

Report of the Inspector of Mental Health Services 2012

EXECUTIVE CATCHMENT AREA/INTEGRATED SERVICE AREA	Louth / Meath
HSE AREA	Dublin North East
MENTAL HEALTH SERVICE	Louth/Meath
APPROVED CENTRE	St. Brigid's Hospital, Ardee
NUMBER OF WARDS	2
NAMES OF UNITS OR WARDS INSPECTED	Unit 1 St. Ita's Ward
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	29 May 2012

Summary

- It is of concern that the layout of the admission unit (Unit 1) is totally unsuitable for the care of elderly residents with dementia. It had resulted in an increase in physical restraint of elderly residents which was not acceptable. This was evidenced from examination by inspectors of the physical restraint clinical practice form book and the service's completion of an audit on physical restraint. This situation was discussed between inspectors and the clinical director of the approved centre on the day of inspection.
- The individual care plans in Unit 1 were good. The quality of individual care plans in St. Ita's was not as high. A number of residents had no individual care plans. This resulted in a "Not Compliant" rating for Article 15 Individual Care Plan and Article 16 Therapeutic Services and Programmes.
- The quality of documentation in seclusion, physical restraint, admission and discharge was good.
- Six-monthly physical reviews were not carried out in all cases in St. Ita's Ward. Nursing staff had made representations to the medical staff to no avail.

OVERVIEW

In 2012, the Inspectorate inspected this Approved Centre against all of the Mental Health Act 2001 (Approved Centres) Regulations 2006.

The Inspectorate was keen to highlight improvements and initiatives carried out in the past year and track progress on the implementation of recommendations made in 2011. In addition to the core inspection process information was also gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

DESCRIPTION

St. Brigid's hospital was built in 1933. It consisted of two areas in the main building: Unit 1 which was the admission unit with 30 beds and St. Ita's Ward.

St. Ita's Ward was a continuing care ward with 20 beds. This ward had recently been refurbished which resulted in vastly improved facilities and privacy with single and double rooms and observation beds.

Unit 1 was bright and freshly painted. It had two long dormitories with 16 beds in one and 14 in the other which was very unsuitable for a mental health facility. A number of elderly confused residents were being cared for and treated in the admission unit (Unit 1), and the layout of this unit was totally unsuitable for the care of elderly residents with dementia. This was very evident on the day of inspection. The situation was unsuitable not only for the elderly residents concerned, but for the remaining appropriately placed residents who were being treated in Unit 1 for their acute illnesses. A suitable area of the hospital had been renovated as a five bed elderly care unit and was ready for occupancy. However there was no staffing for this unit and it remained empty.

There were nine involuntary patients, all in the admission unit. There were two Wards of Court in St. Ita's Ward. Children were not admitted to the approved centre.

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

COMPLIANCE RATING	2010	2011	2012
Fully Compliant	26	26	24
Substantial Compliance	3	2	3
Minimal Compliance	1	0	0
Not Compliant	0	2	3
Not Applicable	1	1	1

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

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 1	30	21	General Adult Teams and Psychiatry of Old Age
St. Ita's Ward	20	16	General Adult Teams and Psychiatry of Old Age

QUALITY INITIATIVES 2011/2012

- Audits on multidisciplinary care planning took place regularly. Some improvement in care planning was noted although further improvement was still required.
- An audit of physical restraint had taken place between January and March 2012.
- A proposal to reduce the use of seclusion and restraint in Louth Meath had been completed.

PROGRESS ON RECOMMENDATIONS IN THE 2011 APPROVED CENTRE REPORT

1. Each resident must have an individual care plan in accordance with the Regulations

Outcome: Although there had been some improvements since 2011 a number of residents did not have an individual care plan. Some of the individual care plans in St. Ita's Ward did not meet the requirements of the Regulations.

2. Each resident must have access to an appropriate range of therapeutic services and programmes in accordance with their individual care plan.

Outcome: Therapeutic services and programmes were not in accordance with individual care plans in all cases.

3. All multidisciplinary teams should be fully staffed.

Outcome: An occupational therapist had been appointed to the approved centre. The multidisciplinary teams remained under-staffed.

4. Documentation towards gaining full compliance with the Rules Governing the Use of Seclusion and the Code of Practice on the Use of Physical Restraint in Approved Centres must be improved.

Outcome: The standard of documentation was now very good.

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

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

Article 4: Identification of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Two registered psychiatric nurses administered medication. Residents were positively identified when receiving medication, health care or other services.

Article 5: Food and Nutrition

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

There was a good choice of main meal and for breakfast and evening meal. A menu system was in operation which was circulated to residents the day before so that choices could be made. Fresh drinking water was available to residents in the approved centre.

Article 6 (1-2): Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A copy of the most recent Environmental Health Officer's report, dated 3 August 2011, was available to inspectors and was satisfactory.

Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

An adequate supply of appropriate clothing could be provided to any resident with an inadequate supply of their own clothing. Night clothes were not worn by residents during the day time.

Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures relating to residents' personal property and possessions. A record of residents' personal property and possessions was maintained in duplicate form. This was kept separate to the individual care plan. All sharp objects such as razors belonging to residents, were kept in safe storage and were given out to residents and returned to staff after usage. Provision was made for the safe-keeping of residents' personal property and possessions.

Article 9: Recreational Activities

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

TV and DVDs were available to residents on both Unit 1 and St. Ita's Ward. Newspapers were delivered to the wards. Books and magazines were available as were playing cards and board games. An electronic game was also available to residents on Unit 1. A pool table was also available. The internet was also available but at a cost of €4.00 per hour. Art and craft materials were available on Unit 1.

Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All residents were facilitated in the practice of their religion.

Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

A visitors' room was available. Child visitors could be accommodated and visitors were asked to phone in advance so that provision could be made. Child visitors had to be accompanied by a responsible adult. Visiting times were from 1400h-1630h and from 1800h-2000h. The approved centre had written operational policies and procedures for visits.

Article 12 (1-4): Communication

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures on communication. Mobile phones were stored safely by staff and could be used by residents upon request. Letters were sent and received by residents. Residents had internet access on payment of a fee.

Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had appropriate policies and procedures in place to satisfy this Article of the Regulations.

A number of searches had been carried out. The clinical file of one resident who had been searched was examined by inspectors. An excellent "Search Policy Authorisation Form" was used by staff if a search had been initiated. This detailed whether consent was obtained and if so, the signature of the resident, reason for the search, signature of assistant director of nursing and consultant psychiatrist responsible for care and treatment of the resident, the signature of the nursing staff carrying out the search, the time of search and outcome.

Article 14 (1-5): Care of the Dying

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Eight residents had died in the approved centre in 2012 to the date of inspection. Single rooms were available in St. Ita's Ward. The approved centre had written operational policies and protocols for care of residents who are dying.

Article 15: Individual Care Plan

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	X

Justification for this rating:

A large sample of clinical files were examined in both Unit 1 and St. Ita's Ward. One resident in Unit 1 did not have an individual care plan. One resident in St. Ita's Ward did not have an individual care plan.

While many of the individual care plans examined in Unit 1 were excellent, most of the individual care plans in St. Ita's Ward had a paucity of detail, especially the resources required to action individual goals were not identified and in some care plans, even the goals were not identified. It was disappointing that the approved centre has never attained full compliance of this Article since the introduction of these Regulations in November 2006. It is the responsibility of the individual multidisciplinary teams to ensure full compliance with this Article.

Breach: 15

Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X		
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>		X	X

Justification for this rating:

A new occupational therapist (OT) had commenced employment a number of weeks ago and this was welcome. There was evidence that this OT had already made inroads in timetabling appropriate therapeutic services and programmes. However, given that not all residents had individual care plans, in accordance with the wording of this Article, each resident did not have access to an appropriate range of therapeutic services and programmes in accordance with his or her individual care plan.

Breach: 16(1)

Article 17: Children's Education

Children were not admitted to the approved centre.

Article 18: Transfer of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a written policy and procedures on the transfer of residents. One resident had been transferred to another approved centre. This resident's clinical file was not available for examination by inspectors. All relevant information about the resident was provided to the receiving approved centre, hospital or other place.

Article 19 (1-2): General Health

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>		X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>	X		
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			X

Justification for this rating:

One resident in St. Ita's Ward had not received a physical examination since June 2011, and two others had similarly not received a physical examination since July 2011. Inspectors were shown a copy of a letter written in early April 2012 by a senior nurse to the consultant psychiatrist responsible for the care and treatment of these residents which outlined the statutory obligation of the approved centre under these Regulations. Inspectors relayed their serious and immediate concern about these physical examinations not having taken place.

Inspectors could not determine that adequate arrangements were in place for access by residents to general health services since not all residents' general health needs were assessed regularly.

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

Breach: 19(1)

Article 20 (1-2): Provision of Information to Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Details of the resident's multidisciplinary team were available to residents. House-keeping practices, including arrangements for personal property, mealtimes, visiting times and visiting arrangements were available to residents. Verbal and written information on diagnoses was available. Details of the relevant advocacy and voluntary services were displayed. Information on indications for use of all medications to be administered to the resident, including any possible side-effects were available. The approved centre had written operational policies and procedures for the provision of information to residents.

Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Residents' beds in Unit 1 were located in two long "Nightingale" type dormitories (16 beds in the male dormitory and 14 beds in the female dormitory) which were unsuitable for a modern mental health service. Although these beds had privacy curtains, the sleeping accommodation was not ideal. St. Ita's Ward had single and double bedrooms.

Breach: 21

Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X		
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>		X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

Unit 1 and St. Ita's Ward were clean and bright. The shower rooms and toilet areas in Unit 1 had been completely refurbished to a high standard. It had two long dormitories with 16 beds in one and 14 in the other which was very unsuitable for a mental health facility.

Article 23 (1-2): Ordering, Prescribing, Storing and Administration of Medicines

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had appropriate and suitable practices. The approved centre had a written operational policy relating to the ordering, storing, administration and prescribing of medicines.

Article 24 (1-2): Health and Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Health and Safety Statement was available for examination by inspectors and the approved centre.

Article 25: Use of Closed Circuit Television (CCTV)

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had a clear written policy and protocols articulating the function of CCTV in relation to the observation of residents. CCTV was used in the seclusion room for the observation of residents. It was clearly labelled and evident. It was incapable of recording and of storing images.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 1	RPNs	4	2
	CNM2	1	1
	CNM1	1	0
St. Ita's Ward	RPNs	4	3
	CNM2	1	0

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

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>			
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>	X	X	X
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures relating to the recruitment, selection and vetting of staff. There was an appropriate number of nursing staff allocated to Unit 1 and St. Ita's Ward on the day of inspection but the skill mix of staff was not appropriate to the assessed needs of residents as two of the sector teams continued to have no social worker and there were only three psychologist available across the teams. Inspectors were informed that approval had been obtained for the recruitment of 10 new occupational therapist posts, 8.5 social worker posts and four psychologists posts for the sector teams. There was an appropriately qualified member of staff on duty at the approved centre at all times. The training register for nursing staff was examined and it indicated that staff had access to appropriate education and training. Copies of the Mental Health Act 2001, Regulations, Rules and Codes of Practice were available to staff on the wards.

Breach: 26(2)

Article 27: Maintenance of Records

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written policies and procedures relating to the creation of, access to, retention and destruction of records. Documentation of inspections relating to food safety, fire and health and safety were maintained in the approved centre and were available to inspectors. It was easy to retrieve information from the clinical files.

Article 28: Register of Residents

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Register of Residents was compliant with Schedule 1 to the Regulations

Article 29: Operating policies and procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

All policies in relation to the Regulations (S.I. No. 551 of 2006) examined by inspectors were reviewed every three years.

Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre cooperated fully with Mental Health Tribunals. Any assistance required by residents in relation to Mental Health Tribunals was attended to by staff of the approved centre.

Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre had written operational policies and procedures relating to the making, handling and investigating of complaints. There was a nominated person in the approved centre for dealing with complaints. A record of complaints was made available to inspectors. The complaints procedure was displayed in a number of prominent areas throughout both Unit 1 and St. Ita's Ward.

Article 32: Risk Management Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The risk management policy satisfied all the requirements of this Article. Risk assessment and risk management was evident in the clinical files examined.

Article 33: Insurance

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The approved centre was covered by the Health Service Executive (HSE) State Indemnity Insurance and the insurance certificate was available for examination by inspectors.

Article 34: Certificate of Registration

LEVEL OF COMPLIANCE	DESCRIPTION	2010	2011	2012
Fully compliant	<i>Evidence of full compliance with this Article.</i>	X	X	X
Substantial compliance	<i>Evidence of substantial compliance with this Article but additional improvement needed.</i>			
Minimal compliance	<i>Effort has been made to achieve compliance with this Article but significant improvement is still needed.</i>			
Not compliant	<i>Service was unable to demonstrate structures or processes to be compliant with this Article.</i>			

Justification for this rating:

The Certificate of Registration was framed and displayed in a prominent position in the approved centre.

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

SECLUSION

Use: Seclusion was used in Unit 1 in the approved centre.

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

Justification for this rating:

The seclusion facilities were good: there was a separate seclusion room in a quiet part of the unit, with a toilet and shower. The room was bright and well ventilated.

The clinical file of one resident who had been secluded was examined. The standard of documentation of seclusion was high. The episode of seclusion was documented in the clinical file. The next of kin had been informed and there was evidence that the episode of seclusion was discussed with the resident. There was an excellent seclusion care plan which included a risk assessment. Nursing and medical observations were clearly documented. Termination of seclusion was documented.

The seclusion register was correctly completed.

Electroconvulsive Therapy (ECT) (DETAINED PATIENTS)

Use: ECT was not administered in the approved centre. No resident was receiving ECT in another centre.

MECHANICAL RESTRAINT

Use: One resident was mechanically restrained under Part 5 in St. Ita's Ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
1	General principles	NOT APPLICABLE			
14	Orders	NOT APPLICABLE			
15	Patient dignity and safety	NOT APPLICABLE			
16	Ending mechanical restraint	NOT APPLICABLE			
17	Recording use of mechanical restraint	NOT APPLICABLE			
18	Clinical governance	NOT APPLICABLE			
19	Staff training	NOT APPLICABLE			
20	Child patients	NOT APPLICABLE			
21	Part 5: Use of mechanical means of bodily restraint for enduring self-harming behaviour		X		

Justification for this rating:

One resident had a lap belt for prevention of injury, which they could open themselves. The restraint had been prescribed in the clinical file in 2010 but had not been renewed since then.

Breach: 21.4 (a)

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

PHYSICAL RESTRAINT

Use: Physical restraint was used in the approved centre. There was a high use of physical restraint on one elderly resident.

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

Justification for this rating:

The physical restraint practice forms were correctly completed and placed in the residents' clinical files. Physical restraint was documented in the clinical file. The next of kin were informed and where they were not, the reason was documented. There was evidence that a resident's episode of physical restraint was discussed at the multidisciplinary team meeting.

There was an excellent check list for physical restraint.

Staff had received training in Prevention and Management of Aggression and Violence.

ADMISSION OF CHILDREN

Description: Children were not admitted to the approved centre.

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: There had been eight deaths in the approved centre since January 2012. Seven of these deaths had occurred in St. Ita's Ward. A review of these deaths had been completed and the local Department of Public Health had been informed. Admissions to St. Ita's Ward had ceased pending the outcome of investigation.

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

Justification for this rating:

All deaths had been notified to the Mental Health Commission. A record of incidents was available. Incidents were reported and documented in the STARSWeb system. The risk manager or the person responsible for risk management was identified in the approved centre's risk management policy. There was a comprehensive risk management policy.

Electroconvulsive Therapy (ECT) FOR VOLUNTARY PATIENTS

Use: ECT was not administered in the approved centre. No resident was receiving ECT in another centre.

ADMISSION, TRANSFER AND DISCHARGE

Part 2 Enabling Good Practice through Effective Governance

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

There were policies on admission, discharge and transfer. A key worker system was in place. There was a policy on personal policy and possessions. A policy on risk management was available in accordance with Article 32 of the Regulations Risk Management Procedures.

Part 3 Admission Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was an excellent admission process. All admissions had a comprehensive psychiatric and physical examination that included a risk assessment and a collateral history. There were separate admission sheets for first admissions and re-admissions. A key worker system was in operation. The approved centre was compliant with Article 7 of the Regulations Clothing, Article 8 Residents' Personal Property and Possessions. It was also compliant with Article 20 Provision of Information to Residents.

The approved centre was not fully compliant with Article 15 Individual Care Plan.

Breach: 17.1

Part 4 Transfer Process

The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multidisciplinary team involvement, 30. communication

between Approved Centre and receiving facility and information transfer, 31. record-keeping and documentation, 32. day of transfer.

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The approved centre was fully compliant with Article 18 of the Regulations Transfer of Residents. The decision to transfer was taken by the consultant psychiatrist and discussed with the resident.

Part 5 Discharge Process

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
X			

Justification for this rating:

The discharge process was good. The discharge was discussed at the team meeting and with the resident. The resident's family was involved where appropriate. A discharge summary was sent to the general practitioner. Follow-up was arranged. It was evident that there was good discharge planning. There was an excellent discharge checklist.

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

Description: There were no residents in the approved centre with an intellectual disability and mental illness.

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

Level of compliance:

FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	MINIMAL COMPLIANCE	NOT COMPLIANT
	X		

Justification for this rating:

There was a policy on intellectual disability and mental illness. Staff had not received training in working with people with an intellectual disability and mental illness although there were plans in place to arrange training.

Breach: 6

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

SECTION 60 – ADMINISTRATION OF MEDICINE

Description: Two residents were detained for a period of over three months.

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

Justification for this rating:

One resident had signed a consent form for medication. A Form 17 was completed in respect of the other resident.

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

Description: Section 61 did not apply as the approved centre did not admit children.

SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

SERVICE USER INTERVIEWS

One service user spoke briefly with the inspectors. They indicated that they were happy with the service provided.

The Irish Advocacy Network provided a report to the inspectors. The service users indicated that they were happy with the internet available to them but felt that it was too expensive (€4 per hour). They also liked the visitor's space provided. Female residents were concerned that male residents had walked into the female dormitory. There was also concern expressed that some residents had access to sharp instruments such as razors.

OVERALL CONCLUSIONS

The standard of documentation was very high in the approved centre. Great care had been taken to ensure that seclusion and physical restraint were well documented. Some individual care plans were very good. However there were a small number of residents that had no individual care plans and many of the individual care plans in St. Ita's Ward were not of high standard.

The inspectors were concerned about the care and treatment of elderly residents in Unit 1 in that the layout of the admission unit was totally unsuitable for the care of elderly residents with dementia. There was a high rate of physical restraint of one elderly resident which appeared to be avoidable if this resident had been cared for in a dedicated area. The layout of the admission unit (Unit 1) was totally unsuitable for elderly confused residents. A dedicated area was required where they could be cared for with privacy and dignity. Such an area had been made available in the hospital and was ready for occupancy but no staff was provided.

The inspectors were also concerned at the number of residents in St. Ita's Ward who had not had six-monthly physical reviews. This was despite representations made to medical staff by nursing staff about the lack of physical examinations (letter made available to inspectors). If the service is not able to provide adequate physical care then a primary care service must be provided.

It was excellent that an occupational therapist had been provided for the approved centre. This service needs to be provided to the residents in St. Ita's Ward as well as Unit 1.

The inspectors were impressed with the enthusiasm and care provided by the nursing staff in the approved centre.

RECOMMENDATIONS 2012

1. The new five bed elderly care admission unit in the hospital should be staffed and opened as soon as possible.
2. All residents must have an individual care plan that meets the requirements of the Regulations.
3. Training in working with people with an intellectual disability and mental illness should take place as soon as possible.
4. All residents must have six-monthly physical examinations. Alternative arrangements must be made with primary care if the mental health service is unable to provide physical care.