wellbeing within the approved centre.

Items for inspection:

1. The approved centre provides access to recreational activities appropriate to the resident group profile.
2. The approved centre provides access to recreational activities on weekdays and during the weekend.
3. The recreational facilities provided by the approved centre are appropriately resourced.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has a plan in place for the provision of recreational activities that extends beyond the approved centre e.g. community-based activities, information about local events etc.
The approved centre takes into consideration residents' interests while creating a schedule of recreational activities.
The approved centre recognises and responds to the needs of specific cultures and minority groups and ensures that the range of recreational activities are culturally specific
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 10: Religion

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

Purpose:

The approved centre provides residents with spiritual care and support in accordance with their religious affiliations, where possible.

Items for inspection:

1. Residents' rights to practice religion are facilitated within the approved centre insofar as is practicable.

Regulation 11: Visits

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

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

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

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

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

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

Purpose:

Appropriate arrangements are in place for residents to receive visitors within the approved centre.

Items for inspection:

1. The approved centre has written operational policies and procedures for visits.
2. Visiting times are appropriate and reasonable.
3. Justifications for visiting restrictions implemented for a resident are documented in the clinical file.
4. A separate visitor room or visiting area is provided where residents can meet visitors in private, unless there is an identified risk to the resident, or to others. Where a risk is identified this is documented in the resident's care plan and visits are facilitated as agreed.
5. Appropriate steps are taken to ensure the safety of residents and visitors during visits.
6. The visiting room is suitable for visiting children.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre maintains physical environments and facilities that are fit for purpose, welcoming, well-decorated and well designed.
The approved centre provides information about visiting in a manner which is accessible and understandable to all.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 12: Communication

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

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

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

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

Purpose:

Residents are free to communicate externally at all times unless a risk assessment has been completed and is otherwise indicated in their individual care plan.

Items for inspection:

1. The approved centre has written operational policies and procedures on communication.
2. Residents have access to mail, email, internet, telephone or any device for the purposes of sending or receiving messages or goods unless otherwise risk assessed with due regard to the residents' wellbeing, safety, and health.
3. The clinical director, or a senior member of staff designated by the clinical director, only examines incoming and outgoing resident communication if there is reasonable cause to believe that the communication may result in harm to the resident or to others based on the risk assessment.
4. Where restrictions have been applied to a resident's means of communication, this is supported by an individual risk assessment.

Example for inspection that may be used to identify good practice with this regulation.
The approved centre strives to integrate technology in the services they provide, for example access to good quality Wi-Fi for all residents.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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 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.

Purpose:

Where there are concerns for the safety of residents, staff or visitors within the approved centre, searches of a resident, including his or her belongings and the environment in which he or she is accommodated in, may be carried out in certain circumstances.

Items for inspection:

1. The approved centre has written operational policies and procedures:
   1.1. On the searching of a resident, their belongings and the environment in which they are accommodated.
   1.2. For carrying out searches with the consent of a resident and carrying out searches in the absence of consent.
   1.3. In relation to the finding of illicit substances.
2. Risk is assessed prior to a search of a resident, their property, or the environment, appropriate to the type of search being undertaken.
3. Resident consent is sought prior to all searches. The request for consent, and the received consent, is documented for every search of a resident and every property search.
4. General written consent is sought for routine environmental searches.
5. Where consent is not received, this is documented and the process relating to searches without consent is implemented.
6. The resident search policy and procedure is communicated to all residents.
7. Relevant staff can articulate the searching processes as set out in the policy.
8. Residents are informed by those implementing the search of what is happening during a search and why.
9. There is a minimum of two clinical staff in attendance at all times when searches are being conducted.
10. Searches are implemented with due regard to the resident's dignity, privacy and gender; at least one of the staff members conducting the search is the same gender as the resident being searched.
11. A written record of every search of a resident and every property search is available, which includes the reason for the search, the names of both staff members who undertook the

12. search and details of who was in attendance for the search.
13. A written record is kept of all environmental searches.
14. Policy requirements are implemented when illicit substances are found as a result of a search.
15. Residents are given the opportunity to feedback regarding their experience of the search in relation to their dignity and privacy.

Example for inspection that may be used to identify good practice with this regulation.
The approved centre has multilingual resources in place to ensure that all residents have a clear understanding of the search procedures.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 14: Care of the Dying

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

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

- *(a) appropriate care and comfort are given to a resident to address his or her physical, emotional, psychological and spiritual needs;*
- *(b) in so far as practicable, his or her religious and cultural practices are respected;*
- *(c) the resident's death is handled with dignity and propriety, and;*
- *(d) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

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

- *(a) in so far as practicable, his or her religious and cultural practices are respected;*
- *(b) the resident's death is handled with dignity and propriety, and;*
- *(c) in so far as is practicable, the needs of the resident's family, next-of-kin and friends are accommodated.*

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

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

Purpose:

The approved centre affords residents all appropriate care and dignity at the final stages of their life.

Items for inspection:

1. The approved centre has written operational policies and protocols for care of residents who are dying.
2. The end of life care provided is appropriate to the resident's physical, emotional, social, psychological and spiritual needs and in accordance with their will and preference. The assessment is documented in the resident's end of life individual care plan, as appropriate.
3. Religious and cultural practices are respected, insofar as is practicable
4. The privacy and dignity of residents is protected, e.g. provision of a single room within the approved centre during the provision of end of life care.
5. Representatives, family, next-of-kin and friends are involved, supported and accommodated during end of life care.
6. The sudden death of a resident is managed in accordance with the resident's religious and cultural practices, with dignity and propriety and in a way that accommodates the resident representatives, family, next-of-kin and friends.
7. The approved centre collaborates with partner services across the continuum of care to meet identified resident needs.
8. The approved centre upholds the human rights of the resident and takes account of their choice within a legal framework.
9. All deaths of any resident of an approved centre, including a resident transferred to a general hospital for care and treatment, are notified to the Mental Health Commission as soon as is practicable and in any event, no later than within 48 hours of the death occurring.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre incorporates holistic approaches to care within a compassionate biopsychosocial philosophy.
The approved centre has facilities to accommodate family overnight when end of life care is being provided to a resident.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 15: Individual Care Plan

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

"Individual care plan" means 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. (S.I. 551 of 2006)

Purpose:

Every resident has an individual care plan that meets the definition in the Regulations.

Items for inspection:

1. The individual care plan must be a composite set of documents which should:
   1.1 Address the resident's goals, mental health care and treatment needs based on a multi-disciplinary team assessment of the person and where practicable, in consultation with them.
   1.2 Be identifiable and uninterrupted; and
   1.3 It should not be amalgamated with progress notes.
2. An individual care plan is developed by the MDT following a comprehensive assessment within seven days of admission.
3. The individual care plan is discussed, where practicable, and drawn up with the participation of the resident and their chosen representative as appropriate*.
4. The individual care plan identifies appropriate goals for the resident.
5. The individual care plan identifies the care and treatment required to meet the goals and responsibilities for implementing the care and treatment.
6. The individual care plan identifies the resources required to provide the care and treatment identified.
7. The individual care plan is reviewed by the MDT in consultation with the resident; weekly in an acute setting and at least every 6 months for residents in a continuing care facility.
8. And following this review, the individual care plan is updated contemporaneously in accordance with best practice to reflect any changes to the goals, treatment, care, and required resources as per the assessed needs of the resident.
9. The individual care plan of a child resident must include their educational requirements.

*It is not mandatory for the resident to attend the MDT care planning meeting unless it is their wish to attend.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre provides staff with training on recovery-focused care planning empowering staff to define and set appropriate recovery-focused short, medium, and long-term goals.
The approved centre has implemented an effective electronic care planning system.
The individual care planning arrangements and their effectiveness are monitored and internally audited with the aid of the National Quality Framework Self-Appraisal toolkit.
The approved centre provides residents with a key worker to facilitate coordination and communication of interventions in line with their individual care plan.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Example for inspection that may be used to identify good practice with this regulation.
The approved centre provides access to community based therapeutic services and programmes.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Purpose:

Therapeutic services and programmes, which are based on a resident's assessed needs, are made available by the approved centre. They are specified in residents' individual care plans.

Items for inspection:

1. The therapeutic services and programmes provided by the approved centre are appropriate and meet the assessed needs of the residents, as documented in residents' individual care plans.
2. The therapeutic services and programmes provided by the approved centre are directed towards restoring and maintaining optimal levels of physical and psychosocial functioning.
3. Where a resident requires a therapeutic service or programme that is not provided internally, the approved centre arranges for the service to be provided by an approved, qualified health professional in an appropriate location.

Regulation 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.

Purpose:

The fulfilment of the educational needs of children is important to the provision of comprehensive care and treatment by an approved centre. All children in approved centres receive educational services that meet their educational requirements as appropriate.

Items for inspection:

1. Child residents are assessed regarding their individual educational requirements with consideration of their individual needs and age on admission.
2. Where appropriate to the needs and age of the child resident, the education provided by the approved centre is reflective of the required educational curriculum.
3. Appropriate facilities are available for the provision of education to child residents within the approved centre.
4. Sufficient personnel resources are available for the provision of education to child residents within the approved centre.

Regulation 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.

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.

Items for inspection:

1. The approved centre has a written policy and procedures on the transfer of residents.
2. Full and complete written information regarding the resident is transferred when they are moved from an approved centre to another facility. This information is sent in advance, or at least accompanies the resident upon transfer, to a named individual. For example:
   2.1 Letter of referral, including a list of current medications;
   2.2 Resident transfer form.
3. In the case of an emergency transfer, communications between the approved centre and the receiving facility are documented and followed up with a written referral.

Regulation 19: General Health

(1) The registered proprietor shall ensure that:

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

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

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

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

Purpose:

The approved centre provides services, care and treatment to promote the general health of residents, including medical emergencies.

Items for inspection:

1. The approved centre has written operational policies and procedures for responding to medical emergencies.

Responding to Medical Emergencies:

2. The approved centre has an emergency trolley and staff have access at all times to an automated external defibrillator (AED).

Provision of General Health Services:

3. Residents receive appropriate general health care interventions in line with their individual care plans.
4. Residents' general health needs are monitored and assessed as indicated by the residents' specific needs, but not less than every six months.
5. At a minimum, the six-monthly general health assessment documents the following:
   - 5.1. Physical examination
   - 5.2. Family / Personal history
   - 5.3. Weight
   - 5.4. Blood pressure
   - 5.5. Smoking status
   - 5.6. Nutritional status (diet and physical activity, incl. sedentary lifestyle)
   - 5.7. Medication review (per prescriber guidelines)
   - 5.8. Dental health
6. For residents on antipsychotic medication, there must be an annual assessment of the following, unless more regular review is indicated by physical examination:
   - 6.1. Glucose regulation (Fasting glucose / HbA1c)
   - 6.2. Blood lipids
   - 6.3. ECG
   - 6.4. Prolactin
7. Adequate arrangements are in place for access by residents to general health services and for their referral to other health services as required.
8. Residents have access to national screening programmes that are available according to age and gender. These include, but are not limited to, the following as applicable to resident needs:
   - 8.1. Breast check
   - 8.2. Cervical screening
   - 8.3. Retinal check (for diabetics only) Bowel Screening

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre promotes positive physical and mental health, and psychological wellbeing through general and targeted health promotion and preventive mechanisms.
The approved centre collaborates with partner services across the continuum of care.
The approved centre focuses on the promotion of positive physical and mental health, wellbeing and wellness.
The approved centre enhances in-reach and outreach services for residents with unmet needs.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 20: Provision of information to Residents

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

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

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

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

(d) details of relevant advocacy and voluntary agencies;

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

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

Purpose:

Residents are provided with all relevant information regarding the approved centre, the services, care and treatment provided in a format that they understand.

Items for inspection:

1. The approved centre has written operational policies and procedures for the provision of information to residents.
2. Required information is provided to residents and/or their representatives at admission, including the approved centre's Information Booklet that details the care and services provided. The booklet is available in the required formats to support resident needs and information is clearly and simply written. The booklet contains:
   - 2.1. housekeeping arrangements, including arrangements for personal property and mealtimes;
   - 2.2. complaints procedure;
   - 2.3. visiting times and arrangements;
   - 2.4. details of relevant advocacy and voluntary agencies; and
   - 2.5. residents' rights.
3. Residents are provided with the details of their multi-disciplinary team.
4. Residents are provided with written and verbal information regarding their 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. The justification for restricting information regarding a resident's diagnosis is documented in their clinical file.
5. Medication information sheets, as well as verbal information, are provided in a format that is appropriate to the resident's needs.
6. The content of the medication information sheets includes information on indications for use of all medications to be administered to the resident, including any possible side-effects.
7. Residents have access to interpretation and translation services as required.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre promotes resident advocacy groups.
The approved centre provides information in a manner which is accessible and understandable to all.
The approved centre communicates in a variety of media.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 21: Privacy

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

Purpose:

Care and treatment is provided to residents, having due regard to the right to privacy and dignity.

Items for inspection:

1. Residents are called by their preferred name based on their self-identification.
2. Staff display professional, engaging and compassionate attributes in their interactions with residents.
3. Staff appearance and dress.
4. Staff discretion when discussing the resident's condition or treatment needs.
5. Staff seeking the resident's permission before entering their room, as appropriate.
6. All bathrooms, showers, toilets and single bedrooms have locks on the inside of the door, unless there is an identified risk to a resident
7. Where the resident shares a room, the bed screening ensures that their privacy is not compromised.
8. All observation panels on doors of treatment rooms and bedrooms have blinds, curtains or opaque glass.
9. Rooms are not overlooked by public areas. If so, the windows have opaque glass.
10. Noticeboards do not detail resident names or other identifiable information.
11. Residents are facilitated to make private phone calls.
12. All residents wear-clothes that respect their privacy and dignity.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre provides culturally appropriate services to ethnic minorities and marginalised communities.
The approved centre promotes the principles of equity, inclusion and respect for diversity.
The approved centre empowers residents to manage their own lives through stronger social relationships and sense of purpose.
The approved centre acknowledges the evolving understanding of human rights and maintains policies and practice in line with current requirements.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Purpose:

The location, design, layout and furnishings of the approved centre is appropriate to the number and needs of the residents. The approved centre is accessible, safe, hygienic, spacious, well maintained and meets residents' individual and collective needs.

Items for inspection:

1. Access to personal space.
2. Appropriately sized communal rooms provided.
3. Temperature: There is suitable and sufficient heating with a minimum temperature of 18 °C in bedroom areas and 21°C in day areas and in bedrooms where residents sit during the day.
4. Rooms are ventilated.
5. Noise levels/acoustics: Private and communal areas are suitably sized and furnished to remove excessive noise/acoustics.
6. The lighting in communal rooms suits the needs of residents and staff. It is sufficiently bright and positioned to facilitate reading and other activities.
7. Appropriate signage and sensory aids are provided to support resident orientation needs.
8. Sufficient spaces are provided for residents to move about, including outdoor spaces.
9. Hazards, including large open spaces, steps and stairs, slippery floor, hard and sharp edges, hard or rough surfaces are minimised in the approved centre.
10. Minimisation of ligature points, to the lowest practicable level, based on risk assessment.
11. All bathroom, shower, toilet and single bedroom locks should have an override function.

Maintenance

12. The approved centre is kept in a good state of repair externally and internally.
13. There is a programme of general maintenance, decorative maintenance, cleaning, decontamination, and repair of assistive equipment. Records are maintained.
14. The approved centre is clean, hygienic, and free from offensive odours.
15. Rooms are centrally heated with pipe work and radiators guarded or guaranteed to have surface temperatures no higher than 43°C. The

water temperature in taps does not exceed 50°C.

16. Current national infection control guidelines are followed.

Facilities and furnishings

17. There is a sufficient number of toilets and showers for residents in the approved centre.
18. There is at least one assisted toilet per floor.
19. The approved centre has a designated sluice room, as appropriate.
20. The approved centre has a designated cleaning room, as appropriate.
21. All resident bedrooms are appropriately sized to address the residents' needs.
22. The approved centre provides suitable furnishings to support resident independence and comfort.
23. The approved centre provides assisted devices and/or equipment available to address resident needs.

Example for inspection that may be used to identify good practice with this regulation.
The approved centre ensures that the physical environment is designed to achieve best outcomes for residents e.g. designated quiet or de-escalation room.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

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

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

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

Purpose:

Medication within the approved centre is ordered, prescribed, stored, administered and disposed of in a safe and legal manner to maximise resident safety and wellbeing.

Items for inspection:

1. The approved centre has appropriate and suitable practices and written operational policies relating to the:
   1.1. Ordering of medicines
   1.2. Prescribing of medicines including for High Dose Anti-Psychotic Treatment (HDAT) including the requirements detailed below [item 17].
   1.3. Storing of medicines
   1.4. Administration of medicines to residents.
2. A record of any allergies or sensitivities to any medications, including if the resident has no allergies.
3. The administration route for the medication.
4. A record of all medications administered to the resident.
5. A clear record of the date of discontinuation of each medication.
6. The Medical Council Registration Number (MCRN) of every medical practitioner prescribing medication to the resident. The MCRN does not need to be included on every entry in the MPAR but must be present within the resident's MPAR.
7. The Nursing and Midwifery Board of Ireland (NMBI) registration number (also known as Personal Identification Number (PIN)) of every nurse prescriber prescribing medication to the resident.
8. The signature of the medical practitioner/nurse prescriber for each entry.
9. All entries on the MPAR are legible.
10. 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.
11. When a resident's medication is withheld, the justification is noted in the MPAR and also documented in the clinical file.
12. Direction to crush medication is only accepted from the resident's medical practitioner. The medical practitioner gives a documented reason why the medication is to be crushed. The pharmacist is consulted about the type of preparation to be used. The medical practitioner documents within the MPAR that the medication is to be crushed.
13. Medication is stored in the appropriate environment as indicated on the label or packaging of the medication, or as advised by the pharmacist.
14. Where medication requires refrigeration, a log of the temperature of the refrigeration storage unit is taken daily.
15. Medication dispensed or supplied to the resident is stored securely in a locked storage unit (e.g. drugs trolley or drawers), with the exception of medication which is recommended to be stored elsewhere (e.g. refrigerator).
16. Schedule 2 and 3 controlled drugs are locked in a separate cupboard from other medicinal products to ensure further security.
17. For residents on high dose antipsychotic treatment (HDAT), there must be a regular

review by a pharmacist and six monthly assessment of the following:

17.1 Glucose regulation (Fasting glucose / HbA1c)
17.2 Blood lipids
17.3 ECG
17.4 Prolactin

- *HDAT is defined as: A total daily dose of a single antipsychotic which exceeds the upper limit stated in the SPC or BNF with respect to the age of the patient and the indication being treated a total daily dose of two or more antipsychotics which exceeds the SPC or BNF maximum using the percentage method.

- **It is the responsibility of the treating clinician to identify individuals receiving HDAT, in those circumstances regular pharmacy review should take place in accordance with 17 above.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has its own dedicated pharmacist based in the approved centre.
The approved centre has a digital medication record system.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 24: Health and Safety

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

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

Purpose:

The registered proprietor takes all reasonable steps to ensure the health and safety of residents, staff and visitors.

Items for inspection:

1. The approved centre has written operational policies and procedures relating to the health and safety of residents, staff, and visitors.

Regulation 25: Use of Closed-Circuit Television

(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.

Purpose:

The approved centre may use CCTV cameras for the purpose of monitoring resident health and well-being. The Regulation does not apply to places of access for the general population (e.g. reception area), where cameras are used for security; i.e. for the purposes of crime prevention and prosecution.

Items for inspection:

1. The approved centre shall have clear written policy and protocols articulating its function, in relation to the observation of a resident.
2. Clear signs in prominent positions where CCTV cameras or other monitoring systems are located throughout the approved centre.
3. The registered proprietor shall ensure that the existence and use of CCTV or other monitoring systems is disclosed to the resident and/or their representative.
4. A resident is monitored solely for the purposes of ensuring the health, safety and welfare of that resident.
5. The usage of CCTV, or other monitoring systems, has been disclosed to the Mental Health Commission and/or the Inspector of Mental Health Services.
6. CCTV cameras or other monitoring systems used to observe a resident must be incapable of recording or storing a resident's image on a tape, disc, hard drive, or in any other form.
7. CCTV cameras or other monitoring systems used to observe a resident must not transmit images other than to a monitor that is viewed solely by the health professional responsible for the resident.
8. CCTV is not used to monitor a resident if they start to act in a way which compromises their dignity.

Regulation 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 there of 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.

Purpose:

The approved centre employs a sufficient number of suitably qualified, competent and experienced staff to enable them to meet the care and treatment needs of residents at all times.

Items for inspection:

1. The approved centre has written policies and procedures relating to the:
   1.1. Recruitment,
   1.2. Selection, and
   1.3. Vetting of staff.
2. The numbers and skill mix of staffing is sufficient to meet resident needs.
3. An appropriately qualified staff member is on duty and in charge at all times. This is documented.
4. Healthcare staff are trained in the following:
   4.1. Fire safety
   4.2. Basic life support
   4.3. Management of violence and Aggression, e.g. Therapeutic Crisis Intervention (TCI) / Professional Management of Aggression and Violence (PMVA)
   4.4. The Mental Health Act 2001
   4.5. Safeguarding
5. All mandated persons in the approved centre are trained in Children First.
6. The Registered Proprietor shall ensure that staff have access to education and training through a coordinated and monitored annual training schedule and records. These are documented and up to date.
7. The Mental Health Act 2001, the associated regulation (S.I. No.551 of 2006) and Mental Health Commission Rules and Codes, and all other relevant Mental Health Commission documentation and guidance are made available to staff throughout the approved centre.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre acknowledges that staff may suffer trauma through their work and takes steps to ameliorate the risk and manage the effect.
The approved centre provides and ensures that staff have undertaken training in a variety of areas. For example, but not limited to: ○ unconscious bias, discrimination, and stigma. ○ human rights. ○ advocacy and the recovery ethos. ○ assisted decision making and positive risk-taking, where required. ○ child protection, where applicable. ○ specific mental health therapies where applicable. ○ specific mental health conditions.
The approved centre provides annual personal and professional development planning and facilitates opportunities for non-technical skills training (e.g. policy development, leadership skills, and change management).
The approved centre provides skilled staff to facilitate the generation of a holistic, multidisciplinary, co-produced, individualised, and recovery-oriented care plan.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Purpose:

The approved centre maintains comprehensive records to support the provision of safe and effective health care.

Items for inspection:

1. The approved centre has written policies and procedures relating to the:
   1.1 Creation of records.
   1.2 Access to records.
   1.3 Retention of records.
   1.4 Access to records.
   1.5 Destruction of records.
2. 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.
3. All resident records are physically stored together, where possible.
4. Resident records are reflective of the residents' current status and the care and treatment being provided.
5. Resident records are developed and maintained in a logical sequence.
6. Resident records are maintained in good order; for example, no loose pages.
7. Records are appropriately secured throughout the approved centre from loss or destruction and tampering and unauthorised access or use.
8. Documentation of food safety, health and safety and fire inspections is maintained in the approved centre.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has processes in place for the identification of areas for improvement with regard to its own maintenance of records processes.
The approved centre has an integrated electronic record management system.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Purpose:

The register of residents provides complete and accurate information about the resident demographic, legal status and length of stay patterns in in-patient admissions.

Items for inspection:

1. 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):
    - Full name
    - Address
    - Gender
    - Date of birth
    - Country of birth
    - 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.
2. The register of residents is up to date.
3. The register of residents is made available to the Mental Health Commission, where requested.

Regulation 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.

Purpose:

All operating policies and procedures required by the Regulations are developed, approved, disseminated and reviewed in a standardised and effective manner throughout the approved centre.

Items for inspection:

1. The following operating policies and procedures are required to be reviewed within three years for compliance with this regulation:
    - Regulation 8: Residents' Personal Property and Possessions
    - Regulation 11: Visits
    - Regulation 12: Communication
    - Regulation 13: Searches
    - Regulation 14: Care of the Dying
    - Regulation 18: Transfer of Residents
    - Regulation 19: Responding to Medical Emergencies
    - Regulation 20: Provision of Information to Residents
    - Regulation 23: Ordering, Prescribing, Storing and Administration of Medicines
    - Regulation 24: Health and Safety
    - Regulation 25: CCTV (where applicable)
    - Regulation 26: Staffing
    - Regulation 27: Maintenance of Records
    - Regulation 31: Complaints Procedures
    - Regulation 32: Risk Management Procedures
2. Where regional or national policies are used, the approved centre has a written statement confirming this, which is reviewed at least every three years.

Examples of items for inspection that may be used to identify good practice with this regulation.
Policies, procedures, protocols, and guidelines are in place that relate to the standards and criteria of the National Quality Framework.
The approved centre incorporates feedback from residents, families and carers into its policies, procedures, protocols, guidelines, and education programmes.
The approved centre has policies and procedures in place for human resource management including retention of staff.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Purpose:

Under the Mental Health Act 2001, any person who is involuntarily admitted to the approved centre is reviewed by a Mental Health Tribunal.

This Regulation does not apply to child residents.

Items for inspection:

1. The approved centre provides private facilities to support the Mental Health Tribunal process.
2. The approved centre provides adequate resources to support the Mental Health Tribunal process.
3. Staff attend Mental Health Tribunals and provide assistance, as necessary, when the patient requires assistance to attend or participate in the process.

Regulation 31: Complaints Procedures

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

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

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

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

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

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

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

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

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

Purpose:

The approved centre is open to residents, their representatives and visitors voicing complaints regarding the service, care or treatment provided by the approved centre, or on behalf of the approved centre. Complaints are dealt with in an appropriate way and in accordance with the approved centre's policy and procedure which will be readily available to the resident, their representatives and visitors.

Items for inspection:

1. The approved centre has written operational policies and procedures relating to the:
   1.1. Making of complaints;
   1.2. Handling of complaints, and;
   1.3. Investigating complaints from any person about any aspects of service, care and treatment provided in, or on behalf of an approved centre.
2. There is a nominated person responsible for dealing with all complaints who is available to the approved centre.
3. The approved centre's management of complaints processes is well publicised and accessible to residents and their representatives. This includes:
   3.1. The provision of information about the complaints procedure to the resident and their representative at admission or soon thereafter. This information may be provided within the resident information booklet.
   3.2. The complaints procedure, including how to contact the nominated person, is publicly displayed.
   3.3. If the nominated person is not based in the approved centre, their contact details are publicly displayed.
   3.4. Residents, their representatives, family and next-of-kin are informed of all methods by which a complaint can be made.
4. All complaints, whether oral or written, are investigated promptly and handled appropriately and sensitively.
5. The registered proprietor ensures that the quality of the service, care and treatment of a resident is not adversely affected by reason of the complaint being made.
6. Minor complaints must be documented.
7. All complaints (that are not minor complaints) are dealt with by the

nominated person and recorded in the complaints log.

8. Details of complaints, as well as subsequent investigations and outcomes, are fully recorded and kept distinct from the resident's individual care plan.
9. The complainant is informed promptly of the outcome of the complaint investigation and details of the appeals process are made available to them. This is documented.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has a complaints process which is visible and easily accessible to families and carers in addition to residents.
The approved centre provides training to staff on making and managing complaints.
The approved centre has a process in place to gather feedback from families and residents.
These are examples of quality initiatives. The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 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.

Purpose:

The aim of risk management is to provide safe, effective, high quality care services. The approved centre's risk management process will incorporate the identification, assessment, management and ongoing review of risks on an organisational and individual level.

Items for inspection:

1. The roles and responsibilities for risk management and the implementation of the risk management policy within the approved centre, including:
   - 1.1 The person with overall responsibility for risk management.
   - 1.2 The responsibilities of the registered proprietor.
   - 1.3 The responsibilities of the multidisciplinary team.
   - 1.4 The person responsible for the completion of six-monthly incident summary reports.
   - 1.5 A defined quality and safety oversight and review structure as part of the governance process for managing risk.
2. The process of identification, assessment, treatment, reporting and monitoring of risks throughout the approved centre, including:
   - 2.1 Organisational risks.
   - 2.2 Structural risks, including ligature points.
   - 2.3 Capacity risks relating to the number of residents in the approved centre.
   - 2.4 Health and safety risks to the residents, staff, and visitors.
   - 2.5 Risks to the resident group during the provision of general care and services.
   - 2.6 Risks to individual residents during the delivery of individualised care.
3. The process for rating identified risks.
4. The methods for controlling the following specified risks:
   - 4.1 Resident absence without leave.
   - 4.2 Suicide and self-harm.
   - 4.3 Assault.
   - 4.4 Accidental injury to residents or staff.
5. The process for maintaining and reviewing the risk register.
6. The record keeping requirements for risk management.
7. The process for managing incidents involving residents of the approved centre, including:
   - 7.1 The roles and responsibilities regarding the incident reporting process.
   - 7.2 The process for risk rating incidents.
   - 7.3 The process for recording and reporting incidents.
   - 7.4 The process for investigating incidents.

7.5 The process for reviewing and monitoring incidents.
7.6 The process for learning from incidents.
7.7 The process for notifying the Mental Health Commission about incidents involving residents of the approved centre.

8. The process for responding to specific emergencies, including:
   8.1 The roles and responsibilities of key staff.
   8.2 The sequence of required actions.
   8.3 The process for communication.
   8.4 Escalating emergencies to management.
9. The process for the protection of children and vulnerable adults within the care of the approved centre.
10. Responsibilities are allocated at management level and throughout the approved centre to ensure their effective implementation.
11. The person with responsibility for risk is identified and known by all staff.
12. The risk management procedures actively reduce identified risks to the lowest practicable level of risk.
13. Clinical risks are identified, assessed, treated, reported, and monitored. Clinical risks are documented in the risk register, as appropriate.
14. Health and safety risks are identified, assessed, treated, reported, and monitored by the approved centre in accordance with relevant legislation. Health and safety risks are documented within the risk register, as appropriate.
15. Structural risks, including ligature points, are removed or effectively mitigated.
16. Corporate risks are identified, assessed, treated, reported, and monitored by the approved centre. Corporate risks are documented in the risk register.
17. The approved centre implements a plan to reduce risks to residents while any works to the premises are ongoing.
18. Individual risk assessments are completed prior to and during:
    18.1 Resident seclusion.
    18.2 Physical restraint.
    18.3 Mechanical restraint.
    18.4 Specialised treatments, e.g. ECT.
    18.5 At admission to identify individual risk factors, including general health risks, risk of absconsion, risk of self-harm, etc.
    18.6 Resident transfer.
    18.7 Resident discharge.
    18.8 In conjunction with medication requirements or administration.
19. Multi-disciplinary teams are involved in the development, implementation, and review of the individual risk management processes.
20. Residents and/or their representatives are involved in the individual risk management processes.
21. The requirements for the protection of children and vulnerable adults within the approved centre are appropriate and implemented as required. Incidents and adverse events
22. Incidents are recorded and risk-rated in a standardised format.
23. All clinical incidents are reviewed by the multi-disciplinary team at their regular meeting. A record is maintained of this review and recommended actions.
24. The person with responsibility for risk management reviews incidents for any trends or patterns occurring in the services.
25. The approved centre provides a six- monthly summary report of all incidents to the Mental Health Commission, in line with the Code of Practice on the Notification of Deaths and Incident Reporting. Information provided is anonymised at resident level.
26. There is an emergency plan in place that specifies responses by the approved centre staff in relation to possible emergencies. The emergency plan incorporates evacuation procedures.

Examples of items for inspection that may be used to identify good practice with this regulation.
The approved centre has an audit and standard and/or integrated quality and safety committee promoting a culture of governance with benchmarking across services.
The risk management processes are developed in order to facilitate organizational learning within the approved centre and shares the learning with other relevant services.
The approved centres may provide the inspection team with any quality initiatives with regard to this regulation.

Regulation 33: Insurance

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

Purpose:

The approved centre's insurance must be comprehensive and cover accidents or injury to residents, staff and visitors, loss or damage to the assets of the residents, all services provided and the building and its contents.

Items for inspection:

1. Confirmation of insurance is available in documentary form and in date, on inspection and on request by the Mental Health Commission.
2. The approved centre's insurance covers the following:
   - 2.1 Public liability;
   - 2.2 Employers' liability;
   - 2.3 Clinical indemnity; and
   - 2.4 Property.
3. There is an indemnity scheme statement available for inspection or on request by the Mental Health Commission.

Regulation 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.

Purpose:

The registration of the approved centre is in accordance with the Mental Health Act 2001. An up-to-date certificate of registration must be displayed, confirming that the approved centre has been registered.

Items for inspection:

1. There is an up-to-date certificate of registration prominently displayed in the approved centre.
2. Any conditions relating to the certificate of registration are documented and prominently displayed.
3. Where changes have arisen in relation to the information detailed within the certificate of registration, this is communicated to the Mental Health Commission.

Part 4 of the Mental Health Act 2001: Consent to Treatment

Section 56:

In this Part ''consent'', in relation to a patient, means consent obtained freely without threats or inducements, where—

a) the consultant psychiatrist responsible for the care and treatment of the patient is satisfied that the patient is capable of understanding the nature, purpose and likely effects of the proposed treatment; and
b) the consultant psychiatrist has given the patient adequate information, in a form and language that the patient can understand, on the nature, purpose and likely effects of the proposed treatment.

Section 60:

Where medicine has been administered to a patient for the purposes of ameliorating his or her mental disorder for a continuous period of 3 months, the administration of that medicine shall not be continued unless either—

a) the patient gives his or her consent in writing to the continued administration of that medicine, or
b) where the patient is unable to give such consent—
  i. the continued administration of that medicine is approved by the consultant psychiatrist responsible for the care and treatment of the patient, and
  ii. the continued administration of that medicine is authorised (in a form specified by the Commission) by another consultant psychiatrist following referral of the matter to him or her by the first-mentioned psychiatrist […]"

Section 61:

Where medicine has been administered to a child in respect of whom an order under section 25 is in force for the purposes of ameliorating his or her mental disorder for a continuous period of 3 months, the administration of that medicine shall not be continued unless either—

a) the continued administration of that medicine is approved by the consultant psychiatrist responsible for the care and treatment of the child, and
b) the continued administration of that medicine is authorised (in a form specified by the Commission) by another consultant psychiatrist, following referral of the matter to him or her by the first-mentioned psychiatrist [...]"

Assisted Decision Making (Capacity) Act 2015
A person's capacity to be construed functionally 3. (1) Subject to subsections (2) to (6), for the purposes of this Act, a person's capacity shall be assessed on the basis of his or her ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her in the context of the available choices at that time. (2) A person lacks the capacity to make a decision if he or she is unable— (a) to understand the information relevant to the decision, (b) to retain that information long enough to make a voluntary choice, (c) to use or weigh that information as part of the process of making the decision, or (d) to communicate his or her decision (whether by talking, writing, using sign language, assistive technology, or any other means) or, if the implementation of the decision requires the act of a third party, to communicate by any means with that third party.

Purpose:

The Inspector must assess an approved centre's compliance with Part 4 of the Mental Health Act

2001, as amended, (the 2001 Act) as part of each annual regulatory inspection.

There are specific requirements in Part 4 of the 2001 Act in relation to medication administered to involuntary patients for a continuous period of 3 months. For these patients the following must be assessed in order to continue to administer medication:

- Does the patient have the ability to understand the nature, purpose and likely effects of the proposed treatment?
- If the patient is assessed as having capacity, does the patient provide consent for treatment?
    - If yes, written consent is obtained for treatment
    - If no, treatment is discontinued
- If the patient is assessed as not having capacity, the patient's Consultant Psychiatrist to decide
    - To discontinue treatment or
    - To complete a Form 17 in conjunction with a second Consultant Psychiatrist and the patients' individual care plan.

All documentation set out below must be made available to the Mental Health Commission on request, or to the Inspector on inspection.

These requirements relate to medications administered for the purposes of ameliorating the patient's mental disorder and do not relate to medication administered for general health purposes.

Items for inspection:

Ability to consent (assessment of capacity)

Following the administration of medication for a continuous period of 3 months, the patient's responsible consultant psychiatrist must assess their patient's ability to consent to the treatment; this includes an assessment of the patient's ability to understand the nature, purpose and likely effects of the proposed treatment.

The responsible consultant psychiatrist must also give the patient adequate information, in a form and language that the patient can understand, on the nature, purpose and likely effects of the proposed treatment.

EVIDENCE:

There must be documented evidence that the responsible consultant psychiatrist has undertaken this assessment. This may be evidenced by a capacity assessment, or equivalent.

Patient assessed as not having capacity

Where a patient is assessed as not having capacity, their treating Consultant Psychiatrist must then decide:

- To discontinue treatment
- To continue the treatment which must be approved and authorised by two consultant psychiatrists pursuant to the procedure set out in *Form 17: Administration of Medicine for more than 3 Months Involuntary Patient (Adult) – Unable to Consent.*

EVIDENCE:

The Form 17 must contain the following:

- The name of the medication(s) prescribed;
- Confirmation of the assessment of the patient's ability to understand the nature, purpose and likely effects of the medication(s);
- Details of the discussion with the patient, including:
    - The nature and purpose of the medication(s);
    - The effects of the medications(s) including any risks and benefits; and
    - any views expressed by the patient;
- Any supports provided to the patient in relation to the discussion and their decision-making.
- Approval by a consultant psychiatrist.
- Authorisation by a second consultant psychiatrist.

Patient assessed as having capacity and consents to treatment

Where a patient is assessed as being able to understand the nature, purpose and likely effects and consents to continue taking the medication, this must be recorded in a written consent form.

EVIDENCE:

The consent form must contain the following:

- The name of the medication(s) prescribed;
- Confirmation of the assessment of the patient's ability to understand the nature, purpose and likely effects of the medication(s);
- Details of the discussion with the patient, including:
    - The nature and purpose of the medication(s)
    - The effects of the medications(s) including any risks and benefits; and
    - Any views expressed by the patient;
- Any supports provided to the patient in relation to the discussion and their decision-making.

Patient assessed as having capacity and does not consent to treatment

Where a patient is assessed as being able to understand the nature, purpose and likely effects, but does not consent to the continued administration of the medication(s), the treatment must be discontinued immediately, even if the responsible consultant psychiatrist considers that the treatment is in the best interests of the patient.

This must be recorded on the clinical file.

Children admitted under Section 25 of the 2001 Act

A child admitted under Section 25 of the 2001 Act may be administered medication with or without consent for the purposes of ameliorating his or her mental disorder for a period of three months.

On the expiration of the three month period the administration of medication may only be continued if it is approved and authorised by two consultant psychiatrists pursuant to the procedure set out in *Form 18: Treatment without Consent – Administration of Medicine for more than 3 Months (Child).*

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