

## Report of the Inspector of Mental Health Services 2010

<b>EXECUTIVE CATCHMENT AREA</b>	Dublin North Central, Dublin North West
<b>HSE AREA</b>	Dublin North East
<b>CATCHMENT AREA</b>	North West Dublin
<b>MENTAL HEALTH SERVICE</b>	Connolly Hospital
<b>APPROVED CENTRE</b>	Department of Psychiatry, Connolly Hospital
<b>NUMBER OF WARDS</b>	2
<b>NAMES OF UNITS OR WARDS INSPECTED</b>	Ash Ward High Dependency Unit
<b>TOTAL NUMBER OF BEDS</b>	27
<b>CONDITIONS ATTACHED TO REGISTRATION</b>	No
<b>TYPE OF INSPECTION</b>	Announced
<b>DATE OF INSPECTION</b>	11 May 2010

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

### **INTRODUCTION**

In 2010, the Inspectorate paid particular attention to Articles 15 to 22 and 26 of the Mental Health Act 2001 (Approved Centres) Regulations 2006 and all areas of non-compliance with the Regulations in 2009 and any other Article where applicable. 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 2009. Information was gathered from self-assessments, service user interviews, staff interviews and photographic evidence collected on the day of the inspection.

### **DESCRIPTION**

The Department of Psychiatry was located in the lower ground floor of Connolly Hospital near the front entrance. It was a 27 bed unit comprising a five-bed High Dependency Unit (HDU) and 22 beds on Ash Ward. The door was locked on the day of inspection. Admissions to the HDU came from within the catchment and the Emergency Department of the general hospital. It was reported that generally, all first admissions, most new admissions and patients admitted under the Mental Health Act (2001) were initially admitted to the HDU for a period of assessment and to facilitate increased observation.

### **DETAILS OF WARDS IN THE APPROVED CENTRE**

<b>WARD</b>	<b>NUMBER OF BEDS</b>	<b>NUMBER OF RESIDENTS</b>	<b>TEAM RESPONSIBLE</b>
Ash Ward	22	22	General Adult
High Dependency Unit	5	3	General Adult

### **QUALITY INITIATIVES**

- An audit of medication management had been conducted.
- The nursing assessment practice had been restructured to allow for a focus on the Recovery model.
- Introduction of integrated care plans in the East Blanchardstown sector had been carried out.
- The service had participated in the Health Fair Day in conjunction with the general hospital.
- A safety checklist had been compiled to assist staff before carrying out assisted admissions.
- The Department of Psychiatry has been included in the Connolly Hospital Patient Council.

**PROGRESS ON RECOMMENDATIONS IN THE 2009 APPROVED CENTRE REPORT**

1. Pine Ward should open as soon as possible to enable admissions to St. Brendan's Hospital to cease.

Outcome: Pine Ward had been refurbished but was not yet open. It was reported that this was because of difficulties in recruiting staff. It was subsequently reported that Pine Ward was opened on 6 September 2010.

2. Individual care plans should be commenced immediately.

Outcome: Introduction of individual care plans was being progressed and individual care plans had been piloted in the East Blanchardstown sector. There were differences between sectors regarding the most appropriate individual care plans.

**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	2009	2010
<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>		

**Article 5: Food and Nutrition**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The residents in the High Dependency Unit had no ready access to fresh drinking water.

**Breach:** 5(1)

**Article 6 (1-2) Food Safety**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 7: Clothing**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 8: Residents' Personal Property and Possessions**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



**Article 9: Recreational Activities**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 10: Religion**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 11 (1-6): Visits**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 13: Searches**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 15: Individual Care Plan**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>

**Justification for this rating:**

Two separate versions of Individual Care Plans operated on Ash Ward and the High Dependency Unit. The Individual Care Plans stated the resident's needs in broad terms; however, the individual care plan did not identify method of evaluation, baseline assessment, clear goals and the specific intervention required and so did not meet the criteria as defined in the Regulations.

**Breach: 15**

**Article 16: Therapeutic Services and Programmes**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>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>		

**Justification for this rating:**

Individual clinical files contained detailed and timely progress notes. The therapeutic services and programmes were not clearly articulated and linked to the individual care plans as defined in the Regulations.

**Breach: 16**



**Article 17: Children's Education**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The clinical file of one child resident was examined. There was evidence in the clinical file that the education needs of the child had been addressed. There was a written operational policy.

**Article 18: Transfer of Residents**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

At the time of Inspection, it was reported that no resident had been transferred in 2010 from the approved centre.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>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>		

**Justification for this rating:**

Six residents had been resident for a period greater than six months. Six clinical files were examined. Five had physical examinations completed. The remaining physical examination could not be located.

**Breach:** 19 (1) (b)

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The service provided information on medication and diagnosis and an information leaflet about the approved centre was available to residents.

**Article 21: Privacy**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

There was evidence that the privacy and dignity of residents was respected.

**Article 22: Premises**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

There was evidence that the enclosed garden had been refurbished. The ward was due to be repainted.

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

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



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

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 26: Staffing**

WARD OR UNIT	STAFF TYPE	DAY	NIGHT
Ash Unit	Nursing	1 Assistant Director of Nursing (Shared)	1 Acting CNM3 (shared) 3 RPNs 1 CNM3
		1 CNM3	
		1 CNM2	
		4 RPNs	
	Ward Clerk	1	0
	Occupational Therapist	2 + one assistant	
HDU	Nursing	1 Assistant Director of Nursing (Shared)	1 Acting CNM3 (shared) 2 RPNs
		1 CNM3	
		1 CNM2	
		2 RPNs	

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

Although the majority of people from the Cabra and Finglas sectors were admitted to St. Brendan's Hospital, the approved centre had made available five beds to these sectors. The Finglas community mental health team had no social worker or psychologist allocated to it for over two years. The Cabra community mental health team had a representative from each discipline and was the only one of the four sector teams to have this. The record of staff training indicated that not all staff was up-to-date on training on manual handling.

**Breach:** 26 (2) (4)

**Article 27: Maintenance of Records**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Justification for this rating:**

The approved centre used the clinical files of Connolly Hospital. Even though the files were divided into different sections, it was difficult to retrieve information for both Inspectorate and staff. This was discussed following the inspection and acknowledged by staff. The Inspectorate was not provided with inspection reports relating to food safety, fire and health and safety.

**Breach:** 27 (1) (3)

**Article 28: Register of Residents**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 29: Operating policies and procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 30: Mental Health Tribunals**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 31: Complaint Procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		



**Article 32: Risk Management Procedures**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 33: Insurance**

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

**Article 34: Certificate of Registration**

---

LEVEL OF COMPLIANCE	DESCRIPTION	2009	2010
<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>		

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

### **SECLUSION**

---

**Use:** Seclusion was not used by the approved centre although there was a seclusion room. The service was in discussion with its staff regarding the possible re-introduction of seclusion in the event of the vacant ward in the unit being opened.

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

---

**Use:** ECT was not provided in the approved centre. Any resident requiring ECT was transferred to St. Patrick's University Hospital.

### **MECHANICAL RESTRAINT**

---

**Use:** It was reported that mechanical means of bodily restraint was not used. Mechanical means of bodily restraint under Part 5 of the Rules was not used.

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

**PHYSICAL RESTRAINT**

**Use:** Physical restraint had not been used this year to the date of inspection.

SECTION	DESCRIPTION	FULLY COMPLIANT	SUBSTANTIALLY COMPLIANT	COMPLIANCE INITIATED	NOT COMPLIANT
5	Orders	<b>NOT APPLICABLE</b>			
6	Resident dignity and safety	<b>NOT APPLICABLE</b>			
7	Ending physical restraint	<b>NOT APPLICABLE</b>			
8	Recording use of physical restraint	<b>NOT APPLICABLE</b>			
9	Clinical governance		<b>X</b>		
10	Staff training		<b>X</b>		
11	Child residents	<b>NOT APPLICABLE</b>			

**Justification for this rating:**

The Physical Restraint Clinical Practice Form book was examined and was blank. The register of training on manual handling indicated that not all staff was up-to-date with training. A policy was requested but this was not forwarded to the Inspectorate.

**Breach:** 9.2, 10.1

**ADMISSION OF CHILDREN**

---

**Description:** At the time of inspection, three children had been admitted to the approved centre in 2010.

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 clinical file of one former child resident was examined and was satisfactory.

The approved centre was not suitable for the admission of children.

A copy of the policy on admission of children incorporating a policy on family liaison, parental consent and confidentiality was requested but not forwarded to the Inspectorate.

**Breach:** 2.5

**NOTIFICATION OF DEATHS AND INCIDENT REPORTING**

---

**Description:** Two deaths had occurred since the last 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:**

Deaths were notified to the Mental Health Commission, and incidents were reviewed by the risk management department.

## **ECT FOR VOLUNTARY PATIENTS**

---

**Use:** Any resident requiring ECT was transferred to St. Patrick's Hospital. Four residents had been admitted to St. Patrick's Hospital for ECT since January 2010.



**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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The approved centre followed the policy of the general hospital on admission of people with intellectual disability. The approved centre did not operate a uniform system of individual care plans and they did not specify interventions or goals.

A copy of the policy on admission, transfer and discharge of residents and a risk management policy was requested but not forwarded to the Inspectorate. Subsequently, copies of the policies on admission and transfer of residents were forwarded. A copy of the policy on discharges was not forwarded. A copy of the policy on risk management was forwarded.

**Breach: 4**

**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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

Residents were assessed on admission and a physical examination was conducted. Information about the unit was provided to the resident. A key-worker system was in operation. Residents had individual care plans but the plans did not identify specific interventions or goals.

**Breach: 17**

**Part 4 Transfer Process**

*The following aspects were considered: 25. Transfer criteria, 26. decision to transfer, 27. assessment before transfer, 28. resident involvement, 29. multi-disciplinary 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	COMPLIANCE INITIATED	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

Residents who were transferred were accompanied by staff. Written documentation also accompanied 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	COMPLIANCE INITIATED	NOT COMPLIANT
<b>X</b>			

**Justification for this rating:**

The decision to discharge a resident was generally taken by the multidisciplinary team. Follow-up appointments were arranged prior to discharge.

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

---

**Description:** One resident in Ash Ward had an intellectual disability and mental illness and had been resident there for one year.

*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	COMPLIANCE INITIATED	NOT COMPLIANT
	<b>X</b>		

**Justification for this rating:**

The service used the policy of Connolly Hospital relating to the admission of people with an intellectual disability. There was evidence in the clinical file of the resident of inter-agency collaboration. Although the resident had an individual care plan, it did not identify goals. There was evidence of regular reviews by the team and the occupational therapist and social worker had documented progress in the clinical file. Staff reported that they had not received specific training in managing people with an intellectual disability and mental illness.

**Breach:** 6.1, 8.1

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

**SECTION 60 – ADMINISTRATION OF MEDICINE**

---

**Description:** At the time of Inspection, one patient was detained for a period longer than three months.

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:**

The patient had provided written consent for the continuation of medication.

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

---

**Description:** No child was resident on the day of inspection.

## SECTION THREE: OTHER ASPECTS OF THE APPROVED CENTRE

### SERVICE USER INTERVIEWS

Three service users requested to speak with the Inspectorate. One resident expressed satisfaction with the service. The other residents had specific issues and they were advised to speak with the Advocate and a member of the multidisciplinary team respectively.

### MEDICATION

The medication sheets were in excellent condition; they were clear and legible. As required (PRN) medication was separate from regular medication. No indications were given for the use of PRN medication.

### MEDICATION ACUTE

<b>NUMBER OF PRESCRIPTIONS:</b>	<b>25</b>
Number on benzodiazepines	<b>11 (44%)</b>
Number on more than one benzodiazepine	<b>3 (12%)</b>
Number on regular benzodiazepines	<b>9 (36%)</b>
Number on PRN benzodiazepines	<b>3 (12%)</b>
Number on hypnotics	<b>12 (48%)</b>
Number on Non benzodiazepine hypnotics	<b>8 (32%)</b>
Number on antipsychotic medication	<b>21 (84%)</b>
Number on high dose antipsychotic medication	<b>2 (8%)</b>
Number on more than one antipsychotic medication	<b>6 (24%)</b>
Number on PRN antipsychotic medication	<b>4 (16%)</b>
Number on antidepressant medication	<b>13 (52%)</b>



<b>Number on more than one antidepressant</b>	<b>2 (8%)</b>
<b>Number on antiepileptic medication</b>	<b>8 (32%)</b>
<b>Number on Lithium</b>	<b>2 (8%)</b>

## **OVERALL CONCLUSIONS**

The approved centre in Connolly Hospital was bright and well maintained and there was an excellent occupational therapy unit in the centre. Ash Ward was at full occupancy, a situation similar to the inspection of 2009. A number of these residents had been in the approved centre for a considerable length of time and there was difficulty in finding more appropriate placements for some of these residents. A number of clinical files were quite untidy and it was difficult to locate information in them easily. The use of individual care plans was still in an introductory phase and there were two different individual care plans in operation in the unit.

It was extremely disappointing to see that the vacant ward, Pine ward had still not opened, with the result that many people requiring admission to hospital were still being accommodated in St. Brendan's Hospital, a pre-Victorian building. It was subsequently reported that Pine Ward had opened on 6 September 2010.

## **RECOMMENDATIONS 2010**

1. All residents should have individual care plans as defined in the Regulations.
2. A water cooler should be available to residents in the High Dependency Unit.
3. The service should address the problem of poorly maintained clinical files.