

THEME 3

SAFE CARE & SUPPORT

Theme 3

Safe Care & Support

Aim 1

The mental health service takes all reasonable measures to protect service users, staff and others¹ from the risk of harm associated with the design and delivery of mental health services².

Indicator 1.1

There are mechanisms in place for identification and assessment of risk for all service users and stakeholders throughout the mental health service. The measures and actions to control the risks, including safety planning are identified and implemented.

These are the features you need to have in place to meet the indicator.

Risk Management

1. There is a comprehensive written risk management policy and procedures in place, in accordance with the Mental Health Act 2001 (Approved Centres) Regulation 32 2006, Risk Management Procedures, HSE Integrated Risk Management Policy, 2017 and HSE Best Practices Principles for Risk Assessment and Safety Planning for Nurses working in Mental Health Services.
2. At a minimum the risk management policy includes the following:

- The roles and responsibilities for risk assessment and management and the implementation of the risk management policy within the service.
- The person with overall responsibility for risk management.
- The responsibilities of the registered proprietor.
- The responsibilities of the multi-disciplinary team members.
- The person responsible for the completion of six-monthly incident summary reports. A defined quality and safety oversight and review structure as part of the governance process for managing risk.
- The processes for the identification, assessment, treatment, reporting, reviewing and monitoring of risks throughout the services, including:
 - Organisational risks.
 - Structural risks, including ligature points.
 - Capacity risks relating to the number of service user in the service.
 - Health and safety risks to the residents, staff, visitors and others.
 - Risks to the service user group during the provision of general care and services.

1. Regulation 11 of the Mental Health Act 2001 (Approved Centres) Regulations 2006

2. Safety Health and Welfare at Work Act, 2005 (and associated Regulations)

- Risks to individual service user during the delivery of individualised care.
- The process for rating identified risks.
- The precautions and systems in place to control risks.
- Documenting, reporting, recording, investigating, learning from serious or untoward incidents or adverse incidents involving service users and others.
- The process for escalating risks within the organisation.
- Arrangements for responding to emergencies.
- Reference to the arrangements for the protection of children and vulnerable adults from abuse.
- The process in place for quality and safety notifications to the Mental Health Commission.
- The process for maintaining and reviewing the risk register .
- The record keeping requirements for risk management
- The policy also details the precautions in place to control the following specified risks:
 - Service user absent without leave.
 - Vulnerable adults and children.
 - Suicide and self-harm.
 - Assault.
 - Accidental injury to service users or staff.
 - The process for responding to specific emergencies:
 - including the role and responsibilities of key staff,
 - the sequence of required actions,
 - the process for communication,
 - escalating emergencies to management.

3. This policy and procedures relating to risk are implemented throughout the service.
4. All staff have read and understand the policy and procedures and this is documented.
5. All staff can articulate the processes.
6. Relevant staff have received training in the risk management policy and procedures and their implementation throughout the service.

The training includes:

- The identification, assessment and management of clinical and non-clinical risk.
- Health and safety risk management (including occupational health).
- Clinical staff are trained in individual clinical risk management processes.
- Management staff are trained in organisational risk management.
- All staff receive training on incident reporting, documentation and review.

3. *Child Care Act, 1991; Children First ; HSE Child Protection and Welfare Policy 2016; Section 7 Health Act 2004; Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures;*

4. *Regulation 32(3) of the Mental Health Act 2001 (Approved Centres) Regulations 2006; MHC Quality and Safety Notification under the Mental Health Act 2001 (Revised July 2016)*

5. *Regulation 32(3) of the Mental Health Act 2001 (Approved Centres) Regulations 2006*

6. *Section 27 Mental Health Act 2001*

7. Clinical risks are identified, assessed, treated, reported and monitored. Clinical risks are documented in the risk register, as appropriate.
8. Health and safety risks (Non-clinical) are identified, assessed, treated, reported and monitored and escalated where appropriate by the service. Health and safety risks are documented within the risk register, as appropriate.
9. Responsibilities are allocated at management level and throughout the service to ensure that the risk management policy is implemented. While the registered provider has ultimate responsibility for risk management, there is an identified person responsible for risk management in the service area and this person is known to staff.
10. There is a nominated person with responsibility for risk management reviews incidents for any trends or patterns occurring in the services.
11. Strategic and operational (corporate) risks are identified, assessed, treated, reported and monitored by the service.
12. Strategic and operational (corporate) risks are documented in the risk register.
13. There is an identified person responsible for the completion of six-monthly incident summary reports⁷.

Health and Safety

14. There are policies and procedures pertaining to the health and safety of residents, staff and visitors, in accordance with the Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 24, Health and Safety. (e.g, safety statements and associated policies).
15. At a minimum the policies and procedures/safety statement pertaining to the health and safety of service users, staff and visitors includes:

- The roles and responsibilities for ensuring the health and safety of staff, service users and others.
- Specific roles are allocated to the registered proprietor in relation to the achievement of health and safety legislative requirements.
- Safety representative roles are allocated and documented.
- The services compliance with health and safety legislation including the reporting requirements and process for escalating risks.
- The content of the Health and Safety Statement⁸.
- The health and safety risk management process.
- The fire management plan.

7. MHC Quality and Safety Notification under the Mental Health Act 2001 (Revised July 2016)

8. Section 20 Safety, Health and Welfare at Work Act, 2005 (as amended)

Infection control measures, including:

- Provision and required use of Personal Protective Equipment (PPE).
- Safe handling and disposal of healthcare risk waste.
- Management of spillages.
- Raising awareness of residents and their visitors to infection control measures.
- Hand washing.
- Linen handling.
- Covering of cuts and abrasions.
- Response to sharps or needle stick injuries.
- Availability of staff vaccinations and immunisations.
- Management and reporting of an infection outbreak.
- Support provided to staff following exposure to infectious diseases.
- Specific infection control measures in relation to infection types, e.g. C.diff, MRSA, Norovirus.
- First aid response requirements.
- Falls prevention initiatives.
- Vehicle controls.
- The staff training requirements in relation to health and safety.
- The monitoring and continuous improvement requirements implemented for the health and safety processes.

16. All staff have read and understand the policies and procedures and safety statement and associated risk assessments and this is documented.
17. The policies and procedures/ safety statement clearly outlines the measures in place to manage safety issues (e.g., falls, infection control, sharps, vehicles, first aid, cuts and abrasions, needle-stick injuries, visual display units and manual handling), of Safety, in accordance with Section 20 of the Safety Health and Welfare at Work Act 2005 (as amended).
18. All staff can articulate the processes relating to health and safety as set out in the policies/safety statement.
19. The health and safety policies/safety statement are monitored in accordance with the Mental Health Act 2001 (Approved Centres) Regulation 29.
20. Roles and responsibilities with regard to ensuring the health and safety of staff, service users and visitors are clearly defined.

21. Safety representative roles are allocated and documented and staff are aware of these.
22. The service complies with health and safety legislation and all relevant statutory obligations under the Mental Health Act 2001.
23. Relevant staff have received training in the controls and any safe work practices are in place to manage risks in which they are likely to be exposed.
24. This regulation is only assessed against the written policies and procedures and does not assess health and safety practices with the service.

Individual Risk and safety Planning:

25. Risk and safety planning is delivered in line with evidenced based practice. A comprehensive risk assessment and safety plan process is in place, as outlined in the overall mental health assessment and recovery plan, this includes:

- A sense of connection between the service user and staff member.
- Non-judgemental and positive attitude towards the service user.
- Possible options and solutions for positive risk taking/ risk enablement.
- A focus on service user strengths.
- Identification of protective factors.
- Empirically validated assessment tools, where relevant.
- Risk categories, i.e. risk to self, risk to others, risk by others or risks caused by the service.

26. Risk assessment and safety planning is carried out on an ongoing basis, with multi-disciplinary involvement (rather than as a static or once-off event). Risk assessment should be considered for all areas required by legislation and the following:
(This is not an exhaustive list of risk assessments), in particular the following areas;

- Resident seclusion.
- Physical restraint.
- Mechanical restraint.
- Specialised treatments, e.g. ECT.
- At admission to identify individual risk factors, including general health risks, risk of absconsion, risk of self-harm, vulnerable adult etc.
- Service user transfer.
- Service user discharge
- In conjunction with medication requirements or administration

27. When a risk incident has been resolved, a proactive safety plan for the future is developed, when required.
28. The proactive safety plan contains a summary of the risks identified including warning signs, factors that may escalate the risks and strategies to be taken by staff and the service user in response to the risk identified.
29. The safety plan contains a clear statement of who is responsible for carrying out specific tasks and the timeframe for completion.
30. Service users have a copy of the safety plan and are asked to indicate his or her agreement with the plan as far as is practicable.

Indicator 1.2

There are mechanisms to identify and manage risks, including clinical and non-clinical risks.

These are the features you need to have in place to meet this indicator:

1. There are systems in place to assess and manage the following risks. (Best Practice Principles for This is not an exhaustive list:

As per the obligation under Section 4, Mental Health Act (2001) (the best interests of the person shall be the principal consideration with due regard being given to the interests of other persons who may be at risk of serious harm if the decision is not made).

Risk to self	Risk to Others
<ul style="list-style-type: none"> • Deliberate or unintentional harm to self -suicide, self-harm (including repetitive self-injury), self-neglect and substance misuse. • Loss of social and financial status arising from mental health status such as loss of employment, loss of accommodation, loss of supports (family/friends/other relationships); loss of custody of children, loss of reputation. • Risk to physical, psychological and sexual health as a result of engaging in risk behaviours, such as substance misuse, sexual risk behaviours. 	<ul style="list-style-type: none"> • Violence, aggression, verbal or physical assault. • Sexual assault or abuse, harassment, stalking or predatory intent. • Property damage including arson. • Neglect or abuse of children or adults for who care is being provided. • Behaviour that could be thought of as reckless or high risk to others, such as drink driving.

<p>Risk from others</p> <ul style="list-style-type: none"> • Physical, sexual and emotional abuse by others. • Financial abuse or neglect by others. • Victimization and harassment (in own home and public: name calling, having objects thrown, having offensive graffiti written on the walls, social media abuse/ humiliation). • Being treated unfairly in the workplace. • Losing accommodation or having difficulty getting accommodation 	<p>Risk from the mental health service</p> <p>Risk to the person from engaging with the mental health service may be associated with:</p> <ul style="list-style-type: none"> • Diagnosis and labelling. • Erosion of identity and self-esteem; loss of autonomy and voice, institutionalisation. • Stigma and discrimination. • Accommodation capacity risk relating to the number of residents in the approved centre. • Structural risks, including ligature points. • Emotional trauma associated with detention, seclusion, restraint. • Negative, paternalistic attitudes and controlling behaviours of staff. • Violation of human rights. • Health problems associated with side effects of medication. • Experiencing harassment within the service.
--	---

Higgins, A; Morrissey, J; Doyle, L; Bailey, J Gill, A (2015) Best Practice Principles for Risk Assessment and Safety Planning: a guide for mental health nursing. Dublin: Health Service Executive

2. There is a Risk Register⁹ in place, which is reviewed on at least on a quarterly basis and in accordance with HSE National Risk Management Policy requirements.
3. The terms of reference are written and minutes of executive management team, clinical governance and risk management meetings demonstrate effective mechanisms to identify and manage risk.
4. Safety statements¹⁰ are in place and include risk assessments.
5. The service adheres to the Mental Health Commission Quality and Safety Notifications under the Mental Health Act (2001) and the Mental Health Commission Code of Practice on the Notification of Deaths and Incident Reporting.

9. Regulation 32(3) of the Mental Health (Approved Centre) Regulations 2006

10. Section 20 Safety, Health and Welfare at Work Act, 2005 (as amended) and associated Regulations

6. There is an emergency plan in place, which includes a process for responding to specific emergencies, including the role and responsibilities of key staff and the sequence if required actions and the process for communication and escalating emergencies to senior management. The process for securing alternative accommodation (contingency plan) is included.
7. Staff are aware of the emergency plan, which includes emergencies, such as fire, flood, and cardiac arrest.

Indicator 1.3

The selection, procurement, management, maintenance and replacement of equipment including medical devices, is in accordance with legislative requirements, national standards, national policy & guidelines.

These are the features you need to have in place to meet this indicator:

1. There are policies and procedure in place on the selection, procurement, management, maintenance and replacement of equipment including medical devices, in accordance with the HSE Health Business Service - Procurement Policy and the HSE Medical Devices / Equipment Management Policy (2009)
2. The policies and procedures on the selection, procurement, management, maintenance and replacement of equipment is implemented.
3. There is an identified person within the service with responsibility for medical devices and equipment management, including staff training and safety assurance.
4. Procurement is carried out in accordance with national policy.
5. Records demonstrate that specialist medical devices and equipment are identified, prescribed and made available to meet the service users' needs, in accordance with his or her individual care plan.
6. Documentation e.g. prescriptions, care plan, correspondence demonstrates the involvement of Allied Health Professionals (e.g. Occupational Therapy/Physiotherapy) in recommending and advising on the selection of medical devices to meet the service user needs.
7. There is an inventory of medical devices available and kept up to date.
8. Equipment including medical devices maintenance records are available to demonstrate that maintenance is in line with manufacturer's standards.
9. There is guidance available to staff on the operation of equipment and medical devices to ensure they are operated in line with manufacturer's instructions and good practice.
10. There is a system of governance and dissemination available in relation to Health Products Regulatory Authority notices relating to the safety and/or quality of medical devices.
11. Reports from the National Incident Management System (NIMS) demonstrate frequency and severity of incidents associated with use of equipment and medical devices. These are reviewed and improved the practice.

Aim 2

The Mental Health Service gathers, monitors and learns from information relevant to the provision of safe services and actively promote learning both internally and externally.

Indicator 2.1

The mental health service has a system in place which ensures monitoring and reporting on the quality and safety of care delivered and supports improvement and learning.

These are the features you need to have in place to meet this indicator:

1. There is an agreed system in place to collect, monitor and evaluate data relevant to provision of safe services.
2. Data collected is used to measure performance and improve efficiency of mental health services (e.g. audits, analysis, trending, variances, complaints and balanced score card), National Incident Management System reports, including six- monthly anonymised Mental Health Commission Summary Report, are available and accessible in accordance with the Mental Health Commission Code of Practice on the Notification of Deaths and Incident Reporting and the Mental Health Commission Quality and Safety Notifications under the Mental Health Act, (2001)
3. Quality and Safety Improvement plans are in place arising from data analysis and evidence of the improvements made as a result of the analysis.
4. Minutes of team, management and executive team meetings demonstrate that reports from the information management system are discussed at all appropriate levels of the organisation and actively inform change.
5. There is a system in place for monitoring of corrective action and preventative action plans (CAPA) or quality improvement plans (QIP) and quality profiles.
6. There is evidence of the use of forums and approaches to share learning, (e.g. notice boards, journal clubs, suggestion box, survey focus group, sharing learning days, Newsletter, Service User Stories, ARI, HSE Land, Enhancing Team Work initiative).
7. Learning notices and memos are circulated to share learning from systems analysis investigation, audit, complaints management, safety pause etc.
8. Quality and safety Information and learning is used and shared, within and between services/agencies to inform continuous improvement and the provision of safe services.
9. There is a system in place to ensure that the voice of Service users, families and carers is reflected in the analysis of information¹¹ towards the improvement of services. This is in accordance with the Data Protection Acts (1988 – 2003); Freedom of Information Act (2014).

11. Consent to release of sharing of information; Cognisance of Data Protection Acts 1988 – 2003; Freedom of Information Act 2014

Aim 3

The mental health service effectively identifies, manages, responds to and reports on service user-safety incidents.

Indicator 3.1

There are arrangements for the identification, recording, and review, reporting and learning from adverse incidents.

These are the features you need to have in place to meet this indicator:

1. The HSE Incident Management Framework 2018 and the HSE Guidelines for the Systems Analysis Investigation of Incidents (2016) are in place and is available to all staff.
2. The National Safety Incident Management Policy/Framework is implemented.
3. All incidents are recorded and the impact is rated in accordance with the policy/framework.
4. Incident report/NIMS forms are completed, signed and dated, contain agreed minimum data set and reflect the WHO taxonomy.
5. Clinical Incidents and subsequent interventions are recorded in the clinical records.
6. Nominated staff have received incident management training, including incident investigation.
7. Senior team managers are aware of safety incidents and records are maintained to demonstrate this.
8. NIMS reports are available, discussed and acted on. All clinical incidents are reviewed by the multi-disciplinary team at their regular meeting. A record is maintained of this review.
9. Key Performance Indicators related to incident management are met.
10. Records are maintained of systems analysis reviews, the recommendations, actions taken and the learning implemented.
11. Service user, family and carers are involved in accordance with Safety Incident Management Policy/framework.
12. The Safety Incident Management team have the necessary competencies and skills to oversee the management of a review/investigation. Teams have the necessary competencies, skills and support to conduct and complete a review/investigations.
13. The requirements of the National Standards in terms of oversight of the review process are implemented.

Aim 4

The mental health service ensure all reasonable measures are taken to protect service users from all forms of abuse.

Indicator 4.1

Service users are protected from all forms of abuse.

These are the features you need to have in place to meet this indicator:

1. There are protection of children and vulnerable adults¹² from abuse policies and supporting procedures for ensuring that each person is protected from all forms of abuse (e.g, safeguarding, financial management policies, and searches). In accordance with the Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 32(2) (f) Risk Management Procedures, Children's First, Trust in Care Policy and the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures.
2. The policies and procedures for the protection of children and vulnerable adults from abuse are implemented.
3. At a minimum the policies and procedures for the protection of children and vulnerable adults include the following:

- The processes for safeguarding children and adults
- Staff training
- Appointment of designated officers
- Appointment of designated liaison persons
- Responsibilities of all staff and management, including designated officers and designated liaison persons
- All staff receive HSE approved training on the HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures, 2014
- Reporting concerns, suspicions and allegations
- The management of reported concerns, suspicions and allegations, including notifications, preliminary screening, safeguarding plans, investigations.
- The process for interagency and inter-division communication.

*12. Regulation 32(2)(f) of the Mental Health Act 2001 (Approved Centres) Regulations 2006
Section 7 Health Act 2004*

*HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures
Child Care Act, 1991; Children First ; HSE Child Protection and Welfare Policy 2016; Section 7 Health Act 2004;
Section 19 Criminal Justice Act 2011 (Reporting Obligations)
Protections For Persons Reporting Child Abuse Act, 1998*

*Data Protection Acts 1988- 2003
HSE Trust in Care Policy, 2004
HSE Child Protection and Welfare Policy 2016*

4. All staff are aware of and have an understanding of the HSE policies and the relevant legislation which are in place to protect children and persons at risk of abuse including but not restricted to the following:
 - The HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures, 2014 HSE Child Protection and Welfare Policy 2016
 - Assisted Decision Making (Capacity) Act, 2015.
 - Section 19 Criminal Justice Act 2011 (Reporting Obligations)
 - Children First Act 2015
 - Regulation 32(2)(f) Mental Health Act 2001 (Approved Centres) Regulations 2006
 - Section 7 Health Act 2004
 - HSE Policies guiding the Practices of the Mental Health Services, including:
 - HSE National Consent Policy
 - Financial Management Policies
 - Search Policies
 - Seclusion Policies
 - Intimate Care Policy
 - 'Trust in Care': the HSE policy guiding procedures when an allegation has been made that a staff member has abused or neglected a Service User.
 - HSE Policy on Domestic, Sexual and Gender Based Violence, 2011
 - HSE Practice Guide on Domestic, Sexual and Gender Based Violence, 2012
5. All staff receive training in Children's First, National Guidelines For The Protection And Welfare Of Children.
6. Staff demonstrate their understanding of the different types of abuse and know what to do in the event an allegation, suspicion or disclosure of abuse including who to report any incident to.
7. Staff are appropriately recruited, selected, trained and supervised in accordance with their role and policy.
8. Service Users have access to an advocate or advocacy services. For example, there are notices on display detailing the advocacy service available and contact details.
9. Service users receive training/information where necessary and are assisted and supported to protect themselves against abuse.
10. Service users are aware of the complaints process and the persons to whom they can raise concerns / allegations.
11. Staff members treat service users with respect and dignity at all times.
12. There is an up to date confidential register maintained in each CHO area in accordance with the HSE Child Protection and Welfare Policy 2016 officer.
13. The safeguarding system is monitored to protect service users.
14. Service users confirm that they feel safe within the service. This is achieved through regular multidisciplinary reviews.

Aim 5

Effective Fire Safety Management Systems are in place and in accordance with legislative requirements including Fire Services Acts, 1981 & 2003; Safety, Health and Welfare at Work Act, 2005 and Building Control Acts 1990 & 2007 and other relevant legislation.

Indicator 5.1

There are adequate precautions in place against the risk of fire.

These are the features you need to have in place to meet this indicator:

Complete either Section A or B

A. For New and Proposed facilities:

- 1.** A copy of the relevant Fire Safety Certificate (if applicable) received with respect to each premises identified for its intended usage. All documents submitted to the Local Fire Safety Authority as part of the process should also be made available.
- 2.** A copy of the Certificate of Compliance issued by either an Architect or suitably qualified Chartered Engineer i.e. must have specific Fire Safety Qualifications, evidence that the plans for which the Fire Safety Certificate was issued for have been adhered to and that the building is fire safe.
- 3.** Copies of the relevant Certificates of Design, Installation, Commissioning of the Fire Detection and Alarm System. This certificate must confirm alarm type and compliance with the relevant IS 3218 Standard.
- 4.** Copies of the relevant Certificates of Design, Installation, Commissioning of the Emergency Lighting System. This certificate must confirm compliance with the relevant IS 3217 Standard.
- 5.** A copy of the certificate for the Electrical Condition of the building and confirming it complies with ETCI Rules.

B. For Existing Facilities:

1. Copies of Current Fire Safety Management Policy and Safety Statement complete with relevant records
 - Relevant Fire Safety Notices
 - Fire Safety Risk Assessments
 - Maintenance contracts for:
 - i. Hand Held Fire Fighting Equipment
 - ii. Fire Detection and Alarm Systems
 - iii. Emergency Lighting Systems
 - iv. Automatic suppression systems if relevant.
 - Site specific Evacuation Plans including PEEP's where necessary.
 - Records of all associated Fire Safety Training:
 - v. Fire Extinguisher Training
 - vi. General Fire Safety Lecture
 - vii. Site Specific Evacuation Training
 - Fire Door schedule and Maintenance program.
2. Adequate arrangements in place for:
 - Detecting, containing and Extinguishing a Fire
 - Giving warning of a fire
 - Means for notifying the Fire Services
 - Means of containing a fire
 - Limit the development and spread of fire
 - Adequate means of Escape
 - Adequate signage
 - The provision of access to facilities for the Fire Services
 - Use of Oxygen and Medical gases if relevant
3. The Fire Safety Register is up to date and maintained
4. All relevant people are aware of their individual responsibilities in
 - a. The prevention of Fires and
 - b. In the event of an outbreak of fire in their area of responsibility.
5. That the Fire Safety Management Plan and Fire Safety Register are updated to reflect any changes to the facility.

Indicator 5.2

There are appropriate and safe systems in place with regards to tobacco management¹³ within a mental health setting.

These are the features you need to have in place to meet this indicator:

1. There is a policy in place towards a smoke free environment, in accordance with legislation and the HSE Tobacco Free Campus Policy, 2012.
2. The policy on a smoke free environment is implemented.
3. The smoking-cessation support services and programmes are adhered to.
4. There are individual smoking risk assessments completed and appropriate risk management plan in place.
5. The facility is smoke free and where possible, there is a strategy to move towards a smoke free environment in line with national policy.
6. There is a designated smoking area if applicable, which is well maintained.
7. There are records of inspections of smoking areas and action taken to address issues raised.
8. There are appropriate supervision arrangements for smokers where it is agreed in his or her integrated care plan.
9. There is accessible, effective and appropriate fire safety equipment and devices in place, e.g. fire blankets, fire aprons, fire extinguishers, smoke alarms.
10. Bedding and furnishings are fire safe and maintained in a condition to mitigate fire risk.

13. *Public Health (Tobacco) Act 2002 (as amended)*