

Report of the Inspector of Mental Health Services 2009

MENTAL HEALTH SERVICE	HSE West
APPROVED CENTRE	Acute Psychiatric Unit 5B, Mid-Western Regional Hospital, Limerick
CATCHMENT AREA	Limerick
NUMBER OF WARDS	1
NAMES OF UNITS OR WARDS INSPECTED	Unit 5B
TOTAL NUMBER OF BEDS	50
CONDITIONS ATTACHED TO REGISTRATION	No
TYPE OF INSPECTION	Unannounced
DATE OF INSPECTION	11 June 2009

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

DESCRIPTION

Unit 5B was the acute admission ward for the Limerick catchment area and was located in the Mid-Western Regional Hospital. It had 50 beds and there were 10 admitting teams, including one psychiatry of later life team and one team for child and adolescent mental health services. A liaison team also operated within the hospital. The unit was dull and institutional in appearance and in need of the major renovations which had been planned for the previous year and which had not yet been sent out to tender. There were 11 detained patients in the unit on the day of inspection.

DETAILS OF WARDS IN THE APPROVED CENTRE

WARD	NUMBER OF BEDS	NUMBER OF RESIDENTS	TEAM RESPONSIBLE
Unit 5B	50	43	General adult Psychiatry of later life Child and adolescent

QUALITY INITIATIVES

- The unit had set up a clinical policy, procedure and guidelines group.
- The unit's risk management steering group had now been extended to incorporate all areas of the Limerick Mental Health Service.
- A practice learning environment audit was completed in conjunction with the University of Limerick and the Practice Development Unit, Limerick Mental Health Service.
- The unit had a policy folder in where staff must sign that they have read and understood each individual unit policy.
- A pre-discharge booklet was currently being drawn up by the therapeutic team to aid, assist and provide useful information for residents post discharge.

PROGRESS ON RECOMMENDATIONS IN THE 2008 APPROVED CENTRE REPORT

1. *Children should not be admitted to Unit 5B.*

Outcome: Children were still being admitted to the unit. All children under 16 for admission were initially referred to St. Anne's Unit in Galway. It was reported to the Inspectorate that St. Anne's Unit had been unable to accept all such referrals due to a lack of vacancies.

2. *Each resident must have a multidisciplinary team care plan.*

Outcome: The introduction of care plans for all residents had not proceeded as planned, due to the illness of the lead consultant. The Inspectorate was informed that a review of a piloted multidisciplinary care plan was in progress and would be implemented in August 2009.

3. *The development of the high observation area should proceed.*

Outcome: This work had not begun but it was reported that permission had been granted to go to tender. Construction was expected to begin in 2010 and the facility is due to include a dedicated area for psychiatry of later life.

4. *The refurbishment of the kitchen area should proceed.*

Outcome: As the refurbishment of the kitchen was linked to the overall renovation works in the unit, it had not proceeded. However, the feasibility of proceeding with the refurbishment of the kitchen in advance of the of the main refurbishment work was being considered.

5. The service should seek Electroconvulsive Therapy Accreditation Service (ECTAS) approval for ECT.

Outcome: The service had not sought approval.

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

Justification for this rating:

A policy was in place with an appropriate review date. Staff were introduced to new patients on arrival and information was shared with new staff at handover. Residents did not wear identification wristbands and did not have photographic identification.

Article 5: Food and Nutrition

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

Justification for this rating:

Service users praised the quality of the food and indicated they had had a choice of menu. However, there was some criticism of its blandness and lack of variety. Residents had access to fresh drinking water and special diets were catered for.

Breach: Article 5 (2)

Article 6 (1-2) Food Safety

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

Justification for this rating:

The promised work on the kitchen refurbishment had not taken place. A food safety report was available.

Breach: Article 6 (1)(b)

Article 7: Clothing

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

Justification for this rating:

A number of residents were observed to be in their night clothes on the day of inspection. Staff said that this was the residents' own choice. One resident who was interviewed supported this view. The policy was not available.

Article 8: Residents' Personal Property and Possessions

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

Justification for this rating:

A policy with an appropriate review date was available. There was a storeroom available for residents and there was access to a safe on the ward for valuables.

Article 9: Recreational Activities

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

Justification for this rating:

A number of recreational activities were available, including ward games, bingo, cookery, TV viewing. A full-time clinical nurse specialist (CNS) coordinated therapeutic and recreational activities on a daily basis and liaised with community groups. Residents however, complained that there were not enough of these activities and often there was nothing to do. An art therapist visited the unit most days and a yoga teacher attended weekly. One resident interviewed complained there was not enough to do during the day and that he had begun smoking again, having not smoked for four years before admission. Another requested more activities to "help self-confidence". There were suggestions that the garden be improved.

Breach: Article 9

Article 10: Religion

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

Justification for this rating:

An appropriate policy with a review date was available. Chaplains visited the unit regularly and there was a facility for contacting chaplains from different denominations as required.

Article 11 (1-6): Visits

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

Justification for this rating:

Visitors were encouraged. Two rooms were available for use as visitors' rooms. A policy was available with an appropriate review date.

Article 12 (1-4): Communication

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

Justification for this rating:

A policy with an appropriate review date was available. No procedure was included. There were two public phones in the ward. Mobile phones were allowed, but not camera phones. Residents had supervised internet access.

Breach: Article 12 (3)

Article 13: Searches

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

Justification for this rating:

A policy and procedures with an appropriate review date was available. Staff inspected a resident's property on admission, with the resident's permission. It was reported that no searches had been undertaken in the recent past.

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

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

Justification for this rating:

A policy and procedure with an appropriate review date was available. However, this needed to be amended in line with the Regulations. One death had occurred in 2008 and this had been reported to the Mental Health Commission.

Breach: Article 14 (1)

Article 15: Individual Care Plan

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

Justification for this rating:

All residents had nursing care plans, but only residents in one sector had individual multidisciplinary team care plans. It was reported to the Inspectorate that the multidisciplinary team care planning group had developed a care plan system and this was due to be fully introduced in July 2009.

Breach: Article 15

Article 16: Therapeutic Services and Programmes

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

Justification for this rating:

Therapeutic assessments were done by nursing staff who attend multidisciplinary planning meetings. An art therapist was employed three mornings a week. A nurse was employed to run groups for residents. As residents did not have multidisciplinary care plans the activities could not be linked to these. The development of a gym area had been requested, but not approved.

Breach: Article 16 (1)

Article 17: Children's Education

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

Justification for this rating:

A policy was in place with an appropriate review date. A teacher was available weekly to review work with the resident where clinically appropriate. Where possible, attendance at the child's own school was facilitated.

Article 18: Transfer of Residents

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

Justification for this rating:

An appropriate policy was in place with review date. The service had developed a transfer form to assist in the transfer of residents.

Article 19 (1-2): General Health

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

Justification for this rating:

The policy in place, though signed and dated, addressed principles only. Two residents had been resident for longer than six months. Although it was noted that each of these residents had undergone medical or surgical review for a specific purpose during their stay in the unit, in neither case had full six-monthly physical health reviews been conducted.

Breach: Article 19 (1)(b) and Article 19 (2).

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

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

.Justification for this rating:

A policy and procedures with an appropriate review date were available. An information booklet was available. Service users interviewed said they had been given information about their diagnosis and treatment.

Article 21: Privacy

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

Justification for this rating:

Curtains were provided in the ward areas. Single rooms were available.

Article 22: Premises

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

Justification for this rating:

Directions from the outpatient department of the hospital were confusing. The unit itself was institutionalised in appearance. There were plans to refurbish it, but in the meantime the standard of decor was poor. Furnishings needed to be modernised. The kitchen had not been refurbished.

Breach: Article 22 (1)(a)(c) and Article 22 (2).

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

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

Justification for this rating:

There was a policy relating to the ordering and storing of medications. Medications were obtained from the pharmacy in the general hospital and were dispensed at the pharmacy in the unit.

Article 24 (1-2): Health and Safety

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

Justification for this rating:

The service had removed any hazardous ligature points and had replaced glass mirrors with non-glass mirrors. Although there was a HSE policy in place, there was no unit policy on health and safety for residents and visitors.

Breach: Article 24 (1)

Article 25: Use of Closed Circuit Television (CCTV)

It was reported that CCTV monitoring was not conducted in the unit.

Article 26: Staffing

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Unit 5B	ADON	1	0
	Nurse	14	7
	Occupational therapy assistant	1	0
	Art therapist	sessional	0
	Addiction counsellor	sessional	0

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

Justification for this rating:

The staff skill mix was not appropriate to meet the needs of the residents. Training in physical restraint techniques had begun in 2008 and nearly all staff were now trained. The HSE policy on recruitment applied. There was an appropriate policy on induction for new staff.

Breach: Article 26 (2)

Article 27: Maintenance of Records

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

Justification for this rating:

Records were reasonably well kept. Separate files were kept for medical and psychiatric notes. There was a policy with an appropriate review date. However, it did not contain information on the disposal of records.

The service had a fire inspection report and a food safety inspection report.

Breach: Article 27 (2) and Article 27 (3).

Article 28: Register of Residents

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

Justification for this rating:

There was a register of residents with all the required information, except the country of origin.

Breach: Article 28

Article 29: Operating Policies and Procedures

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

Justification for this rating:

A policy with an appropriate review date was in place.

Article 30: Mental Health Tribunals

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

Justification for this rating:

The service cooperated with tribunals and assisted patients as required.

Article 31: Complaint Procedures

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

Justification for this rating:

A record of complaints was kept on the ward and a note was made of the outcome of the complaints. A consultant psychiatrist was the nominated person to deal with complaints. Information on the complaints procedure was provided in the information leaflet given to all residents on admission. A policy was in place, but had no review date. The Inspectorate was informed later that the policy had been amended.

Article 32: Risk Management Procedures

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

Justification for this rating:

The service had policies in place for risk management, including self-harm and suicide. Critical incidents were reviewed immediately. A record was kept of all incidents and this was forwarded to the Mental Health Commission every six months.

Article 33: Insurance

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

Justification for this rating:

A copy of the insurance certificate was seen by the Inspectorate.

Article 34: Certificate of Registration

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

Justification for this rating:

A copy of the certificate of registration was displayed in the unit.

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

SECLUSION

Seclusion was not used in the unit and the service had a policy stating this.

ECT (DETAINED PATIENTS)

Use: The large ECT suite with waiting, treatment and recovery rooms had not been used from December 2008 until a fortnight before the inspection, when one detained patient was receiving treatment. A trained nurse and consultant psychiatrist were designated. There was a good information leaflet for patients.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	NOT APPLICABLE			
3	Information		X		
4	Absence of consent	X			
5	Prescription of ECT	X			
6	Patient assessment			X	
7	Anaesthesia	X			
8	Administration of ECT	X			
9	ECT Suite	X			
10	Materials and equipment	X			
11	Staffing	X			
12	Documentation	X			
13	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Although the patient was very unwell, there was no evidence in his file that an attempt had been made to discuss ECT with him or that a cognitive assessment had been carried out afterwards. Work to attain ECTAS approval was progressing, but lack of funding was cited as a difficulty.

Breach: Section 3.2 and Section 6.1

MECHANICAL RESTRAINT

It was reported to the Inspectorate that mechanical restraint was not used in the unit. However, there was a full policy on mechanical restraint in place. It was suggested that the service adopt a policy stating that mechanical restraint was not used in the unit.

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

PHYSICAL RESTRAINT

Use: Physical restraint was used infrequently in the unit. The latest recorded use was in February 2009. No resident currently admitted to the unit had been physically restrained. The register of physical restraint was inspected.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Orders		X		
3	Resident dignity and safety	NOT APPLICABLE			
4	Ending physical restraint	NOT APPLICABLE			
5	Recording use of physical restraint	NOT APPLICABLE			
6	Clinical governance		X		
7	Staff training		X		
8	Child residents	NOT APPLICABLE			

Justification for this rating:

Some orders in the register were not fully completed. Training in means of physical restraint had commenced in November 2008, but as of the date of inspection not all staff had completed training. The policy needed to be reviewed annually.

Breach: Section 2.8, Section 6.1 (d), and Section 7.1 (e).

ADMISSION OF CHILDREN

Description: Children continued to be admitted to the unit. Twelve children had been admitted since January 2009 and one 15-year-old child was resident on the day of inspection. One 13-year-old child had been admitted in March 2009. On reviewing the record of children admitted, it was noted that most of the admissions were of very short duration, from one to three days. When children were admitted, staff reported that they were accommodated in a single bedroom with en-suite facilities and assigned a designated staff member who remained with them at all times.

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

Justification for this rating:

The unit had policies in place regarding the admission of children. However, they did not have policies in place on family liaison, parental consent or confidentiality in accordance with the Code of Practice Relating to the Admission of Children.

There was one child in the unit on the day of admission. There was no record in the file of parental consent for admission or treatment. The child had been awaiting transfer to St. Anne's Child and Adolescent Unit in Galway for the previous three weeks. Lack of beds was the cited reason for the delay. The child who was resident on the day of inspection had not availed of leave. The unit was unsuitable for the admission of children.

Most staff had Garda clearance.

Breach: Section 33.3 and Section 2.5 (l).

NOTIFICATION OF DEATHS AND INCIDENT REPORTING

Description: The service kept a record of all incidents that occurred in the unit and this was reviewed every three months by the policy group. A copy of such incidents was forwarded to the Mental Health Commission as required. Deaths in the unit were infrequent and the most recent death had occurred in June 2008.

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

Justification for this rating:

No deaths had occurred in the current year. The service had a risk management policy and had a designated risk manager.

ECT FOR VOLUNTARY PATIENTS

Use: One resident was receiving ECT at the time of inspection. This resident's file was reviewed.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
2	Consent	X			
3	Information	X			
4	Prescription of ECT	X			
5	Assessment of voluntary patient	X			
6	Anaesthesia	X			
7	Administration of ECT	X			
8	ECT Suite	X			
9	Materials and equipment	X			
10	Staffing	X			
11	Documentation		X		
12	ECT during pregnancy	NOT APPLICABLE			

Justification for this rating:

Not all the required information was documented in the register of ECT.

Breach: Section 11.1

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

SECTION 60 – ADMINISTRATION OF MEDICINE

As there were no patients receiving medication who had been detained for longer than three months in the approved centre on the day of inspection, Section 60 did not apply.

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

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

Three residents spoke with the Inspectorate on their visit. All three spoke very highly of the staff and found them to be very helpful and considerate. They expressed the view that they would like more activities, especially in the evenings and at weekends, and improved maintenance of the garden areas. One resident had not had any interaction with a psychologist or occupational therapist.

OVERALL CONCLUSIONS

Unit 5B provided acute admissions from the Limerick catchment area. While it was encouraging to note that the residents interviewed spoke highly of the staff, it was disappointing to find that none of the proposed renovation works, including the development of a high observation area had begun. In view of the fact that the physical layout of the unit was not conducive to adequate observation of at-risk residents, the restructuring works were necessary. It appeared to the Inspectorate on the day that a number of residents seemed to be without activities and were lying on their beds or sitting around. Whilst it was acknowledged that an activities therapist worked in the unit, the lack of an occupational therapist post contributed to the absence of a needs-based therapeutic environment. It was likely that the lack of individual multidisciplinary team care plans as outlined in the Regulations also contributed to this. It was of concern to the Inspectorate that children continued to be admitted to this adult unit in such numbers. It was reported that all requests for admission to St. Anne's Child and Adolescent Unit in Galway were refused due to lack of vacancies in St. Anne's.

At the feedback meeting, it was reported that there were attempts by Primary Community and Continuing Care (PCCC) to draw staff away from a full-time commitment to mental health services by means of the transformation team. This was not a move that was welcomed by the Inspectorate of Mental Health Services.

RECOMMENDATIONS 2009

1. The unit was not suitable for the admission of children and such admissions should cease as soon as possible. Reasons for admission should be reviewed in light of the short length of stay of some children and alternatives to admissions of this kind should be explored where clinically appropriate.
2. Where children were admitted to the unit, there needs to be a clear procedure to obtain and document parental or guardian consent for the admission and treatment of the child.
3. The restructuring works to provide adequate observation areas and kitchen facilities should be commenced without delay.
4. All residents should have individual multidisciplinary team care plans as described in the Regulations.
5. Procedures should be drawn up to ensure that all residents admitted for longer than six months have full physical health reviews.
6. Policies and procedures should be reviewed to provide clear guidance to staff.