

## Report of the Inspector of Mental Health Services 2009

<b>MENTAL HEALTH SERVICE</b>	HSE West
<b>APPROVED CENTRE</b>	Tearmann Ward and Curragour Ward, St Camillus' Hospital
<b>CATCHMENT AREA</b>	Limerick
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Tearmann Ward Curragour Ward
<b>TOTAL NUMBER OF BEDS</b>	37
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	9 July 2009

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

### DESCRIPTION

Tearmann Ward and Curragour Ward were located in a building in the grounds of St. Camillus' Hospital in Limerick City. The service was run by the Services for Older People but these two wards were under the care of consultants in psychiatry of later life. The building also contained the day hospital for service users of psychiatry of later life, and the headquarters of the community mental health team. Curragour Ward was an assessment ward that also provided respite care. Tearmann Ward provided continuing care for its residents, but also accommodated six medical patients under the nominal care of the Medical Geriatric Service. On the day of inspection there was one detained patient on Tearmann Ward and none in Curragour Ward.

### DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Curragour Ward	10	9	Psychiatry of later life
Tearmann Ward	27	15	Psychiatry of later life

### QUALITY INITIATIVES

- Most of the bathroom facilities were refurbished in 2009.
- The windows on Tearmann Ward had been fitted with an adhesive covering to provide privacy for residents.
- One bathroom had been restructured to provide for wheelchair access.
- The ward manager attended the multidisciplinary team meetings, facilitating the exchange of information for residents being returned to the community.
- Audits had been conducted on medication management, hygiene and signage resulting in improvements in the service.

### PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

The inspection report referred to in the following sections arise from an inspection carried out prior to the registration of the unit as an approved centre. No recommendations were made at that time.

**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	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Residents wore wristbands and there were photographs of residents on their medication index cards. In addition, residents' names were displayed on their beds. There was a policy in place, but it was not dated. A copy of the policy, appropriately dated, was forwarded to the Inspectorate following the inspection.

**Article 5: Food and Nutrition**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

A choice of menu was offered to residents and special diets were catered for. There was access to a dietician in the main hospital as required. There was a fresh water dispenser on each ward.

## Article 6 (1-2) Food Safety

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Food was prepared in the kitchen of the main hospital of St. Camillus' Hospital. The Inspectorate was informed that the ward kitchens were inspected regularly but evidence of this was not available on the day of inspection. Although the service was informed that the food safety report and food safety inspection report would be required, these were not available on the day of inspection, and were not subsequently forwarded to the Inspectorate.

**Breach:** Article 6 (1)

## Article 7: Clothing

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Residents were dressed in day clothes and these were individually marked with the owners' names. A policy with a review date was in place.

## Article 8: Residents' Personal Property and Possessions

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

An inventory of residents' property was taken on admission. Clothes were labeled. The service had a written policy on personal property and possessions.

During the course of the inspection, the file of one resident was found to contain documentation outlining the proposed use of the resident's money to purchase a pressure-relieving mattress for their use. The sum of money was considerable. Although this document was for the purpose of the next of kin to give consent (as this resident lacked capacity to give consent), it was not signed. The Inspectorate team was informed that the mattress had been purchased, although the staff member did not know the source of the money used.

**Article 9: Recreational Activities**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There were a number of nurse-led activities on Tearmann Ward. Residents had access to music groups, newspapers and bingo sessions. The ward had a TV set and DVD player. A mobile shop visited the ward daily. However, on the day of inspection, many people were sitting around aimlessly. Nursing staff in Curragour Ward reported that lack of staff and space made implementation of this Article very difficult.



## Article 10: Religion

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

There was a written policy on the religious needs of residents, with an appropriate review date. A Roman Catholic priest visited Tearmann Ward daily and residents who were able to could attend mass in the hospital chapel on Sundays. Other religions were facilitated when required.

## Article 11 (1-6): Visits

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

The approved centre had a written policy on visits with an implementation date of January 2009, but it did not have a review date. A copy of the policy with a review date was subsequently forwarded to the Inspectorate. The policy needed to be reviewed to reflect the welcoming attitude of staff to visitors. There was little space and no designated visitors' room, which in view of the long-stay nature of the residents on Tearmann Ward, was unsatisfactory. There were no child-friendly facilities on the ward.

**Breach:** Article 11 (4) and Article 11 (5).

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The approved centre had a policy on communication with an appropriate review date. There was a public phone on Curragour Ward. Some people had their own mobile phones. Although there was no public phone on Tearmann Ward, residents had access to the phone in the nurses' office. Post was delivered daily and residents had access to a computer under the guidance of a nurse.

## Article 13: Searches

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

The service had a written policy on searches with an appropriate review date. At the time of the inspection, no searches had been conducted recently. Residents' property was inspected on admission with the consent of the resident.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a written policy on the care of the dying, with an appropriate review date. There had been no deaths of residents in the past year.

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Although residents had care plans in place, these were nursing care plans and not multidisciplinary individual care plans as described in the Regulations. Members of the multidisciplinary team met regularly and residents were seen every week or two by an NCHD. A policy was in place with an appropriate review date.

**Breach:** Article 15

## Article 16: Therapeutic Services and Programmes

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

In both Tearmann Ward and Curragour Ward, the art therapist attended for three sessions a week and a music therapist attended once every two weeks. No occupational therapist attended the wards. The Sonas programme was available, and a reality orientation programme had been attempted, but discontinued because of staffing levels. Although efforts had been made to develop a programme of reminiscence therapy on Curragour Ward, this had proved impossible, according to the staff, due to staffing levels and lack of space.

A policy with an appropriate review date was available.

**Breach:** Article 16 (1)

#### **Article 17: Children's Education**

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Children were not admitted to this approved centre. The policy on admission of children was amended to reflect this policy following the inspection.

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**Article 18: Transfer of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a written policy on the transfer of residents. A letter was written by the medical and nursing staff on the transfer of a resident. This policy needed to be reviewed to reflect the need for a risk assessment on admission

**Breach:** Article 18 (2)

**Article 19 (1-2): General Health**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The approved centre had a policy on responding to medical emergencies. Neither ward had an emergency trolley although the policy on medical emergencies stated that the approved centre had “ready access to emergency equipment in the event of an emergency”. A GP visited Tearmann Ward daily. There was access to phlebotomy and X-ray services within St. Camillus’ as necessary. The Inspectorate was informed that the NCHD carried out physical health reviews on all residents every six months, but a review of some of the residents’ files showed no record of such examinations in two files inspected on Tearmann Ward. The Inspectorate was informed later that the records of the physical examinations were filed separately in the files. There was nobody who had been resident on Curragour Ward for more than 6 months on the day of inspection.

**Breach:** Article 19 (2)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The approved centre had produced a booklet detailing information on the unit. Information on illnesses and medication was given verbally to residents and their family. There was little written information for dissemination to patients or their relatives on the ward. A ward profile on the wall was too small to be useful. The consultant and multidisciplinary team held regular meetings with families of residents. The approved centre had a written policy on provision of information. There was no information on advocacy and no advocate visited the approved centre. The advocate for the Limerick Mental Health Services was unaware of the approved centre status of the unit in St. Camillus's Hospital until after the area catchment meeting.

**Breach:** Article 20 (1)(c) and Article 20 (1)(d).

## Article 21: Privacy

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Privacy had been improved on Tearmann Ward with the addition of adhesive frosting to the lower part of the windows. There were curtains around the beds. Lack of space resulted in the ward being overcrowded and beds being situated very close together. There was no interview room on Curragour and this resulted in staff discussing their conditions with residents in the open ward for the most part.

**Breach:** Article 21

## Article 22: Premises

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Most of the bathrooms in the unit had been renovated to a good standard and there was wheelchair access to a bathroom. The premises was clean although conditions were cramped. On Tearmann Ward on the day of inspection, there were 12 beds in excess of the number of residents. As it was clear from the inspection that a number of these beds were not in regular use, maintaining these additional beds added significantly to the cramped nature of the unit and their removal would enhance the environment of residents. On Curragour Ward there were ten admission beds and the area was cramped. There was little space for walking, or activities of daily living. One room doubled as interview room, a visiting room for adults and children and an art room. One toilet opened directly onto the dining area and was inappropriately situated. There was access to a garden area.

**Breach:** Article 22 (3)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The approved centre had a policy relating to the ordering, prescribing, storing and administration of medication to residents.

**Article 24 (1-2): Health and Safety**

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LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The service had a policy on health and safety. A new hospital-wide policy was being developed.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

**Justification for this rating:**

CCTV was not used in the wards. It was used at the entrance door and for monitoring purposes only.



## Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Tearmann Ward	Nurse Attendant	3 from 0730h to 1330h 2 from 1330h to 2030h 2–3	2 from 2000h to 1230h 1 from 1230h to 0730h 1
Curragour Ward	Nurses Attendants	2 2	1 2

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Residents in the approved centre were under the care of two consultants in psychiatry of later life, with the exception of the six medical patients who were under the care of the physicians of geriatric medicine. There were two NCHDs. A GP attended the unit each morning. There was no occupational therapist in the unit, but access to one was available in the day hospital. Residents also had access to a social worker, psychologist, speech and language therapist and physiotherapist in the day hospital. A chiropodist visited the unit weekly. The nursing staff were a mix of general and psychiatric nurses and not all staff had received training in the Mental Health Act 2001. Some staff had identified a need to have their training in the Mental Health Act updated. The recruitment policy of the HSE was in operation.

**Breach:** Article 26(2), Article 26 (4), and Article 26 (5).

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

Two files were kept on each resident, one for psychiatric records and one for medical (i.e. physical) records. The service did not have copies of inspections relating to food safety, health and safety and fire inspections in the approved centre.

**Breach:** Article 27 (3)

**Article 28: Register of Residents**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The register contained all required details except the resident's PPS number.

**Breach:** Article 28 (2)

**Article 29: Operating Policies and Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

A number of policies were either undated or the review date had passed. A number of policies had been signed by the ADON only. Policies should be signed by members of the management team. Following the inspection, copies of signed and dated policies were forwarded to the Inspectorate.

## Article 30: Mental Health Tribunals

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>	<b>X</b>	

### Justification for this rating:

Staff in the approved centre cooperated with mental health tribunals, which took place on Tearmann Ward. The facilities were inadequate. There were no separate waiting areas for the patients and their legal representatives.

## Article 31: Complaint Procedures

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		<b>X</b>
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

### Justification for this rating:

Information on the complaints' procedure was displayed in the wards. Information was also contained in the information booklet. Although a policy was available, it was inadequate and needed to be reviewed. There was no nominated person to deal with complaints.

**Breach:** Article 31 (4)

**Article 32: Risk Management Procedures**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>		
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		<b>X</b>
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>	<b>X</b>	
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

There was a written risk management policy in place, but this policy did not refer to Tearmann Ward and Curragour Ward by name, neither did it refer to precautions in place relating to risk of suicide and self-harm. The implementation and review dates were the same. No risk assessment accompanied one patient transferred from one location within the service to another.

**Breach:** Article 32 (2)(ii)

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>X</b>	
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		<b>X</b>
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

No copy of an insurance document was available in the approved centre on the day of inspection, or subsequently.

**Breach:** Article 33



**Article 34: Certificate of Registration**

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LEVEL OF COMPLIANCE	DESCRIPTION	2008	2009
<b>Fully compliant</b>	<i>Evidence of full compliance with this Regulation.</i>	<b>NOT APPLICABLE</b>	<b>X</b>
<b>Substantial compliance</b>	<i>Evidence of substantial compliance but improvement needed.</i>		
<b>Compliance initiated</b>	<i>An attempt has been made to achieve compliance but significant progress is still needed.</i>		
<b>Not compliant</b>	<i>Service is unable to demonstrate structures or processes to be compliant with this Regulation.</i>		
<b>Not inspected</b>	<i>Inspection did not cover this Article.</i>		

**Justification for this rating:**

The certificate of registration was displayed in the unit.

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

### **SECLUSION**

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Seclusion was not in use at the time of inspection.

### **ECT (DETAINED PATIENTS)**

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The approved centre had no ECT facilities. Patients who required ECT were transferred to Unit 5B in Limerick.

## MECHANICAL RESTRAINT

**Use:** Only mechanical restraint pertaining to Part 5 of the Rules on Mechanical Means of Bodily Restraint was in use in the unit. Cot-sides were used in some instances and this was recorded in the care plans of residents on Tearmann Ward and on Curragour Ward.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
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:

The service had a policy on mechanical restraint but this policy had no implementation or review dates. Following the inspection, an appropriately dated copy of the approved centre's policy on mechanical restraint was forwarded to the Inspectorate.

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

### **PHYSICAL RESTRAINT**

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It was reported to the Inspectorate that physical restraint was not used in this unit. The register for physical restraint was unused. No training had been conducted on means of physical restraint with nursing staff. There was no policy in relation to physical restraint in Curragour Ward. Following the inspection, a copy of the policy was forwarded.

## **ADMISSION OF CHILDREN**

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Children were not admitted to the approved centre.

## NOTIFICATION OF DEATHS AND INCIDENT REPORTING

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**Description:** Incidents were reported as required. No deaths had occurred since the previous inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Notification of deaths	X			
3	Incident reporting	X			
4	Clinical governance	X			

**Justification for this rating:**

No deaths had occurred in the past year. HSE incident report forms were used and reports entered on the STARS Web tracking system.

## **ECT FOR VOLUNTARY PATIENTS**

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ECT was not administered in the unit. The approved centre subsequently forwarded a policy to this effect.



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

### SECTION 60 – ADMINISTRATION OF MEDICINE

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**Description:** One patient had been detained on Tearmann Ward for longer than three months and was receiving medication.

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

**Justification for this rating:**

There was no evidence on the day of inspection that this patient was consenting to treatment. There was no patient in Curragour ward for longer than three months on the day of inspection.

**Breach:** Section 60 (a)

**SECTION 61 – TREATMENT OF CHILDREN WITH SECTION 25 ORDER IN FORCE**

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Section 61 did not apply as no child had been admitted under Section 25.

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

### **SERVICE USER INTERVIEWS**

Residents were informed of the Inspectorate team's presence, but no resident asked to speak with the team.

### **OVERALL CONCLUSIONS**

This was the first inspection of Tearmann Ward and Curragour Ward, St. Camillus' Hospital, since it had been registered as an approved centre. There were a number of difficulties with the unit as it currently functioned. Without individual multidisciplinary care plans, therapeutic activities could not be individually directed to the needs of residents. Residents were seen to have little to occupy them and there was little evidence of any therapeutic activity taking place on the ward. There was an overall sense of lack of space in the dormitories, although there were a number of clearly unoccupied beds in the dormitory areas. The renovation of the bathroom areas had been of a high standard.

Nursing staff were of both general nursing and psychiatric backgrounds and the Inspectorate formed the opinion that there was uncertainty among staff as to the statutory requirements involved in running an approved centre. Nursing staff were confused as to whether their line managers were within the general hospital or the mental health services and how these related to older people's services.

Of particular concern to the Inspectorate was the position regarding the placement of six medical patients in an approved centre. It was unclear as to who had clinical responsibility for these patients, given that they were not under the care of the consultants for psychiatry of later life. This must be a cause for concern for these patients and their families.

### **RECOMMENDATIONS 2009**

1. Individual multidisciplinary care plans should be developed for each resident.
2. An appropriate skill mix should be available to implement therapeutic services.
3. There should be a greater level of activation, linked to care plans, on the wards.
3. All policies should be reviewed to ensure they are specific to the approved centre and that implementation and review dates are correct.
4. Policies relating to seclusion, ECT, and physical restraint should be developed simply stating that these were not used in the approved centre.
5. The placement of medical patients in this approved centre should cease, and the medical patients currently in the approved centre should be accommodated in a general medical facility.
6. Consideration should be given to creating extra space and improving privacy by removing some of the beds.
7. All staff should receive sufficient training on the Mental Health Act 2001, particularly in view of the predominance of staff from a general medical background.
8. The general level of decor was poor and faded and should be improved.
9. The one small multipurpose room available should be adequately furnished.